

Reporting an Absence

Disability & Family Medical, Parental, or Adoption Leave

How do I report a short-term disability (STD) claim and/or a family medical (FML), parental, or adoption leave?

Lincoln Financial Group offers employees with direct access to claims resources and information. You can easily report a claim and check the status of your claim through Lincoln Financial Group's dedicated secure website or by telephone.

Please visit: www.MyLincolnPortal.com to access employee resources and online tools, as referenced below:

When Do I Report a Claim?

Lincoln Financial Group is available 24 hours a day, 7 days a week. You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery). You may also report a claim as soon as you are hospitalized OR disabled due to illness or injury for **6 consecutive work days** or more.

How Do I Report a Claim?

1. Notify your Otsuka People Manager and the [Otsuka AVA Contact Center](#) to report your leave of absence.
2. File and report your disability and/or leave claim with Lincoln Financial (Otsuka's Leave & Disability Administrator) via www.MyLincolnPortal.com.

First time users must register using Company Code: OTSUKAAMERICA

Please have the following information available when you report your claim:

- Your treating healthcare physician or medical care provider's name, address, fax and telephone numbers
- Your manager's name, telephone number and e-mail address
- Reason you are out of work (diagnosis/symptoms)
- Your last day worked, first day absent from work, and anticipated return to work date

3. Or you can call **1-888-408-7300** and speak with a Lincoln Financial Intake Specialist to report your claim.
4. Keep a record of your claim number. Reporting your claim online provides the added convenience of printing a claim report which includes your claim number and a summary of your claim details.

Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.

5. You may securely check the status of your claim online at www.MyLincolnPortal.com or by calling your Lincoln Financial Case Manager directly. The Lincoln Financial Leave Team can be reached by calling **1-866-277-5276** or emailing LincolnLeave@ifg.com. The Lincoln Financial Group fax number is **866-265-8993**.



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What Happens Next?

If you are absent due to your own medical condition:

Once you have filed your disability and leave claims, you will be contacted by a Lincoln Financial Disability Case Manager who will review the details of your application and discuss the specifics of your absence.

If you are absent due to a leave for a reason other than your own medical condition, such as military leave or family care:

Once you have filed your leave claim, you will receive a letter from Lincoln Financial Group with the required paperwork that is to be completed and returned for approval consideration.

What Happens If:

My Claim is Approved?

You will be contacted by your assigned Lincoln Financial Disability Case Manager who will notify you of the approval and discuss all relevant details.

My Claim is Denied?

You will be contacted by your assigned Lincoln Financial Disability Case Manager who will notify you of the denial and discuss all relevant details – you will also receive a detailed letter outlining the reason for denial and your appeal rights.

I Am Released to Return to Work?

Please contact and notify your Otsuka People Manager, the [Otsuka AVA Contact Center](#), and your Lincoln Financial Group Disability Case Manager to report your return to work date. You will also need to supply a doctor's note or [Release to Return to Work Statement](#) from your treating healthcare provider which provides (including, but not limited to) your name, return to work date, and what, if any, accommodation(s) are recommended in order for you to perform the essential functions of your job.

I Cannot Return to Work as Scheduled and Require an Extension?

You need to contact and notify your Lincoln Financial Disability Case Manager and the [Otsuka AVA Contact Center](#) as soon as you are aware of the need for extension. Your Lincoln Financial Disability Case Manager will discuss the need for extension and request updated medical support from your treating healthcare provider.

I Exhaust My STD Benefits?

If you are expected to remain out of work beyond your maximum entitlement of STD benefits (180 calendar days) and may require a long-term disability (LTD) claim, then Lincoln Financial Group will transition your STD case to a Lincoln Financial LTD Case Manager for review. You will then be contacted by your assigned Lincoln Financial LTD Case Manager to begin the process and will requested additional medical support from your treating healthcare provider.



