

Date _____

Dear _____,

Our records indicate that you are enrolled in the Disability Insurance Program sponsored by the State of Delaware. This program is designed to provide you with a portion of your earnings if you are unable to work due to injury, illness, pregnancy or other medical condition covered by the program.

IMPORTANT: Sign and return the enclosed Employee Acknowledgement within 5-business days of receipt via email (preferred) or mail to:

Human Resources Representative: _____

Agency/District Name: _____

Address: _____

Fax Number: _____

Email: _____

Review the Short Term Disability Claim Filing Checklist, Guidelines, and Activity Log for information on:

- ✓ How to File a Claim
- ✓ Your Responsibilities
- ✓ Important Timeframes and Action Items
- ✓ What to Expect from your Employing Organization
- ✓ What to Expect from The Hartford
- ✓ Receiving Return to Work Assistance

IMPORTANT: You must file a Short Term Disability claim **within 15-calendar days** from the date of your disability if you will be absent from work for at least 30-calendar days. Please refer to the enclosed checklist for instructions on how to file a claim.

If you have questions on how to file a Short Term Disability claim or questions regarding the documentation needed to file a claim, the Statewide Benefits Office Customer Service Team is ready to assist you at 1-800-489-8933 or by email at benefits@delaware.gov.

EMPLOYEE ACKNOWLEDGEMENT

I, _____, acknowledge receipt of my employer's letter dated _____, 20____ advising me of my enrollment in the State's Disability Insurance Program.

_____ (Initial) I agree to file a Short Term Disability claim with The Hartford **within 15-calendar days of the date of my disability.**

_____ (Initial) I received the Short Term Disability Claim Filing Checklist, Guidelines, and Activity Log that details my responsibilities while on approved leave.

_____ (Initial) I acknowledge that I cannot use available annual and/or sick leave in lieu of filing a Short Term Disability claim with The Hartford.

_____ (Initial) I acknowledge that if I am eligible for Parental Leave, I am required to apply for and utilize Parental Leave to cover the 30-calendar day Short Term Disability elimination period.

_____ (Initial) I acknowledge that if I am eligible for the Family Medical and Leave Act (FMLA), I am required to separately apply for FMLA benefits.

_____ (Initial) I acknowledge that I am responsible for ensuring the timely payment of my health, dental and/or vision plan premiums during my approved leave.

_____ (Initial) I acknowledge that it is my responsibility to promptly notify my Human Resources/ Benefits Representative and The Hartford and repay any overpaid benefit wages in full. Failure to do so may result in a loss of earnings and/or disciplinary action.

Employee's Name _____

Employee's Signature _____

Date _____

By completing this form electronically, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purposes of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A, may be provided by electronic initials or name.



SHORT TERM DISABILITY CLAIM FILING CHECKLIST, GUIDELINES & ACTIVITY LOG

- ✓ Your responsibilities
- ✓ Important timeframes and action items
- ✓ How to file your Short Term Disability claim
- ✓ What you can expect from your employing organization
- ✓ What you can expect from The Hartford
- ✓ Assistance available to help you return to work

SHORT TERM DISABILITY PROGRAM OVERVIEW

Disability insurance pays a portion of your income if you are unable to work because of a disabling illness, pregnancy, injury, or other medical condition covered by the plan occurring on or off the job.

The Short Term Disability program pays up to 75% of your base annual salary, including hazardous duty pay, reduced by “Other Income Benefits” as defined in the [Short Term Disability Plan Booklet](#)¹.

The first 30-calendar days of your disability is known as the elimination period. During this time, you may utilize annual leave, sick leave, compensatory time, or donated leave if eligible, to stay in a paid status. If eligible, Parental Leave is required to be utilized to satisfy the elimination period.

If your Short Term Disability Claim is approved by The Hartford, benefits will begin on the 31st calendar day of the disability and may continue for up to a maximum award period of 182-calendar days. Benefits will be paid by the State of Delaware as part of your pay.

During your approved Short Term Disability award period, you may utilize annual leave, sick leave, compensatory time, or donated leave or parental leave² if eligible, to supplement your Short Term Disability benefit up to 100% of your base annual salary.

