

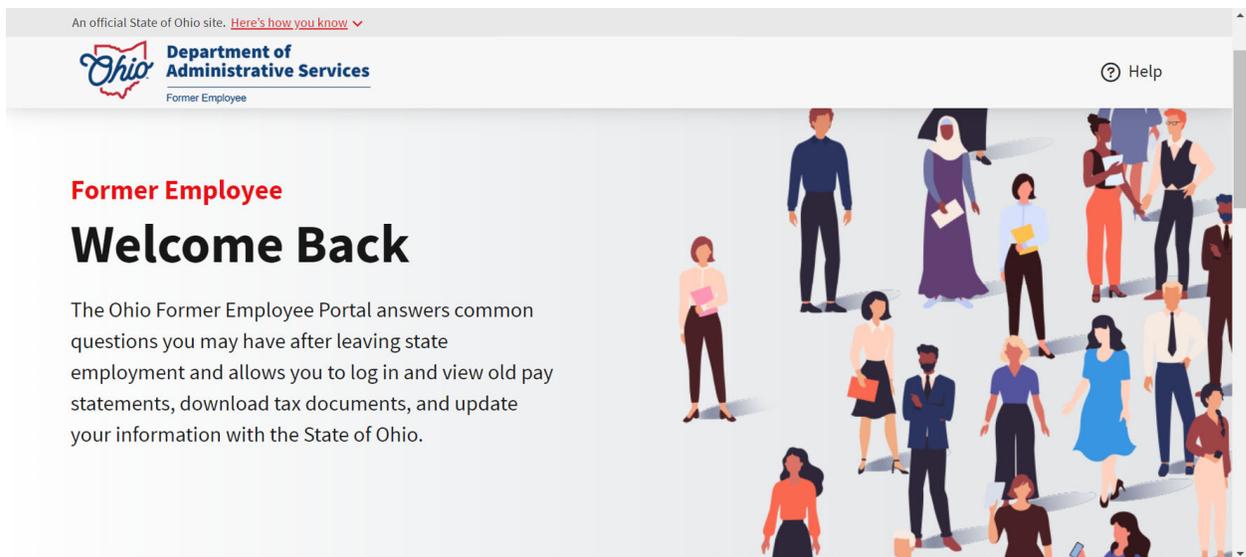
Completing a Supplemental Disability Statement

As a Former Employee, you must meet the following requirements to file for disability leave benefits once they leave active state service:

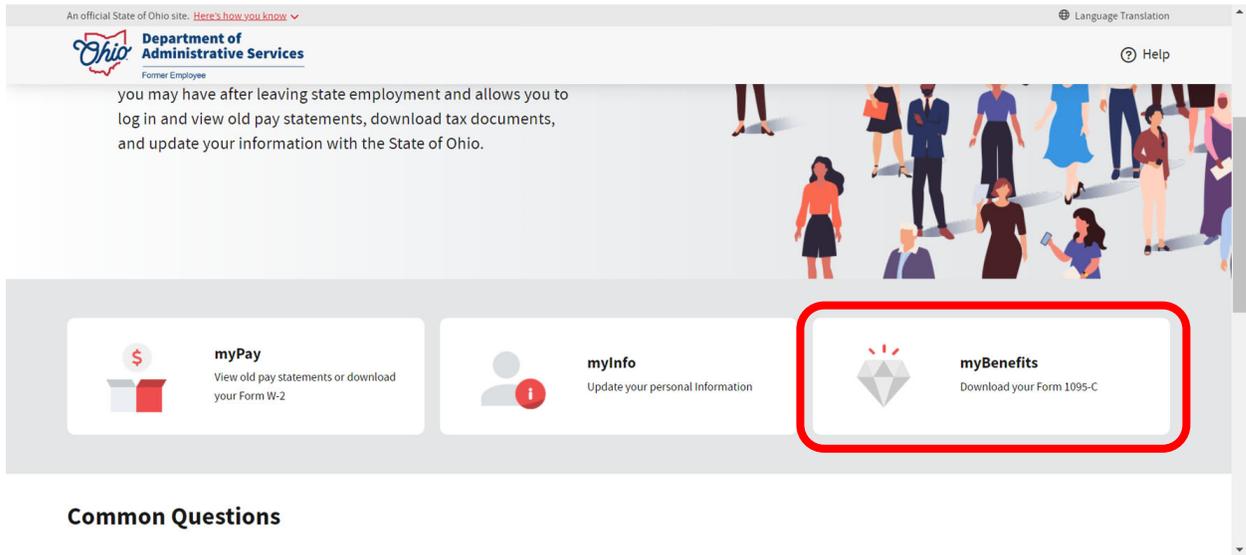
- You were eligible for disability leave benefits when you were an active employee.
- The date you became disabled was prior to your separation from state service.
- You still have remaining disability leave hours in your leave accrual balance.
- You were voluntarily or involuntarily disability separated or terminated with benefits.
- You were not terminated without benefits or resigned your position.

