

## Employee Initial Disability Application

This document contains several sections which may be accessed directly by clicking on the following links:

[Rules to Apply for Disability Leave Benefits](#)

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## Rules to Apply for Disability Leave Benefits

[Ohio Administrative Code 123:1-33-02](#)

### 123:1-33-02 Application for disability leave benefits.

(A) Filing an application. The employee, a member of the employee's family, or a representative of the employee, including the appointing authority on behalf of the employee, may file an application for disability leave benefits with the employee's appointing authority. The application shall be filed on a form designated by the director and shall be filed, completed in its entirety, with the appointing authority within twenty calendar days of the last day the employee worked. An application is not completed in its entirety until the disabling illness, injury, or condition for which the employee is requesting disability leave benefits occurs. Where extenuating circumstances prevent an employee from filing an application for disability leave benefits within the required time frame, a written statement from the party responsible for the delay explaining such extenuating circumstances must be filed within fifteen calendar days after the twenty-day time period has expired. Appropriate extenuating circumstances shall be accepted as an extension of the time limit to file an application for disability benefits. The appointing authority shall, within five days of receipt of the application, forward the application and the recommendation of the appointing authority to the director or designee. If there will be a filing delay due to the completion of the attending physician statement, Employee Statements are to be submitted to the appointing authority within twenty calendar days of the last day worked, and the claim will be considered timely filed. The employee will then be granted an additional ten calendar days to submit the attending physician statement and other supporting medical documentation.

Any employee who is given a disability separation under the provisions of rule 123:1-30-01 or rule 123:1-30-02 of the Administrative Code and who is eligible to receive disability leave benefits under the provisions of Chapter 123:1-33 of the Administrative Code may apply for disability leave benefits within twenty calendar days after the date the employee is given a disability separation. The approval of a claim for disability leave benefits shall be governed by the provisions of Chapter 123:1-33 of the Administrative Code.

(B) Documentation. In addition to the application, it shall be the employee's responsibility to provide written documentation to substantiate the cause, nature, and extent of the disabling illness, injury, or condition for which the employee is requesting disability leave benefits. A

medical examination report shall be required prior to the granting of disability leave benefits and the employee shall be responsible for the cost of obtaining such report. If deemed necessary, the director or designee may order a medical examination conducted by a physician. The employee may request that the physician be mutually agreed to by the state and the employee's attending physician to resolve conflicting issues. The specialty of the physician conducting the examination will be based upon the employee's diagnosed condition, but for an application for disability benefits based on a diagnosis of a mental disorder, including but not limited to, psychosis, mood disorders, and anxiety, must be confirmed by a licensed mental health provider. The cost of such examination shall be paid from the disability fund. If the employee fails to attend the scheduled examination and does not provide at least seventy-two hours advance notice of the employee's inability to attend the scheduled examination, the employee may be responsible for any costs associated with the missed examination.

(C) Notification of initial disability decision by the director or designee. The employee shall be notified in writing of the disability determination within forty-five days of receipt of the application by the director or designee and shall also be advised of the right of appeal pursuant to rule 123:1-33-04 of the Administrative Code.

If a determination cannot be made within forty-five days of receipt of the application, then the director or designee shall notify the employee of the delay.

(D) Notification of requirement to file for disability retirement benefits. An employee eligible to apply for disability retirement benefits shall be notified by the director or designee in writing of the requirement to file for disability retirement benefits in order to receive continued disability leave benefits. This applies to disability retirement eligible employees who are nearing six months of continuous disability leave payments, whose physicians have deemed them permanently disabled, or whose total disability will exceed twelve months. Upon notification, the employee shall submit an application to a state employees' retirement system, comply with all retirement system requirements, and submit all information required by the retirement system for disability retirement benefits. Eligible employees who fail to comply with this requirement may result in the denial of additional disability leave benefits.

(E) Submission of additional information. If the employee disagrees with the determination regarding the employee's request for disability leave benefits, the employee may submit additional information to the appointing authority.

Such information must be submitted within twenty days from the date of notification of the determination or within twenty days from the ending date of approved disability benefits, whichever is later. The appointing authority shall, within five days of receipt of such additional information, forward it to the director. Where extenuating circumstances prevent an employee from providing additional information within the required time frame, a written statement from the party responsible for the delay explaining such extenuating circumstances must be filed within fifteen calendar days after the twenty-day time period has expired. Appropriate extenuating circumstances shall be accepted as an extension of the time limit to provide additional information. If there will be a filing delay due to the completion of the attending physician statement, employee statements are to be submitted to the appointing authority within twenty calendar days of the last day worked, and the claim will be considered timely filed. The employee will then be granted an additional ten calendar days to submit the attending physician statement and other supporting medical documentation. By exercising the right to submit additional information, the employee does not waive his or her right to appeal the determination

pursuant to rule 123:1-33-04 of the Administrative Code. The appeal must still be filed within thirty days of the original notification of the denial.

(F) Address change. An employee receiving disability leave benefits shall be responsible for keeping a current address on file with the appointing authority.

Supplemental Information

Authorized By: 124.09, 124.385

Amplifies: 124.385

Five Year Review Date: 5/15/2025

Prior Effective Dates: 3/29/1982, 1/7/1983, 10/24/1983, 4/5/1984 (Emer.), 7/18/1984 (Emer.), 9/10/1984, 10/29/1995, 11/10/1996, 7/1/1997, 6/18/2000, 10/29/2006, 11/1/2009, 12/13/2015

## Steps for Applying for Disability Leave Benefits

### Step 1

Follow your agency's standard reporting procedure to report time out of the office due to a disabling condition.

