

# Family Medical Leave (FML) and STD leave process



	Intake process	Within days of request	Upon decision	Ongoing management
<b>Employee</b>	<p><b>Employee</b> calls NYL GBS Intake Center to request leave or submits leave request on <a href="#">myNYLGBS</a> and completes authorization.</p> <p><b>Employee</b> receives real-time eligibility determination for leave (FMLA) and receives Employee Assistance Program (EAP) referral to help manage work-life balance, as appropriate.</p>	<p><b>Employee</b> receives their acknowledgment packet with FMLA rights and responsibilities.</p> <p><b>Employee</b> is contacted by their NYL GBS absence manager if additional medical and/or eligibility information is needed and a decision cannot be made within five days from receipt.</p> <p><b>Employees</b> can view a complete timeline of benefit coverage and get status of medical requests on <a href="#">myNYLGBS</a>.</p>	<p>Upon approval, ongoing treatment and/or an estimated return-to-work (RTW) date is established and information about payments, ongoing claim expectations and RTW support are communicated.</p> <p>If claim is denied, <b>employee</b> receives call from their absence manager explaining decision.</p>	<p>Flexible communication options (text, click-to-chat, email &amp; call) are available to share and receive ongoing updates.</p> <p><b>Employees</b> can use <a href="#">myNYLGBS</a> to obtain status, communications, forms and take actions such as report RTW dates or request extensions.</p> <ul style="list-style-type: none"> <li>- For an extension, supporting documentation may be needed.</li> <li>- For RTW, employee is guided to coordinate with their employer.</li> </ul>
<b>NYL GBS team</b>	<p>Claim intake is received, set up in the system, and assigned to an <b>absence manager</b>. Complex claims may be referred to a nurse case manager.*</p>	<p><b>Absence manager</b> confirms eligibility and reviews available information to make a claim decision.</p> <p>If more information is needed, absence manager contacts employee, attending provider and/or employer for any missing medical or eligibility information.</p>	<p>If medical records are needed, the <b>absence manager</b> makes attempts to obtain medical before engaging the employee. Absence manager may consult expert resources, as needed, to make a decision.*</p> <ul style="list-style-type: none"> <li>- Upon approval, communication is sent to employee and a plan is set for the next medical milestone or estimated RTW.</li> <li>- If claim is denied, absence manager calls the employee to explain the decision.</li> </ul>	<p><b>Absence manager</b> will continue to work with employee, attending provider and/or employer to obtain information to support a continued disability or RTW date. Absence manager will continue to engage expert resources, as needed.*</p> <p>Upon RTW, extension or claim closure, all reports are updated and communications are sent to employee.</p>
<b>Employer</b>	<p><b>Employer</b> receives integrated, real-time email notification that employee requested absence event.</p> <p><b>Employer</b> can also report an absence on behalf of the employee.</p>	<p><b>Employer</b> is contacted by the claim manager if additional information is needed.</p>	<p><b>Employer</b> receives real-time notification of determination and can access the portal for claim details.</p>	<p>Upon RTW or claim closure, claim status reports are updated. If claim is extended, <b>employer</b> is notified of updated estimated RTW date.</p>