For addition support, contact your [former agency's Human Resources department](#).

Step 1 – Navigate to the Ohio Former Employee Portal at <https://FormerEmployee.Ohio.gov>.

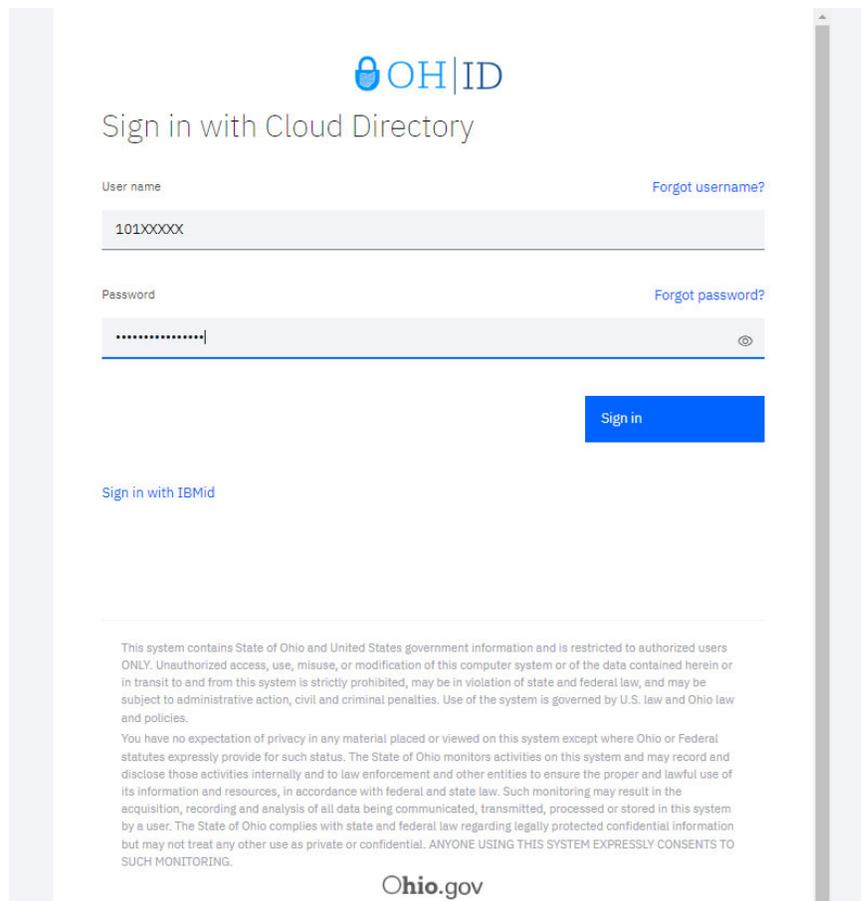


Step 2 – Select the myBenefits tile.



Step 3 – Enter your OHID User ID and password, then click Sign in.

NOTE: If this is your first time logging in to the Ohio Former Employee Portal, please refer to the **First Time Login Job Aid**.



 **OH|ID**

Sign in with Cloud Directory

User name Forgot username?

101XXXXX

Password Forgot password?