¹ The Short Term Disability Plan Booklet can be found on the Statewide Benefits Office website at de.gov/statewidebenefits (Navigation: select your group > choose “Disability Insurance”).

² If eligible, Parental Leave must be utilized to supplement your Short Term Disability benefit.



PAYMENTS PROCESS

The minimum Short Term Disability benefit is the greater of \$50.00 or 10% of the gross benefit, whichever is greater, if paid on a bi-weekly basis.

If you develop a partial or residual disability and can work part-time or on a limited duty basis, you may be entitled to partial disability benefits.

Each day an employee receives a total, partial, or minimum disability benefit counts toward satisfaction of the maximum Short Term Disability benefit period.

Short Term Disability benefit payments will include general salary increases awarded or reductions in salary instituted during the award period.

Employees who work alternate schedules will be converted to a Monday through Friday schedule for the purpose of counting calendar days toward both the elimination period and the Short Term Disability award period.

IMPORTANT NOTE: It is important that you verify the amount of your benefit payments. Employees are required to promptly repay amounts paid in excess of 100% of their pre-disability salary. If you think you may have received an overpayment, it is your responsibility to contact your Human Resources/Benefit Representative and The Hartford immediately.

For more detailed information on how Short Term Disability claims are paid, review the following documents posted on the [Statewide Benefits Office](#)³ website.

[Disability Insurance Program Rules & Regulations](#)

[STD Plan Booklet](#)

[Frequently Asked Questions](#)

LESS THAN TWELVE MONTH EDUCATIONAL EMPLOYEES (DELAWARE STATE UNIVERSITY, SCHOOL DISTRICTS, CHARTER SCHOOLS, DEPT. OF EDUCATION)

Employees who work less than 12-months per calendar year and who are unable to satisfy the 30-calendar day elimination period before the end of the current school year will resume completion of the elimination period as of the first day of the next school year. The elimination period must start and conclude within normal working periods.

Employees who develop a disability during their normal working period in the school year are required to file a Short Term Disability claim and if eligible, receive benefits through the end of the current school

³ Disability Insurance information is located at de.gov/statewidebenefits (Navigation: select your group > choose "Disability Insurance")



year assuming the employee can satisfy the 30-calendar day elimination period before the last day of the current school year.

Disabilities that begin during a non-working period may not be claimed until the normal working period resumes. The actual date of the employee's date of disability will remain unchanged; however, the elimination period begins the first working day of the new school year.

HEALTH PLAN BENEFITS

Employees on approved Short Term Disability, including [Family and Medical Leave Act \(FMLA\)](#),⁴ may continue their coverage in the State of Delaware Group Health Insurance Plan (GHIP).

The State Share contributions will be paid on your behalf for the duration of approved leave. The Employee Share will be deducted from your pay.

If there is not enough salary to deduct the Employee Share of the premium, you must submit your premium payment directly to your Human Resources/Benefits Office. Premium payments must be received in full by the last day of each month⁵. Failure to do so will result in coverage termination.

Upon returning to work you must contact your Human Resources/Benefits Representative to complete an enrollment form if your coverage was cancelled. Reinstatement into GHIP benefits coverage does not require that you wait until open enrollment and the 3-month waiting period is waived.

IMPORTANT NOTE: Employees who fail to return to work after their FMLA leave entitlement has ended and have not been approved for an extension of leave through another state sponsored program (i.e. Disability Insurance Program, [Workers' Compensation](#), and/or State [Personal Injury Protection](#)), will be responsible for the Employee Share and the State Share contributions for their GHIP coverage during the FMLA period-for each month they were in a "no pay" status.

⁴ The Family Medical Leave Act is posted on the Department of Human Resources website at <https://dhr.delaware.gov/> (Navigation: "Policies & Procedures" > "Family Medical Leave Act Policy").

⁵ FMLA regulations provide that employees have a 30-day grace period for late premium payments. If a payment is more than 30-days late, the Human Resource/Benefit Representative will submit a retroactive cancellation to the first day of the month when payment was not received.