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Short-Term Disability Benefits

While health insurance may cover most medical bills, daily living expenses such as rent or mortgage, car payments, and utilities continue. Short-term disability (STD) insurance provides partial income replacement if you are unable to work due to a qualifying non-occupational illness or injury for periods ranging from a few days to several weeks.

Eligibility	All active, full-time OAPI, OPDC, and ODH employees working a minimum of 30 regularly scheduled hours per week.						
Waiting Period	You are eligible on your date of hire.						
Benefit	<p>STD coverage is employer-paid. If you become disabled (as defined in the Plan) and remain disabled through the elimination period, the plan benefit pays a percentage of your base salary as described below, less other deductible sources of income, such as state-mandated benefits.</p> <table> <tr> <th>Years of service</th><th>Benefit</th></tr> <tr> <td>Less than 1 Year</td><td>Day 1 – 90: 100% Day 91 – 180: 80%</td></tr> <tr> <td>1+ years</td><td>Day 1 – 180: 100%</td></tr> </table>	Years of service	Benefit	Less than 1 Year	Day 1 – 90: 100% Day 91 – 180: 80%	1+ years	Day 1 – 180: 100%
Years of service	Benefit						
Less than 1 Year	Day 1 – 90: 100% Day 91 – 180: 80%						
1+ years	Day 1 – 180: 100%						
Elimination Period	Benefits are payable after a period of five work days due to injury or sickness. Once you have been out of work for six consecutive work days and are approved for STD benefits, you will receive retroactive benefits to your first date of absence.						
Maximum Duration	STD benefits will end at either the end of the disability or 180 calendar days, whichever comes first.						
Definition of Disability	You will be considered disabled if you are unable to perform the duties of your “own job.”						
Successive Disability	If you become disabled for the same condition within 90 days following your prior disability, your benefits will continue under the same claim.						

Parental, Adoption, and Caregiver Leave Programs

Eligibility	All active, regular, full-time Employee or part-time Employee of OAPI, OPDC, and ODH regularly scheduled to work at least fifteen (15) to thirty (30) hours per week
Waiting Period	You are eligible on your date of hire.
Benefit	<p>Parental: 10 weeks of 100% paid leave upon the birth of your child</p> <p>Adoption: 10 weeks of 100% paid leave upon the placement of an adopted child or long-term fostering that will result in adoption</p> <p>Caregiver: 2 weeks of 100% paid leave for care of an immediate family member* with a serious health condition.</p>

*includes spouse, domestic partner, parent, step-parent, child or step-child, sibling (or spouse/domestic partner's child, step-child, or sibling), mother-in-law, father-in-law, daughter-in-law, son-in-law, stepparent-in-law, grandparent-in-law, or grandparent.



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Long-Term Disability Benefits

Eligibility	All active, full-time OAPI, OPDC, and ODH employees working a minimum of 30 regularly scheduled hours per week.	
Waiting Period	You are eligible on your date of hire.	
Benefit	LTD coverage is employer-paid. If you become disabled (as defined in the Plan) and remain disabled through the elimination period, the plan benefit pays 60% of your monthly covered earnings, less other deductible sources of income, such as Social Security and workers compensation (see your Plan booklet for details). The maximum monthly benefit is \$15,000.	
Elimination Period	Benefits are payable after a period of 180 consecutive days of disability or the end of STD, whichever occurs last.	
Definition of Disability	You will be considered disabled if, during the elimination period and the next 24 months of disability, you are unable to perform the duties of your "own occupation" and thereafter, you are unable to perform the duties of "any occupation."	
Maximum Benefit Period	Age at Disability	Maximum Benefit Period
	Less than age 60-----	Greater of SSNRA* or to age 65 (but not less than 5 years)
	60 -----	60 months
	61 -----	48 months
	62 -----	42 months
	63 -----	36 months
	64 -----	30 months
	65 -----	24 months
	66 -----	21 months
	67 -----	18 months
	68 -----	15 months
	69 and over -----	12 months
*SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment to the Social Security Act and any subsequent amendments.		