



Member Portal Interactive Guide

Submit or View a Leave Claim on myuhcfp.com

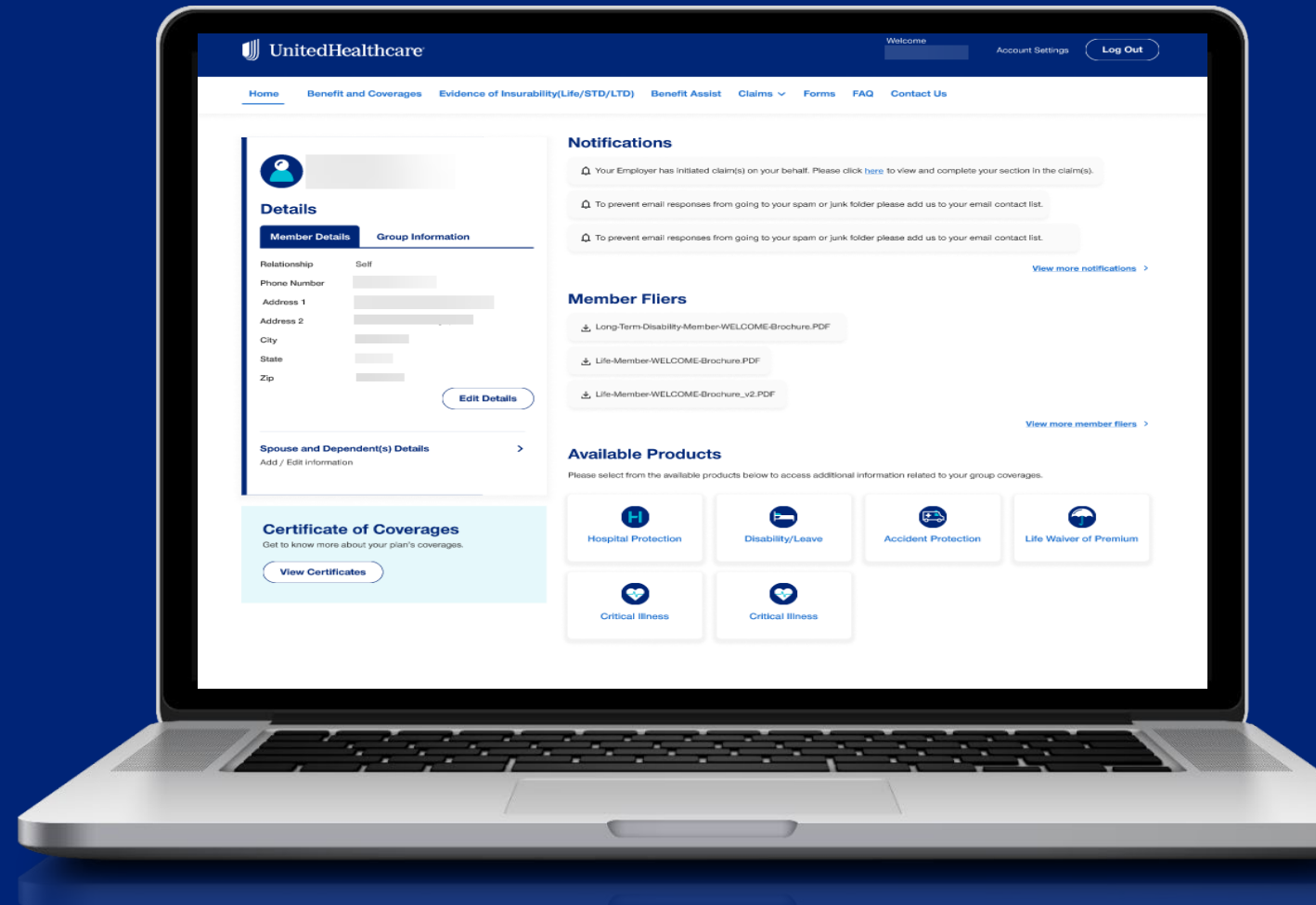
ENTER

United
Healthcare

Members can now access real-time leave claim information, 24/7.

Click through the tabs above to see how members can:

- ✓ Access the mobile-compatible portal
- ✓ Initiate a leave claim
- ✓ Update claims and upload documents
- ✓ View claim correspondence
- ✓ Track claim status and payments
- ✓ Access forms
- ✓ Contact us for additional support



Access the Financial Protection member portal

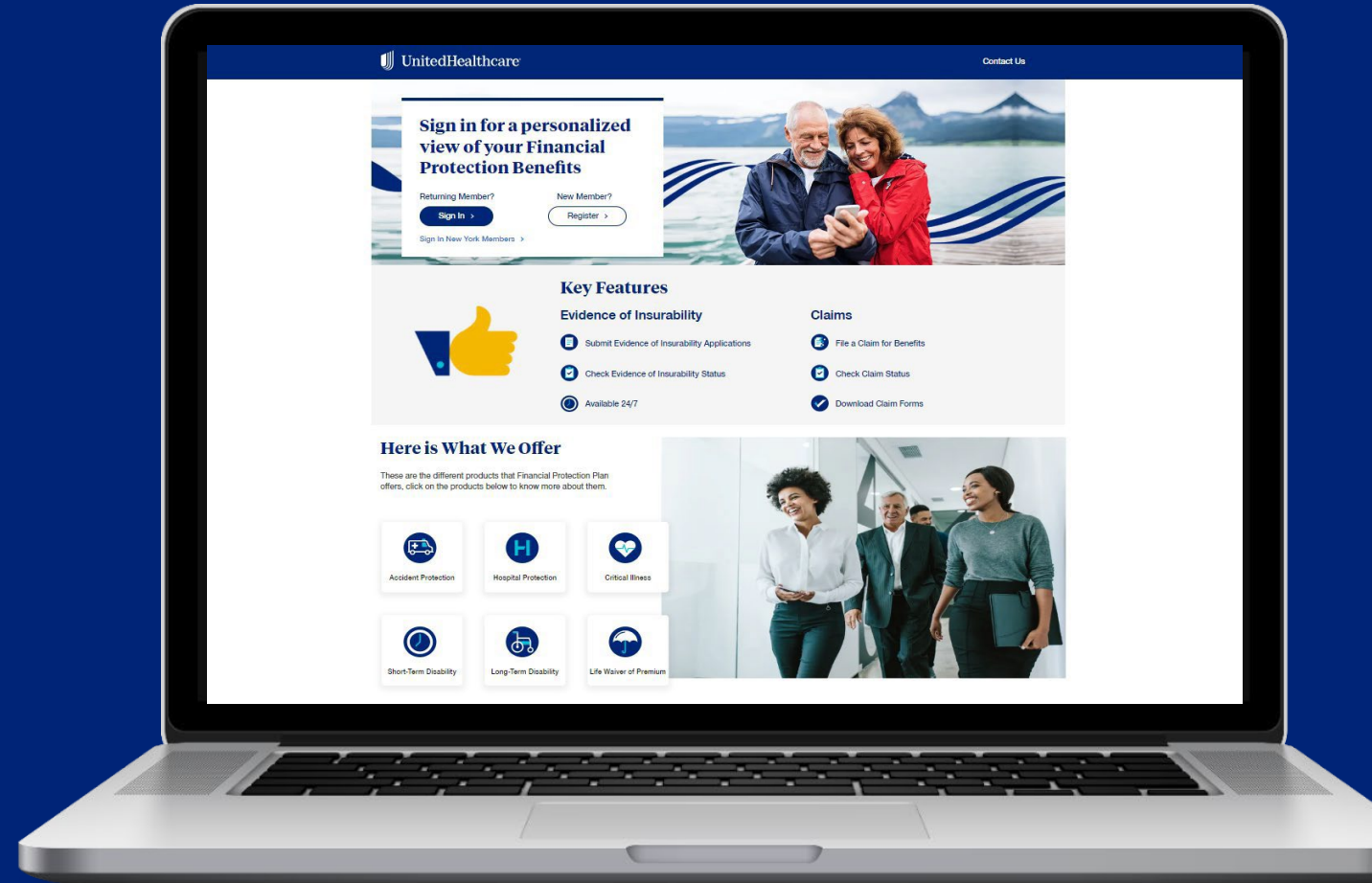
Click steps below for a demo.

Go to myuhcfp.com

Click Sign In (or register new user)

Enter One Healthcare ID

View the homepage



Access the Financial Protection member portal

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Go to myuhcfp.com

Click Sign In (or register new user)

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Access the Financial Protection member portal

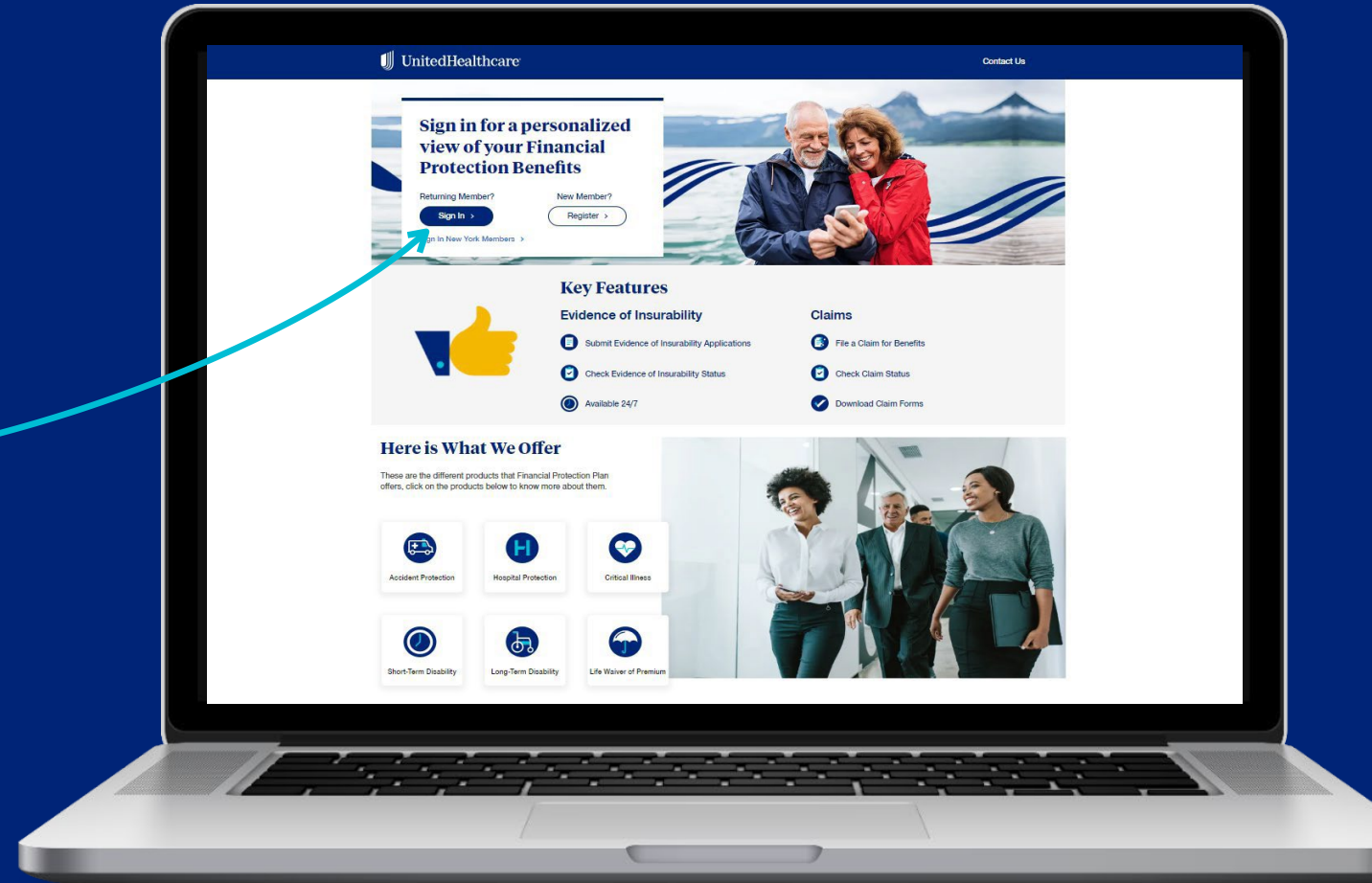
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Enter One Healthcare ID

View the homepage



Access the Financial Protection member portal

Click steps below for a demo.

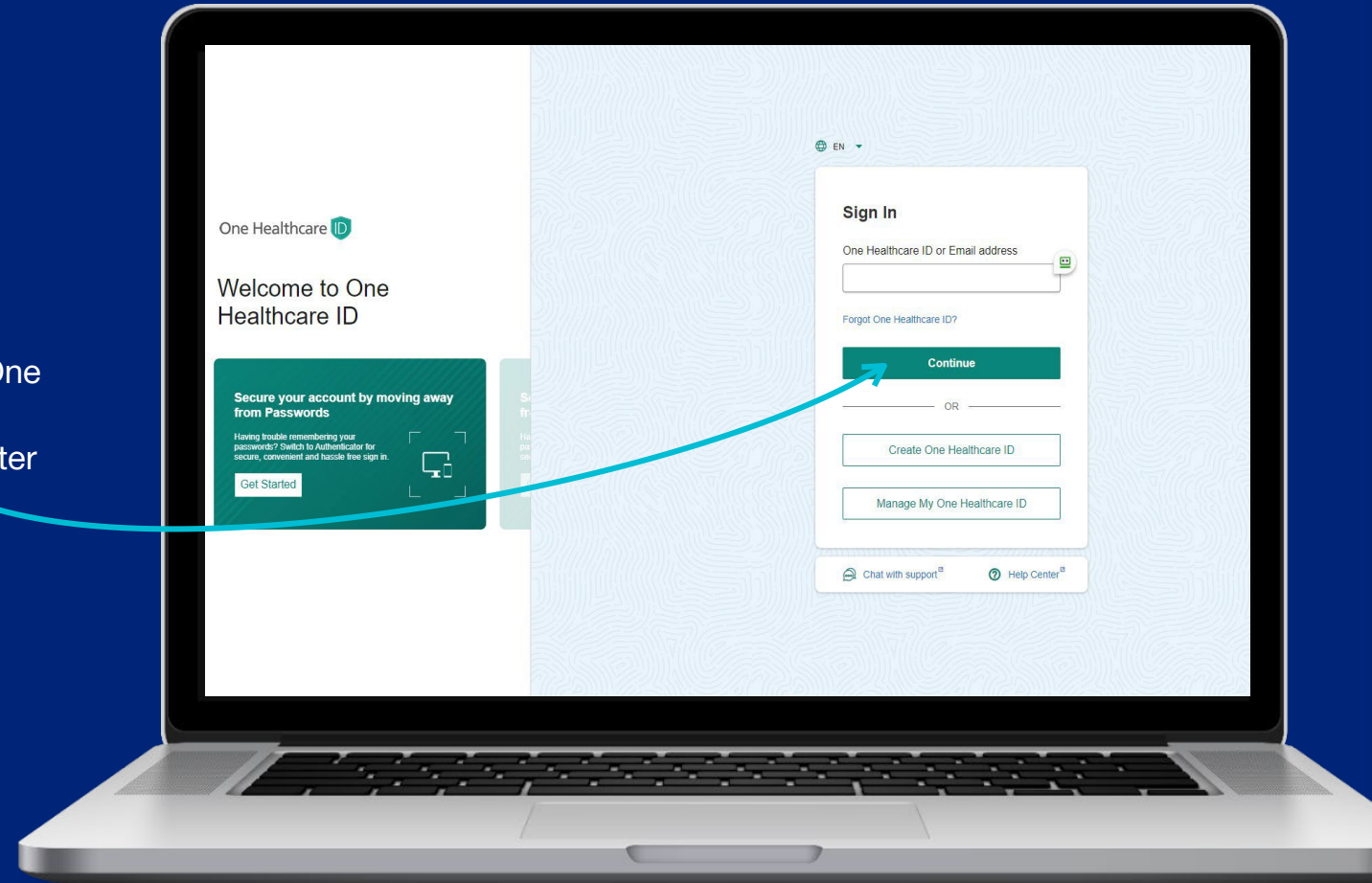
Go to myuhcfp.com

Click Sign In (or register new user)

Enter One Healthcare ID

View the homepage

Sign in using your One Healthcare ID and click Continue to enter your password.



Access the Financial Protection member portal

Click steps below for a demo.

