*(Insert Employing Organization’s Letterhead Here)*

**LTD Form Letter**

**DIP Transition from Short-Term Disability (STD) to Long-Term Disability (LTD)**

Dear **INSERT NAME HERE**,

This letter is to advise you that upon the exhaustion of the maximum 182 calendar day Short-Term Disability (STD) benefit period, you shall no longer be an employee of the State or any of its political subdivisions, provided you have exhausted your FMLA entitlement and/or you are not FMLA eligible [Ref. 29 Del. C. §5253c (5)] ***unless*** you have returned to work and are working on a temporary reduced, alternate, light duty and/or part-time basis with restrictions that can be reasonably accommodated. If you are in need of a reasonable accommodation as defined in the Americans with Disabilities Act of 1990 as amended by the ADA Amendments Act of 2008 and the Delaware Persons with Disabilities Employment Protections Act, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (302) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or by email at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you would like Return to Work assistance, please contact the State of Delaware’s Return to Work Coordinator (RTW-C) at 302-760-7069 or by email at [returntowork@delaware.gov](mailto:returntowork@delaware.gov).

**Important: Please check the box of the statement that applies to you (Select only one):**

*Option 1:* It is my intention to transition to Long-Term Disability (LTD) upon the exhaustion of my STD benefit period. ***Note:***  **If you have selected *Option 1*, please read page 2 of this letter.**

***OR***

*Option 2:* It is my intention to work on a temporary reduced, alternate, light duty and/or part-time basis while transitioning to LTD or upon the exhaustion of my STD benefit period. If approved for this option by your Human Resource Department, you will be working on a temporary reduced, alternate, light duty and/or part-time basis while transitioning to LTD or upon the exhaustion of the STD benefit period. The following will apply:

You will maintain your current benefits (medical, dental, life, vision, flexible spending) with your employing organization.

You will accrue annual and sick leave on a pro-rated basis per your employing organizations rules (non-Merit employees please refer to your employing organization’s policies).

You will be paid for the hours you work in your regular paycheck.

If you are approved for LTD, you will be paid by The Hartford after all income for the month in which you have worked has been reported to The Hartford.

You will receive holiday pay in accordance with your employing organizations rules.

***Note:* If selecting *Option 2*, there is no need to read page 2 of this letter. Please coordinate your return to work with the RTW-Coordinator and/or your Human Resources Department within 10 days of the exhaustion of the STD benefit period, whenever possible.**

***OR***

*Option 3:* It is my intention to retire. **If you have selected option 3, please contact INSERT AGENCY HR EMPLOYING ORGANIZATION CONTACT INFO HERE.**

Prior to the commencement of LTD benefits, you may make a written request to escrow accrued annual and sick leave for a period of six months, [Ref. 29 Del. C. §5253 ( c )(6)]. If this office does not receive your written request to escrow accrued annual and sick leave prior to commencement of LTD benefits, accrued annual and sick leave will be paid off based on the rules in place by your employing organization. For your convenience you may use this letter for your written request to escrow your leave by simply signing, dating and returning it to this office.

Escrowed annual and sick leave balances will be returned to you upon rehire to full-time benefits eligible employment with the State of Delaware for at least 30 calendar days within the six month escrow period. An employee who escrowed annual and sick leave balances who is not approved for LTD or does not return to state employment in a full-time benefit eligible position for at least 30 calendar days within the six month escrow period, will receive a payoff of unused annual and sick leave at the end of the six month escrow period based on the rules in place by the State of Delaware.

If approved, your monthly LTD benefit payment will be up to 60% of your pre-disability base earnings (at the onset of your disability) plus hazardous duty pay, if applicable, reduced by “Other Income Benefits” as defined in the LTD benefits booklet located at [de.gov/statewidebenefits](https://de.gov/statewidebenefits). Within forty-five (45) days of The Hartford's request, you are required to apply for the Social Security Income (SSI) disability benefit from the Social Security Administration. **If denied SSI benefits, you are required to follow and exhaust the Social Security appeals process. If Other Income Benefits are awarded to you *retroactively,* you must promptly repay overpaid disability wages to the State of Delaware and/or The Hartford.** More information regarding the repayment of overpaid STD benefits can be found in the Disability Insurance Program (DIP) Rules & Regulations posted on the Statewide Benefits Office website at [de.gov/statewidebenefits](https://de.gov/statewidebenefits).

**IMPORTANT**: The Group Health Insurance Plan Eligibility and Enrollment Rules state that LTD beneficiaries and pensioners or their spouses and dependents eligible for Medicare, by reason of age or disability, must enroll in Medicare Part A and B when first eligible and may enroll in the Medicare Supplement plan provided by the State Group Health Plan through the Office of Pensions. If an LTD beneficiary or pensioner or their spouse or their dependent eligible for Medicare does not enroll, or remain enrolled, in Medicare Part A and B, they will not be eligible to enroll in the Medicare Supplement Plan. In this instance, they must remain enrolled in a non-Medicare plan until the next available opportunity to enroll in Medicare Part A and B and coverage in the non-Medicare plan will be reduced and paid as if secondary coverage at 20% of allowable charges for both medical and prescription claims.

More information on the Disability Insurance Program (DIP) can be found on the Statewide Benefits Office website at [de.gov/statewidebenefits](https://de.gov/statewidebenefits). If you have any questions regarding the Disability Insurance Program, please contact the Statewide Benefits Office Customer Service Team at 1-800-489-8933 or by email at [benefits@delaware.gov](mailto:benefits@delaware.gov). Other questions should be directed to the attention of\_\_ (Benefits Manager) \_\_at (Telephone Number).

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| --- | --- |
| I request to escrow my annual and sick leave balances |  |
| Employee signature: | Date: |

Sincerely,

Name

Title