



BOTH SECTIONS MUST BE COMPLETED BEFORE SENDING CLAIM TO TEAMCARE

SUBMIT ONLINE AT: **MYTEAMCARE.ORG**

FAX: **(847) 518-9757**

MAIL: **TEAMCARE P.O. BOX 5107 DES PLAINES, IL 60017-5107**

SECTION ONE YOUR INFORMATION	IDENTIFICATION NUMBER								YOUR NAME				YOUR DATE OF BIRTH	
	8	0	6											
	YOUR COMPLETE ADDRESS										YOUR EMPLOYER			
	YOUR EMAIL ADDRESS										MOBILE NUMBER			
	IS YOUR DISABILITY RELATED TO CORONAVIRUS ?					YES	NO	IF NO, VISIT MYTEAMCARE.ORG AND DOWNLOAD THE FULL SHORT-TERM DISABILITY FORM						
	ARE YOU CURRENTLY OFF OF WORK?					YES	NO	LAST DAY WORKED:						
	HAVE YOU BEEN TREATED OR TESTED FOR CORONAVIRUS? (IF TESTED OR TREATED, PHYSICIAN MUST COMPLETE SECTION TWO BELOW)					YES	NO	DATE OF TREATMENT/TESTING:						
	■ IF NO, ARE YOU IN SELF-QUARANTINE? PROVIDE NAME OF MEDICAL PROFESSIONAL OR HEALTH AGENCY WHO PRESCRIBED SELF-QUARANTINE. ALSO PROVIDE BACKGROUND OF BEING EXPOSED. PHYSICIAN MUST COMPLETE SECTION TWO BELOW					YES	NO							
	DO YOU HAVE AN ESTIMATED RETURN TO WORK DATE?					YES	NO	RETURN TO WORK DATE:						
	ARE YOU BEING COMPENSATED OR RECEIVED PAID LEAVE BY YOUR EMPLOYER WHILE OFF DUE TO THIS ILLNESS?					YES	NO	EXPLAIN EMPLOYER COMPENSATION / LEAVE / PTO WHILE OFF:						
YOUR SIGNATURE						DATE:								
 BY SIGNING, I AUTHORIZE MY DOCTOR OR HOSPITAL, TO FURNISH TEAMCARE ANY NECESSARY INFORMATION TO PROCESS THE CLAIM.														

SECTION TWO STATE AGENCY OR PHYSICIAN	DATE ILLNESS BEGAN:				WAS PATIENT TESTED:				
	DATES OF TREATMENT FOR THIS ILLNESS:								
	IS/WAS THE PATIENT HOSPITALIZED?				YES	NO	DATE:		
	WHAT IS THE TREATMENT PLAN ?								
	ACTUAL OR ESTIMATED RETURN TO WORK DATE:				ACTUAL:		ESTIMATED:		
	PHYSICIAN SIGNATURE (PRINT NAME BELOW SIGNATURE)				DATE:				PHONE NUMBER
									

UPS MEMBERS: In addition to completing and returning this form to TeamCare, UPS employees must also call Aetna at 866-825-0186 to initiate your leave with UPS. UPS members in NJ should not submit this claim but initiate their leave only with Aetna and the state.

RHODE ISLAND and NEW JERSEY MEMBERS: All members should initiate their disability benefits through their state programs.