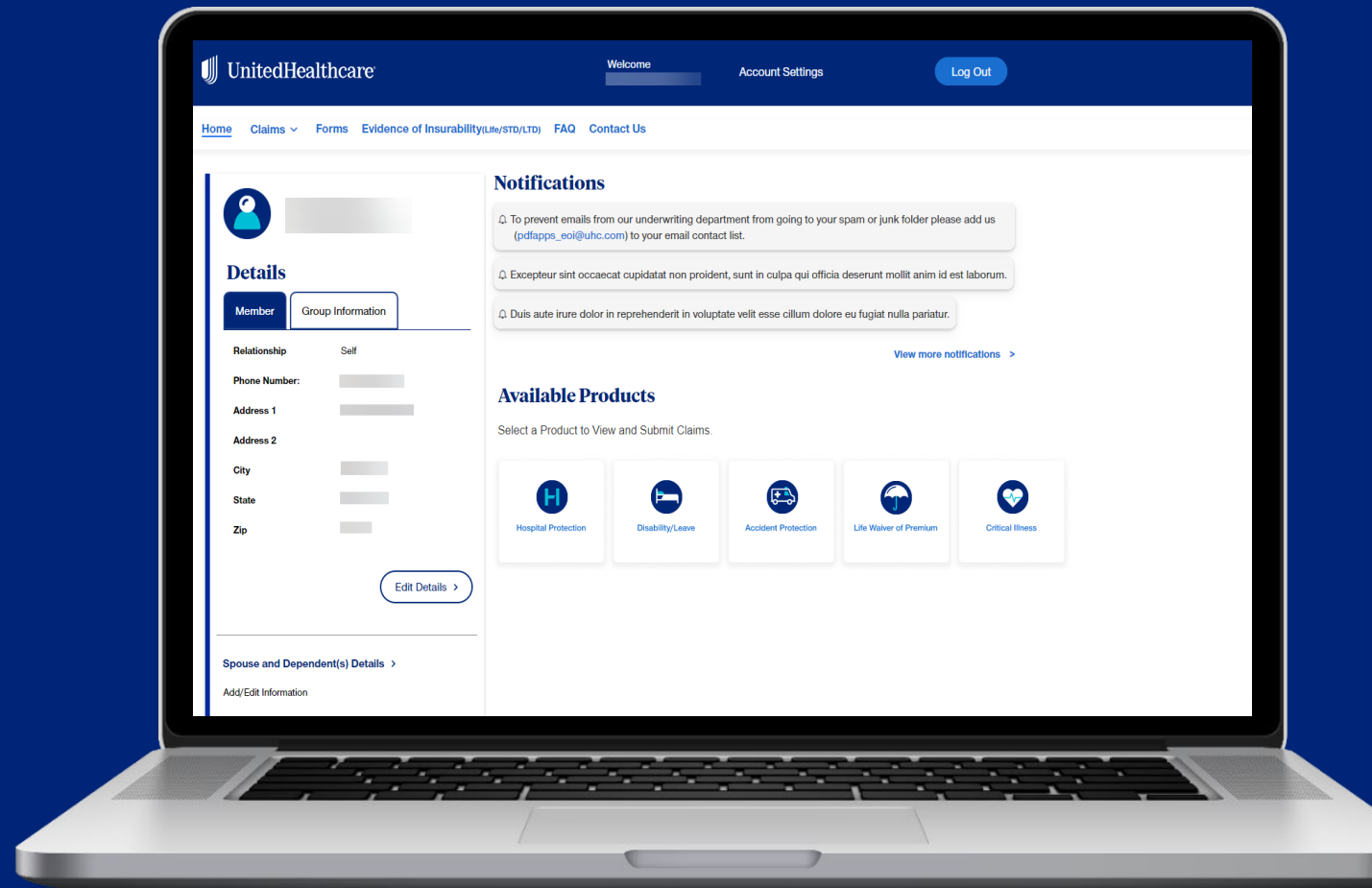
Go to myuhcfp.com

Click Sign In (or register new user)

Enter One Healthcare ID

View the homepage

Access member details, group information, and navigate additional features.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

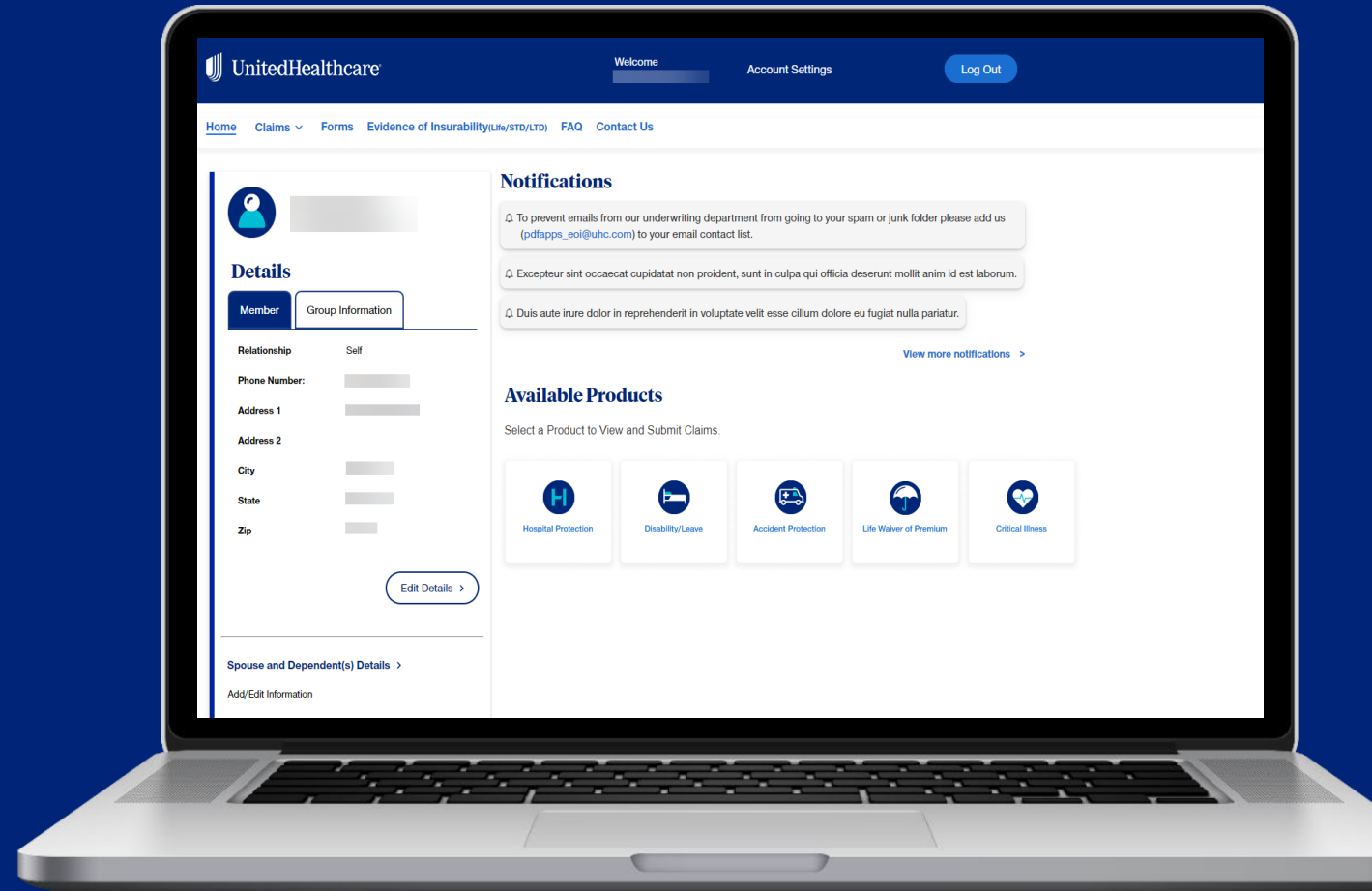
Select claim type

Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

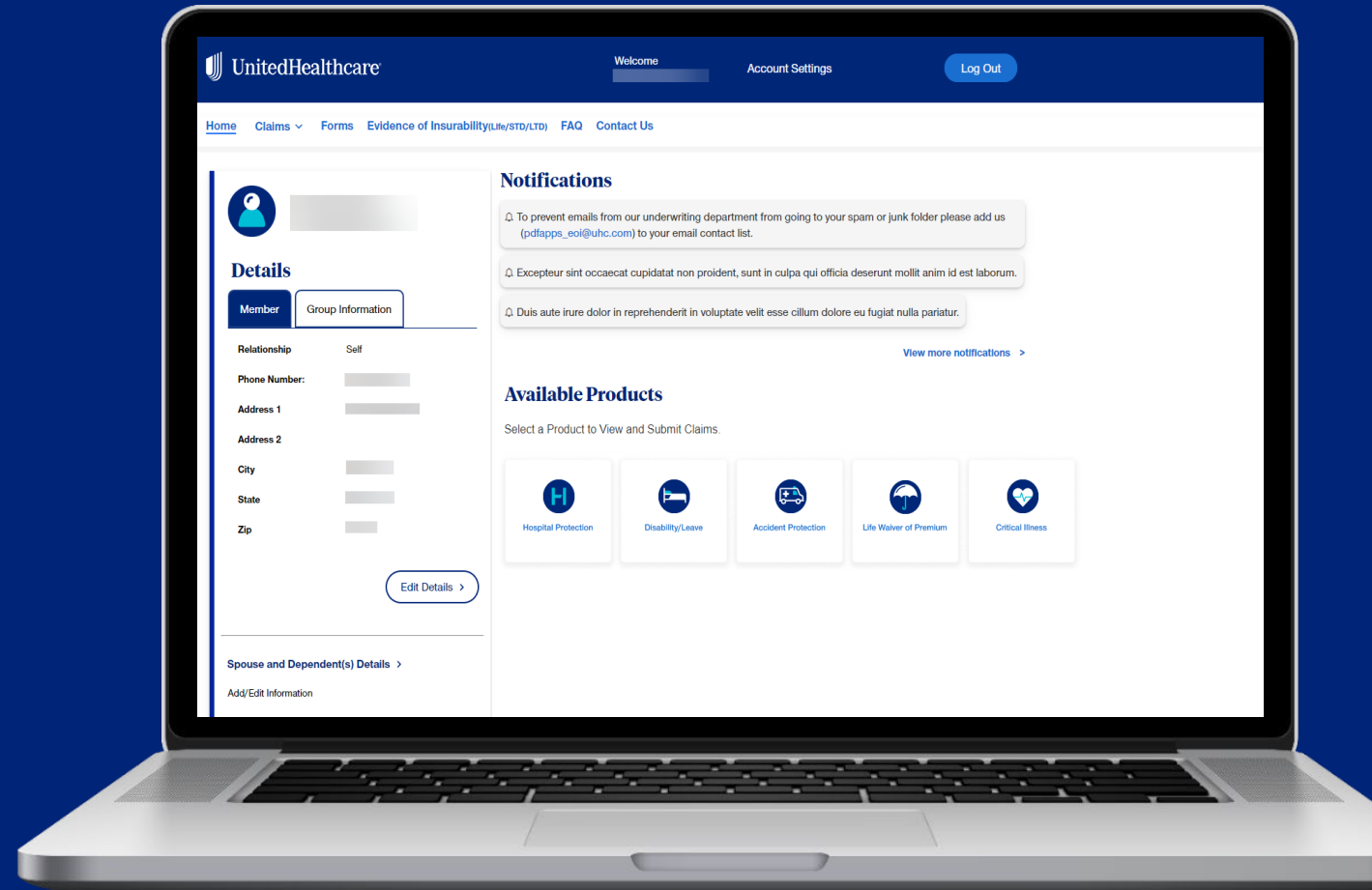
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

Select the Disability/Leave product tile from either the homepage or the New Claims Submission page.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

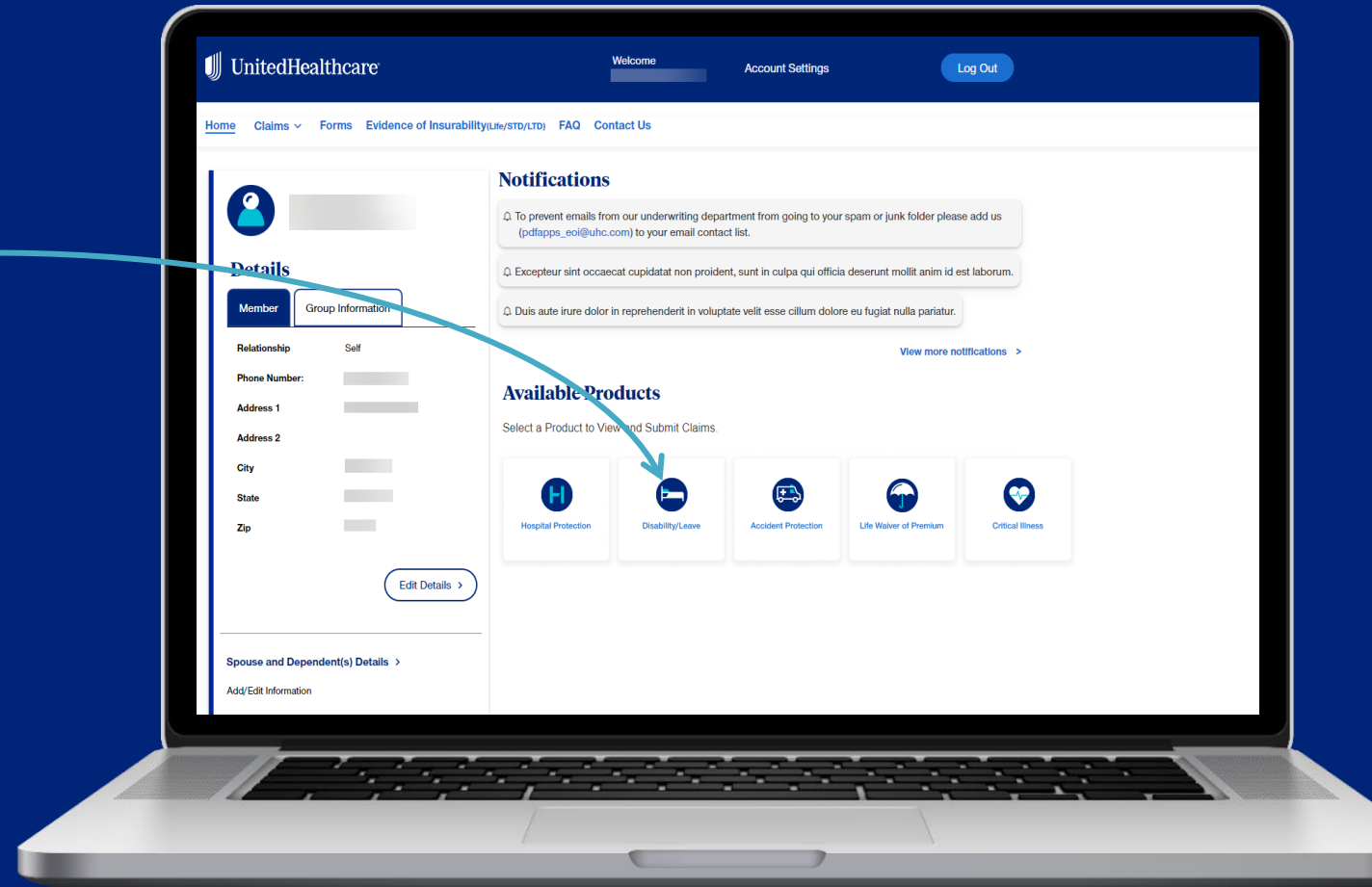
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

Select the Disability/Leave product tile.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

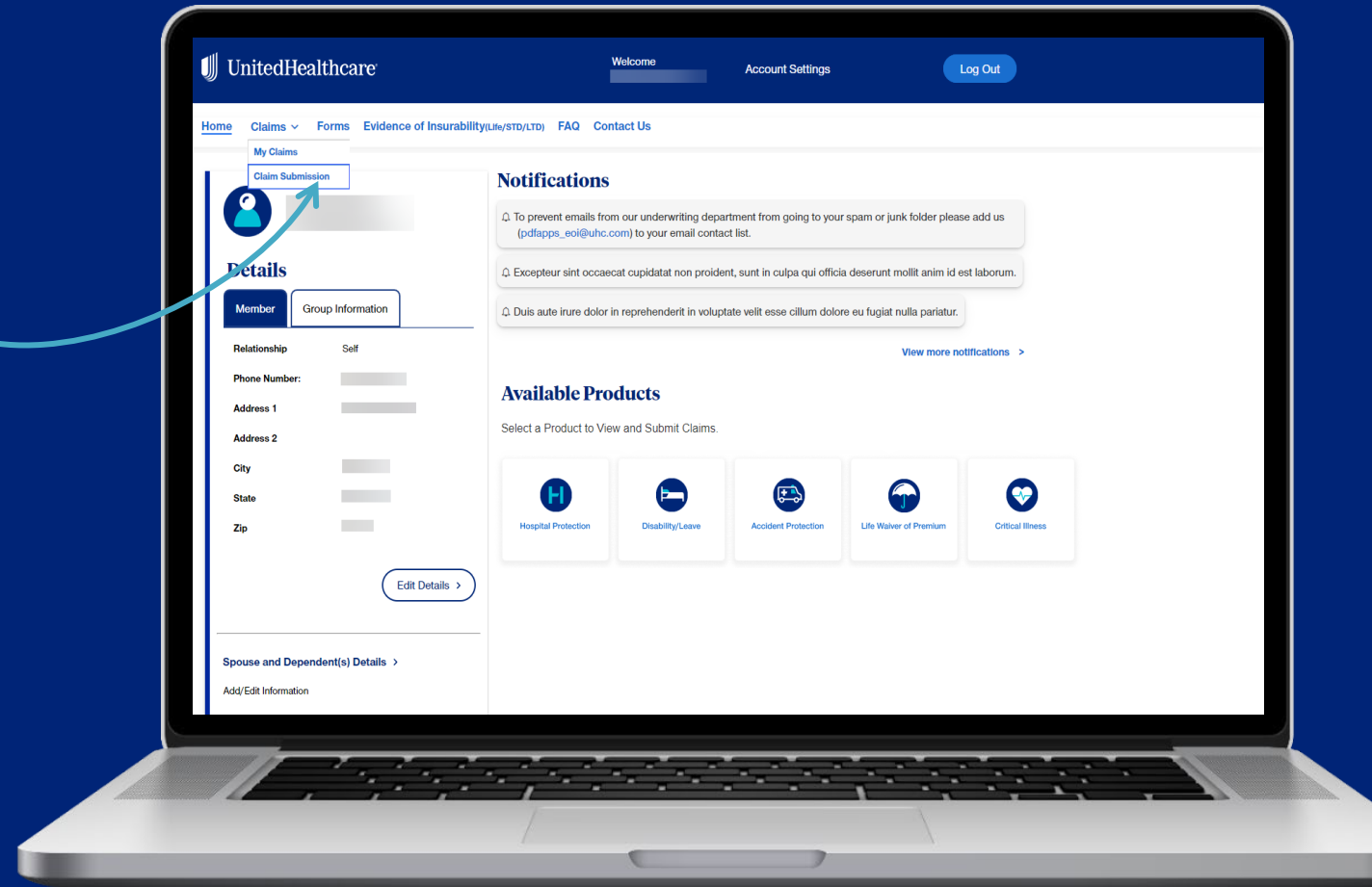
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