.....| 

Sign in

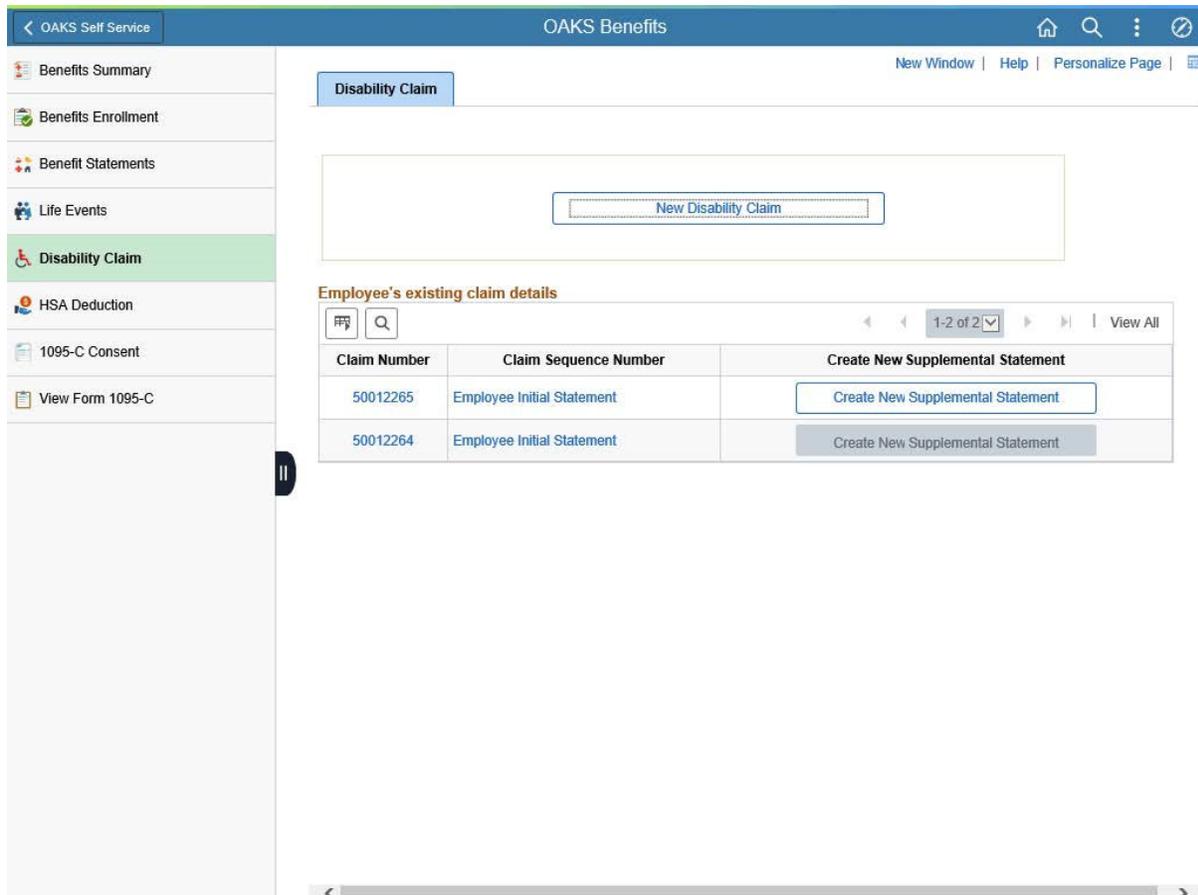
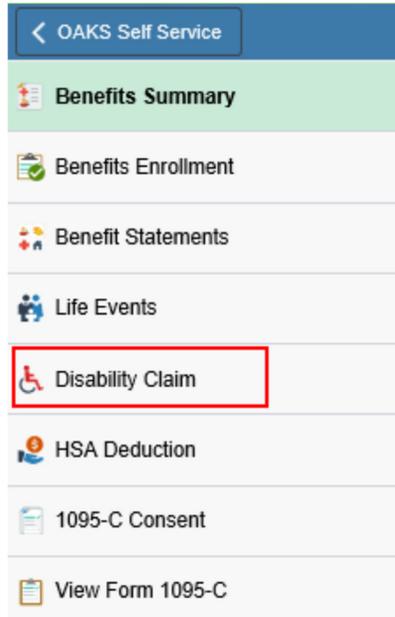
[Sign in with IBMid](#)

This system contains State of Ohio and United States government information and is restricted to authorized users ONLY. Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein in transit to and from this system is strictly prohibited, may be in violation of state and federal law, and may be subject to administrative action, civil and criminal penalties. Use of the system is governed by U.S. law and Ohio law and policies.

You have no expectation of privacy in any material placed or viewed on this system except where Ohio or Federal statutes expressly provide for such status. The State of Ohio monitors activities on this system and may record and disclose those activities internally and to law enforcement and other entities to ensure the proper and lawful use of its information and resources, in accordance with federal and state law. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. The State of Ohio complies with state and federal law regarding legally protected confidential information but may not treat any other use as private or confidential. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

Ohio.gov

Step 4 – The **OAKS Benefits** navigation collection displays on the left. Click the **Disability Claim** list item.



