

Hartford Notification Example:

CLOSED – RETURNED TO WORK or DISABILITY NO LONGER SUPPORTED

EE Name: MS. SMITH
Work State: New York
Pref Cont #: 585/944-4920
Claim Nbr: 26369397

Date of Hire: 05/27/2008

Plan Name: WD STAT 1 Class 1/WD STAT - NY DBL

Status: Closed - This means the claim is closed and no longer medically supported beyond the approved through date.

Reason: Return to Work – This means the employee should be back to work and the online return to work notification should be completed by the department. If it states here **"Disability Not Supported"**, it may mean that the department hasn't completed the return or that the employee's Physician hasn't provided the necessary medical support to extend the claim. Work with your HRBP if the employee didn't return and discuss next steps.

Total # Days Authorized: 60

NOTE: We do not need a return for Pregnancy claims.

First Day Absent: 01/24/2021

Last Actual Day Worked: 01/23/2021

Benefit Begin Date: 01/31/2021

Approved Through: 03/24/2021

Date subject to change - may represent claimant's next office visit

Projected Return to Work Date: * 03/24/2021

Benefit End Date: 07/31/2021 (End of the 6 months for STD)

Return to work Information:

Work Status: **At Work**

Description: **Physical Restrictions** Department needs to reach out to Leave Administration, Return to Work, for managing any/all restrictions.

Hours Per Day:

Days Per Week:

Mod Duty Info: **limited walking standing**

Modified Duty End Date: 03/31/2021

*The Projected Return to Work Date is our estimation of when the employee can return to work based upon the medical information available at this time. Therefore, this date may change as new information becomes available.

LINK for the Return to Work Notice:

<https://www.rochester.edu/human-resources/benefits/leave-disability/return-from-disability-workers-compensation-report/>