Click the Claims dropdown menu and select Claims Submission.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

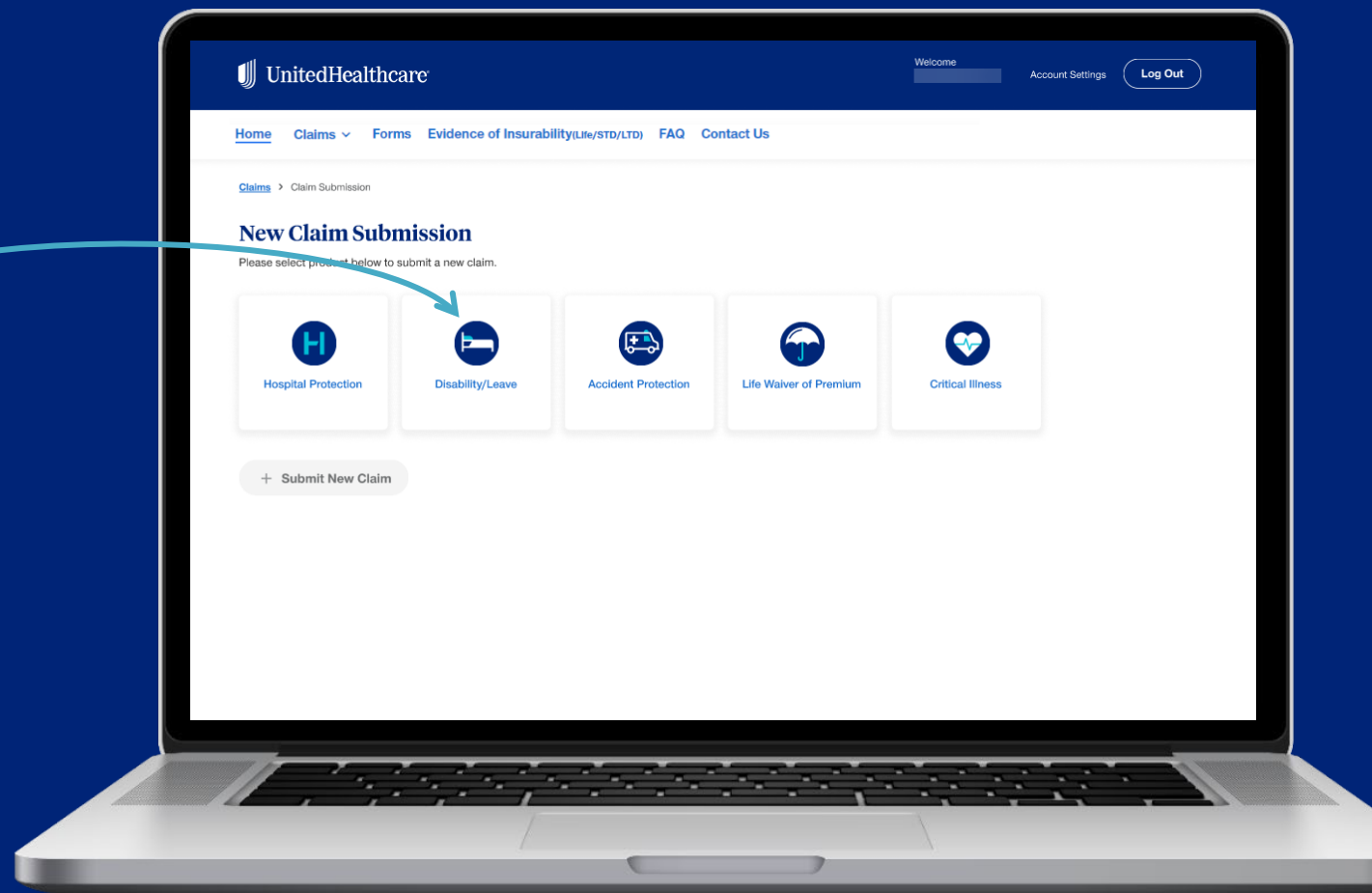
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

Select the
Disability/Leave
product tile.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

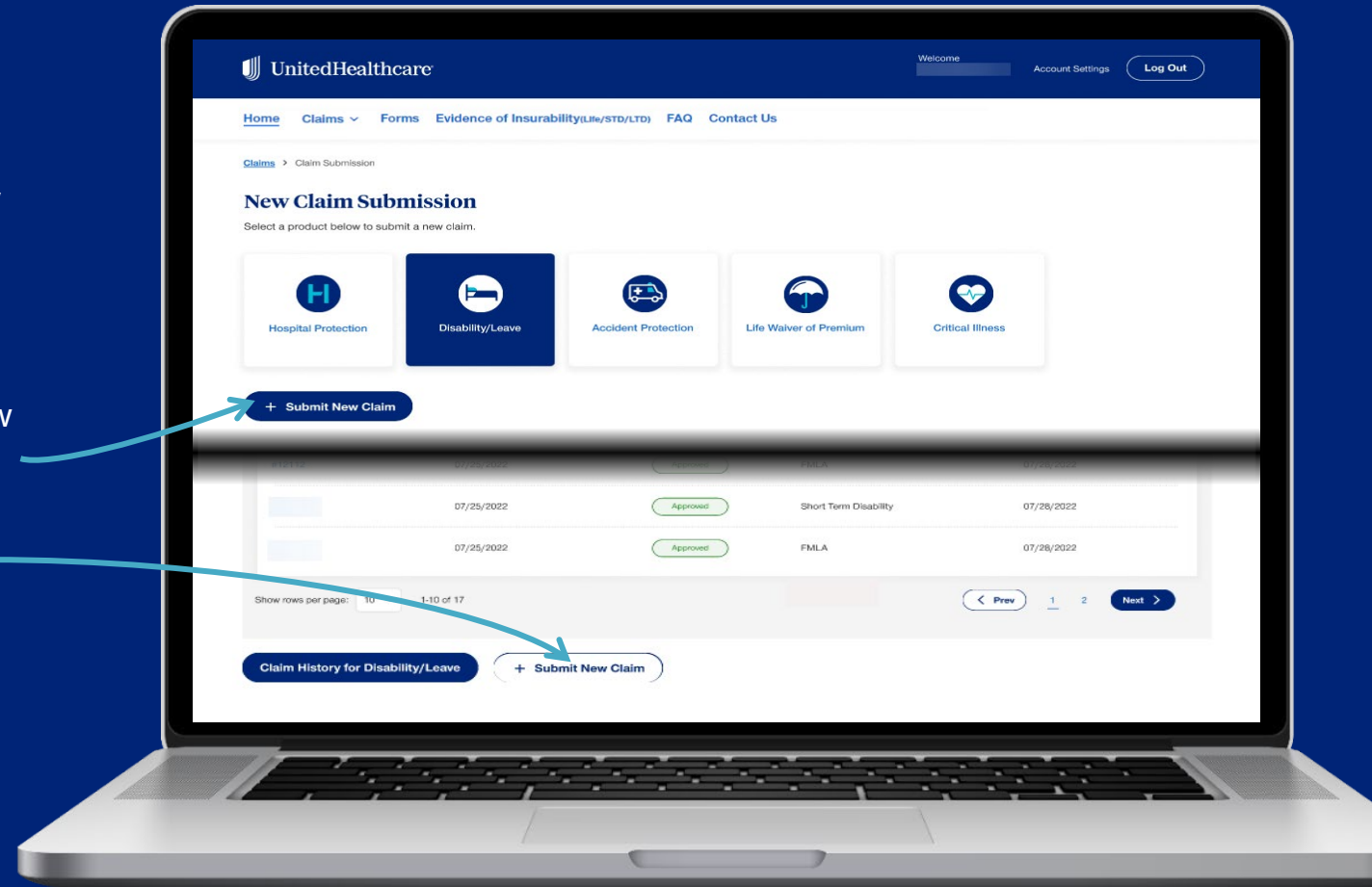
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

Depending on how you selected the Disability/Leave product, click Submit New Claim from either the New Claim Submission page or the Disability/Leave Claims page.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

Enter required demographics

Enter reason and dates

Certify and submit

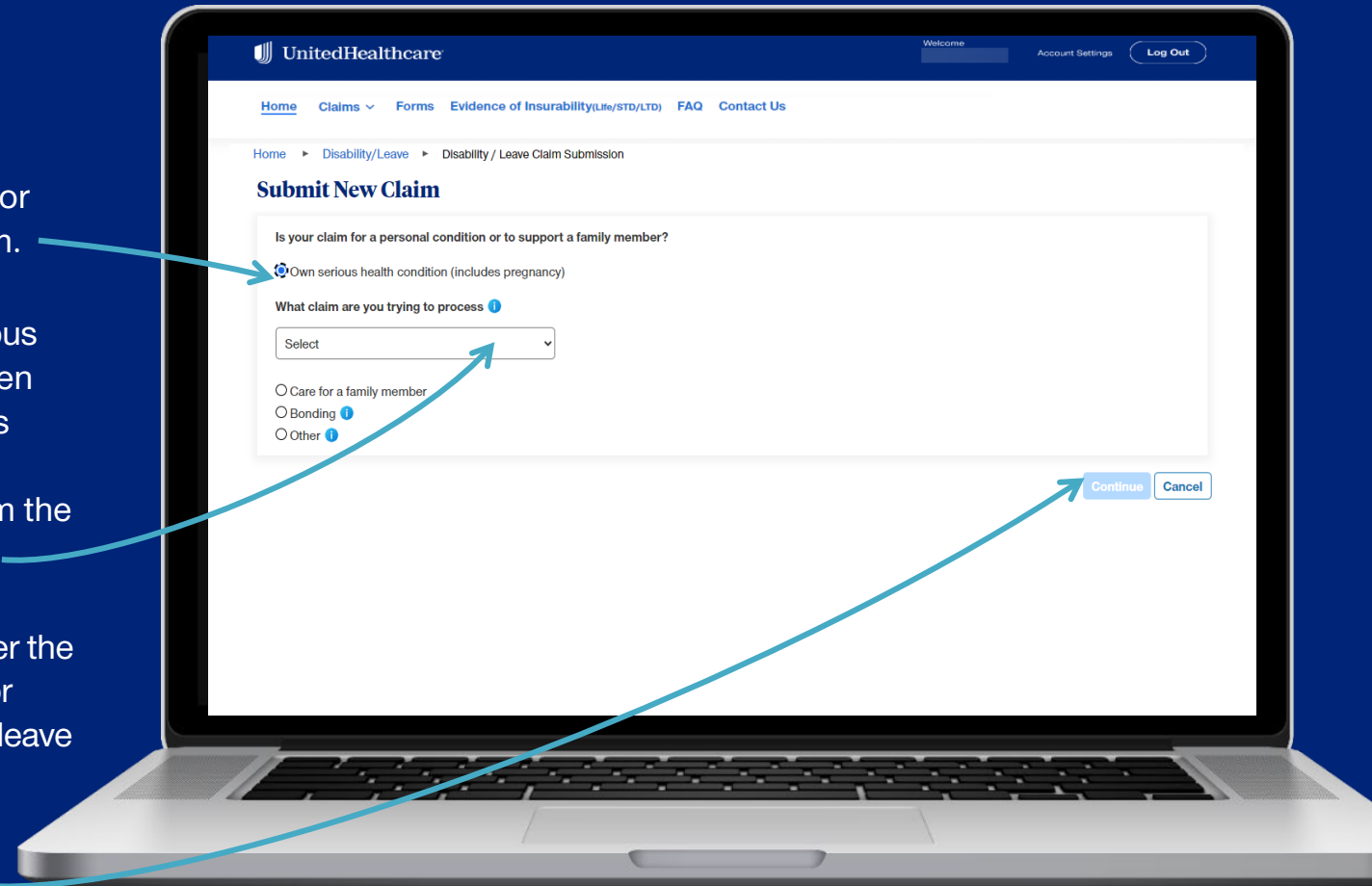
Upload related documents

Select the reason for the new leave claim.

If for your own serious health condition, then select if the leave is associated with a disability claim from the dropdown menu.

If needed, hover over the information icons for explanations of the leave reasons.

Click Continue.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

Enter required demographics

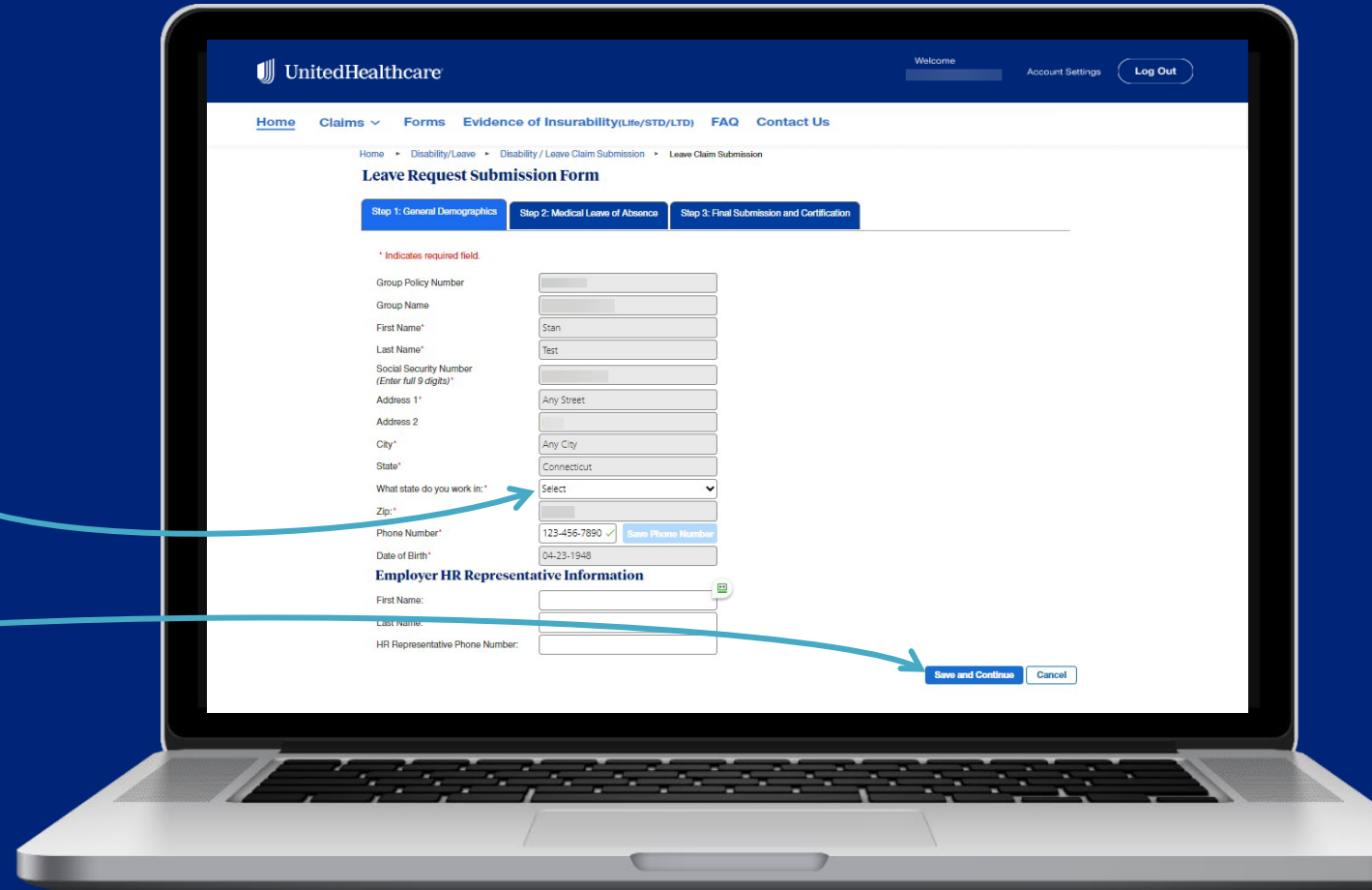
Enter reason and dates

Certify and submit

Upload related documents

Verify the pre-filled demographics. Enter your work state, phone number, and, optionally, your HR representative information.