Step 5 – The Disability Claim page displays. Click the Create New Supplemental Statement button for the desired claim.

Employee's existing claim details

Claim Number	Claim Sequence Number	Create New Supplemental Statement
50012265	Employee Initial Statement	Create New Supplemental Statement

Employee Sup Landing

Employee Supplemental Statemnt

Name SUSAN SHUSTER Empl ID 10203384 Empl Record 0
 Date of Birth 11/12/1977 Agency COM Job Title Program Administrator 2

Disability Claim - Supplemental Employee Report

Claim Effective Sequence 1 Claim Number 50012265

Employee Contact Information

Check to use Mailing Address on file. If address is incorrect, update My Info.

*Address Line 1 100 Main St.
 Address Line 2
 Address Line 3

*City ORIENT *State OH *Postal Code 43146

Email Address 10203384@BUS.STATE.OH.US.DV
 *Telephone 614/867-5309

Disability / Illness Details

*Have there been any changes in your condition since your original claim? Yes No
 If Yes, Please Explain

*Any conditions that have become disabling that were caused by or resulting from your job? Yes No
 If Yes, please describe

Step 6 – The **Employee Supplemental Statement** page displays.

The **Employee Contact Information** section populates with information on file in OAKS. If during your recovery you will have a temporary address you wish disability information to be sent to, clear the checkbox to remove the information and enter the temporary address in the following fields.

NOTE: Only make **temporary Employee Contact Information** changes here. For permanent changes visit the **myInfo** section in the Ohio Former Employee Portal.

Click the **Check to use Mailing Address** on file option.

Employee Contact Information

* Check to use Mailing Address on file. If address is incorrect, update My Info.

*Address Line 1 100 Main St.

Address Line 2

Address Line 3

*City ORIENT *State OH *Postal Code 43146

Email Address 10203384@BUS.STATE.OH.US.DV

*Telephone 614/867-5309

Step 7 – Indicate if there have been any changes in your condition since your original claim by selecting the **Yes** checkbox, **No** if there were not.

Notice that the field, **If Yes, Please Explain** is grayed out. This will be available when **Yes** is selected.

If **Yes**, Provide an explanation as to how your condition has changed since you originally filed your claim.

Disability / Illness Details

*Have there been any changes in your condition since your original claim? Yes No

If Yes, Please Explain

Step 8 – Indicate if there were any conditions that have been disabling that were caused by or resulting from your job by selecting the **Yes** checkbox, **No** if they were not.

Notice that the field, **If Yes, please describe** is grayed out. This field will be available if **Yes** is selected.

Disability / Illness Details

*Have there been any changes in your condition since your original claim? Yes No

If Yes, Please Explain

Complications with my surgery. The incision site has become infected.

*Any conditions that have become disabling that were caused by or resulting from your job? Yes No

If Yes, please describe

Step 9 – Indicate if you were hospitalized since your original claim by selecting the **Yes** checkbox, **No** if you were not.

Notice that the field, **If Yes, Name of Hospital and City** and the **Dates of Confinement/Other hospital visits** fields are grayed out. These fields will be available when **Yes** is selected. Complete the fields and date fields if **Yes** is selected.

*Have you been hospitalized since your original claim? Yes No

If Yes, Name of Hospital and City

Reason for confinement

Dates of Confinement/Other hospital visits *

1-1 of 1 | View All

	From Date	To Date
1		

* Please provide Medical Reports from these visits

Step 10 – Have you yet returned to work? Select **Yes** or **No** as appropriate. Depending on your response additional fields may activate for completion.

Depending on your answer to the previous question, either the If Yes or If No field will be available for data entry.

*Have you returned to work? Yes No

If yes, Give Date If no, what date do you expect to return

*Are you returning to work part-time and applying for disability benefits on a part-time basis? Yes No

Step 11 – Please answer the following question with a **Yes** or **No**:

Have you engaged in any occupation for wage or profit since the onset of your disability?

If **Yes**... fields become available if the **Yes** checkbox was selected. If the **No** checkbox was selected, you would skip over these fields.

