



**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:			
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: _____	
7c. Date of Hire: _____		7d. Last Day Worked: _____	
<b>Accumulated Sick Leave</b> (Excludes Sick Leave Pool Hours)			
8. Amount of Accumulated Sick Leave:			
9. Date Sick Leave Begins:		10. Date Sick Leave Ends:	
<b>Sick Leave Pool</b>			
11. Has the employee applied for sick leave pool? <input type="radio"/> Yes <input type="radio"/> No			
12. If Yes, what is the status of the application? <input type="radio"/> Pending <input type="radio"/> Approved <input type="radio"/> Declined			
13. If the answer to the above question is "Approved", please provide the sick leave pool begin and end dates. Sick Leave Pool Begins: _____ Sick Leave Pool Ends: _____			
<b>Salary</b>			
14. Covered Salary: _____ (Please use the greater of the previous 9/1 salary or the current salary.)			