

Hartford Notification Example

TRANSITION TO NEW LEAVE

Client Name: University of Rochester
EE Name: MS. SMITH
Work State: New York
Pref Cont #: 585/944-4920
Claim Nbr: 26369397

Date of Hire: 05/27/2008

Plan Name: WD STAT 1 Class 1/WD STAT - NY DBL

Status: Closed

Reason: Transition to New Leave – This is only for Pregnancy Claims. This Employee has gone from STD to Paid Family Leave (PFL).

Total # Days Authorized: 60

First Day Absent: 01/24/2021
Last Actual Day Worked: 01/23/2021

Disability Date: 01/24/2021

Benefit Begin Date: 01/31/2021

Approved Through: 03/24/2021 Date subject to change - may represent claimant's next office visit – This is the last day you enter the DBL code. We do not need a return to work notification form completed. We automatically enter the start and end date in HRMS upon receipt of the Pregnancy Approval notice.

Projected Return to Work Date: * 03/24/2021

Benefit End Date: 07/31/2021

Return to work Information:
Work Status: At Work
Description: Full Duty
Released Date: 03/25/2021
From Date: 03/25/2021

*The Projected Return to Work Date is our estimation of when the employee can return to work based upon the medical information available at this time. Therefore, this date may change as new information becomes available.