*Have you engaged in any occupation for wage or profit since the onset of your disability? Yes No

If Yes, did you receive compensation? Yes No

Provide Dates Worked: From To

If Yes, provide Employer information

1-1 of 1 | View All

Employer Name	Employer Address	Employer Phone	Your Position

Step 12 – If there are additional employers you have worked for since your disability, add an additional row by clicking the **[+]** icon.

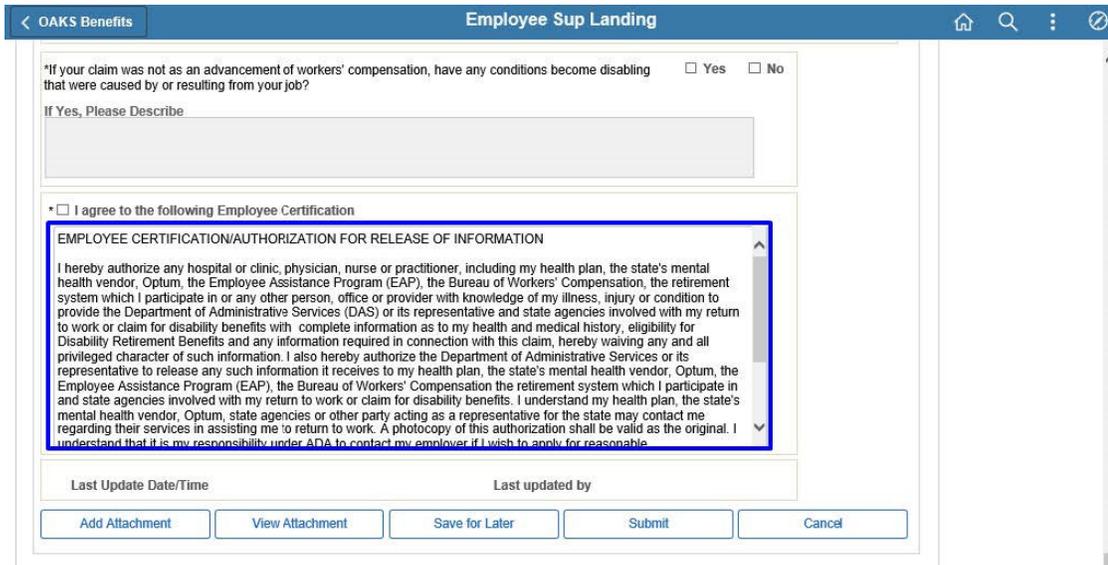
If Yes, provide Employer information

1-1 of 1 | View All

Employer Name	Employer Address	Employer Phone	Your Position
Jones Top Soil	123 Buckeye Lane	614/555-1212	Receptionist x <input type="button" value="+"/> <input type="button" value="-"/>

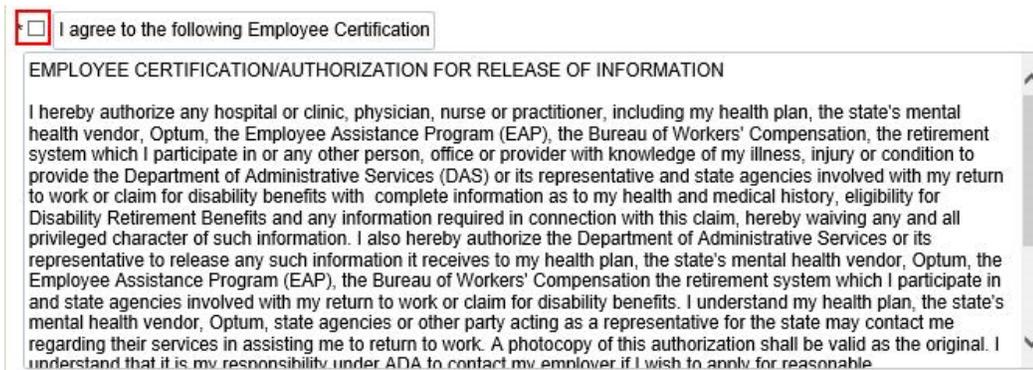
Step 13 – If you are not on worker's compensation, indicate if any other conditions resulting from your job have become disabling.

If **Yes** is selected the **If yes, Please Describe** field becomes active.



Step 14 – Read the Employee Certification statement.

Check the **I agree to the following Employee Certification** box.



Step 15 – There are five (5) buttons available to perform actions on the initial application.