Click Save and Continue.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

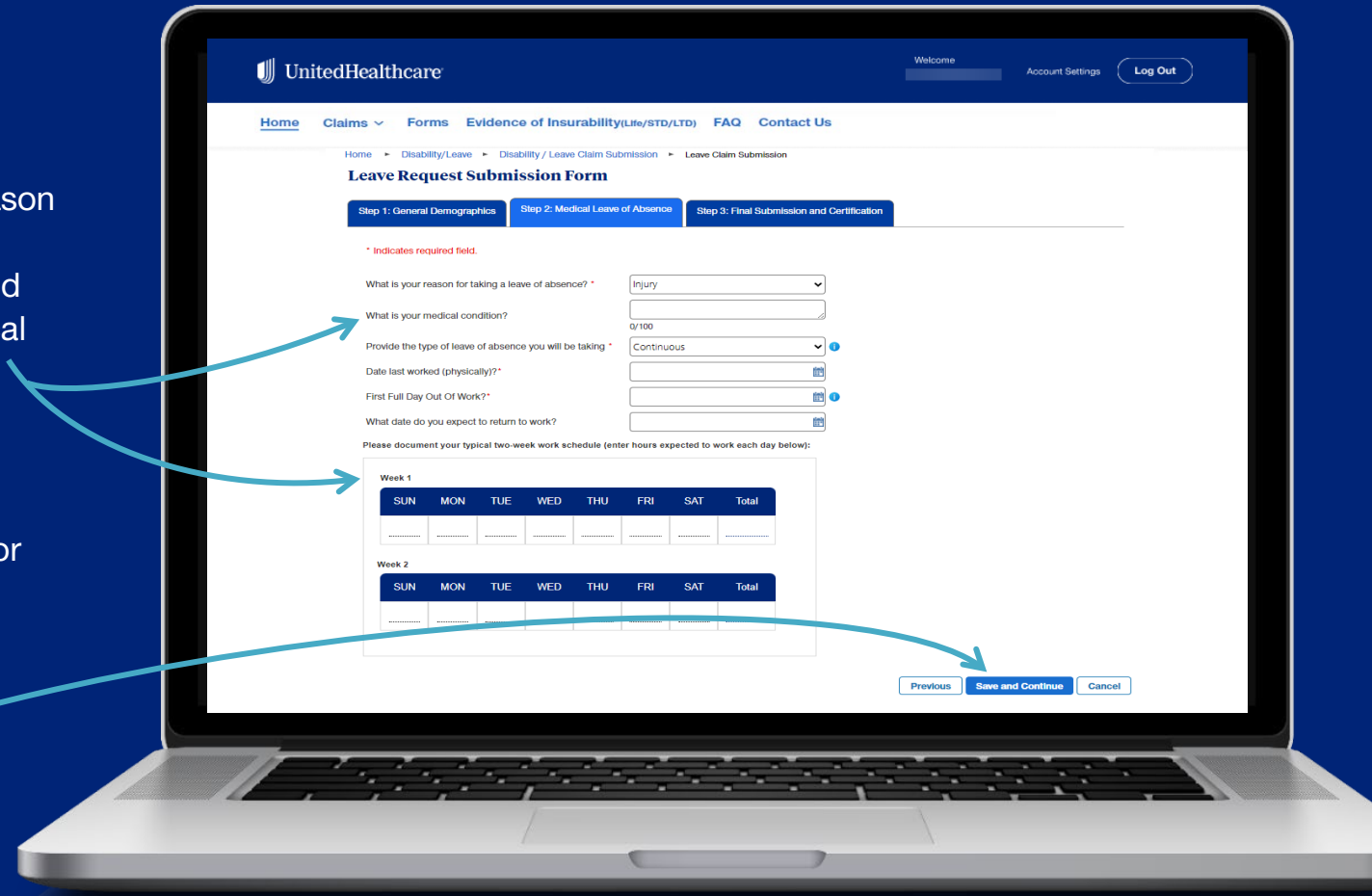
Select the leave reason and type, enter the requested dates, and complete your typical two-week work schedule.

Hover over the information icons for additional help.

Click Save and Continue.

Click below for examples.

Examples



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home Disability/Leave Disability / Leave Claim Submission Leave Claim Submission

Leave Request Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? * Injury

What is your medical condition? Q/100

Provide the type of leave of absence you will be taking * Continuous

Date last worked (physically)? *

First Full Day Out Of Work? *

What date do you expect to return to work? *

Please document your typical two-week work schedule (enter hours expected to work each day below):

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

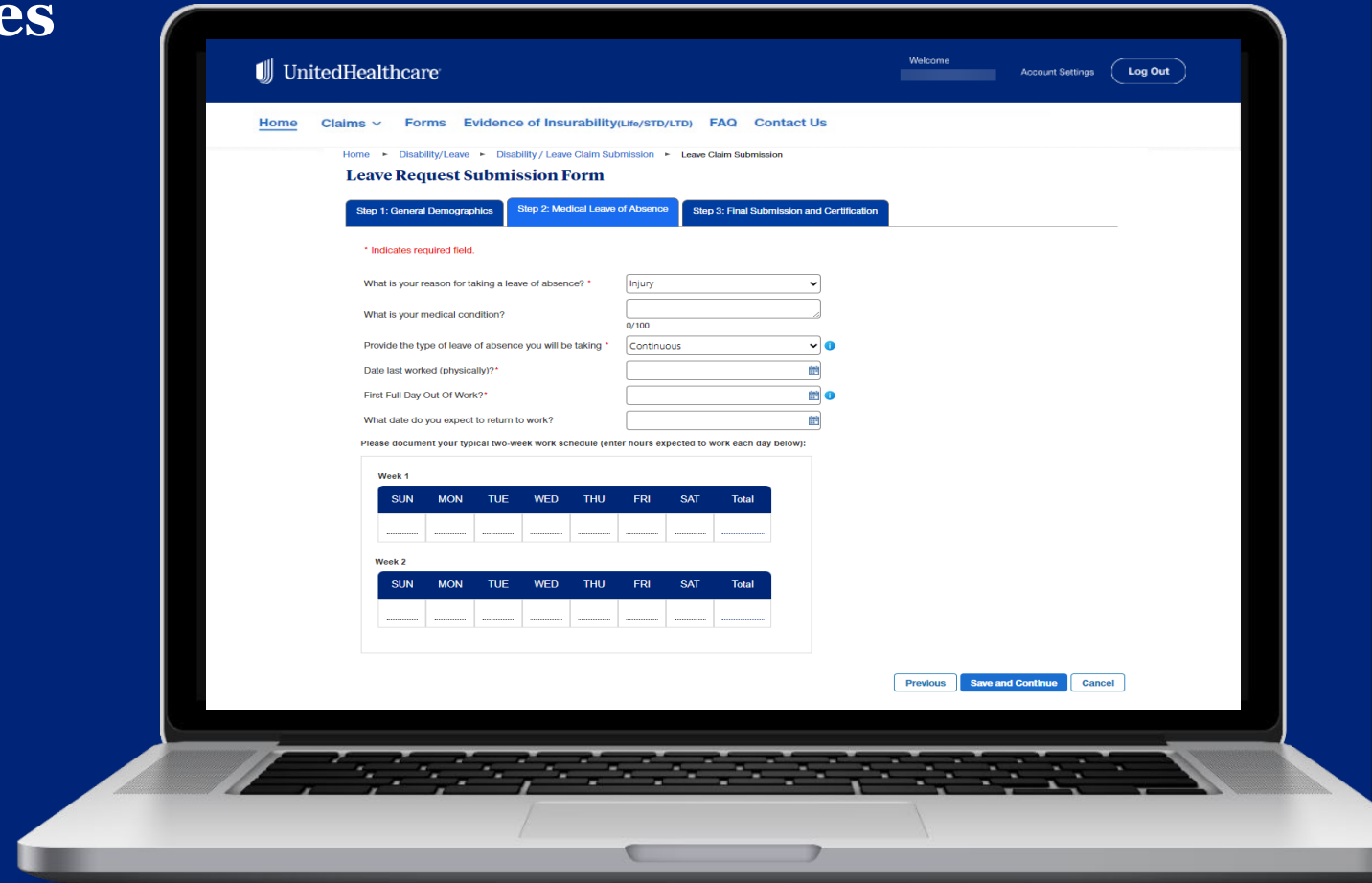
Continuous

Intermittent

Reduced work schedule

Associated with a disability claim

[Return to Submit Claim directions](#)



Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

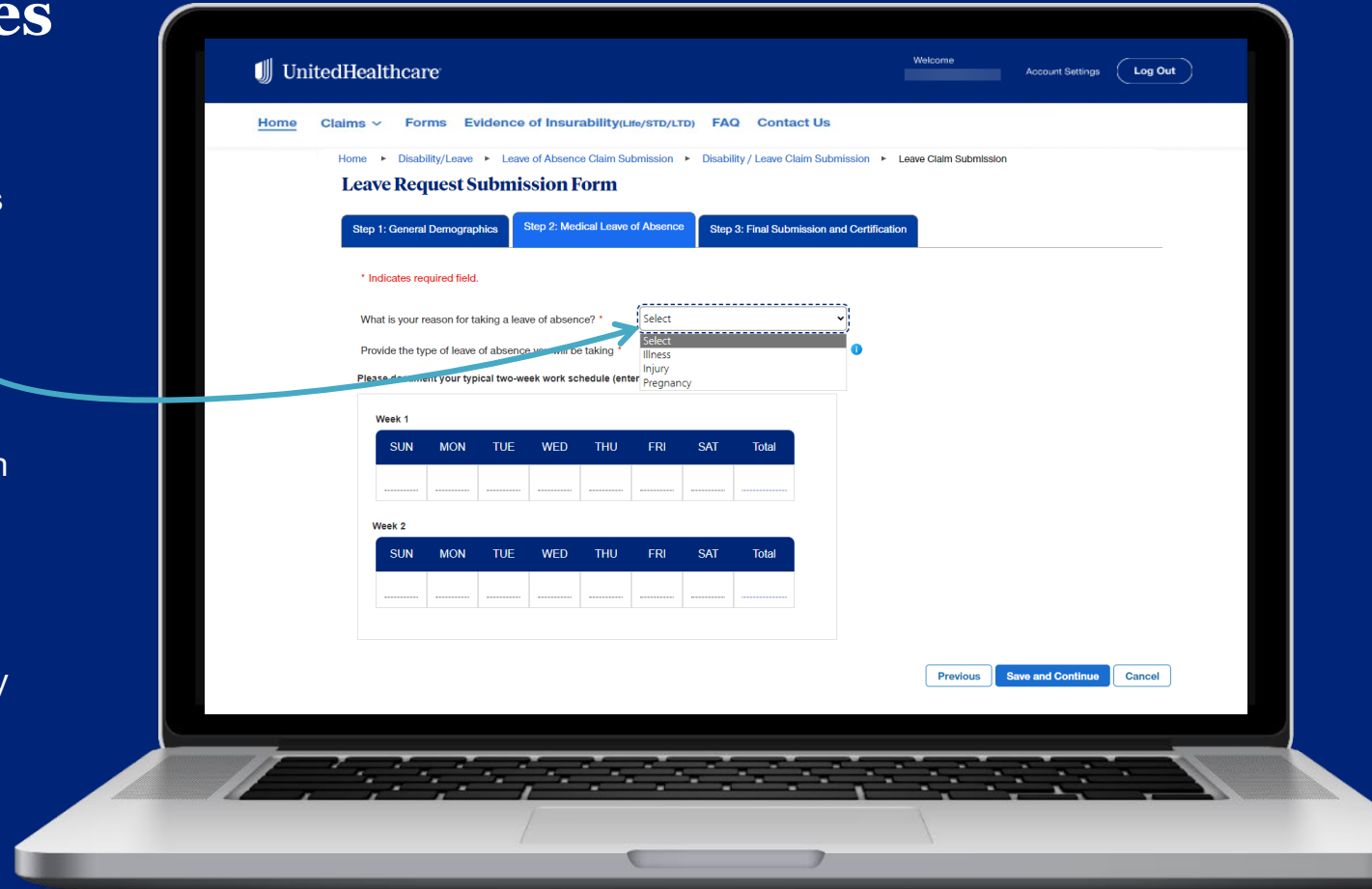
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Select if the leave is due to your own illness, injury, or pregnancy from the dropdown menu.

Then, depending on your selection, complete the new fields describing your medical condition or delivery information.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home > Disability/Leave > Leave of Absence Claim Submission > Disability / Leave Claim Submission > Leave Claim Submission

Leave Request Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? *

Select

Sickness

Illness

Injury

Pregnancy

Provide the type of leave of absence you will be taking *

Please document your typical two-week work schedule (enter)

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

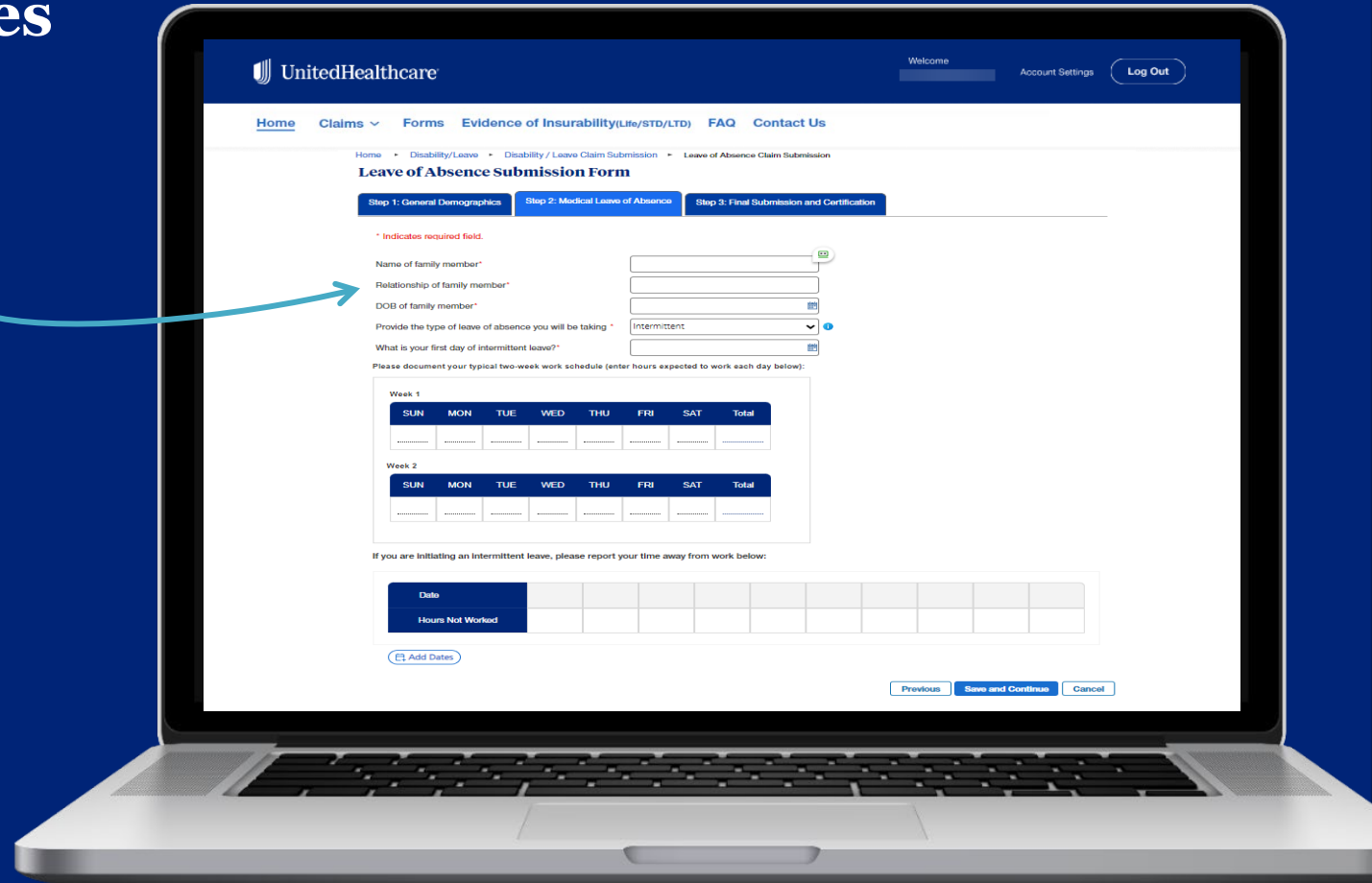
Intermittent

Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Type the name of the family member, their relationship to you, and their date of birth.



Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

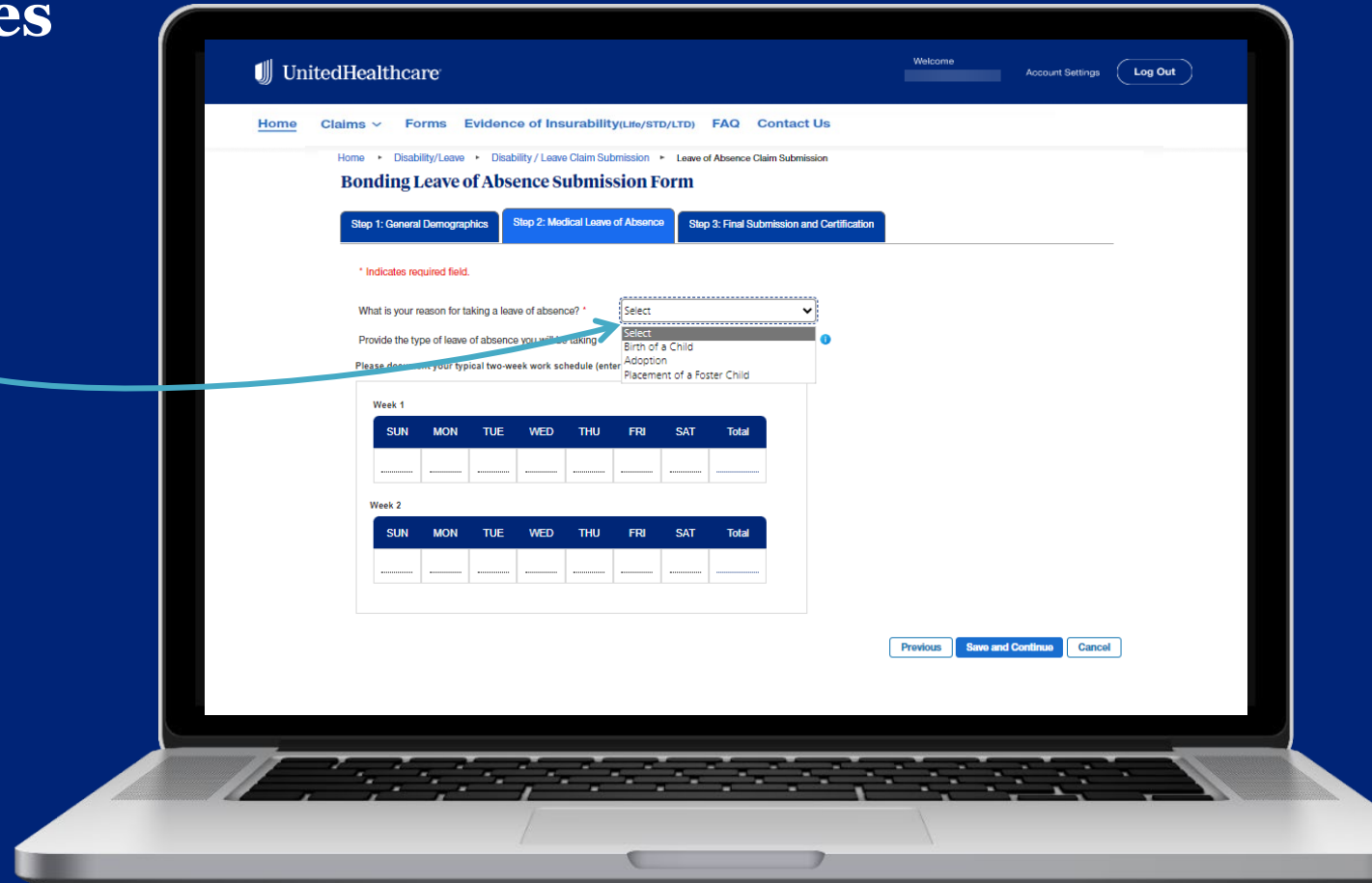
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Select if the leave is for a birth of a child, adoption, or placement of a foster child.

Then, depending on your selection, complete the new field to input the date of birth or placement.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home > Disability/Leave > Disability / Leave Claim Submission > Leave of Absence Claim Submission

Bonding Leave of Absence Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? *

Provide the type of leave of absence you will be taking

Please describe your typical two-week work schedule (enter dates)

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

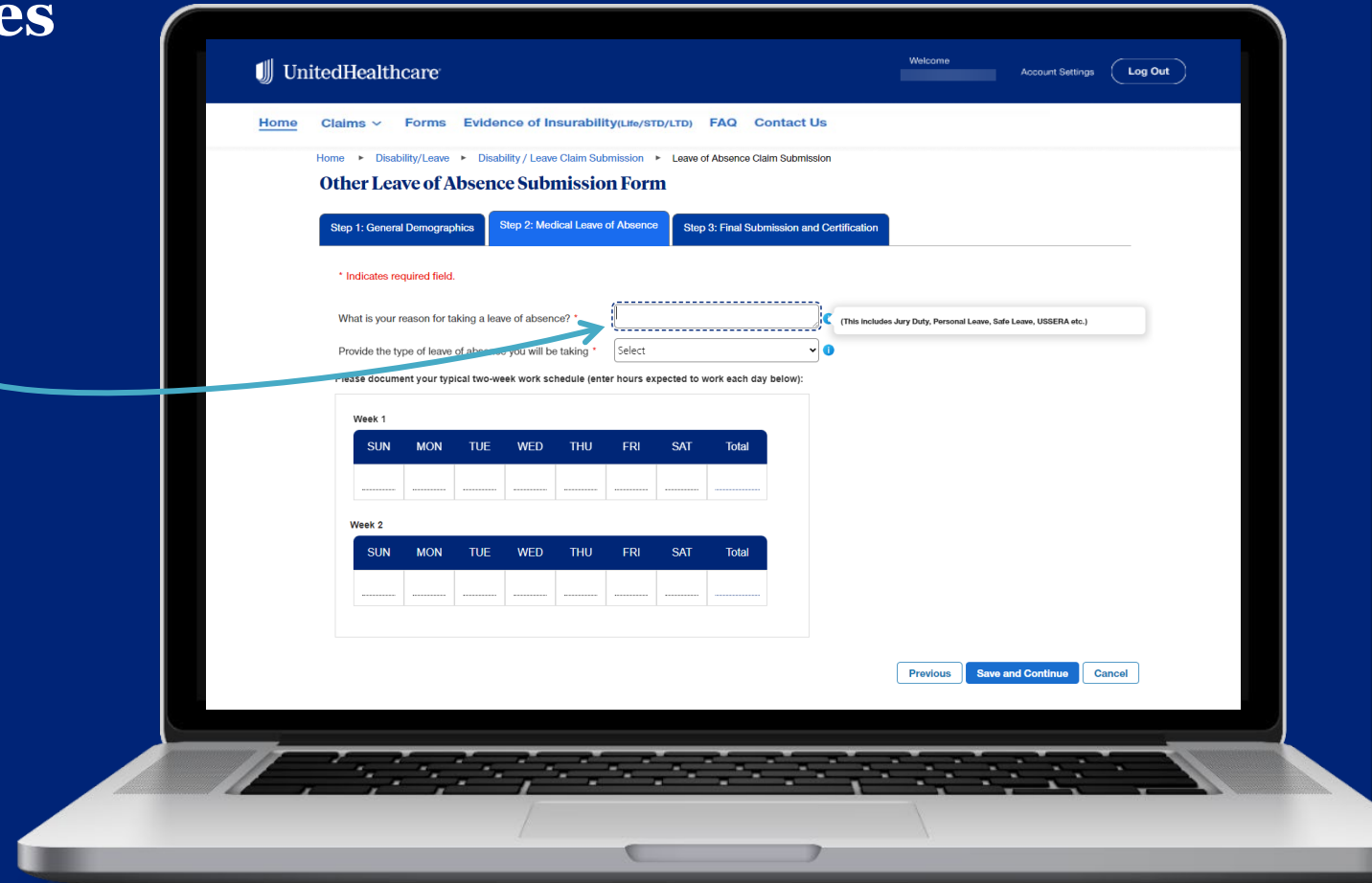
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Type the reason for taking a leave of absence.

Hover over the information icon for examples of leave reasons.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home Disability/Leave Disability / Leave Claim Submission Leave of Absence Claim Submission

Other Leave of Absence Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? *

Provide the type of leave of absence you will be taking *

Select (This includes Jury Duty, Personal Leave, Safe Leave, USERRA etc.)

Please document your typical two-week work schedule (enter hours expected to work each day below):

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

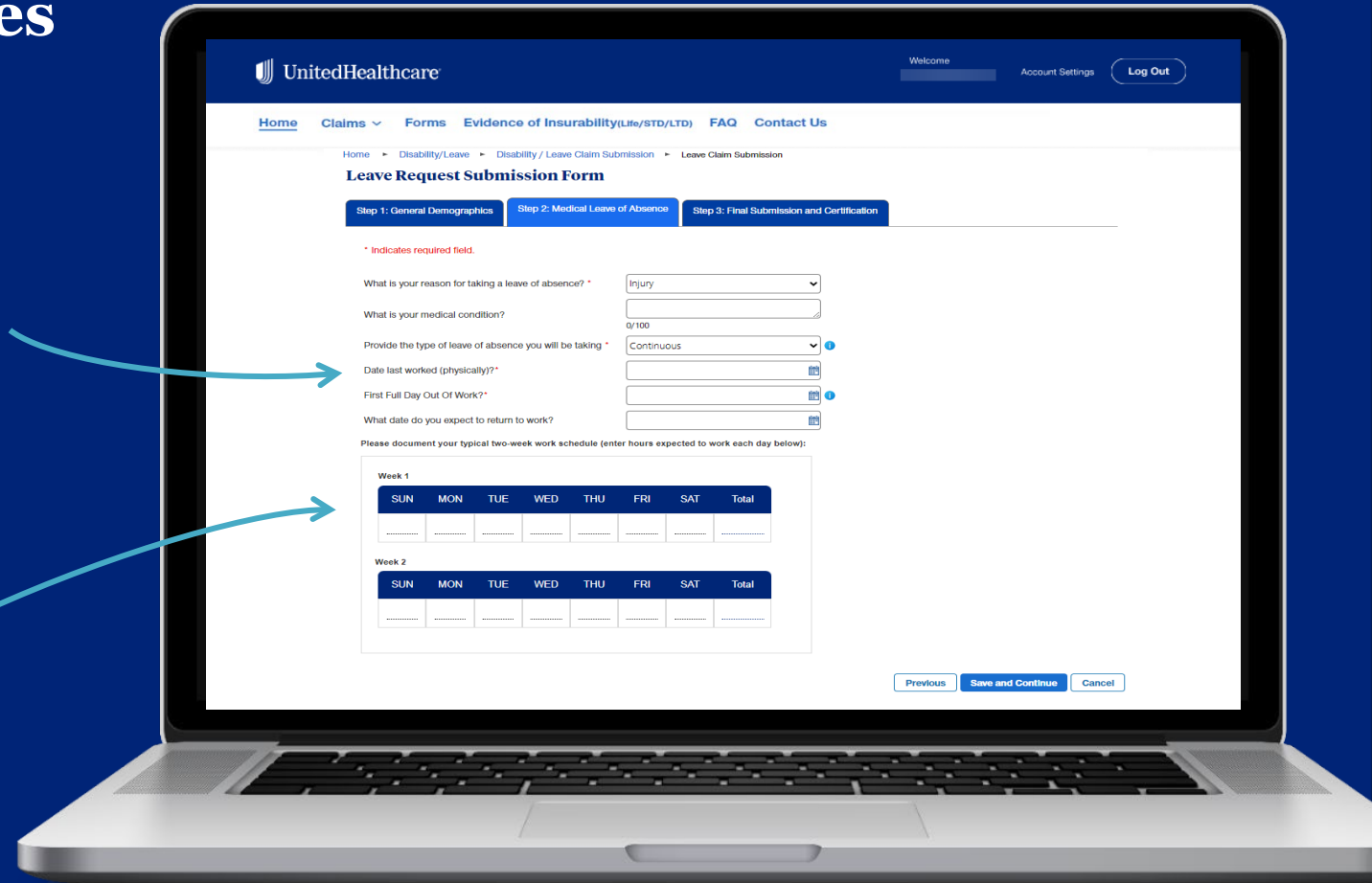
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Enter dates for your last day of work, first full day out of work, and, if known, your expected return to work.

Complete your typical two-week work schedule.



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Home Disability/Leave Disability / Leave Claim Submission Leave Claim Submission

Leave Request Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? * Injury

What is your medical condition? Q/100

Provide the type of leave of absence you will be taking * Continuous

Date last worked (physically)? *

First Full Day Out Of Work? *

What date do you expect to return to work? *

Please document your typical two-week work schedule (enter hours expected to work each day below):

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

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Other

Continuous

Intermittent

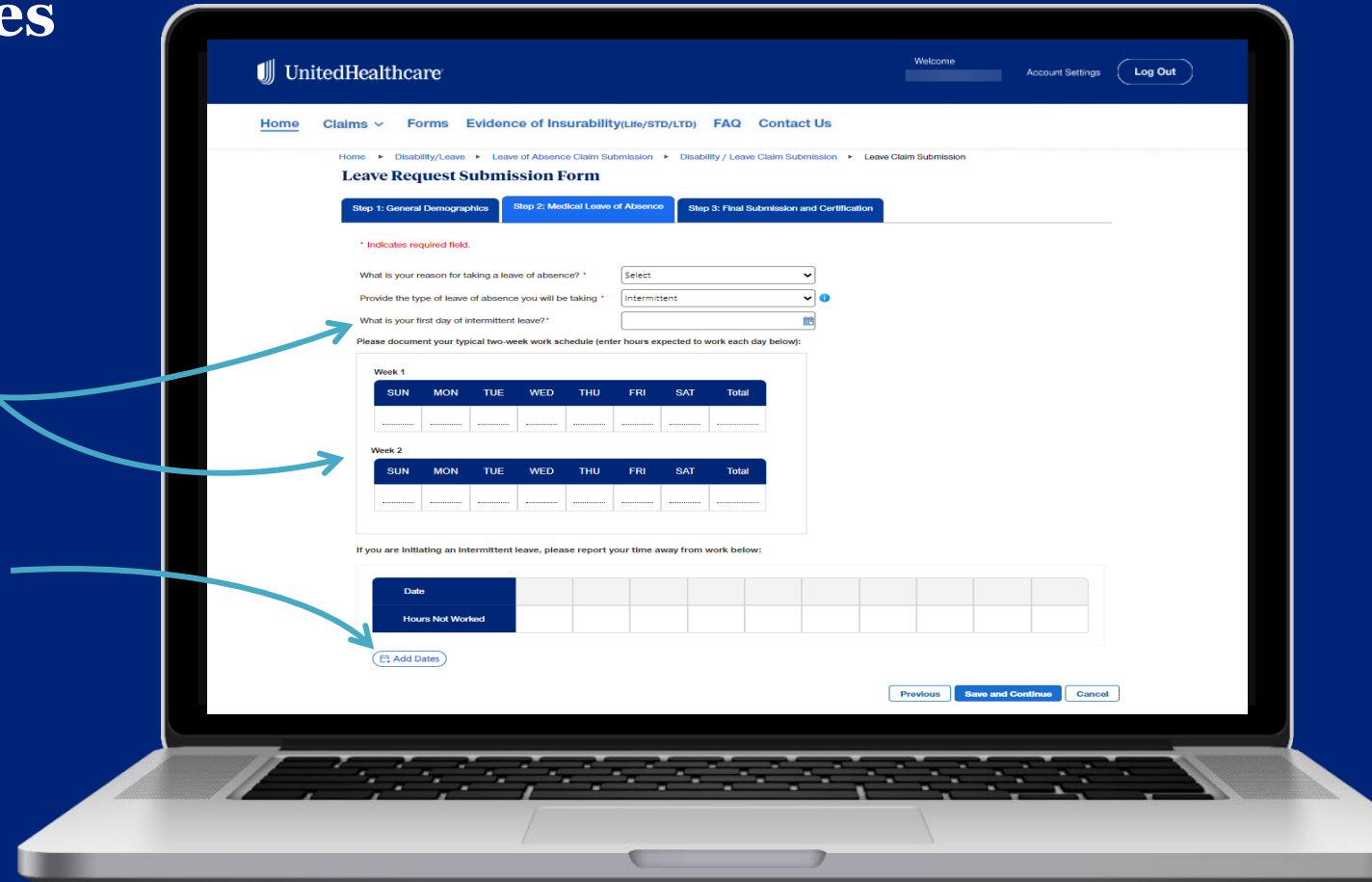
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Enter your first date of intermittent leave and complete your typical two-week work schedule.

