



Dear Flight Attendants:

Recently, the President of the United States signed the Airline Flight Crew Technical Corrections Act. This action amended the Family and Medical Leave Act of 1993 with respect to the hours of service requirement airline flight crews must meet to be eligible for leave under such Act. This revision declares that a flight attendant or flight crewmember will be considered to meet such requirement if he or she has worked or been paid for:

(1) at least 60% of the applicable total monthly guarantee, or the equivalent for the previous 12-month period for or by the employer with respect to whom such leave is requested; and

((2)) a minimum of 504 hours (not counting personal commute time, vacation leave or medical or sick leave) during such period.

The following information has been designed to assist you in understanding the FMLA/Medical leave of absence process. This packet contains all forms and information that are required of all flight attendants applying for a leave of absence. We have also included a Q and A to answer many of the commonly asked questions regarding the new FMLA regulations, PCL and medical leaves of absences.

There are two types of medical leave of absence:

FMLA – This type of leave requires that a Flight Attendant work at least 504 credited hours for FMLA in the previous 12 months and be employed for at least 12 months with the company. If you meet these requirements, you have a total of 12 weeks of job protected time to use in a rolling calendar year. This leave can be used for your qualifying medical condition or that of a covered family member's condition. A qualifying family member is defined as a spouse, a minor child or a parent who has a serious health condition and the Flight Attendant is the primary caregiver. FMLA can be used for a block leave of time or intermittently for a recurring condition provided it meets eligibility as defined by the regulations.

Medical Leave – This leave is used for a Flight Attendant who does not qualify for FMLA. This leave is not available for the care of a qualified family member. You must qualify for FMLA to care for a qualified family member.

Applying for a FMLA/Medical Leave

In order to apply for a medical leave of absence you must submit a Health Care Provider form to InFlight Administration. This form must be completely filled out by your physician and submitted to InFlight Administration as soon as possible. Incomplete or illegible forms may delay the approval process.

Please ensure that you review the entire packet which will answer many of the questions surrounding your leave of absence.

We appreciate the opportunity to serve you and if you have any questions please do not hesitate to contact our office at 480-693-3239 or email us at inflightadmin@usairways.com

Your InFlight Services Administration Team

Frequently Asked Questions

Q: What is FMLA?

A: The Family and Medical Leave Act of 1993 was created to allow “eligible” employees of a covered employer to take job-protected, unpaid leave, or to substitute paid leave (for your own illness) for the following reasons:

- To attend the birth of a son or daughter;
- To care for a newborn after birth (bonding);
- To care for a child after placement with the employee for adoption or foster care (bonding);
- To care for a qualifying spouse, son or daughter, or parent who has a serious health condition;
- Absence due to a serious health condition that makes the employee unable to perform his or her job;
- To care for a covered service member recovering from a serious illness or injury (Spouse, child or next of kin);
- Absence required because of any qualifying exigency when a spouse, child or parent of the employee has been called to or is on active duty in the reserve components of the US Armed Forces in support of a contingency operation.

Q: Who is eligible for FMLA?

A: Flight Attendants entitled to FMLA leave must have worked for US Airways for 12 months (the 12 months need not be consecutive), and worked a minimum of 504 hours within the preceding 12 months. US Airways will look at the 12 months immediately preceding the first day of the requested leave to determine whether the employee has met the eligibility requirements.

Q: How do I apply for FMLA?

A: Complete the Health Care Provider form available via:

<http://wings.usairways.com/uswings/workgroups/inflight/departments/administrationservices>

Have your doctor complete the appropriate forms and fax or mail it to InFlight Services Administration in Phoenix at 480-693-3201. The mailing address is:

US Airways – InFlight Administration
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
Attention: InFlight Administration – 52S-INF

All inquiries, including fax verifications, should be made to 480-693-3239 from 0730 – 1600 PHX time.



Q: How much time am I eligible to take under FMLA?

