

Short Term Disability

Using your benefit

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Agenda

- 53 calendar days per year
- 5 working day waiting period / can be paid or unpaid
- Must have a doctor complete the forms
- Must update leave extensions with Medical Department
- Must have a return to work form completed to end leave



53 days per calendar year

- 53 day period is not carried over and does not accumulate.

Days used in one year is for that year. Next years days are for that year. All of this time adds together for the 60 day waiting period for ESP. (extended sick pay)

What happens when employees don't use all of the 53 days? The remainder of the days can be used for a later leave and in combination with FMLA (unpaid leave).

What happens if you have 2 leaves in 1 year and use all 53 days in the 1st leave? The next leave will be FMLA (unpaid leave) for up to 60 days. Then ESP will take over as long as the employee is totally disabled from any and all work. If an employee does not qualify for FMLA because of seniority or lack of time worked, they will use excused LWOP as long as the employee is written out by a medical doctor, however, the employee will not have benefits. (Zero-status).

Can the company make employees use FMLA for this time? NO, as long as an employee has STD benefits, if not, employee's have to use FMLA to keep their benefits active. FMLA and STD cannot be run together unless the employee wants to do so, Article IV, section 6 of the contract. STD and FMLA can be combined in the case of an earlier use of some of the 53 days during the year.



5 working day waiting period

- Employees can use paid sick time or vacation time if they have enough remaining for the year of the leave.
- Paid sick time and vacation time can be combined to cover the waiting period (5 working days).
- Excused LWOP can also be used. This is unpaid and saves the use of paid time.
- Each leave must begin with a 5 working day waiting period if multiple leaves are used during a calendar year. (Example: employee uses 20 calendar days on 1st leave which requires a 5 working day waiting period. The next leave, the employee will only have 33 calendar days remaining and will have to use another 5 working day waiting period.)

With STD, if an employee returns from leave and works any part of a day but has to go back out for the same illness or injury, a new 5 working day waiting period must be used to start a new leave. (ESP has a 6 month grace period on same illness/injury return to leave which has caused confusion in understanding leave policies.)



STD forms

- **STD leave packet instructions**
 - Every employee should pick up a STD packet to have in case of a medical leave. These forms can be picked up in HR or the Medical Department.
 - **Packet includes the following forms and must be filled out completely at the appropriate times:**
 - **Instruction on use of the forms, cover page.**
 - **STD medical form.**
 - **Medical Leave extension form.**
 - **Return to work form.**



Explanation of Form Packet

- Availability of these forms is intended to reduce the amount of driving some employees have to do when they go on a medical leave. It is very important all of these forms get to the Medical Department in correct order and as soon as the employee can get them there.
- This does two things, first it gets the pay benefit started, 70% of weekly wages, so the employee doesn't miss more than a pay period when using LWOP as the waiting period and two, it keeps the company aware of the leave so they can make adjustments to prevent hardships on co-workers and meet production needs.
- Employees should always keep copies of the leave paperwork for their records should any questions arise at a later time.

STD Medical Form

Short-Term Disability

This form must be completed by your treating Medical Professional, or form will not be acceptable.

1= Employee's Name = _____

2= Statement of overall diagnosis = _____

HIPPA
CONCERNS

3= State the effective date the medical leave begins and the date the medical leave will end.

Medical Leave Begins: _____
(must be dates)

Medical Leave ends: _____
(must be dates)

4= Original Signature Of Health Care Provider – No Stamps Accepted

Signature of Health Care provider _____

Type of Practice: _____

Address: _____

Telephone No: _____

Date: _____

5= Employee Signature: _____

Date: _____

I, _____ do hereby authorize Dr. _____ to complete this form and to return to:
Freightliner LLC, 11550 Statesville Blvd, Cleveland, NC 27013, attn:Medical Dept.

Employee must
make sure the
doctor places dates
on these lines.



STD Medical Form Explanation

- This form must be filled out by a doctor within 5 days if at all possible. Pay (70% of weekly wages) will not begin until this form is returned to the Medical Department. If a doctor's office can not get this form filled out in 5 days the company must be notified about the delay. Employee must call and talk to the Medical Dept. or come to the plant to explain any delay. The longer it takes to get this form the longer it takes to get leave pay started. Employees will be ask to call in every day until the form is returned and will use their sick time until used up, then chargeable time is used until the completed form is returned and accepted. (time will be adjusted upon acceptance) Once accepted the STD leave begins. Medical leave return date must be on the form and if the doctor doesn't know what the date will be then the date of the next visit should be used so the leave can either end or be extended. Employees should keep a copy of the completed form for their records and turn in the top copy to the Medical Department on the day they get the form back. On returning the form to the Medical Department the employee will have all of this explained and choose waiting period time, LWOP, Vac or Sick, FMLA. They will be ask to sign the explanation form stating they understand the leave policies. Employee is now on STD Leave and only has to call if there is a change in conditions or status of the leave.

