

Bi-State Development

Supplemental Accident & Sickness Benefits

Attention Employee:

- Only 788 Union members in Operations, Maintenance and Clerical are potentially eligible for this benefit.
- Benefit will not begin until after the employee has exhausted all sick leave pay and then a seven day unpaid waiting period has been served.
- Benefit will not exceed 75 days per calendar year and employee must have returned to work for a period of at least four consecutive weeks before a new claim in a new calendar year can be made.
- Payments are processed weekly and payment usually precedes the check date by two weeks.

Take note of the following steps below when applying for Supplemental Accident & Sickness Benefit due to a non-occupational injury or illness.

- Step 1. Employees are to complete the EMPLOYEE'S STATEMENT section at the top of the application.
- Step 2. Submit the application to the attending physician for completion of the TREATING PHYSICIAN'S REPORT section on the bottom half of the form. Have the physician's office fax the completed form to Absence Management at the fax number **(314) 335-3474** also noted at the bottom.
Personal health information will not be shared with your Division/Department Manager.
- Step 3. Employee may want to follow up with Absence Management to make sure application was received by calling **314-982-1597**.
- Step 4. A newly completed application for Supplemental Accident and Sickness Benefits shall be required **every 4 weeks**. Failure to provide re-certification as required will cause the benefit to cease.
- Step 5. Contact your Division/Department Manager upon learning of a return to work date. Employee is required to be cleared for duty through Barnes Care in situations where the employee has been absent for 3 or more days. Your Division/Department Manager will provide you with the necessary paperwork and instructions on where to go and how to be cleared for work. A release for duty from your attending physician is required for the clearing process through Barnes Care, have the form with you.
- Step 6. Paperwork provided to you at Barnes Care shall be given to your Division/Department Manager as proof you have been cleared to for work. Don't delay in presenting this document.

**BI-STATE DEVELOPMENT AGENCY
SUPPLEMENTAL ACCIDENT & SICKNESS BENEFITS**

Absences related to Supplemental Accident and Sickness Benefits that qualify as a serious health condition under the Family Medical Leave Act (FMLA) shall be applied toward an eligible employee's annual FMLA entitlement.

SECTION A EMPLOYEE'S STATEMENT

Employee's Name

Badge No.

Address

Phone Number

City State Zip

I hereby authorize the treating physician(s) to release any information necessary to complete my verification of illness or injury.

Location / Department
Date

Employee Signature

SECTION B TREATING PHYSICIAN'S REPORT

Patient's Name

Date of Examination

Is patient unable to work? Yes No

If yes, date from which employee is unable to work ____ / ____ / ____

Date employee is able to return to unlimited duty ____ / ____ / ____

(must give some type of date even if date is the next scheduled follow up appointment)

Diagnosis & Current Condition:

Physician's Name (Print)

Address

Phone No.

Fax No.

City State Zip

Physician's Signature

Fax Number: (314) 335-3474

Return-to-Work Release Form

Instructions:

Employee: Return the **completed** form to your Division/Facility to obtain a Metro Return-To-Work Authorization Form to take to Barnes Care.

Health Care provider: **This form must be completed and faxed directly from the healthcare provider's office to (314)-335-3474.**

EMPLOYEE SECTION:

Employee name: _____ Badge No. _____
Job Title: _____ Facility: _____
Leave Start Date: _____

PHYSICIAN SECTION:

The employee is clear to return to work without restrictions, on _____
Date

Physician Name (Print)

Address

City State Zip

Phone No

Fax No.

Physician's Signature

Date: