

Submitting Your Disability Claim



Personalized support—
every step of the way!

Rockwell Automation

GL.2004.005



information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime, and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS: Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.



Produced with the environment in mind.

Group Short Term and Long Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Contract Series: 83500.

Please refer to the Booklet-Certificate for all plan details, including any exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Group Contract issued by Prudential, the terms of the Group Contract will govern.

New York Residents: This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

North Carolina Residents: THIS IS NOT A MEDICARE SUPPLEMENT PLAN. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company.

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How to file a disability claim

Rockwell Automation has implemented telephone claim submission for your group disability plan with Prudential. This procedure will speed the collection of claim information from you, your doctor and your employer. Simply pick up the phone, dial 1-877-412-8677 and speak to a Prudential Customer Service Representative.

What you need to do if you are out of work

You can call 2 weeks in advance of a disability leave if you know that you are going to have a scheduled surgery and/or hospitalization. If you have an accidental injury and/or unplanned hospitalization, you should call immediately. If you are absent from work due to pregnancy or an extended illness, anticipated to continue beyond 7 calendar days, and under a doctor's care for that disability, you need to:

1. Notify your supervisor.

2. Call Prudential at 877-412-8677, anytime.

You can speak to a trained disability specialist or follow the prompts to record your disability information. Provide the Customer Service Representative with your company name (Rockwell Automation) and control number (44062) located on the attached perforated Medical Authorization release form.

3. Ask your doctor's office to make a copy of the attached Authorization Card.

This will allow your doctor's office to release information Prudential needs to process your claim for disability benefits.

4. Notify Prudential at 877-412-8677 after each doctor visit during your disability to provide an update.

5. Notify Prudential of any complications in your medical condition or inability to return to work on your expected return to work date. Failure to notify Prudential of changes to your return to work date may impact benefits paid by Rockwell Automation.

Have this information ready

Please take a moment to make sure that you have the required information before you call 1-877-412-8677. During the phone claim interview process the following information will be requested:

- Company Name: Rockwell Automation
- Company Control Number 44062
- Employee ID or Social Security number
- Address and telephone number
- Date of birth
- Job title
- Doctor's name, phone number, and fax
- Your last day worked and your first day out due to this condition
- If the absence is work-related
- The date you expect to return to work

Find out about your claim

You can obtain claim status 24 hours per day via Interactive Voice Response at 1-877-412-8677.

- You can also obtain claim status online at our website, www.Prudential.com/inst/gldi.
- Call toll free 1-877-412-8677, English and Spanish speaking customer service representatives are available 8AM to 11PM (eastern) Monday through Friday.
- Short Term Disability Benefits are paid by Rockwell Automation

Your Claim Will Be Considered Filed When:

In order for a claim for benefits to be considered filed, Prudential requires an employee's statement, employer's statement, and attending physician's statement to be submitted. Your claim will be considered filed when:

- If you have STD coverage with Prudential, your claim will be considered filed the later of (1) when Prudential receives your employee's statement (which you submit by calling the 800 Number), the employer's statement (or eligibility feed) and the attending physician's statement, (or information received from your doctor by way of telephone call) and (2) the start of your STD Elimination Period.

- If you have LTD coverage with Prudential, your claim for LTD benefits will be considered filed the later of (1) when we receive your employee's statement (which you submit by calling the 800 Number), the employer's statement and the attending physician's statement, and (2) the date that is 45 days before the end of your LTD Elimination Period.
- If you have both STD and LTD coverages with Prudential and you have filed a claim for STD, there is no need to re-submit the statements noted above for the LTD portion of your claim. However, your claim for LTD benefits will be considered filed in this case the later of (1) when we receive the statements indicated above; and (2) the date that is 45 days before the end of your LTD Elimination period, provided you are receiving STD benefits on that date. If you are approved for STD benefits at a later date, your LTD claim will be considered filed on the date of the STD approval.

Important Notice

CLAIM FRAUD WARNING STATEMENTS

For residents of all states except Alabama, Arizona, California, District of Columbia, Florida, Kentucky, Maryland, New Jersey, New York, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, and Washington—WARNING:

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages, and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARIZONA RESIDENTS: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CALIFORNIA RESIDENTS: For your protection, California law requires the following to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

DISTRICT OF COLUMBIA AND RHODE ISLAND RESIDENTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FLORIDA RESIDENTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND RESIDENTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This notice ONLY applies to accident and disability income coverage.**

PENNSYLVANIA and UTAH RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading,

Filing a disability claim

Authorization Card

**Rockwell
Control #44062**

- Notify your supervisor.
- Call Prudential toll-free at **1-877-412-8677** anytime.
- Make a copy of this authorization.
- Sign and date the copy.
- Present the copy to your doctor to file.
- Keep the blank original. Do not date or sign it.

This entire card must be presented to your doctor for release of information. Make a copy of this authorization.

Sign and date the copy.

Authorization for Release of Information to The Prudential Insurance Company of America

This Authorization is not intended for use with FMLA leave or similar absences.

This Authorization is intended to comply with the HIPAA Privacy Rule.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided treatment, payment, or services to me or on my behalf ("my providers") to disclose my entire medical record and any other health information concerning me to The Prudential Insurance Company of America (Prudential) and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct my providers to release and disclose my entire medical record without restriction.

This information is to be disclosed under this authorization so that Prudential may: 1) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 2) obtain reinsurance; 3) administer coverage; and 4) conduct other legally permissible activities that relate to any coverage I have or have applied for with Prudential.

This authorization shall remain in force for 24 months following the date of my signature below, while the coverage is in force, except to the extent that state law imposes a shorter duration. A copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to Prudential at: P.O. Box 13480, Philadelphia, PA 19176. I understand that a revocation is not effective to the extent that any of my providers have relied on this authorization to the extent that Prudential has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and not covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release the entire medical record, Prudential may not be able to process my claim for benefits and may not be able to make any benefit payments. I understand that I have the right to receive a copy of this authorization. The statements made by me on this claim are true and complete.

Employee/Claimant Signature

Date

Print Name

Notice to Montana residents: You or your authorized representative is entitled to receive a copy of this authorization, and upon request, a record of any subsequent disclosures of personal or privileged information.

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