



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 returning this form to TeamCare, members must also call Aetna (866-825-0186) to initiate your leave.

UPS MEMBERS IN NY & NJ: UPS members in NY and NJ should not submit this claim but initiate their leave with Aetna and the state.

ALL RHODE ISLAND and CALIFORNIA MEMBERS: Members should initiate their disability benefits through their state programs.