A: US Airways will provide job-protected leave for eligible employees for up to a total twelve (12) work weeks in a twelve (12) month period (measured backward from the date an employee uses any Family Medical Leave (FML). Per the regulations, a work week is based on an employee's average work days per week. As a matter of consistency and until an automated process is available to calculate FML days per individual flight attendant, a Flight Attendant work week is defined as 4.5 days per week times 12 weeks, which equates to 54 days in a rolling 12 month period. A flight attendant who has a work day average (credited time) that exceeds the allotted 4.5 days weekly average, may request a calculation to ensure the appropriate number of available FML days are designated at the commencement of the FMLA period. As a reminder, sick time and vacation are not credited under the FMLA regulations as part of this calculation. Please consult InFlight Services Administration for additional clarification.

Q: How am I notified that I have been approved for a FMLA?

A: Once you apply for a FMLA/PCL/medical leave a packet is sent to your email or mailing address on file outlining your leave including a leave status letter. This letter will advise you of the status of your leave whether you are approved, denied and if the paperwork was sufficient. Please ensure you review the entire packet and respond to any requests. Missing or incomplete paperwork will delay your request.

Q: Will a flight attendant lose longevity while on FMLA?

A: A Flight Attendant on FMLA shall retain and accrue seniority and longevity and shall receive all Benefits as provided by the FMLA or applicable state statute.

Q: May I use my sick bank to care for a qualifying family member?

A. Yes, if you would like to be paid from your sick bank please submit the Supplemental Pay form to InFlight Services Administration at the beginning of your leave. You may find the form on the InFlight Services Administration website.

Q: I am about to run out of FMLA. What happens?

A: Once you have exhausted your FMLA job protected time and you are required to remain on leave your line will be updated to reflect a medical leave of absence.

Q: I have submitted the HCPF to InFlight Services Administration; do I have to do anything further?

A: Yes, you are responsible for your line until your leave has been approved and it is reflected on your line. We make every attempt to provisionally recode your line within 72 hours; however, you are required to call in sick for any trips or RV days that remain on your line...don't panic, once your leave has been approved the SK's in your schedule will be removed and recoded to reflect your leave of absence.



Q: How am I paid while on a FMLA for myself?

A: If your leave is longer than five days you will be paid Short Term disability (STD) benefits. In order to receive STD benefits you must contact Prudential as soon as you know you are going out on leave at 1-800-842-1718. The first five days of your leave is considered a waiting period and if you are scheduled to work during these days you will be automatically paid from your sick bank. If you do not want to be paid from your sick bank notify InFlight Services Administration prior to the beginning of your leave.

Q: What happens when I am placed on an unpaid leave of absence?

A: Once you are on an unpaid leave of absence for more than 90 consecutive days you will be required to surrender your Company ID badge. Once your leave extends past 90 days you will receive a letter outlining the process for you to return your badge to InFlight Services Administration. Please note that Short Term Disability (STD) and Long Term Disability (LTD) are considered an unpaid leave since benefits are not paid directly by the company.

Q: Do I lose my jump seat privileges once I turn in my Company ID badge?

A: No, you may travel on the jump seat as long as you carry your jump seat card with you at all times. To be eligible to ride the jump seat you will be required to provide identification and your jump seat card to the gate agent for check-in.

Q: How do I extend my FMLA/medical leave?

A: Great question! Extensions occur frequently due to a variety reasons. A good rule of thumb is to update your paperwork every time you go to the doctor and ensure it gets faxed to InFlight Administration at 480-693-3201. Failing to update your paperwork may effect benefits and pay so please ensure that you keep your paperwork updated. If you have questions please call!

Q: I have vacation scheduled and have to be out on a FMLA/Medical leave. What do I do?

A: Please review section 14-2 # 4 in the collective bargaining agreement to review your options. Please ensure you notify bid administration at 480-693-1916 of your choice prior to the start of your leave. If you are unsure, please contact InFlight Service Administration for clarification.

Q: I do not understand how intermittent FMLA is used.

A: Flight Attendants who qualify for 504 credited hours of FMLA and obtain the approved paperwork may use intermittent FMLA in daily increments. When on an intermittent leave you must call in sick and then contact InFlight Services Administration at 480-693-3299 to request a recode of your line.