Click Add Dates to report planned or already taken time away from work.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home > Disability/Leave > Leave of Absence Claim Submission > Disability / Leave Claim Submission > Leave Claim Submission

Leave Request Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? *

Provide the type of leave of absence you will be taking *

What is your first day of intermittent leave? *

Please document your typical two-week work schedule (enter hours expected to work each day below):

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

If you are initiating an intermittent leave, please report your time away from work below:

Date	Hours Not Worked

Add Dates

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

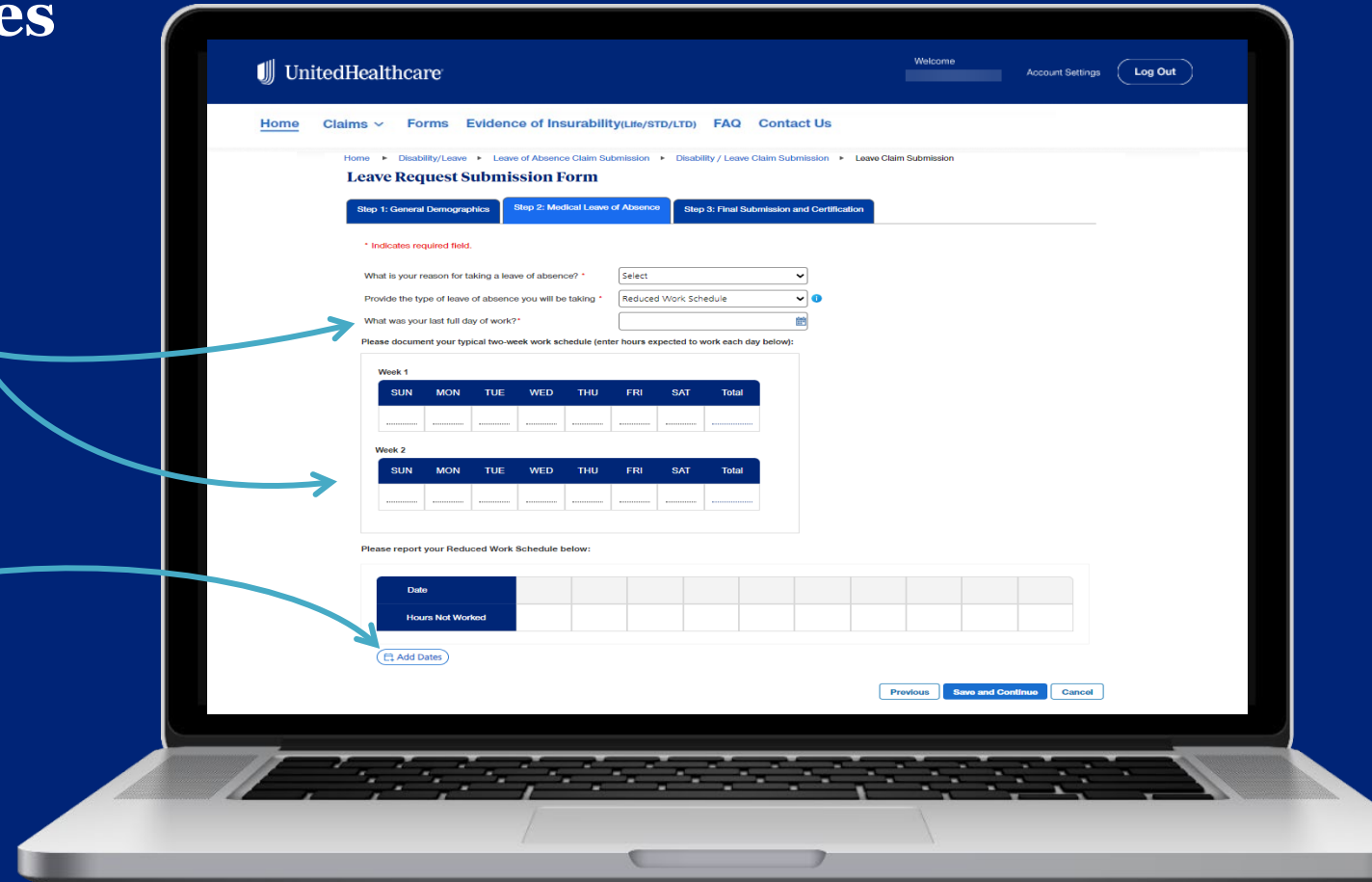
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Enter the date of your last full day of work and complete your typical two-week work schedule.

Click Add Dates to report your reduced work schedule.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home > Disability/Leave > Leave of Absence Claim Submission > Disability / Leave Claim Submission > Leave Claim Submission

Leave Request Submission Form

Step 1: General Demographics Step 2: Medical Leave of Absence Step 3: Final Submission and Certification

* Indicates required field.

What is your reason for taking a leave of absence? *

Provide the type of leave of absence you will be taking *

What was your last full day of work? *

Please document your typical two-week work schedule (enter hours expected to work each day below):

Week 1

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Week 2

SUN	MON	TUE	WED	THU	FRI	SAT	Total

Please report your Reduced Work Schedule below:

Date	Hours Not Worked

Add Dates

Previous Save and Continue Cancel

Examples of Reasons and Types

Click examples below.

Own serious health condition

Care for a family member

Bonding

Other

Continuous

Intermittent

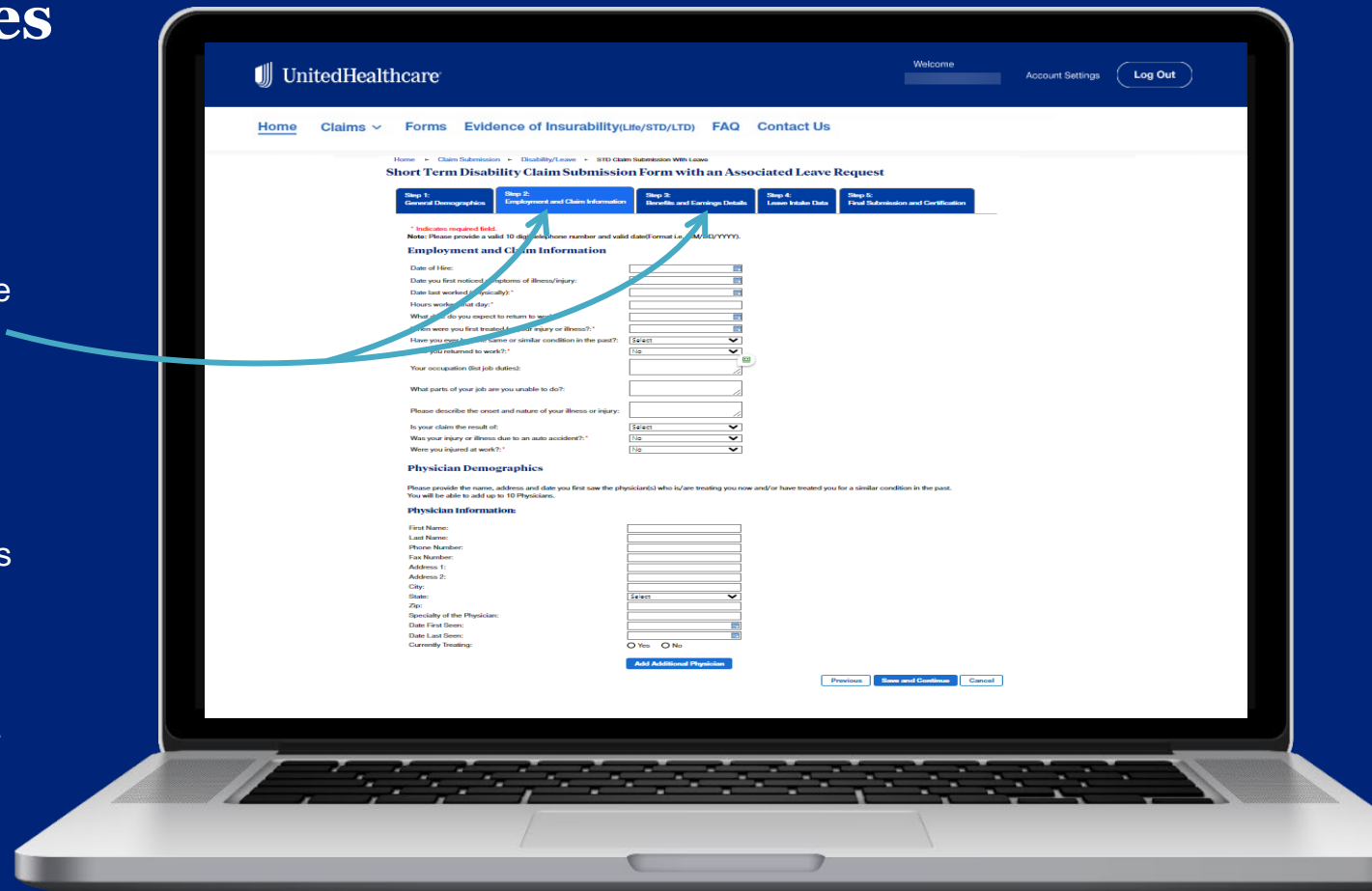
Reduced work schedule

Associated with a disability claim

Return to Submit Claim directions

Complete two additional sections prior to entering the leave reason and type.

Enter information regarding your employment, details of your medical condition and treatment, and report your income.



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Welcome Account Settings Log Out

Home Claims Forms Evidence of Insurability(Life/STD/LTD) FAQ Contact Us

Home - Claims Submission - Disability/Leave - STD Claim Submission With Leave

Short Term Disability Claim Submission Form with an Associated Leave Request

Step 1: Personal Demographics Step 2: Employment and Claim Information Step 3: Healthcare and Coverage Details Step 4: Leave Dates Step 5: Final Submission and Certification

Employment and Claim Information

* Indicates required field.
Note: Please provide a valid 10 digit phone number and valid date in format (e.g., MM/DD/YYYY).

Date of Birth:

Date you first noticed symptoms of illness/injury:

Date last worked (physically):

Hours worked per day:

What job do you expect to return to work?

Have you ever been treated for a similar injury or illness? ☐

Have you ever been treated for a similar condition in the past? ☐

Have you returned to work? ☐

Your occupation (list job duties):

What parts of your job are you unable to do?

Please describe the onset and nature of your illness or injury:

To your claim the result of: ☐

Was your injury or illness due to an auto accident? ☐

Were you injured at work? ☐

Physician Demographics

Please provide the name, address and date you first saw the physician(s) who is/are treating you now and/or have treated you for a similar condition in the past. You will be able to add up to 10 Physicians.

Physician Information:

First Name:

Last Name:

Phone Number:

Fax Number:

Address 1:

Address 2:

City:

State:

Zip:

Specialty of the Physician:

Date First Seen:

Date Last Seen:

Currently treating: ☐ Yes ☐ No

Add Additional Physician

Previous Save and Continue Cancel

Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

Enter required demographics

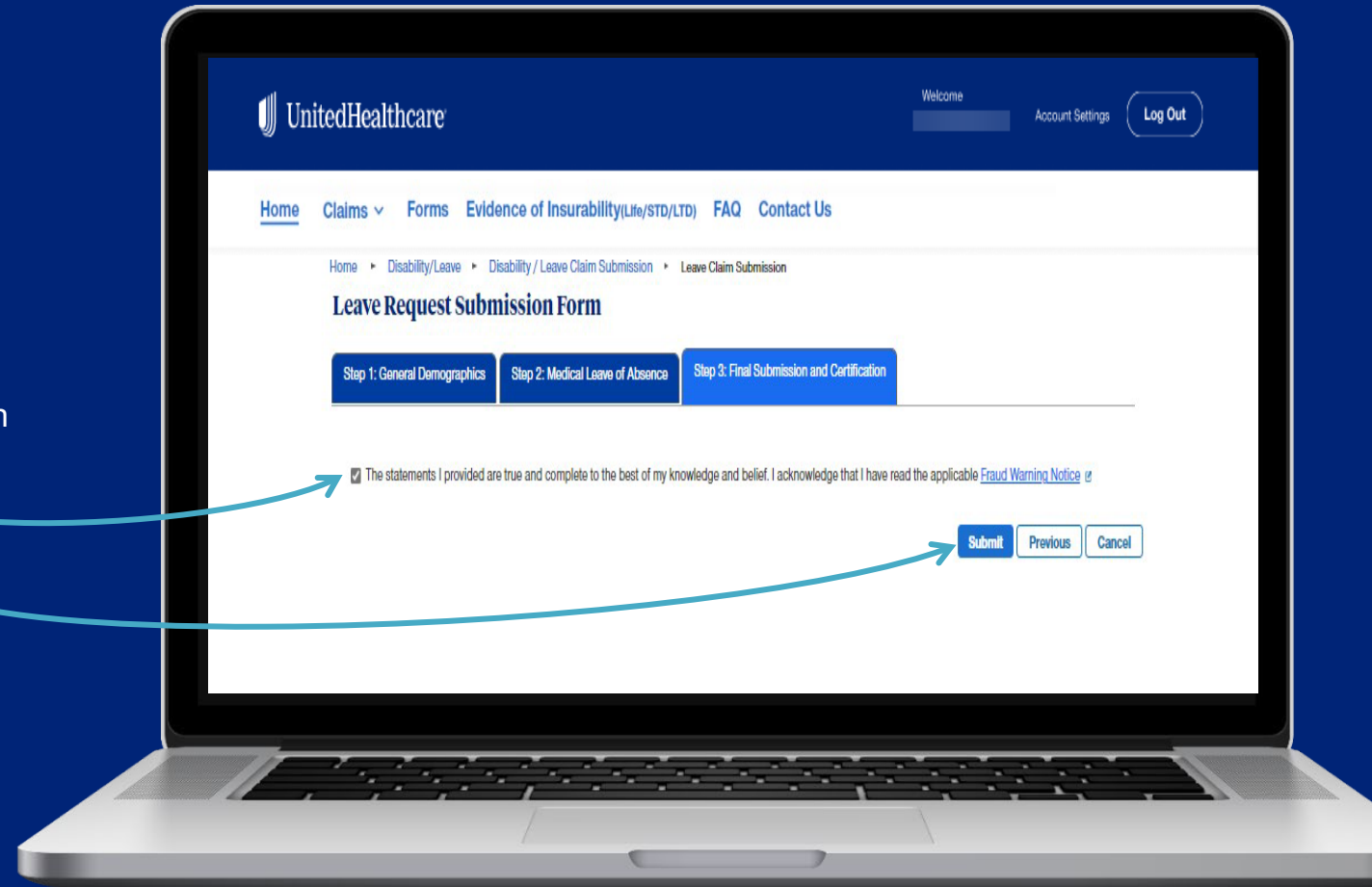
Enter reason and dates

Certify and submit

Upload related documents

Read the applicable Fraud Warning Notice, then click the checkbox to certify that the information you provided is accurate.

Click Submit.



Initiate a leave claim

Click steps below for a demo.

