The George Washington University Disability and Family & Medical Leave policies are administered by Liberty Mutual. Liberty Mutual is available 24 hours a day, seven days a week, and offers employees direct access to claims/leave resources and information. You can easily report a claim/leave and check its status through Liberty Mutual’s secure website or by phone. Please visit www.mylibertyconnection.com to access employee resources and online tools.

When Do I Report a Claim/Leave?
You may report a disability claim or maternity leave 30 to 45 days in advance of a planned disability absence, or as soon as you are aware that you will be disabled due to illness or injury.

How Do I Report a Claim/Leave?
1. Contact your supervisor to report your absence.
2. Print this document and sign and date the Authorization to Release Information section below, and leave it with your physician or medical care provider at your next visit.
   Note: Liberty Mutual requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.
   Please have the following information available when you report your claim/leave:
   • Your physician or medical care provider’s name, address, fax and telephone numbers, if applicable.
   • Your manager’s name, telephone number and email address.
   • The reason you are out of work (such as your diagnosis/symptoms).
   • Your last day worked, first day absent from work and anticipated return to work date.
   Or, call 1 (800) 213-5609 to speak with an Intake Care Specialist to report your claim/leave.
3. Keep a record of your leave number.
You may securely check the status of your leave online at www.mylibertyconnection.com or by calling your Case Manager at 1 (800) 210-0268 or Leave Specialist at 1 (888) 787-1751.

Authorization to Release Information
I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Liberty Mutual Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature  
Date
Print Employee Name

Group products and services are offered by Liberty Life Assurance Company of Boston, a member of Liberty Mutual Group.

For more information, visit the GW Benefits website at benefits.gwu.edu. Here, you will find important information on benefits continuation and requirements for returning to work, as well as links to resources available to employees expecting the birth of their child. Please contact GW Benefits at (571) 553-8382 or benefits@gwu.edu with any benefits questions.