

Loss of Time Continuation Form

General Information

- **Please do not use this form to report a new period of disability.** The Initial Report of Disability Form must be completed for *each new period* of time off work.
- Once Loss of Time benefits begin, we will notify you of the date payments end. You may be asked to submit an additional Continuation Form if you need further Loss of Time benefits. To obtain a Continuation Form, contact our Toll-Free Department at 1-800-323-5000 or visit our website at www.centralstates.org.

UPS members: If you exhaust your 26 weeks of Loss of Time Benefits, you may be eligible for long-term disability benefits through UPS. To determine your eligibility, please call 1-877-638-4877.

Non-UPS members: If you exhaust your 26 weeks of Loss of Time Benefits, you may be eligible to make Self-Payments or receive an Extension of Benefits to continue health and welfare coverage. Please contact our Toll-Free Department at 1-800-323-5000 if you need further information.

Physician's Supplementary Statement

- If the physician extended your return to work date since your last medical update, your physician should provide an explanation to support the change in your condition, as noted on the front of this form. Additional supporting documentation, such as the physician's office notes, may be required.
- All dates of treatment since the last report are required. Regular medical care is required to receive Loss of Time Benefits. If regular treatment is not needed, please ask your physician to submit an explanation.
- An actual or estimated date for your return to work is required. If left blank or stated as unknown, automatic payments will be affected.

Employer's Statement

- Employer's Statement is only required if you have returned to work.

Please call 1-800-323-5000 if you return to work prior to the date given by your doctor.