Select the Disability/Leave product

From homepage

From Claims page (Step 1)

From Claims page (Step 2)

Click Submit New Claim

Select claim type

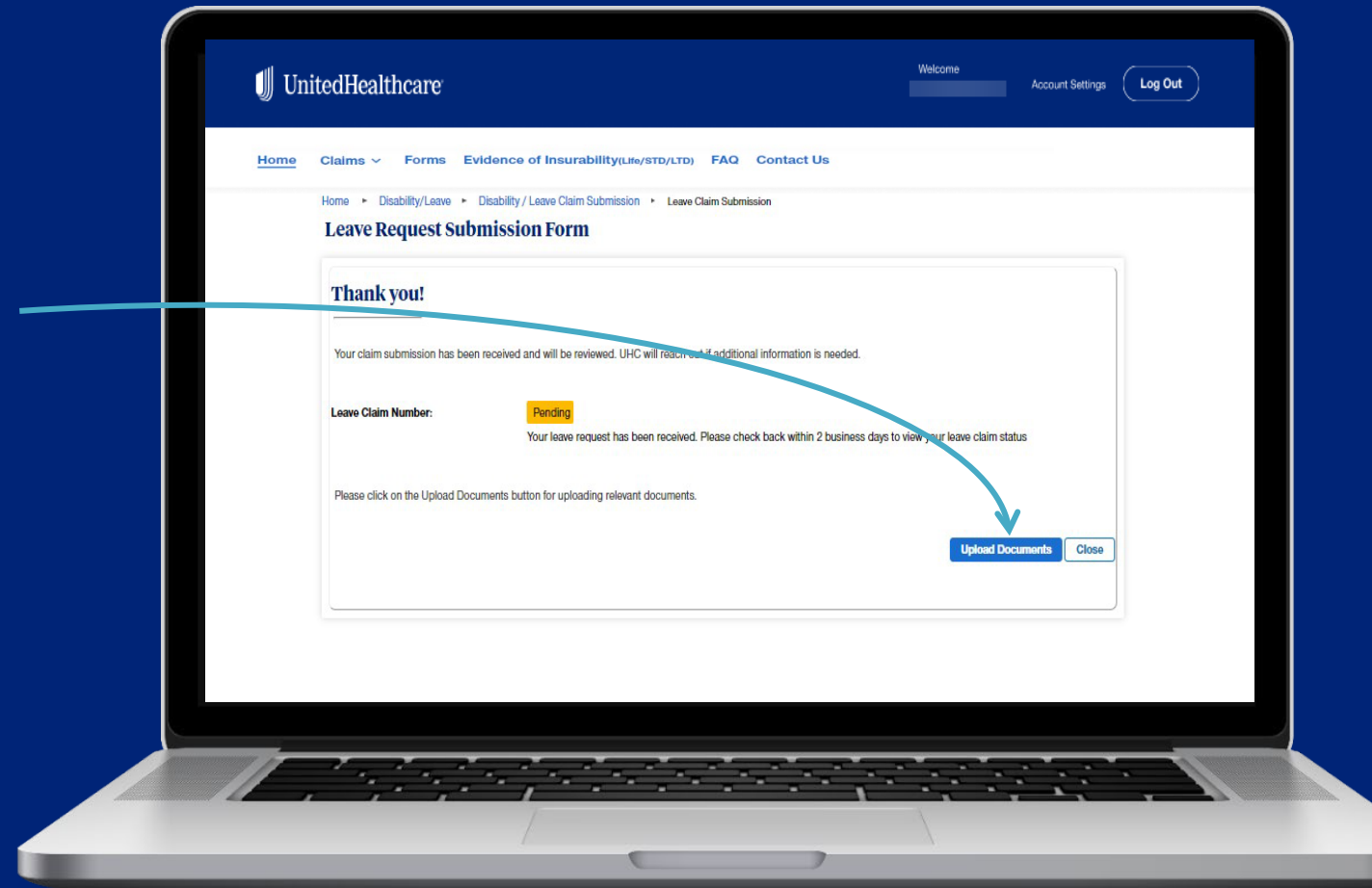
Enter required demographics

Enter reason and dates

Certify and submit

Upload related documents

As applicable,
upload any leave
related documents
to the pending
claim.



Locate and update a submitted claim

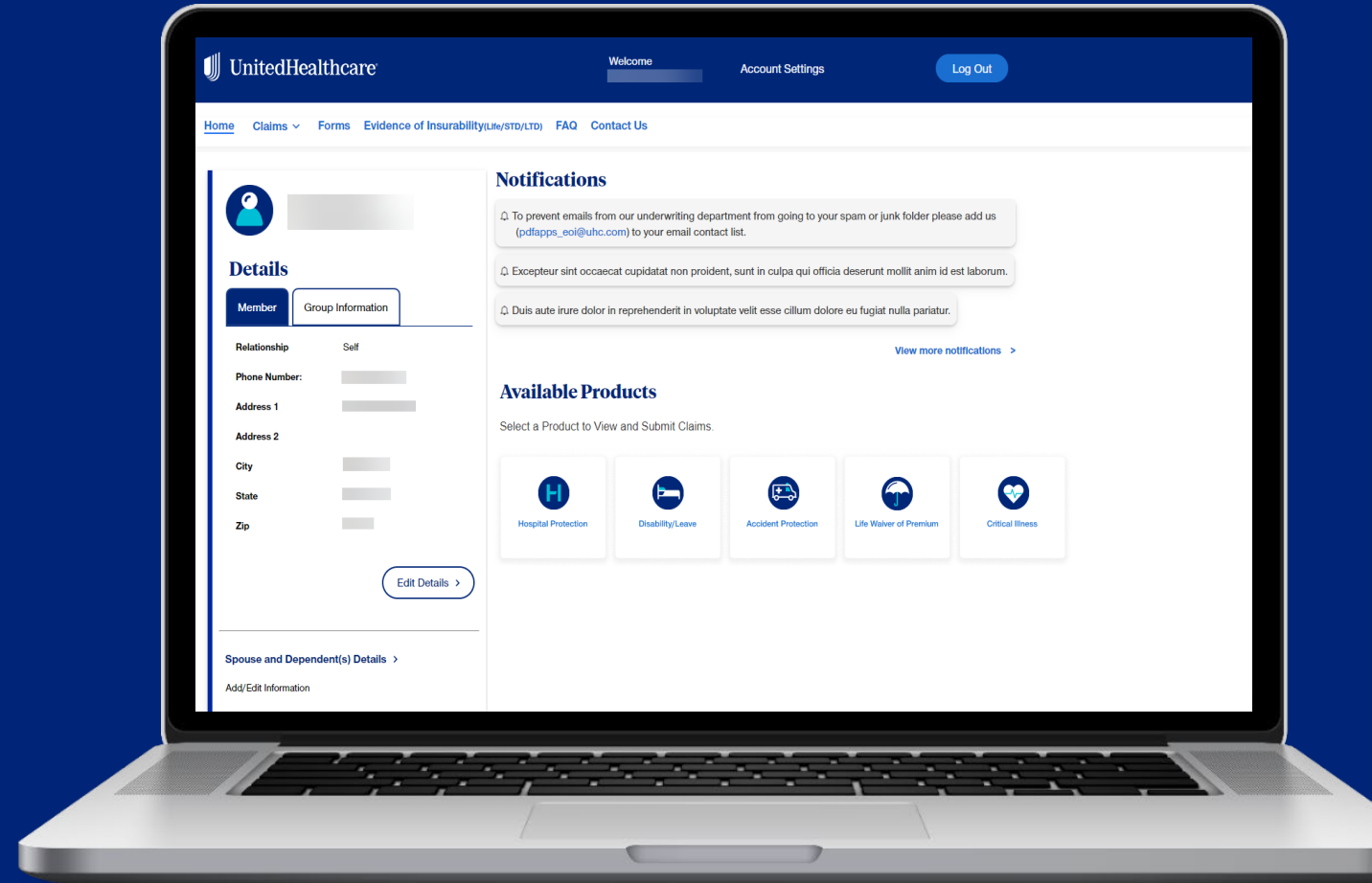
Click steps below for a demo.

Go to Claims

View claims history

Update an existing claim

Paid leave claims



Locate and update a submitted claim

Click steps below for a demo.

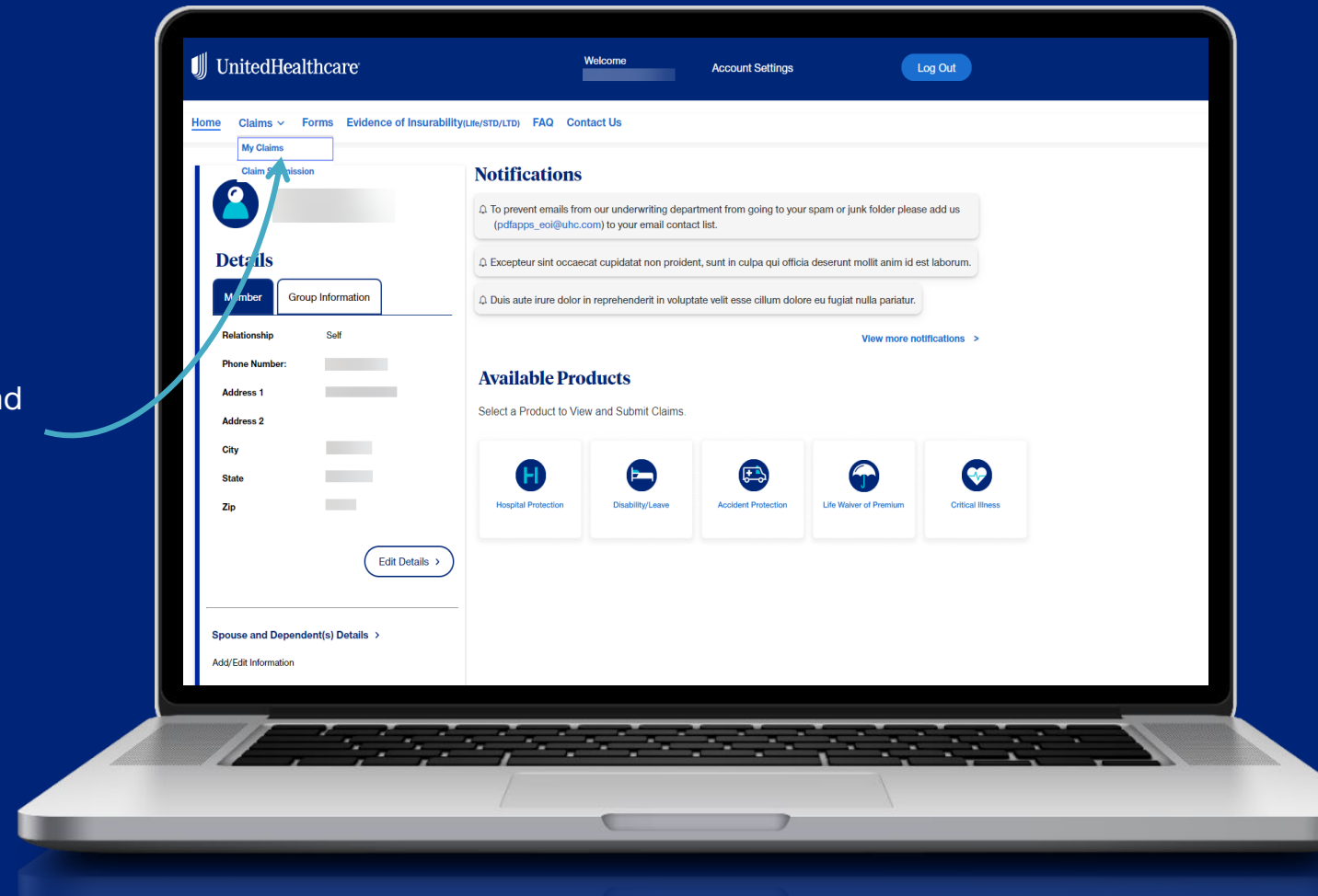
Go to Claims

View claims history

Update an existing claim

Paid leave claims

Click the Claims dropdown menu and select My Claims.



Locate and update a submitted claim

Click steps below for a demo.

Go to Claims

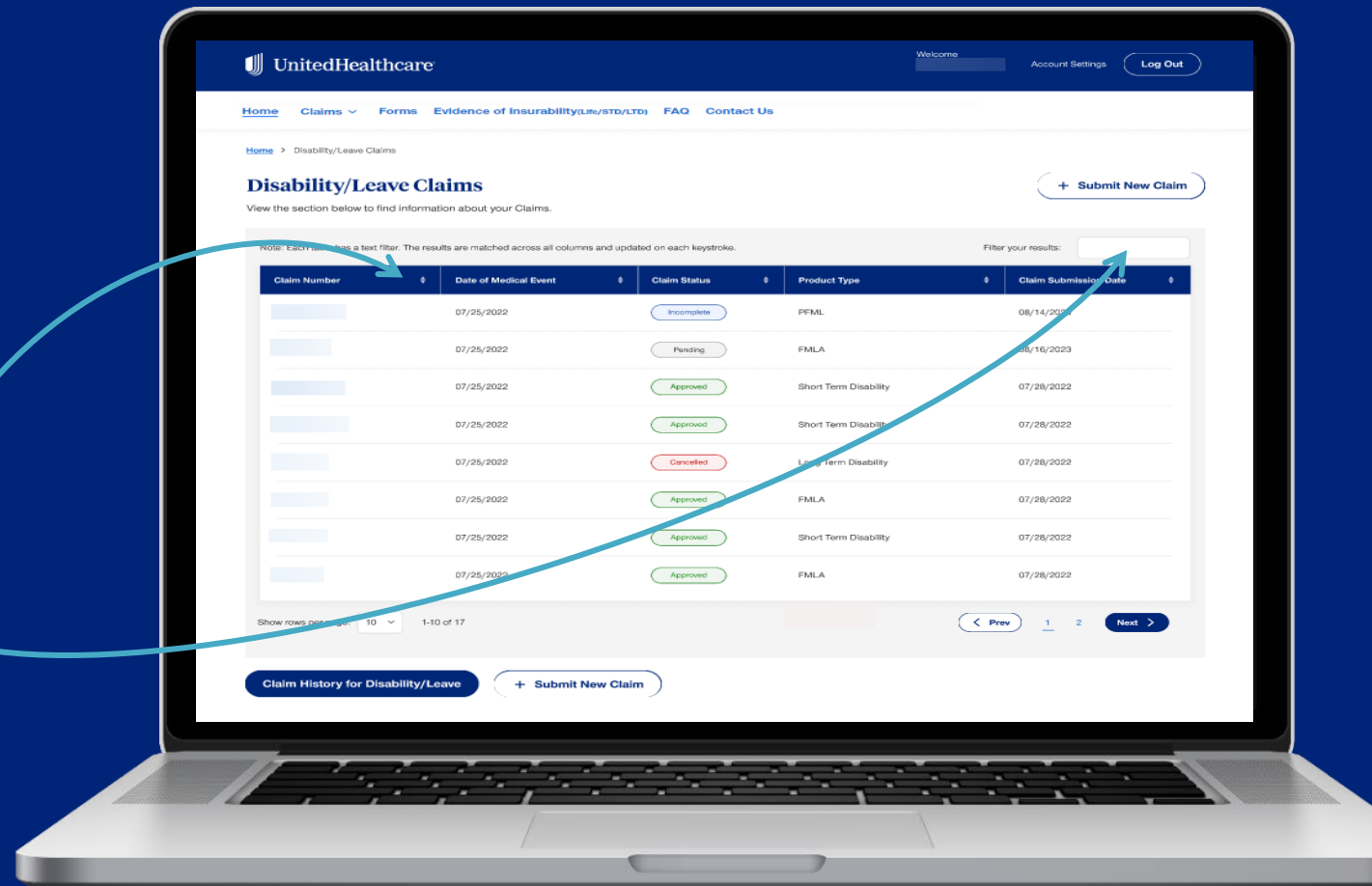
View claims history

Update an existing claim

Paid leave claims

Sort the list by clicking on the column headers.

Filter results to find specific criteria (i.e., “Approved” claim status or “FMLA” product type).



Locate and update a submitted claim

Click steps below for a demo.

Go to Claims

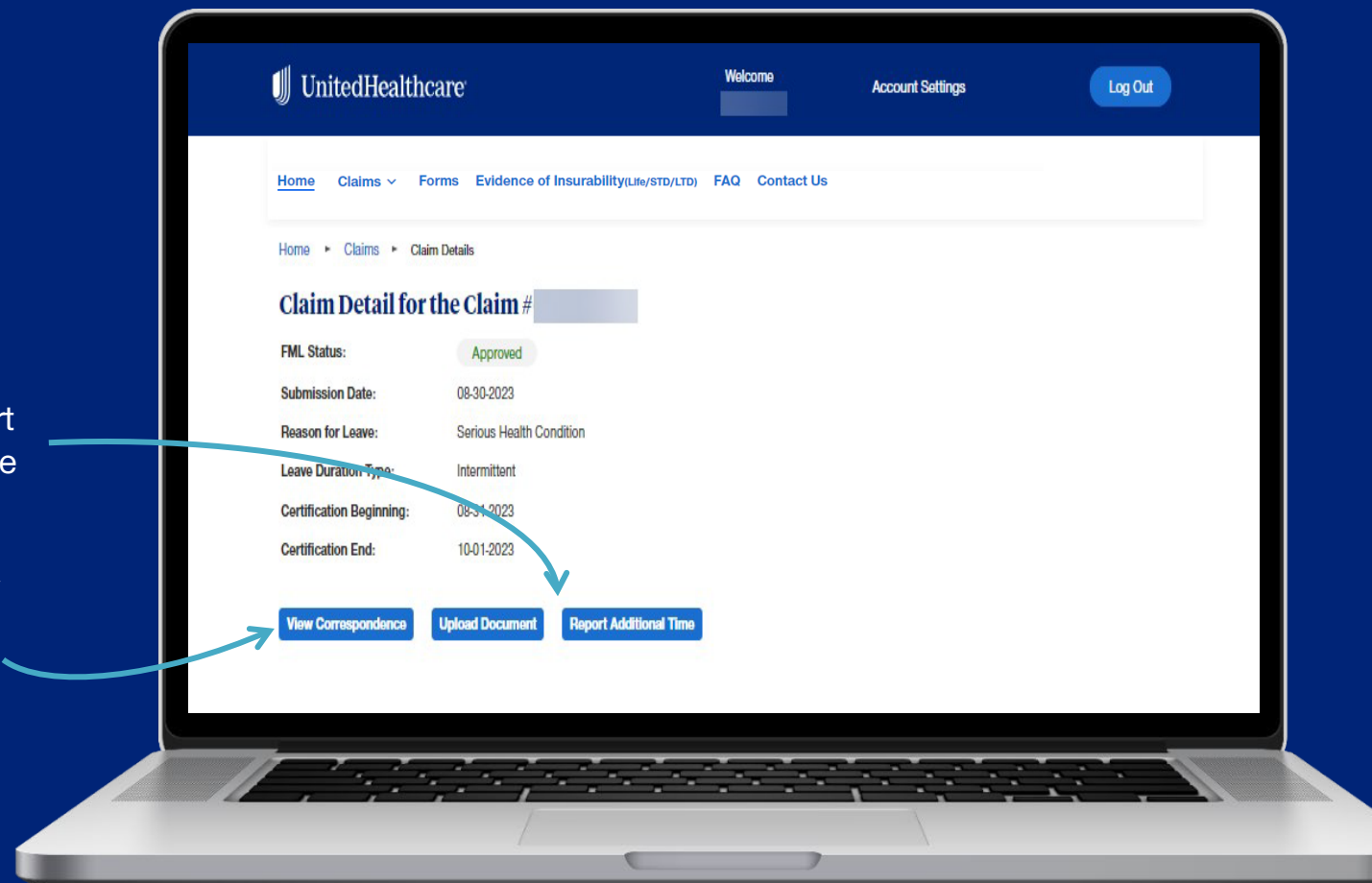
View claims history

Update an existing claim

Paid leave claims

Upload related documents or report additional leave time for the claim.

