

## 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.

1. U. T. Institution:	2. Date Completed
3. Institution Contact Name:	<u>.</u>
4. Institution Contact Phone Number:	
5. Employee Name:	6. Benefits ID Number
Please enter Employee original STD/LTD Coverage effective date. If the employee has been rehired and elected to re-enroll, please enter the most recent coverage effective date.	
7a. STD Coverage Effective Date: 7b	. LTD Coverage Effective Date:
Last Day Worked:	
Accumulated Sick Leave	
(Excludes Sick Leave Pool Hours)	
8. Amount of Accumulated Sick Leave:	
9. Date Sick Leave Begins:	10. Date Sick Leave Ends:
Sick Leave Pool	
11. Has the employee applied for sick leave pool?	○ No
12. If Yes, what is the status of the application?	○ Approved ○ Declined
13. If the answer to the above question is "Approved", please provide	e the sick leave pool begin and end dates.
Sick Leave Pool Begins: Sick Leave Pool Ends:	
Salary	
14. Covered Salary:	
(Please use the greater of the previous 9/1 salary or the current	salary.)