### Step 2

#### A: Online Filing

Log into myOhio > MY WORKSPACE > myBenefits > Disability Claim > New Disability Claim to start the online disability application.

#### B: Paper Filing

Obtain the [Initial Application for Disability Leave \(Form ADM4310\)](#) from your personnel office or agency benefits coordinator if you are unable to file your disability claim online.

### Step 3

#### A: Online Filing

Follow the instructions in the self-service page to complete the online Employee Statement.

#### B: Paper Filing

Complete Pages 2 and 3 of the [Initial Application for Disability Leave \(Form ADM4310 - the Employee Statement section\)](#).

### Step 4

Provide pages 4 & 5 of [ADM4310 Form \(the Attending Physician Statement\)](#) to your health care provider. Attach the completed form and any medical documentation to the online statement, or provide the documentation directly to your Agency Human Resources Department if you are unable to upload.

**Note:** If you are filing a behavioral health claim utilizing the state's behavioral health provider, a copy of your disability assessment will be sent directly to DAS, not your Agency Human Resources Department).

### Step 5

#### A: Online Filing

Forward your online application to your Agency Human Resources Department by clicking the **Submit** button,

#### B: Paper Filing

The employee must submit Pages 2 through 5 of [Form ADM4310](#) to their personnel office or agency benefits coordinator.

### Step 6

Your personnel office or agency benefits coordinator will complete the Application for Disability Leave Benefits - Employer Statement within five days of receipt of an employee's application and will submit all paperwork to the Department of Administrative Services.

**Step 7**

If you need to be off longer than anticipated or there is a change in your condition, you must submit a Supplemental Statement:

- Log into myOhio > MYWORKSPACE > myBenefits Create/Extend a Disability Claim-Supplemental Report. If you are filing using paper applications, obtain from your personnel office or agency benefits coordinator the [Supplemental Report for Disability Leave - Employee Statement \(Form ADM4311\)](#).
- Employee completes the Supplemental Report online, or if filing a paper application complete Page 2 of the ADM4311.
- Employee's physician completes Pages 3 and 4 ([Supplemental Report Attending Physician Statement](#)). Submit the documents online or provide the paperwork to your personnel office or agency benefits coordinator.
- The employer will complete the Application for Disability Leave Benefits - Employer Statement or the Disability Supplemental Information Form prior to submitting the Supplemental application or additional information to the Department of Administrative Services.

Note: Additional information must be submitted within 20\* calendar days from the date of the letter or 20\* calendar days from the ending date of benefits, whichever is the greater date.

\* *Contract exceptions for filing FOP 46 & FOP 48 - please refer to your contract.*

## Completing an Initial Application

### COMPLETION OF FORMS

- All sections of application must be completed.
- You are responsible for completing the Employee Statement online, or if you are applying with a paper application complete Pages 2 and 3 of the [Form ADM4310, Application for Disability Leave Benefits](#).
- Your physician is responsible for completing the Attending Physician Statement, Pages 4 and 5. Click the [Initial Attending Physician Statement](#) link and print for your Physician.
- You are responsible for returning all five (5) pages of the disability form to your agency within twenty (20) calendar days of your date last worked\*.
- You are responsible for any fee the physician may charge for completing the disability form.

### PERSONAL DATA

- You must notify your supervisor of your absence and the expected date of your return to work

### WAITING PERIOD

- If approved for benefits, you must serve a mandatory 14-day\*\* waiting period before receiving benefits

### WORK RELATED CLAIMS

- You are required to file a claim for lost time wages directly with the Ohio Bureau of Workers' Compensation (BWC)
- Disability benefits are not payable for any work-related injury except:
  1. If your initial application for lost time wages is denied by BWC and you do not appeal the BWC order. You must submit a copy of the BWC denial with the disability application
  2. If your initial application for lost time wages is denied by BWC and you appeal the BWC order, you may receive an advancement of disability benefits. You must submit the following with the disability application:
    3. A copy of the BWC denial order
    4. A completed Disability Agreement, Form 4313
    5. A copy of your Accident or illness report, Form 4303
    6. A copy of your request for Temporary Total Compensation, Form C-84

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## CONFIDENTIALITY

- Claim must be submitted to your agency
- Claim information submitted directly to Benefits Administration Services will be forwarded to your personnel office
- Your personnel office is required to keep all information about the nature of your illness/injury confidential

## PHYSICIAN INSTRUCTIONS

- Type or print legibly
- Complete Pages 4 and 5 of the ADM4310, [Attending Physician Statement](#), without expense to the State of Ohio
- Complete each section as thoroughly as possible
- Attending physician should retain a copy of all five pages of the form
- The employee is responsible for returning the form Employee Statement and Attending Physician Statement to his or her personnel office within twenty (20) calendar days of the date the employee last worked.\* Failure to do so may result in denial of your patient's benefits.

*\* Contract exceptions for filing FOP 46 & FOP 48 - please refer to your contract.*

## BEHAVIORAL HEALTH CONDITIONS

The state's behavioral health care provider manages disability claims for State of Ohio employees who are enrolled in the state's medical plan. Employees are not required to use the state's behavioral health care provider if they would prefer to obtain a state licensed mental health provider on their own or have an established relationship with one.

To request a disability assessment using the state's behavioral health care provider, an employee may contact his or her agency, the Ohio Employee Assistance Program (EAP) at 1-800-221-6327 or Optum directly at 1-800-852-1091

- To be eligible for disability leave benefits for a behavioral health condition, the following must apply:
  - The employee must have a behavioral health/substance use condition that prevents the employee from working
  - The employee must be in treatment with a licensed behavioral health/substance use specialist and
  - The employee must follow the treatment plan prescribed by their provider