STATE DENTAL OR VISION BENEFITS

Employees who are on an approved leave of absence without pay and enrolled in a State Dental and/or Vision Plan may either waive or continue their coverage.

To continue your coverage, premium payments must be received by the last day of each month. If you do not have enough salary to deduct the premium, you must submit payment directly to your Human Resources/Benefits Office. Failure to do so will result in coverage termination.

Upon returning to work you must contact your Human Resources/Benefits Representative to complete an enrollment form to be reinstated in Dental or Vision Plan benefits coverage; you do not have to wait until the next open enrollment and the 3-month waiting period is waived.

COORDINATION OF OTHER PROGRAM BENEFITS

We understand that the Short Term Disability program may need to be coordinated with other programs⁶. Your Human Resource/Benefit Representative will work with you to ensure that your unique situation is coordinated as needed with other programs such as [Workers' Compensation](#)⁷, [Personal Injury Protection](#) automobile coverage, and the [Family Medical and Leave Act \(FMLA\)](#)⁸.

Eligibility for each program must be met separately. Employees entitled to benefits from multiple programs are entitled to a maximum wage payment of 100% of pre-disability salary.

If your disability is connected to a work-related injury, a medical authorization form will be mailed to you from PMA Management Corp, the State's Workers' Compensation vendor. For PMA Management Corp to obtain medical records to handle your Workers' Compensation claim, this form needs to be signed and returned as soon as possible to PMA Management Corp at the address located on the form.

If your disability is related to an auto accident in a state-owned vehicle, a Personal Injury Protection form will be mailed to you from the Insurance Coverage Office. This form will need to be completed and returned to the Insurance Coverage Office before any medical bills or any other benefits can be provided under this program.

⁶ The Workers' Compensation program, Personal Injury Protection, Family Medical Leave Act, Donated Leave and the Disability Insurance Program are separate programs operating under different governing regulations. As a result, the process flow and materials required by the employee to meet eligibility criteria for these programs and for returning to work may vary.

⁷ For more information on Workers' Compensation, visit the Insurance Coverage Office's website at <https://dhr.delaware.gov/inscov>

⁸ The Family Medical Leave Act is posted on the Department of Human Resources website at <https://dhr.delaware.gov/> (Navigation: "Policies & Procedures" > "Family Medical Leave Act Policy")



YOUR RESPONSIBILITIES

- ↳ Promptly file your Short Term Disability claim with the Hartford within 15-calendar days of your date of disability or last day worked if you expect to be absent from work for at least 30 calendar days.
- ↳ If you are unable to provide and/or receive information personally, authorize an advocate who can assist you (e.g. a family member, friend, etc.). Copies of the authorization should be provided to The Hartford, your Human Resources/Benefits Representative, your Return to Work Coordinator, and/or other Statewide Benefits Office representatives when applicable.
- ↳ Authorize the release of medical information with each of your physician(s) required by The Hartford to process your disability claim.
- ↳ Promptly pay all fees required by your physician(s) office for the release of basic medical documentation required by The Hartford to process your claim.
- ↳ Ensure that The Hartford receives medical updates/documentation from your physician(s) regarding your continuing disability if you have not been released to return to work.
- ↳ Stay in touch with your treating physician(s), your employing organization, and with The Hartford to ensure program compliance.
- ↳ If while receiving Short Term Disability benefits, you experience another or new disability, it is your responsibility to promptly report the new disability to The Hartford, your supervisor and Human Resource/Benefits Office.
- ↳ Keep all medical/treatment appointments prescribed by your physician(s).
- ↳ Promptly repay overpaid Short Term Disability benefits to the State of Delaware.
- ↳ Initial, sign and return the Employee Acknowledgement form via email (preferred) or mail to your Human Resources/Benefits Office within 5-calendar days of receiving this communication.



THE HARTFORD'S RESPONSIBILITIES

- ↳ The Hartford will promptly process your disability claim and to keep you, your employing organization, and the Statewide Benefits Office informed of the status of your disability claim.
- ↳ The Hartford will contact your physician(s) to obtain medical documentation required to process your claim.
- ↳ The Hartford will advise you of your Level I Short Term Disability appeal rights.
- ↳ The Hartford will promptly answer your questions and address your concerns.

DOCUMENTING YOUR CLAIM

Use the enclosed activity log to help you keep track of ongoing claim calls and/or email transactions you have with The Hartford, PMA Management Corp (the State's Worker's Compensation vendor, if applicable), your Return to Work Coordinator, your employing organization, your physician(s), the Statewide Benefits Office and/or the Insurance Coverage Office.

DISCLAIMER: If there is any conflict in interpretation between the information contained in this document and the Short Term Disability and Long Term Disability Program contract provisions and existing law, the contract provisions and/or law govern.

Failure to comply with the process set forth within this guidelines/checklist may result in a loss of earnings and/or disciplinary action.



DAY 1 - AS SOON AS YOU ARE AWARE THAT YOU ARE UNABLE TO WORK

- _____ Contact your supervisor and follow the rules of your employing organization for reporting time away from work due to an accident, illness or pregnancy. This includes providing periodic updates to your supervisor and your Human Resources/Benefits Representative as directed.
- _____ Contact your physician(s) to authorize the release of medical information required by The Hartford to process your claim.
- _____ Promptly pay all fees required by your physician(s) office for the release of basic medical documentation required by The Hartford to process your claim.
- _____ Review the [Disability Insurance Program Online Courses](#), [Disability Insurance Program Rules & Regulations](#) and [Frequently Asked Questions](#) posted on the [Statewide Benefits Office](#) website⁹.

If you do not have access to view the above forms online, hardcopies can be requested from your organization's Human Resources/Benefits Office.

DAY 5 TO 15 - IF YOU EXPECT TO BE OUT OF WORK MORE THAN 30-CALENDAR DAYS

Even if your claim is work related, and you are receiving Workers' Compensation benefits, or you are receiving Personal Injury Protection automobile benefits from the State or your personal automobile insurance vendor, you must also apply for Short Term Disability benefits no later than the 15th calendar day of your absence.

- _____ **IMMEDIATELY** file a Short Term Disability claim with The Hartford.
 - Visit de.gov/statewidebenefits (Navigation: select your group > choose "Disability Insurance") to view the "[File a Short Term Disability Claim](#)" document for step-by-step instructions.

If you have questions on how to file a Short Term Disability claim or on the documentation needed to file a claim, assistance is available to you from the Statewide Benefits Office:

Statewide Benefits Office, Customer Service Team
1-800-489-8933
benefits@delaware.gov

⁹ The Disability Insurance Program Online Courses, Disability Insurance Program Rules & Regulations and Frequently Asked Questions can be found on the Statewide Benefits Office website at de.gov/statewidebenefits (Navigation: select your group > choose "Disability Insurance").



IF YOU HAVE NOT RETURNED TO WORK BY THE 20TH-WEEK OF YOUR BENEFIT

You will receive a Transitioning to Long Term Disability packet from your employing organization advising what you can expect if you are awarded 182-calendar days of Short Term Disability benefits and are still disabled and unable to return to work.

You may review the [Long Term Disability Booklet](#)¹⁰ online on the Statewide Benefits website.

RETURNING TO WORK

We know that being diagnosed with an illness, or having an injury, can be a frustrating, and scary time. Being worried about your job can add to those feelings. It is important to stay in contact with your Human Resources/Benefits Representative to keep them informed of your medical status and your intent to return to work.

To assist you, the State of Delaware has a Return to Work Coordinator ready to help you through the Short Term Disability process and with returning to work.

- ↳ You may be able to return to work part-time, or an alternate work schedule and gradually increase to full-time.
- ↳ You may be able to start with light or modified work duty.
- ↳ You may be eligible to receive workplace accommodations that can help you to return to work safely and comfortably.

You are eligible to work with the Return to Work Coordinator if you are receiving benefits from the Disability Insurance Program, Short Term Disability, or Long Term Disability, or if your Short Term Disability benefit period has expired AND you are receiving Workers' Compensation and/or state Personal Injury Protection.

