

Important Reference Information For ARASA 5101 Members Off Work Account Of Illness Or Injury

Updated January 21, 2019

If you have an illness that will necessitate you to be off work under a doctor's care, there are a number steps you should take in order to properly file for a leave of Absences and file for benefits that are available to you while off work.

Step 1.

Notify your union representative and make them aware of your circumstances and the date you last worked or last day you will work.

Step 2.

Notify your immediate supervisor or manager. informing them that you will need to be off work due to a condition that will require a medical leave of absence.

You will also need to provide your immediate supervisor or manager with a doctor's slip indicating that you will be unable to perform the duties of your regular assignment and will need to be off work. Request that a Form 32006 (Request For Leave Of Absence) be prepared for submission. You must sign the request before it can be submitted for approval to the appropriate supervisor or manager. Medical Leave of Absence is normally approved in 30-day segments.

If your leave is given preliminary approval, your immediate supervisor or manager should furnish you a copy of the signed/ approved/ completed Form 32006 (Request For Leave Of Absence).

Your immediate supervisor or manager should also inform you that an employee's serious health condition qualifies for FMLA (Family Medical Leave Act) under the current guidelines and that FMLA may run concurrently with the Medical Leave of Absence.

Your immediate supervisor or manager should complete Form 16873 (Request for Family or Medical Leave) and review the completed form with you. At that time, you may also receive a Form 16874, (Certification of Health Care Provider), which will need to be filled out by your attending physician and be faxed to Health Services in Omaha **(402) 501-0067.**

The supervisor or manager will also inform you that in order to extend the initial thirty (30) day leave, granted by the local management, medical progress updates, in the form of clinical notes, will need to be prepared by your attending physician and be forwarded to the Health Services Department fifteen (15) calendar days before expiration of the approved leave period. The Health Services Department will determine the medical appropriateness and advise the employing department management if the extensions of your leave have been approved.

Step 3.

You must file a Railroad Retirement Sickness Benefit Application for days off work due to a condition that will require a medical leave of absence.

Form UB-11, "Sickness Benefits for Railroad Employees booklets and -forms can be obtained from your union representative, the RRB office, on-line or from the railroad.

RRB phone number is 1-877-772-5772 and the web site is www.rrb.gov.

If you have at least four (4) consecutive uncompensated days of sickness (no vacation, personal leave, etc.) and five (5) days of sickness overall, you should file a claim for benefits.

No benefits are payable on the first seven (7) days of sickness in a benefit year, but you must file them to satisfy the waiting period.

You should mail **Forms SI-1a**, Application for Sickness Benefits, and **SI-1b**, Statement of Sickness, within seven (7) days from the first day you want to claim benefits. The RRB should receive it within **ten (10) days** of the first day you wish to claim.

Updated claim forms must be filed twice monthly. You should receive your first claim form from the RRB within twenty-one (21) days of mailing in your application form. If you do not, please call your local RRB field office to check on it.

Even though the carrier may offer to have you use your vacation days or other paid time away in conjunction with your leave under the FMLA provisions, it is not recommended. The carrier is required to compensate in lieu any unused vacation days that the employee was unable to utilize in calendar year.

In some circumstances, such as cases of illness which may result in permanent disability or if you may not return to work before the end of a calendar year, you may want to consider using personal leave days or safety recognition days before starting your leave. Personal leave or safety days will be forfeited if not taken during each calendar year.

The employees that still have contractual sick leave and/or pay separately for personal supplemental sickness insurance should definitely contact their union representative about the waiting period involved with this type of coverage and the use of sick leave during any medical leave of absence.

If you have any questions concerning the utilization of your personal leave days, safety recognition days, sick leave days, compensated days owed you under certain agreements or vacation days, you should discuss this with your union representative.

Step 4.

You must also file a separate claim for your supplemental sickness benefits provided through Aetna (formerly known as Broadspire), the Supplemental Sickness Benefit Plan for ARASA Supervisors employed by UPRR and the A&S. The Plan provides benefits for disability, beginning on the fifth consecutive day of disability.

Therefore, you should fully complete all parts of the "Notice of Disability" form found in the "Supplemental Sickness Benefit Plan booklet which was mailed to you at home.

You may also provide notice of disability by telephone (**1-800 205-7651**) or by submitting a claim on line at <http://www.wkabsystem.com>.

The Plan required that a notice of disability must be filed within Sixty (60) days of the start of the disability

or as soon as reasonably possible.

If you fail to provide said notice within the designated sixty (60) day period, all supplemental sickness benefits may be denied.

It is suggested that claims be initiated by telephone so that a claim number will be assigned to your claim immediately.

Write down your claim number!

It is highly recommended that you get a claim number established as soon as you are able to contact Aetna and keep that number handy as it is your proof that you have initiated a benefit claim and it also allows you to specifically identify your claim to anyone you may converse with in regard to your claim.

