

Hartford Notification Example

APPROVED – RE-CERT

Client Name: University of Rochester
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: Approved

Reason: Re-Cert

Total # Days Authorized: 60

First Day Absent: 01/24/2021
Last Actual Day Worked: 01/23/2021

Disability Date: 1/24/21

Benefit Begin Date: 01/31/2021

Approved Through: 03/24/2021 - This is the new Approved Through date because the claim has been extended.

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

Return to work Information:
Work Status: Not At Work
Description:

From Date: 03/18/2021 – The From and Thru dates are the period that this claim has been extended for.
Thru Date: 03/24/2021 PLEASE DO NOT ENTER ANY DBL CODES BEYOND THIS DATE.

*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.