Your Return to Work Coordinator will work with your Human Resources/Benefits Representative on your behalf to develop a Return to Work Plan and to answer your questions about the Return to Work process.

IMPORTANT NOTE: If your intention is to work while transitioning to Long Term Disability, return the *Disability Insurance Program Transition from Short-Term Disability to Long-Term Disability* letter to your Human Resources/Benefits Representative and contact the Return to Work Coordinator within 10-days prior to the exhaustion of the 182-day Short Term Disability benefit period.

¹⁰ The Long Term Disability Booklet is available on the Statewide Benefits Office webpage at:

de.gov/statewidebenefits (Navigation: select your group > choose "Disability Insurance").



YOUR RETURN TO WORK COORDINATOR

Your Return to Work Coordinator is Crystal Sheats. Crystal has over 20 years' experience assisting people with injuries, disabilities, and illnesses with employment. Crystal is located at the Statewide Benefits Office in Dover and can be reached directly at:

Crystal Sheats, Return to Work Coordinator
Email: returntowork@delaware.gov
Phone: 302-760-7069
Fax: 302-739-8339

Employees or former employees requiring assistance with returning to work or the rehire process should contact the Return to Work Coordinator.

- _____ Provide a copy of your release if your treating physician(s) releases you to return to work in a temporary reduced, alternate, light duty and/or part-time basis.

- _____ Contact your Human Resources/Benefits Representative for assistance if you are seeking an accommodation under the [Americans with Disabilities Act of 1990](#). If you are unsure how to make this request, the Return to Work Coordinator can assist you.

If your employing organization cannot assist you with modified or transitional work and is unable to provide you the necessary accommodations, please notify the Return to Work Coordinator. Your Return to Work Coordinator will contact The Hartford to inform them of your employing organization's inability to accommodate you.

IMPORTANT NOTE: If your employing organization approves your request for temporary reduced, alternate, light duty and/or part-time work, **you must return to work**. If you do not return to work, your Short Term Disability and/or Long Term Disability benefits may be terminated and you will no longer be eligible for return to work assistance.

CRYSTAL RECOMMENDS THESE HELPFUL RETURN TO WORK RESOURCES:

- Frequently Asked Questions regarding Short Term/Long Term Disability and Return to work can be found at: <https://dhr.delaware.gov/benefits/disability/faq.shtml>
- The Job Accommodation Network is a free service that can assist in identifying possible accommodations that will assist you in returning to work: <https://askjan.org/>

Delaware Division of Vocational Rehabilitation is a state agency that works with people with disabilities to assist them with training, education, and job placement: <https://dvr.delawareworks.com/>



PARENTAL LEAVE POLICY

Employees eligible for Parental Leave upon the birth of a child(ren) on or after April 1, 2019, are required to utilize Parental Leave to satisfy the 30-calendar day elimination period and to supplement the 75% Short Term Disability benefit payment to receive 100% of pre-disability salary.

Employees awarded Short Term Disability benefits who are not eligible for Parental Leave or who have a non-child birth related diagnosis may utilize their available annual, sick, compensatory and/or donated leave (if eligible) to be paid during the 30-calendar day elimination period.

If you are a Non-Executive Branch Agency Employee (including elected offices, school districts and charter schools) contact your Human Resources/Benefits Representative regarding your eligibility for Parental Leave and for complete Parental Leave Policy information.

If you are an Executive Branch Employee and eligible for Parental Leave, you are required to apply for Parental Leave 30-Days in advance of the birth of your child(ren). Contact your Human Resources/Benefits Representative for complete Parental Leave Policy information.

_____ Contact your supervisor and your Human Resources/Benefits Representative verbally or in writing of your request for Parental Leave. When a 30-day notice is not possible, you must provide this notice as soon as practicable.

_____ Complete the Parental Leave Request form, the FMLA forms, and initiate the SHORT TERM DISABILITY claims process, as applicable. If intermittent leave is requested, a planned schedule is to accompany the request and supervisor approval is required on the Parental Leave Request form posted on the Department of Human Resources (DHR) website at <https://dhr.delaware.gov/policies/>.

