



How to request a leave and/or short-term disability claim

UnitedHealthcare is committed to supporting you during your absence and helping you return to work as quickly and safely as possible. This guide will assist you in making a request for scheduled or unscheduled absences. This process applies to leave and related state- or company-specific policies. Please review the following information carefully.

Follow these simple steps:

- 1 Notify your supervisor or manager of your absence from work
- 2 Use the checklist in the blue box to gather information about your absence. Have this information ready before you sign in to myuhcfc.com or call us. If someone makes the call for you, they will need to provide this information on your behalf.
- 3 You have 2 ways to file a claim:
 - **Member claim portal** – Sign in to myuhcfc.com and click Claims Submission from the Claims menu. If it's your first time signing in, click Register and enter the required information, including your Group ID and Group Name.
 - **Phone** – Call toll-free at **1-866-556-8298** and speak with a claim intake representative. Hours of operation are Monday–Friday, 8 a.m.–8 p.m. ET.
- 4 If you need to fax any forms to UnitedHealthcare, that number is 1-866-334-0985

What happens next

Every absence is unique and next steps can differ depending upon the type of leave request. When you use myuhcfc.com or contact us at **1-866-556-8298** and we learn more about your specific request, we will guide you through the process, answer any questions and tell you what to expect next. You have our commitment to be responsive and supportive during your time away from work.



Information checklist

Please have the following information ready when you call:

- Employer's name and location
- Your full name and Social Security number
- Your complete address and phone number
- Date of birth
- Marital status and number of dependents
- Occupation or job title
- Supervisor's name and phone number
- Last day you worked and first day you were absent from work
- Date you expect to return to work (if you know) or the actual date (if you have already returned to work at the time you call)
- If the absence or claim is due to your own health condition, please have the following information available:
 - Description of medical condition, including any relevant dates of injury or if it is work related
 - Physician's name, address and phone number
 - Dates of your first visit, your most recent visit and your next scheduled visit with your physician for this condition

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This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, which includes limitations and exclusions. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write the company.

UnitedHealthcare Paid Family and Medical Leave products are provided by UnitedHealthcare Insurance Company in limited states. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. UnitedHealthcare Insurance Company is located in Hartford, CT.

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