

Reporting Your Disability Claim and/or Leave

The **S&P Global Inc.**'s Short-Term Disability Policy and Leave Policy (including Family & Medical Leave, applicable state leaves and S&P's company-specific leaves) are administered by Lincoln Life Assurance Company of Boston, a Lincoln Financial Group company.

Lincoln Financial Group offers employees direct access to claim and leave resources and information. You can easily report a claim and/or leave and check the status of your claim and/or leave through Lincoln Financial Group's dedicated secure website or by telephone. Please visit: www.MyLincolnPortal.com to access employee resources and online tools, as referenced below.

When Do I Report a Disability Claim?

You can report a disability claim for your own condition if you are unable to work continuously due to an illness, injury, work-related injury or pregnancy and you are unable to work **5**-consecutive days or more as certified by your treating provider. You may report a disability claim up to **30**-days in advance.

When Do I Report a Company-Specific Leave?

You can report a leave for all other leave types, including Parental Leaves, Global Care Leaves, Global Leave of Absence Leaves, Compassion Leaves, Victims of Domestic Violence Leaves, Jury Duty Leaves and Sabbatical Leaves. You may report a leave up to 30-days in advance. Click here to access the [S&P Global Request for Leave Form](#). For more information on these leave types, please visit [US Leave Descriptions](#). To check the status of your claim and/or leave online, access www.MyLincolnPortal.com. Instructions to register for the portal are noted below.

*Please note: You may have a Family Medical Leave Act (FMLA) job-protected Leave on file with Lincoln as well. For questions about your FMLA Leave, contact your integrated claims specialist at **1-877-321-1033**.

How Do I Report a Claim/Leave?

1. Contact your supervisor to report your absence.
2. Print this document, sign and date the Authorization to Release Information section below and leave with your physician or medical care provider at your next visit.
Note: Lincoln Financial Group requires your physician to provide information about your medical condition. If this information cannot be obtained, benefits may be delayed.
3. Report your claim and/or leave via www.MyLincolnPortal.com. First time users must register using Company Code **SPGLOBAL01**. Please have the following information available when you report your claim and/or leave if applicable:
 - Your physician or medical care provider's name, address, fax and telephone numbers
 - Your manager's name, telephone number and e-mail address
 - Reason you are out of work (diagnosis/symptoms)
 - Your last day worked, first day absent from work, and anticipated return to work dateOr you can call **1-800-853-7109** and speak with an Intake Specialist to report your claim and/or leave.
4. Keep a record of your claim and/or leave number. Reporting your claim and/or leave online provides the added convenience of printing a claim and/or leave report which includes your claim and/or leave number and a summary of your claim and/or leave details.
5. You may securely check the status of your claim and/or leave online at www.MyLincolnPortal.com or by calling your integrated claims specialist at **1-877-321-1033**.
6. Please visit www.MyLincolnPortal.com and navigate to the "Resource Center" to download or print a copy of the S&P Global Request for Leave Form if applicable.

Authorization to Release Information

I authorize any health care provider having information about my physical or mental condition and treatment to give all information to the Company in the Lincoln Financial Group of companies and/or Plan Sponsor to which I am submitting a claim. I understand the information obtained by this Authorization will be used to determine eligibility for benefits. Information obtained under this Authorization or directly from me may be released to persons/organizations providing medical treatment or claim management/advisory services in connection with my claim, including Employee Assistance Programs (EAP), or other similar disease management/assistance programs providing services to the Plan Sponsor and/or the Company. This Authorization is valid for two years from the date appearing below with my signature. I have the right to revoke this Authorization by notifying the Company. I know that I may request a copy of the Authorization and I agree that a photographic copy shall be as valid as the original.

Employee Signature:

Date:

Print Employee Name:

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