STD Update Form

- Short Term Disability Update Form
- The following form should be given to your treating medical professional for completion if your Short Term Disability exceeds your original return to work date. Once completed, the form should be returned to the plant nurse promptly in order to assure the benefits of Short Term Disability. The original form must be returned.
- Patient's name: _____
- Diagnosis: _____

- The above patient has been, or will be, unable to perform work continuously:
- From _____ to _____
- (Original return to work date) (Must be dates)
- Date _____
- Signature of Treating Medical Professional
(Original Please – no stamps)
- I, _____ do hereby authorize _____
- complete this form and return to:
- Freightliner LLC
- 11550 Statesville Blvd
- P.O. Box 299
- Cleveland, NC 27013
- Attn: Plant Nurse

Make sure employees know what these dates are and the doctor has a date on the form.



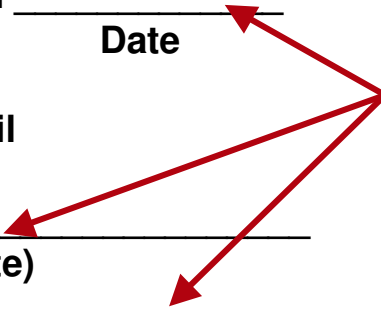
STD Update Form Explanation

- If the doctor extends the time of the leave beyond the return to work date on the first form, STD Medical Leave Form, this Update Form must be completed and brought immediately to the Medical Department. This is the area most employees get in trouble, this form must be turned in before or on the return to work date. Past problems have included bringing this form in more than 3 days after the return to work date and the employee is terminated for “3 day no call no show”.
- The form must include the date of the current visit and the date for the next visit to extend leave or return the employee back to work. If the date gets extended, another Update form should be picked up from the Medical Department for next doctor visit.
- This form does not get filled out on the first visit, only when leave is extended beyond original return to work date, usually on follow up visit.

STD Return to Work Form

- Return To Work Form
- Before returning to work, please have your treating medical professional complete this form. If your condition does not permit your return to regular job activities, your treating medical professional can list your limitations under comments. This form is to be given to the Plant Nurse on your first day back to work. She will contact your supervisor regarding any limitations you may have.
- _____ is able to return to work on _____
Date
- Employee name
- () Without Restrictions
- () With Restrictions – Must explain in detail
- Comments:
- Restrictions are in effect until: _____
(Date)
- _____
Original Signature (No Stamps) (Date)
- I, _____ do hereby authorize
- Dr. _____ to complete this form and return to: Freightliner LLC,
11550 Statesville Blvd, Cleveland, NC 27013, Attn: Medical Dept.

Dates are the most important part of these forms.





Return to Work Form Explanation

- Employees returning from a medical leave must have this form filled out by attending doctor and returned to the Medical Department before they begin work.
- If the employee has restrictions there must be something from the doctor explaining the restriction and must include an end of restriction date.
- The company determines if there is available work meeting the restricted work instructions from the doctor.



Summary of STD procedure

- Pick up STD leave packet from Medical or HR.
- Employees with an illness or injury requiring extended amount of days to recover and the doctor takes the employee out of work for more than 5 working days the forms must be filled out by the doctor in order to receive this benefit, 70% of weekly wages.
- Employees should keep a copy of this completed form and return the completed form to the Medical Department when they leave the doctor's office. (5 day limit per contract)
- Employees must not lose the Leave Extension Form or the Return to Work Form. These forms will be used later. New ones can be picked up if needed but they are required.
- 5 day limit on returning the forms unless the doctor's office can't do it, employees must contact the company to advise them of this delay per Labor Agreement.
- Employees must return to work on the return to work date regardless of their next doctor's visit. The company will expect employees at work on that return date with the Return to Work Form completed. Employees should not guess at this, they should call to make sure.
- **THE MOST IMPORTANT THING IS TO COMMUNICATE WITH THE COMPANY DURING A MEDICAL LEAVE.** Employees should know this could affect their employment.