Q: What is the difference between an intermittent FMLA and a FMLA block leave?

A: An intermittent FMLA leave is designated for qualifying conditions that require an individual to be off work 5 or less consecutive days. A FMLA block leave is designated for qualifying conditions that require an individual to be off work for 6 or more consecutive days.



Q: Who do I call for intermittent leave requests and questions?

A: Please contact 480-693-3299 or call 1-800-327-0117 and follow the prompts.

Q: If I am approved for an intermittent FMLA and I call in sick, is my line automatically recoded?

A: No, you must contact the intermittent hotline at 480-693-3299 within 15 days of the first day of the sick call to request that your line be recoded.

Q: Is there a time limit to recode FMLA leave requests?

A: Yes, 15 days for block leaves and intermittent leaves.

Q: What happens to my benefits while I am on a FMLA/PCL/MLOA?

A: You are responsible for continuing payments of the employee's portion of your coverage while you are on leave. Within three weeks of the company processing your leave, you will receive a monthly bill from Conexis, our direct bill administrator. Conexis can be contacted at 1-877-722-2667, and your account, once established, can be viewed online at www.conexis.org.

Q: How are my travel benefits effected?

A: Your travel benefits continue for up to six months while on leave. After six months they will be suspended for yourself but your eligible's dependants will continue to receive travel benefits.

Q: Do I keep airport parking while on a leave of absence?

A: You parking privileges will remain intact for the first 90 days. After you have been on a leave of absence for more than 90 consecutive days your airport parking pass will be deactivated until you return to active status.

Q: If I need help with FMLA/Medical Leave of Absence who should I call?

A: Please call our intake hotline at 1-800-327-0117 and follow the prompts or call direct to 480-693-3239. This hotline is answered by a live person Monday-Friday 0730 -1600 PHX Time.

Important Phone Numbers

InFlight Administration fax	480-693-3201
Intermittent leave hotline	480-693-3299 or 800-327-0117 (follow prompts)
FMLA Information	480-693-3239 or 800-327-0117 (follow prompts)



Q: Regulations indicate a change in what constitutes a serious health condition. Under the new regulations how is a serious health condition defined?

A: Serious Health Condition: The final rule retains the six individual definitions of serious health condition while adding guidance on three regulatory matters.

- One of the definitions of serious health condition involves more than three consecutive, full calendar days of incapacity plus “two visits to a health care provider”. Because the current rule is open-ended, the Tenth Circuit has held that the “two visits to a health care provider” must occur within the more-than-three-day period of incapacity.

Under the final rule, the two visits must occur within 30 days of the beginning of the period of incapacity and the first visit to the health care provider must take place within seven days of the first day of incapacity.

- A second way to satisfy the definition of serious health condition under the current regulations involves more than three consecutive, full calendar days of incapacity plus a regimen of continuing treatment. The final rule clarifies here also that the first visit to the health care provider must take place within seven days of the first day of incapacity.
- Thirdly, the final rule defines “periodic visits” for chronic serious health conditions as at least two visits to a health care provider per year.

For more information on the six individual definitions of a serious health conditions please see the Family Medical Leave Policy section of the InFlight Services Administration website.

Q: I have heard that as a Military Caregiver, I have additional FMLA benefits? How does that work?

A: The change implements the requirement to expand FMLA protections to family members caring for a covered service member with a serious injury or illness incurred in the line of duty on active duty. These family members are able to take up to 26 workweeks of leave in a 12-month period.

Q: I do not understand the new FMLA leave regarding Exigencies for Families of National Guard and Reserves. Would you clarify?

A: Leave for Qualifying Exigencies for Families of National Guard and Reserves: The law allows families of National Guard and Reserve personnel on active duty to take FMLA job-protected leave to manage their affairs — “qualifying exigencies”. The rule defines “qualifying exigencies” as: (1) short-notice deployment (2) military events and related activities (3) childcare and school activities (4) financial and legal arrangements (5) counseling (6) rest and recuperation (7) post-deployment activities and (8) additional activities where the employer and employee agree to the leave.



