



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-d. Coverage and Hire Dates; Accumulated Sick Leave section; 8. Amount of Accumulated Sick Leave; 9-10. Sick Leave Dates; Sick Leave Pool section; 11-13. Sick Leave Pool Application; Salary section; 14. Covered Salary.