See claim letters by clicking View Correspondence.



Locate and update a submitted claim

Click steps below for a demo.

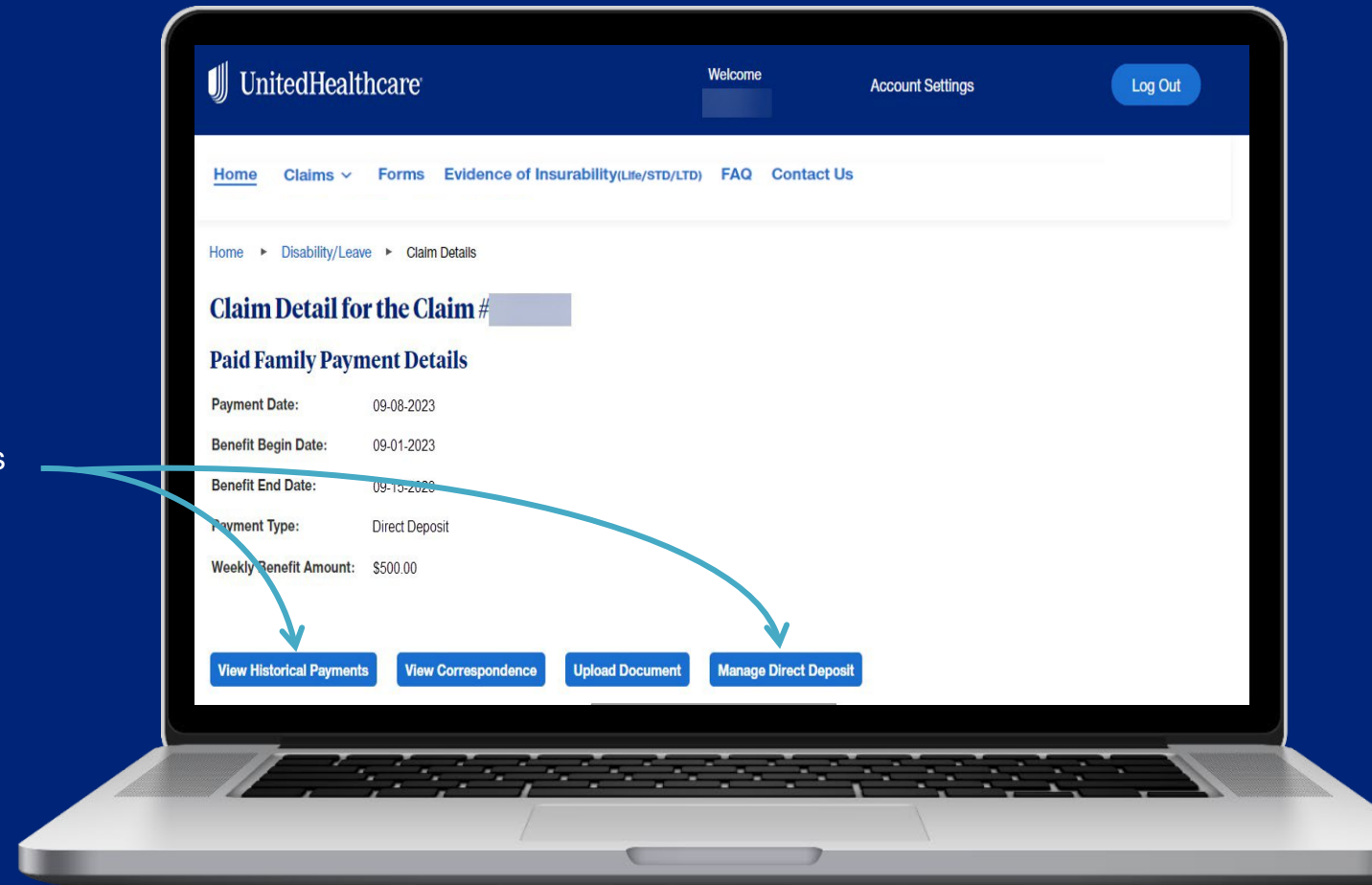
Go to Claims

View claims history

Update an existing claim

Paid leave claims

Additional features available to View Historical Payments or Manage Direct Deposit.

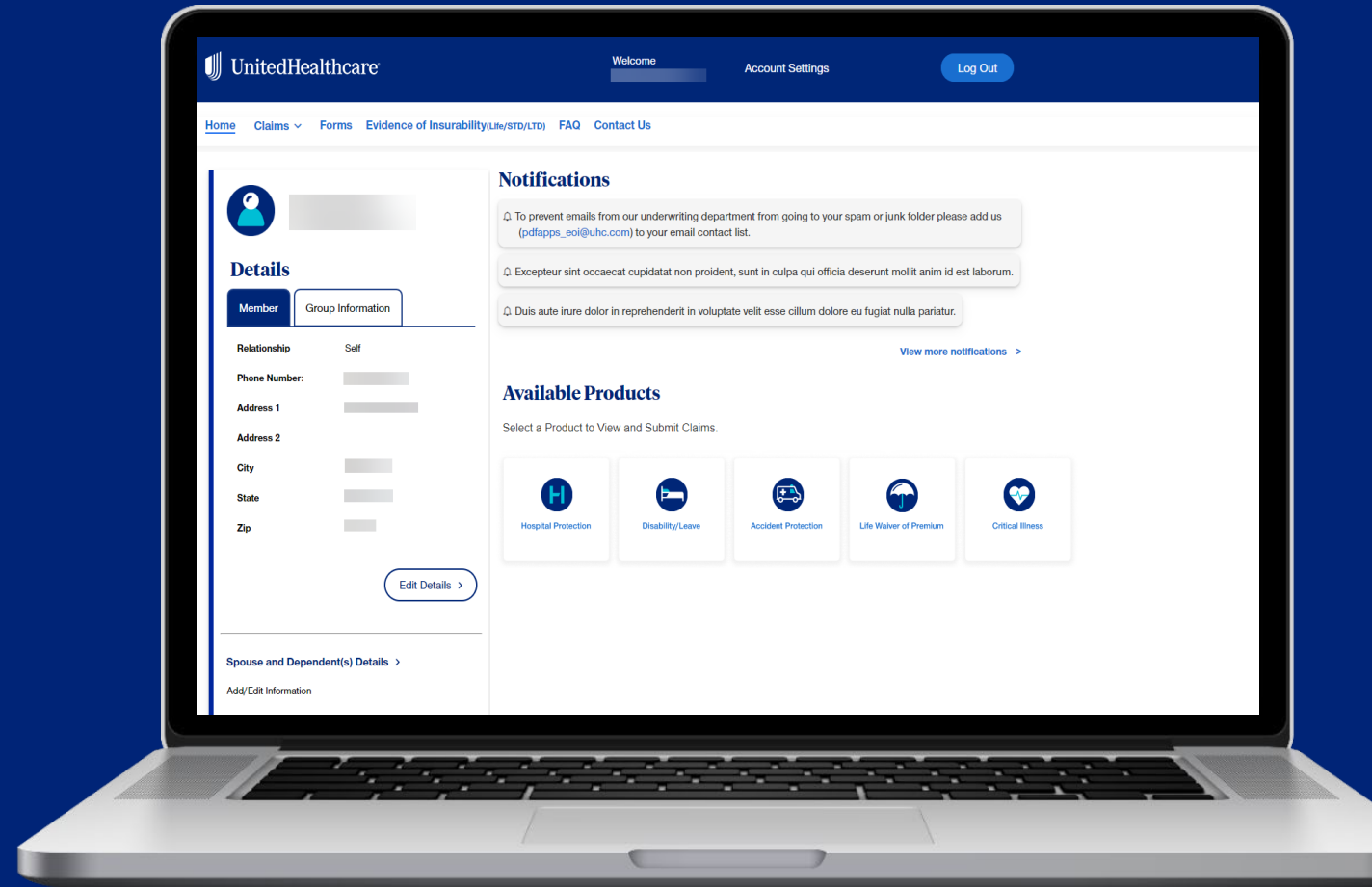


Access forms related to claims

Click steps below for a demo.

Go to Forms

Search for forms

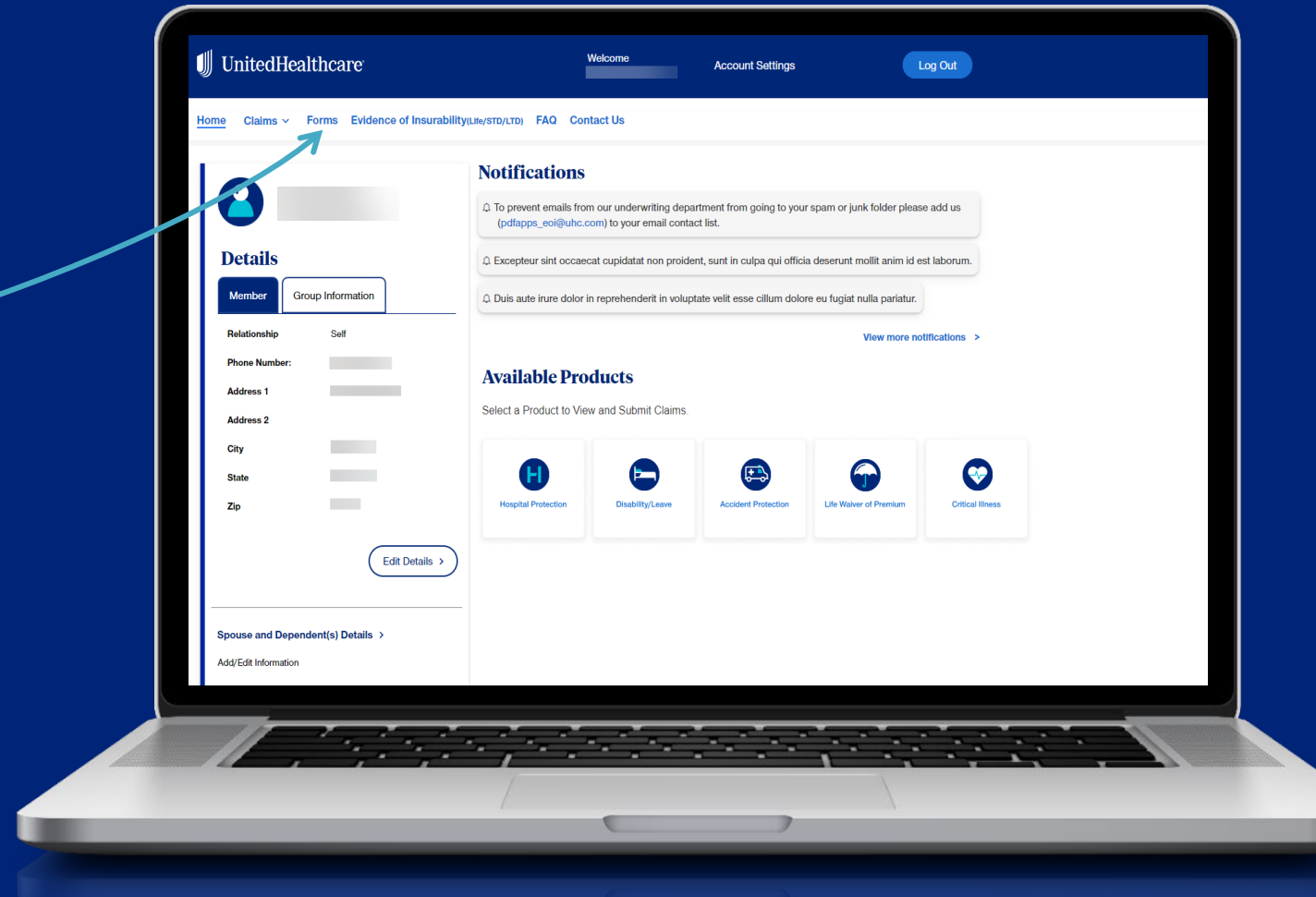


Access forms related to claims

Click steps below for a demo.

Go to Forms

Search for forms



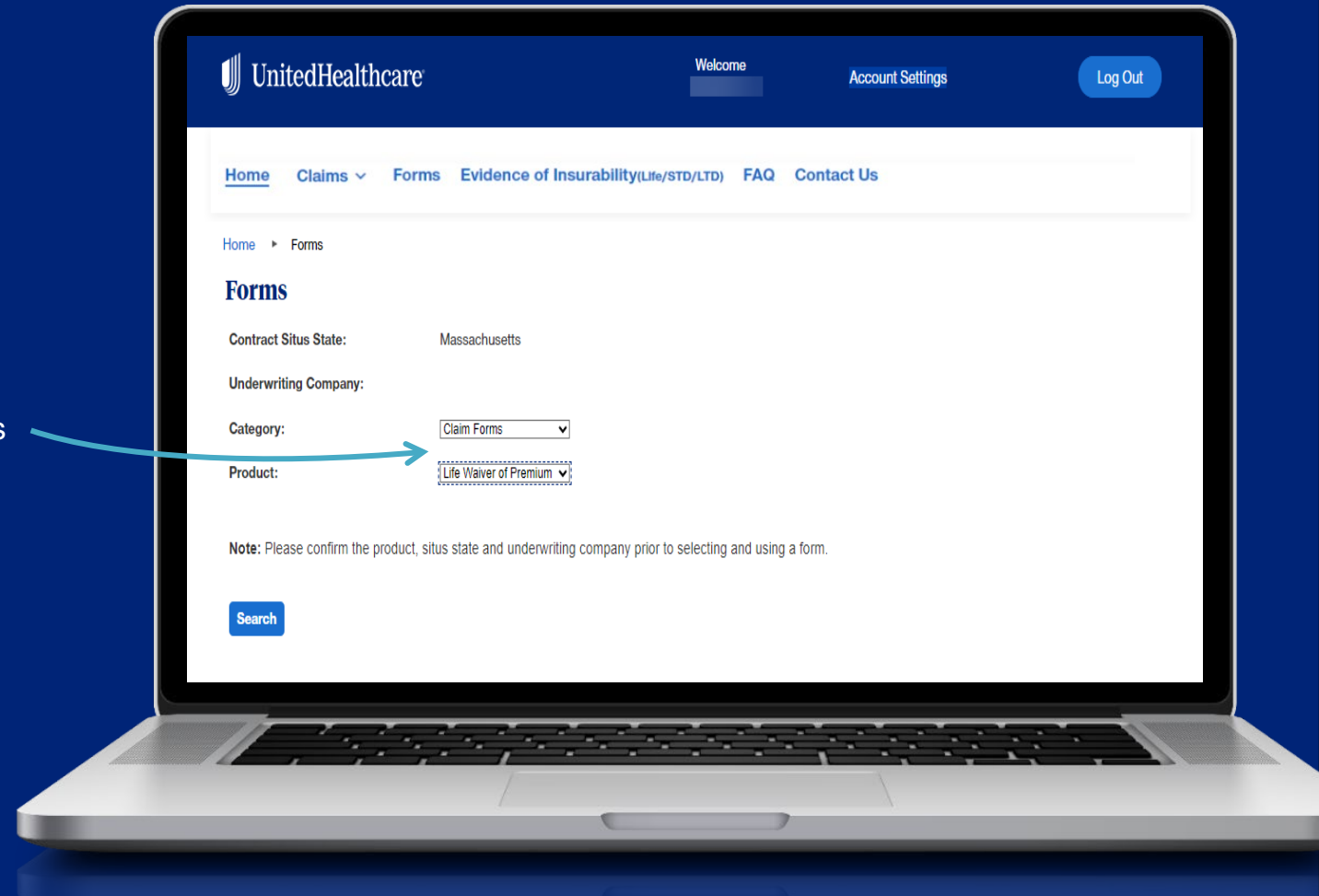
Access forms related to claims

Click steps below for a demo.

Go to Forms

Search for forms

Select the category and product from the dropdown menus to display relevant forms.



Contact us for additional claim, technology, or portal navigation support.

The toll-free numbers are listed under the Contact Us top navigation tab.