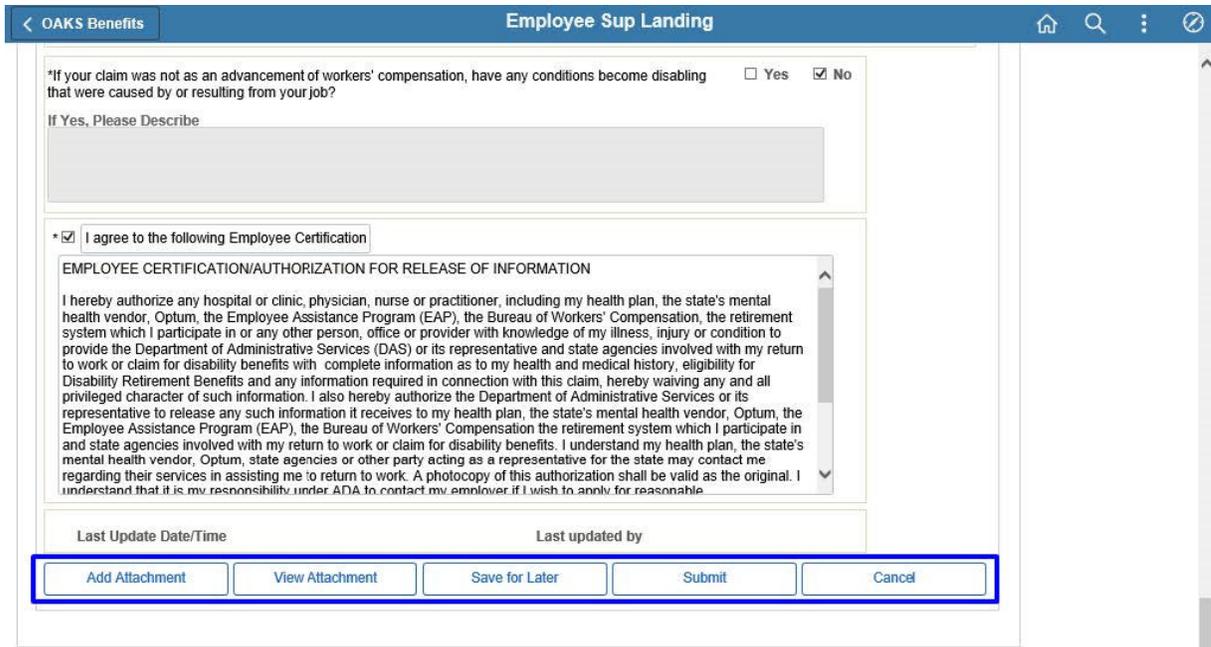
Add Attachment: Attach pertinent medical documents from the doctor (e.g., the **Attending Physician Statement**).

View Attachment: View Claim Attachments.

Save for Later: If the medical documents are unavailable or if there are fields which are not completed because further information from the employee is required. The date and time and your OAKS ID number are recorded, also, the application is assigned a Claim Number.

Submit: All fields have been completed and pertinent medical documents have been attached. The date and time and your OAKS ID number are recorded, also, the application is assigned a Claim Number.

Cancel: This button cancels the entire transaction, all data entered will be lost.



← OAKS Benefits Employee Sup Landing

*If your claim was not as an advancement of workers' compensation, have any conditions become disabling that were caused by or resulting from your job? Yes No

If Yes, Please Describe

* I agree to the following Employee Certification

EMPLOYEE CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION

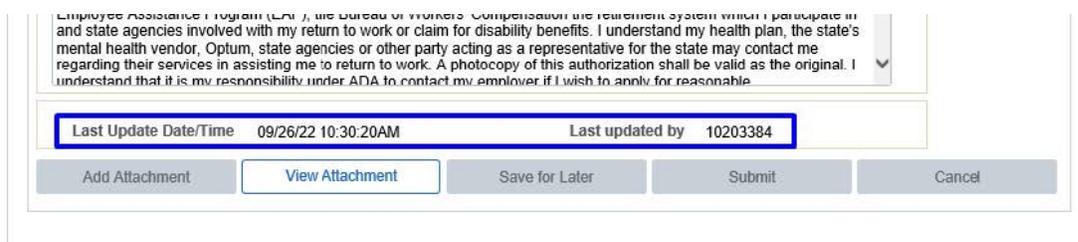
I hereby authorize any hospital or clinic, physician, nurse or practitioner, including my health plan, the state's mental health vendor, Optum, the Employee Assistance Program (EAP), the Bureau of Workers' Compensation, the retirement system which I participate in or any other person, office or provider with knowledge of my illness, injury or condition to provide the Department of Administrative Services (DAS) or its representative and state agencies involved with my return to work or claim for disability benefits with complete information as to my health and medical history, eligibility for Disability Retirement Benefits and any information required in connection with this claim, hereby waiving any and all privileged character of such information. I also hereby authorize the Department of Administrative Services or its representative to release any such information it receives to my health plan, the state's mental health vendor, Optum, the Employee Assistance Program (EAP), the Bureau of Workers' Compensation the retirement system which I participate in and state agencies involved with my return to work or claim for disability benefits. I understand my health plan, the state's mental health vendor, Optum, state agencies or other party acting as a representative for the state may contact me regarding their services in assisting me to return to work. A photocopy of this authorization shall be valid as the original. I understand that it is my responsibility under ADA to contact my employer if I wish to apply for reasonable