_____ Submit your completed Parental Leave Form to your Human Resources/Benefits Representative.

_____ Notify your supervisor and Human Resources/Benefits Office verbally or in writing upon the birth of a child(ren). This obligation is for both parents if both are eligible for Parental Leave.

_____ Request absence from work in accordance with agency procedure.



WORKERS' COMPENSATION & PERSONAL INJURY PROTECTION

If your disability is connected to a work-related injury, a medical authorization form will be mailed to you from PMA Management Corp, the State's Workers' Compensation vendor. For PMA Management Corp to obtain medical records to handle your WC claim, this form needs to be signed and returned as soon as possible to the address located on the form.

If your disability is related to an auto accident in a state-owned vehicle, a Personal Injury Protection form will be mailed to you from the Insurance Coverage Office (ICO). This form will need to be completed and returned to the ICO before any medical bills or any other benefits can be provided under this program.

Merit employees who are injured on the job and approved for Workers' Compensation and/or Personal Injury Protection through the State will not be charged sick leave for any portion of the day of the work-related injury, as noted in Merit Rule 5.3.8 (<https://merb.delaware.gov/state-merit-rules/>).

Non-merit employees must comply with the rules that apply to your employing organization. For initial work-related injuries, the second day will be considered the date of your Workers' Compensation disability. For recurrences, the date of the disability will be the first date that they are out.



APPEALS PROCESS

INITIAL CLAIM FILING OR REQUEST FOR BENEFIT EXTENSION

After an employee files a Short Term Disability claim or requests an extension of benefits with The Hartford, The Hartford reviews the claim and approves or denies the request for Short Term Disability benefits or an extension of benefits.

If Short Term Disability benefits are denied or terminated, The Hartford provides the employee and the employing organization with the reasons for the denial or termination in writing by certified mail and with return receipt requested within 10-calendar days of the decision to deny or terminate benefits.

LEVEL I APPEAL – ADMINISTERED BY THE HARTFORD

An employee may file an appeal with The Hartford within 90-days of the postmark date of the notice to deny or terminate benefits from The Hartford. The written appeal should be addressed and mailed or faxed to the following address:

Benefit Management Services
Atlanta Disability Claim Office
RE: DISABILITY APPEAL
The Hartford
P.O. Box 14301
Lexington, KY 40512-4301
Tel: (800) 549-6514/ Fax: (866) 411-5613

The Hartford will issue an acknowledgement to the employee confirming receipt of the appeal and notify the employing organization of the employee's request for a review of the Level I Short Term Disability appeal. The Hartford will conduct a review of the documents contained in the employee's disability file and issue a written decision by certified mail and return receipt requested to the employee, the employing organization, and to the Statewide Benefits Office within 10-days of the decision date.

LEVEL II APPEAL – ADMINISTERED BY THE STATE OF DELAWARE

If the denial or benefit termination is upheld, the employee may file an appeal of the denial in writing to the Appeals Administrator at the Statewide Benefits Office (SBO) within 20-days of the postmark date of the decision notice from The Hartford. The written appeal should be emailed, mailed, or faxed to:



Appeals Administrator
RE: DISABILITY APPEAL
Statewide Benefits Office
841 Silver Lake Boulevard, Suite 100
Dover, DE 19904
Tel: (800) 489-8933/ Email: benefits@delaware.gov / Fax: (302) 739-8339

The Appeals Administrator from the Statewide Benefits Office will issue an acknowledgement to the employee confirming receipt of the appeal and notify the employing organization and The Hartford of the employee's request for a review of the Level II Short Term Disability appeal review. The Appeals Administrator will conduct a review of the documents contained in the employee's disability file and provide written notice of the appeal decision to the employee, the employing organization and The Hartford within 30-days of speaking with the employee.