U-S AIRWAYS



InFlight Services Administration Family Medical/Medical Leave of Absence (FMLA/MLOA) Checklist

US Airways InFlight Services Administration
52S-INF
4000 East Sky Harbor Boulevard
Phoenix, AZ 85034
Phone: (480) 693-3239
Fax: (480) 693-3201

Request for a Medical Leave of Absence – Health Care Provider Form

The Family Medical Leave Act of 1993 (FMLA) entitles you to 12 weeks of job protected time if you meet the minimum number of credited hours (504) in the last 12 months and your condition is a qualifying medical condition. If you meet the eligibility guidelines under the Family Medical Act, FMLA will run concurrently with your medical leave of absence, Short Term Disability leave, Occupational Injury, or Intermittent Leave of Absence.

Should you need a FMLA or a medical leave of absence, your treating Physician will need to complete a Health Care Provider Form (HCPF) or the following information from your treating physician's doctor stationery.

- Name of employee (not added by employee)
- Actual date(s) seen by the medical provider(s)
- Medical explanation of why your continued absence is necessary
- Any physical or mental limitations that prevent you from performing the essential functions of the flight attendant position
- Length of time you will need to remain off of work, including the estimated time of your entire absence
- Treatment plan (detail information regarding continuing regimen of treatment)
- Prognosis for recovery
- Name, address, and telephone number of medical provider
- Signature of medical provider

HCPF forms may be obtained in the Crew Service Center, on Wings at <http://wings.usairways.com/uswings/workgroups/inflight/departments/administrationservices> or by request through InFlight Services Administration at (480) 693-3239, as well as your InFlight Supervisor.

Ensure that you have signed and dated the Health Care Provider in the appropriate section.

Return the HCPF along with the Supplemental Sick Payout Request Form, if applicable (both forms must be sent together) to InFlight Services Administration within 15 days of your first day of incapacity.



- Once the HCPF is received by InFlight Services Administration you will be assigned an Administrative Supervisor and a Medical Coordinator who will be responsible for the processing and management of your Medical Leave of Absence. As additional medical documentation may be necessary in order to approve your request, you are responsible for covering the operation by calling in sick until such time your leave of absence has been approved and you see your line has been adjusted to reflect a medical leave of absence. No shows will not be reversed for failure to follow the previous instructions.

Medical Updates

Your line will be coded appropriately for the timeframe indicated on the HCPF or medical information provided by your treating physician. If InFlight Services Administration does not receive an update either extending your leave of absence or returning you to work by the date indicated on the medical documentation, a UL (Unauthorized Leave) code will be on your line until such time that additional documentation is provided to cover your absence. Unauthorized leaves may result in disciplinary action, up to including termination.

Short Term Disability – Administered by Prudential

If you want to apply for Short Term Disability Benefits, call Prudential at (800) 842-1718, once you have submitted the HCPF to InFlight Services Administration. Be prepared to provide the following information:

- Nature of medical condition
- Physicians name, address, phone, and fax numbers
- Job description (make sure your physician is aware of the physical requirements of your job and the inability to modify your work schedule to accommodate physical limitations)
- Supervisor's name, phone, and fax number (480) 693-3201
- Your home address
- Prudential Control Number: **46566**

Prudential will send you a certification letter with your approved length of disability. You should receive your first check within 10-12 days and each week thereafter. You must call Prudential every 30 days throughout your leave to update them on the status of your medical condition. Failure to do so may result in disruption of paid benefits.

While on paid FMLA, all health insurance premiums will continue to be payroll deducted. While on STD or on an unpaid medical leave of absence, you are responsible for reimbursing the company for your share of the premiums.

While on FMLA and STD you and your dependents may travel space-available on US Airways but not on other carriers including US Airways Express. However, leaves of absence greater than 180 days will result in the suspension of the employee's pass travel privileges (such as when STD rolls to LTD). You may apply for emergency travel by contacting your InFlight Supervisor. Dependent and parent travel privileges are not affected by your leave.