Last Update Date/Time Last updated by

Add Attachment View Attachment Save for Later Submit Cancel

Step 16 – Upon submission, the **Supplemental Employee Report** will display in either a new browser tab or window depending on your computer's setup.

Returning to the **Employee Supplemental Statement** electronic submission form, the page now reflects the Last Update Date/Time field and Last Updated by field containing your OAKS ID.

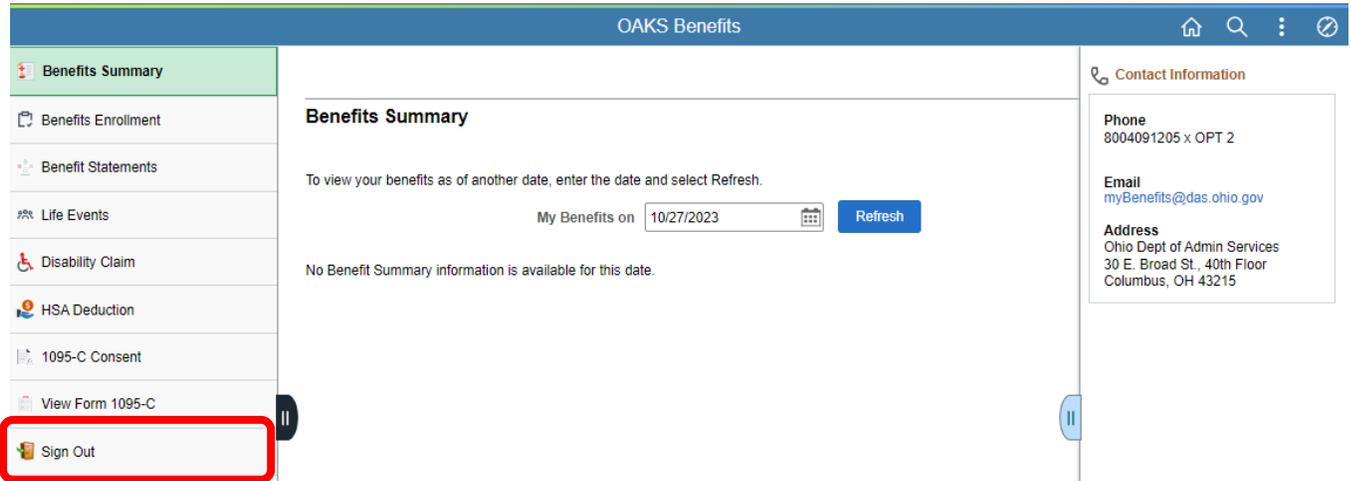


Employee Assistance Program (EAP), the Bureau of Workers' Compensation the retirement system which I participate in and state agencies involved with my return to work or claim for disability benefits. I understand my health plan, the state's mental health vendor, Optum, state agencies or other party acting as a representative for the state may contact me regarding their services in assisting me to return to work. A photocopy of this authorization shall be valid as the original. I understand that it is my responsibility under ADA to contact my employer if I wish to apply for reasonable

Last Update Date/Time 09/26/22 10:30:20AM Last updated by 10203384

Add Attachment View Attachment Save for Later Submit Cancel

Step 17 - When finished, and you no longer need to be in the system, select Sign Out from the left sidebar.



Important Note: Closing the browser tab does not sign you out of the current session.

For addition support, contact your [former agency's Human Resources department](#).