LEVEL III – ADMINISTERED BY THE STATE OF DELAWARE

If the Appeals Administrator upholds the denial or benefit termination, the employee may file a written appeal to the State Employee Benefits Committee (SEBC) within 20-days of the postmark date of the notice from the Statewide Benefits Office. The written appeal request should be emailed, mailed, or faxed to:

Co-Chair, State Employee Benefits Committee (SEBC)
RE: DISABILITY APPEAL
Department of Human Resources
841 Silver Lake Boulevard
Rodney Building, Suite 100
Dover, DE 19904
Tel: (302) 739-4195 / Email: SEBC@delaware.gov / Fax: (302) 739-3000

The SEBC receives the appeal and issues an acknowledgement to the employee confirming receipt of the appeal and notify the employing organization and The Hartford of the employee's request for a review of the Level III Short Term Disability appeal review. The SEBC identifies an appropriate officer from the Department of Human Resources as the Hearing Officer. The Hearing Officer conducts a hearing and submits a report to the SEBC within 60-days of the date of the hearing. The SEBC accepts or modifies the report and notice of the decision is postmarked to the employee within 60-days; **OR** the SEBC hears the appeal and notice of the decision is postmarked to the employee within 60-days of the hearing.

LEVEL IV – ADMINISTERED BY SUPERIOR COURT

If the denial or benefit termination is upheld, the employee may appeal the decision to the Delaware Superior Court within 30-days of the postmark date of the decision from the State Employee Benefits Committee.



EMPLOYEE ASSISTANCE PROGRAM + WORK/LIFE

Members who are currently enrolled in a State of Delaware Group Health Plan (Aetna or Highmark Delaware) have confidential help available to them and their families if they face challenges in coping with the stress, challenges, and changes as a result of a disability. The State of Delaware’s Employee Assistance Program (EAP) + Work/Life Program provides **free and confidential access** to:

- A licensed professional counselor who will provide short-term assistance on topics including stress, depression, anxiety, marital relationships, work conflict, anger, grief and more. You may also be referred for more in-depth long-term help.
- Work/Life Specialists who can answer your questions as well as put you in touch with resources in the following areas: Legal services, eldercare services and financial management.

Learn more about the Employee Assistance Program (EAP) + Work/Life Program at de.gov/statewidebenefits (Navigation: select your group, choose “Employee Assistance Program”).

Have questions? Contact the Statewide Benefits Office Customer Service Team at 1-800-489-8933 or by email at benefits@delaware.gov.



QUESTIONS?

AMERICANS WITH DISABILITIES ACT

For more information about the Americans with Disabilities Act, if you are an Executive Branch Employee visit the Department of Human Resources website at dhr.delaware.gov. If you are a Non-Executive Branch Agency Employee (including elected offices, school districts and charter schools) contact your organization's Human Resources/Benefits Representative.

EMPLOYEE ASSISTANCE PROGRAM + WORK/LIFE PROGRAMS

Statewide Benefits Office Customer Service Team at 1-800-489-8933 or benefits@delaware.gov

THE FAMILY MEDICAL LEAVE ACT (FMLA)

Contact your organization's Human Resources/Benefits Representative.

MEDICAL, DENTAL OR VISION BENEFITS

Contact your organization's HR/Benefits Office if:

- You are on Short Term Disability
- You are working part-time while on Long Term Disability

Contact the Office of Pensions at 1-800-722-7300 if you are on Long Term Disability and not working. The Office of Pensions handles benefits for individuals in these instances, because they are no longer employed.

PARENTAL LEAVE POLICY

The Leave policy for Executive Branch Agencies can be found under "Parental Leave Policy and Procedure" on the Department of Human Resources (DHR) website at <https://dhr.delaware.gov/policies/>. Non-Executive Branch Agencies (including elected offices, school districts and charter schools) should contact the Human Resources/Benefits Representative for policy information.

TRANSITIONING FROM SHORT TERM DISABILITY TO LONG TERM DISABILITY

Contact your organization's Human Resources/Benefits Representative.

WORKERS' COMPENSATION, STATE PERSONAL INJURY PROTECTION OR SALARY SUPPLEMENT

Contact the Insurance Coverage Office at 1-877-277-4185 or inscov@delaware.gov.

OTHER QUESTIONS

Contact your organization's Human Resources/Benefits Representative.