U-S AIRWAYS

Company ID Badge and Parking Pass

Once you are on an unpaid leave of absence for more than 90 consecutive days you will be required to surrender your Company ID badge. Once your leave extends past 90 days you will receive a letter outlining the process for you to return your badge to InFlight Services Administration. Please note that Short Term Disability (STD) and Long Term Disability (LTD) are considered an unpaid leave since benefits are not paid directly by the company.

Your parking pass will be deactivated if you are on a leave of absence for more than 90 consecutive days.

Return to Work

When you are released to return to work, your treating physician will need to provide documentation stating that you are able to perform the essential physical functions of the Flight Attendant position. You may fax this information to InFlight Services Administration at (480) 693-3201. Your release must be received in our office prior to 0900am on the 16th of the month in order for you to be eligible to bid for the next month's schedule. The release must make you available for at least half of the bid month.

In addition, you must contact Bid Administration at (480) 693-1916 within 24 hours of your release to confirm your work schedule.

All of us at InFlight Services Administration wish you the best in your recovery.



Essential Physical Functions Information (check applicable box)

Inflight CSR

- Repetitive Squat (20 Repts)
- Sustained Crouch (1 minute)
- Push/Pull/Move:
16' up/down ramp 200 lb – beverage cart
Pull-up end 200 lb – beverage cart
- Carry/Move:
25' front 35 lb – 2x
25' one-hand 35 lb – 2x
- Lift/Move:
Floor to 33" – 35 lb – 2x
33" to 65" – 35 lb – 5x
- DOT Standards
Vision each eye 20/40
Color and peripheral
Audio
40dB @ 500, 1000, 2000 Hz

Ramp

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Push/Pull/Move:
Luggage cart/partially loaded 600 lb
- Carry:
25' front – 70 lb / 50 lb x 5 min
25' one-hand – 70 lb / 50 lb x 5 min
- Lifting/Move:
Floor to 33" – 70 lb (belt loader) / 50 lb x 5 min
Floor to 40" – 50 lb (bin) / 35 lb x 5 min
33" to 54" – 50 lb (top bag cart) / 35 lb x 5 min
- DOT Standards
Vision (Snellen) each eye 20/40
Audio
40dB @ 500, 1000, 2000 Hz

AWA Mail Clerk & CSR Mail Clerk

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Kneeling (2 min)
- Push/Slide/Move:
51 lb box copy paper 10' across floor
- Push 300 lb loaded mail cart
- Carry/Move:
50 lb 5'
- Lift/Move:
Box copy paper
51 lb 5x (in 1 min)
70 lb Floor to 33"
- DOT Standards
Vision (Snellen) each eye 20/40
Audio
40dB @ 500, 1000, 2000 Hz

Quality Control

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Kneeling (2 min)
- Carry/Move:
25' front – 40 lb
25' one hand – 40 lb
- Lift/Move:
Floor to 33" – 40 lb
33" to 54" – 25 lb
- DOT Standards
- Vision (Snellen) each eye 20/40
Audio
40dB @ 500, 1000, 2000 Hz

Field Station CSR

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Push/Pull/Move:
Luggage cart/partially loaded 600 lb
- Static Pull 100 lb
- Carry/Move:
25' front 70 lb
25' one-hand 70 lb
- Lift/Move:
Floor to 33" – (belt loader) 70 lb
Floor to 40" (bin) 50 lb
33" to 54" (top bag cart) 50 lb
- DOT Standards
Vision (Snellen) each eye 20/40
Audio
40dB @ 500, 1000, 2000 Hz

Ticket/Gate CSR

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Push/Pull/Move:
Passenger in wheelchair
(Jetway incline) 200 lb
- Carry/Move:
25' front – 75 lb
25' one-hand – 70 lb
- Lifting/Move:
Floor to 18" – 70 lb
18" to 33" – 100 lb
- DOT Standards
Vision each eye 20/40
Color and peripheral
Audio

