



Dear Participant,

We are excited to announce an upcoming change to our **Short-Term Disability Income Coverage**. Beginning **March 1, 2025**, the claims process will transition from being handled in-house to our external partner, **The Hartford**. This change will provide a more streamlined experience for employees who need to file a Short-Term Disability claim.

### **Who This Affects**

This change applies to all employees covered under our Short-Term Disability Plan. If you have general questions leading up to this change, please contact the Benefit Trust Fund Customer Service Department at 1-800-457-3481, Monday through Friday, 8:30 AM to 4:00 PM Eastern Time.

### **What You Need to Know**

- **Effective Date:** Starting on **March 1<sup>st</sup>**, all Short-Term Disability claims must be submitted directly to The Hartford.
- **How to File a Claim:** You may file your claim online at [www.thehartford.com/mybenefits](http://www.thehartford.com/mybenefits) or by calling The Hartford at 1-888-301-5615, Monday through Friday, 8:00 AM to 8:00 PM Eastern Time. **Your policy number is 590029.**

### **Next Steps & Support**

We encourage you to review the enclosed “*Telephonic STD Claim Flyer*” and reach out to The Hartford with any questions regarding claims. For additional resources such as videos on how to file a Short-Term Disability claim, please visit our website at [www.iambtf.org](http://www.iambtf.org).

Our goal is to ensure a smooth transition with minimal disruption. We appreciate your patience and cooperation during this process.

Sincerely,

National IAM Benefit Trust Fund

# FILE A CLAIM WITH CONFIDENCE



National IAM Benefit Trust Fund  
Policy Number: 590029

Your disability program is managed by The Hartford.

## THE HARTFORD MAKES IT EASY TO FILE A CLAIM

### Step 1: Know when it's time to file a claim

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

### Step 2: Have this information ready.

- Name, address and other key identification information
- Last full day of active work
- Your manager's or HR representative's name and phone number.
- The nature of your claim
- Your treating physician's name, address, phone and fax numbers

### Step 3: Make the call or file online

With your information handy, call The Hartford at 1-888-301-5615 or file online at [thehartford.com/mybenefits](http://thehartford.com/mybenefits). You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

(Cut along the dotted line and keep in your wallet.) ✂

## TO FILE A CLAIM

**1-888-301-5615**  
**M-F, 8 a.m. to 8 p.m., ET**  
Policy Number: 590029

[WWW.THEHARTFORD.COM/MYBENEFITS](http://WWW.THEHARTFORD.COM/MYBENEFITS)

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.



continued





## HOW TO FILE A CLAIM

### GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also contact us with anything that's on your mind. We're here to help.

### RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

### QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

**FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD**  
**1-888-301-5615**

**THAA:**



**MYBENEFITS:**



#### WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- Your treating physician's name, address, phone and fax numbers.
- The nature of your claim
- Your manager's or HR representative's name and phone number.

This card is not proof of insurance.

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Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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