After Aetna receives your Notice of Disability form, telephone call or Internet claim, you will receive a package of information, which includes a form for you and your licensed physician to provide proof of loss. That form must be filled out completely and signed by you and your licensed physician.

The mailing address and fax number have been changed since published in the original "Supplemental Sickness Benefit Plan" booklet which was mailed to you. This is the correct and current address and fax number you should be utilizing.

Address all correspondence to:

**Aetna Disability- Workability
P.O. Box 14560
Lexington, KY 40512-4560**

Claim forms may be faxed to Aetna. The fax number is **(866) 667-1987**.

If you have any questions about filing your claim, please call **1-800-205-7651** or contact your union representative.

It is strongly recommended that you make and keep photocopies of all documentation submitted to any carrier representative, the Railroad Retirement Board or any insurance company.

Step 5.

Health Insurance

It is **the member's responsibility** to inform the UPREHS (Union Pacific Railroad Employee Health System) in Salt Lake City that they are on an approved leave of absence for their own illness or personal injury.

UPREHS phone number is 1-800-547-0421 and company line 8-595-4300.

Member's Health Insurance Maintenance Dues

Any member that will be off -work for **any illness or injury** needs to immediately inform the Union Pacific Railroad Employee Health System that you are on an approved leave of absence for your own illness or personal injury. UPREHS dues are waived for the **first six (6) months** of your leave when UPREHS is properly notified.

If any member will be off work for **more than six (6) months**, you need to inform the Union Pacific Railroad Employee Health System that you are on an extended approved leave of absence for your own illness or personal injury.

They will assist you with the arrangement for the payment of health care maintenance dues, which will require payment be made directly to the UPREHS.

You are required to start paying health care maintenance dues by the 5th day of the seventh month of which you are off, and every successive month thereafter and until return to service. Insure you enclose a note with each payment which includes your UPREHS Member ID Number so your account receives proper credit.

Address all correspondence to:

**UPREHS
P.O. Box 161020
Salt Lake City, UT84116-1020**

These payments must be made to insure the member's health care coverage continuation.

UPREHS customer service phone numbers are **1-800-547-0421** or company line **8-595-4300**. The customer service phone number for mail order prescription drugs is also **800-547-0421**.

Other Areas of Importance or Concern

Dependent's Health Insurance

United Health Care and the other optional insurance administrators, which provide coverage for your dependents, waive the dues for the dependent healthcare coverage until the end of the first calendar year following the year in which you last rendered service.

Again, the member that will be off work for any illness or injury should immediately inform the customer service department for their dependent health care insurance, informing them that the employee is on an approved leave of absence for an illness or a personal injury.

Voluntary or Additional Coverage

If you purchased an accident or critical illness and cancer policy during our open enrollment period with Cornerstone Insurance, you will need to call Cornerstone directly to file a claim.

DO NOT CALL AFLAC DIRECTLY.

Part of the service that Cornerstone provides is allowing us to use a claim advocate out of their offices who will ensure that our claims are prepared correctly before they are submitted. The claim advocate will be your single point of contact through the entire process. Cornerstone can be reached at **847-387-3555**. Tell them you need to file a claim, and you will be assigned to a claim advocate.

If you did not purchase a policy through Cornerstone, don't forget to check with any other insurance companies that you may have purchased an accident or short term disability policy from.

Union Dues

Member is required to remain current regarding payment of union dues when you are off sick, which does require us to collect full dues for each month on leave while eligible for negotiated sickness benefits.

All dues must be paid directly to the TCU Grand Lodge in Maryland.

Failure to pay dues could result in a \$400.00 reinstatement fee and back dues to retain seniority.

Therefore, dues for the month following the month in which you last rendered service should be paid by mailing a check to the Grand Lodge on or before the first of the month following the month in which you last worked.

The check should be made out to "TCU/IAM", in the amount of \$98.60. Write ARASA Lodge 5101 and indicate the month for which you are paying in the memo area, and mail it to:

TCU

P.O. Box 79891

Baltimore, MD 21279-0891

Follow this process at the beginning of each month until returning to work. If you return to work at any time between the 1st and 15th of the month, you will have compensated service in that half which will have the due deducted through normal payroll deduction. Plan this return so as not to double pay your dues.

You **WILL NOT** receive notices of monthly dues. Failure to keep dues current may result in significant reinstatement fees.

I hope I have not confused this issue for our members. You can call our FST, on his cell phone if you have any further questions regarding your dues.

Shane Lindsey (903) 948-1798.

It cannot be stressed enough that it is also a good idea to keep records of the carrier representative, RRB contact or insurance company representative you may talk with in relation to your absence or claims. Get their full name, telephone number or extension, the date you talked with them and also what you discussed with them. You may need these records at a later date to confirm contacts you have made.

ARASA Benefits Specialist Shane Pitts (501) 425-1175