Maintenance

- Repetitive Squat (20 reps)
- Sustained Crouch (1 minute)
- Kneeling (2 min)
- Push/Pull/Move:
Pull (static) – 50 lb
- Carry/Move:
25' front – 50 lb
25' one-hand – 50 lb
- Lift/Move:
Floor to 33" – 50 lb
33" to 54" – 25 lb
- DOT Standards
Vision (Snellen) each eye 20/40
Audio
40dB @ 500, 1000, 2000 Hz
- Manual Dexterity
Hand/Fingers



This form must accompany your Health Care Provider Form to be eligible for sick bank pay out!



**SUPPLEMENTAL PAY REQUEST FORM
(FMLA/Short Term Disability/OJI)**

There is a statutory 5 day waiting period before Short Term Disability Benefits begin. Trips or Reserve periods missed during the 5 day waiting period are automatically paid from the flight attendant's sick bank, provided you have sufficient hours available. A flight attendant may choose to utilize their Short Term Disability Benefits or sick bank while on medical leave; however, they may not use both at the same time (AWA/AFA CBA SECTION 14-C-5).

This form must be submitted prior to or at the time you are submitting your **Health Care Provider Form** for the following reasons:

- 1) Electing to use your sick bank while on a Medical Leave of Absence (5 or more days) for yourself.
- 2) Intermittent FMLA as a Caregiver
- 3) Block FMLA as a Caregiver

PLEASE CHECK OFF ONE OF THE FOLLOWING:

I AM REQUESTING TO HAVE THE FOLLOWING TRIPS OR RESERVE DAYS PAID FROM MY SICK BANK PRIOR TO BEGINNING MY SHORT TERM LEAVE:

Pairing/RV _____ Date _____ Pairing/RV _____ Date _____

Pairing/RV _____ Date _____ Pairing/RV _____ Date _____

I AM REQUESTING TO DROP AS MANY TRIPS/RESERVE DAYS AS NECESSARY TO EXHAUST MY SICK BANK.

I AM REQUESTING TO BE PAID FROM MY SICK BANK FOR INTERMITTENT FMLA AS A CAREGIVER:

Please recode the following days (caregiver only): _____, _____, _____

- Keep in mind when using your sick bank, your monthly guarantee will not be adjusted over and above 75 hours.
- Please ensure this form accompanies your Health Care Provider form. Missing/Late forms will not be accepted.
- Reserves are not compensated for personal trades picked up on GD's or DO's.
- For questions regarding Supplemental Payout, contact InFlight Administration at 480-693-3239.

