



The University of Texas System Sick Leave Confirmation Statement

Return to Blue Cross and Blue Shield of Texas at: Attention Claims Department P.O. Box 7071 Downers Grove, IL 60515

Phone Number: (866) 628-2606 Fax: (877) 404-6457

This information is required for the processing of Short and Long-Term Disability Claims (STD and LTD). The Institution Benefits Office must complete this form and return it to Blue Cross and Blue Shield of Texas (BCBSTX) before benefits for STD and LTD can be determined.

Instructions

Fax completed paper form to (877) 404-6457.

Form with fields for: 1. U. T. Institution; 2. Date Completed; 3. Institution Contact Name; 4. Institution Contact Phone Number; 5. Employee Name; 6. Benefits ID Number; 7a. STD Coverage Effective Date; 7b. LTD Coverage Effective Date; 8. Amount of Accumulated Sick Leave; 9. Date Sick Leave Begins; 10. Date Sick Leave Ends; 11. Has the employee applied for sick leave pool?; 12. If Yes, what is the status of the application?; 13. Sick Leave Pool Begins/Ends dates; 14. Covered Salary.