Name: _____ C# _____

Signature _____ Today's Date _____

Fax to InFlight Administration @ (480) 693-3201



Benefits Information, Enrollment, and Qualifying Events

www.eBenefitsUS.com

Call Center Helpline (888) 860-6178 Fax: (888) 860-6174

Administrator & Provider Contact List

MEDICAL PLANS	NUMBER	WEBSITE
United Health Care (UHC) UHC Nurse Line- 24/7/365 UHC Healthy Pregnancy Program- 24/7 International Network and Claims- BUPA (UHC Plans)	(800) 520-0811 (800) 848-4954 (800) 411-7984 +44 (0) 1273 718425	www.myuhc.com
Blue Cross Blue Shield of North Carolina (East only) BCBS Nurse Line- 24/7/365 BCBS Member Health Partnership International Network and Claims (BCBS Plans only) Davis Vision (Included with BCBS coverage)	(888) 722-7441 (877) 477-2424 (800) 218-5295 (800) 810-BLUE (888) 763-8123	www.bcbsnc.com
Aetna HMO (El Paso) - WEST	(800) 323-9930	www.aetna.com
Health Partners HMO (Minnesota) – WEST	(800) 883-2177	www.healthpartners.com
Health Plan of Nevada HMO (Las Vegas) – West	(800) 777-1840	www.sierrahealth.com
EAP & BEHAVIORAL HEALTH		
United Behavioral Health – within USA, Canada, & Puerto Rico International EAP from within UK All other countries except USA (dial int'l access code for country calling from first)	(800) 363-7190 0800 731 0934 +44 1865 397 221	www.liveandworkwell.com Access Code: US Airways
PRESCRIPTION DRUG BENEFITS		
Caremark	(866) 760-4276	www.caremark.com
VISION		
Superior Vision	(800) 507-3800	www.superiorvision.com
DENTAL		
MetLife Dental	(800) 942-0854	www.metlife.com/dental
DISABILITY		
Prudential – WEST contract employee groups (Short Term) Prudential – EAST/WEST non-contract groups (Short Term) Prudential – EAST Flight Attendants and Pilots (Long Term)	(800) 842-1718	www.prudential.com
TAX FREE SPENDING (FSA)		
Conexis – Health Care and Dependant Accounts	(866) 279-8385 Fax: (888) 266-3312	www.conexis.com
COBRA		
Conexis	(877) 722-2667	www.conexis.com
INSURANCE PAYMENTS FOR FMLA, MLOA, PLOA, FURLOUGHS, RETIREES, AND SURVIVORS		
Conexis Billing and Payment	(877) 722-2667	www.conexis.com
401K ACCOUNTS		
Fidelity – EAST and WEST 401K US Airways Retirement Department (CHQ)	(800) 354-3412	www.usairways401ksavingsplans.com retirement.benefits@usairways.com
VOLUNTARY BENEFITS		
MetLife Auto/Home Insurance MetLife Hyatt Comprehensive Legal Services Plan Attorney Locator & other info United Pet Care – WEST AZ Local	(800) 438-6388 (800) 821-6400 (800) 438-6388 (877) 872-8800 (602) 266-5303	www.metpay.com www.metlife.com www.legalplans.com www.unitedpetcare.com/group
COMPANY WEBSITES/SERVICES		
Wings		http://wings.usairways.com
Employee Benefits Department (CHQ)	(800) 285-4292 (888) 259-5968	Employee.benefits@usairways.com
Employee Travel Services Department (CHQ)	(480) 693-8717 Fax: (480) 693-8850	Employee.travel@usairways.com

Sections 3 through 7 MUST be completed by the Health Care Provider if this application is to be considered complete.

SECTION 3B – EMPLOYEE SERIOUS HEALTH CONDITION DETAILS (EMPLOYEE ONLY)
SEE SECTION 4 FOR CAREGIVER

NOTE: A SEPARATE FORM MUST BE USED FOR EACH SERIOUS HEALTH CONDITION.

Describe the relevant medical facts that support the Serious Health Condition Type selected in Section 3 that are related to the condition for which the employee seeks leave (such medical facts may include symptoms and diagnosis).

NOTE: This section is optional for California employees. Do not disclose the underlying diagnosis on this form without the consent of the patient.

Most Recent Date you treated the Patient for this Specific Condition

Probable Duration of the Serious Health Condition

Probable Duration of Patient's Present Inability to Work

List Restrictions and Work Functions the employee is unable to perform when incapacitated. (A description of the essential job functions for the employee is available.)

How Does the Serious Health Condition Prevent the Patient from Working?

SECTION 4 – NON-EMPLOYEE SERIOUS HEALTH CONDITION DETAILS (NON-EMPLOYEE ONLY)

NOTE: A SEPARATE FORM MUST BE USED FOR EACH SERIOUS HEALTH CONDITION.

Describe the relevant medical facts that support the Serious Health Condition Type selected in Section 3A that are related to the condition for which the employee seeks leave (such medical facts may include symptoms and diagnosis).

Most Recent Date you treated the Patient for this Specific Condition

Probable Duration of the Serious Health Condition

Describe the care the employee needs to provide for your patient's basic medical needs and why it is medically necessary.

For care of a dependent child 18 or older with physical/mental impairment that substantially limits one or more major life activities, please list the activities of daily living the child is unable to perform.

Can the employee provide this care outside of their work hours? Yes No If No, please explain.
Details

Next Appointment Date

