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Dear Flight Attendants:

A company wide initiative to centralize and standardize the approval process for Family Medical Leaves (FML) and Medical Leaves of Absence (MLOA) began several years ago under the oversight of the Absence Management department- a division of Human Resources Operations. The corporate centralization of leave approvals was implemented to ensure company policies are consistently applied for all work groups in keeping with Federal and State employment laws and/or Collective Bargaining Agreements as appropriate.

Over the last few months, InFlight Services Administration has collaboratively worked with Absence Management to integrate this process to include the Flight Attendant workgroup.

As a result, effective March 14, 2012, the approval process for flight attendant leave requests will transition to the Absence Management group.

**Change Highlights**

- The US Airways Absence Management department will handle all leave of absence requests and inquiries regarding a leave of absence.
- The addition of the Ceridian Group, a leader in the absence management industry, will support US Airways by providing:
    - Advanced computer software technology.
    - Medical staffing resources for quick and efficient medical documentation reviews for leave determinations.
    - Oversight to ensure all requests/leave approvals are handled consistently in compliance with Federal and State leave laws, US Airways policies and collective bargaining agreements.
- InFlight Services Administration will continue to manage the administrative process of all approved leaves of absence.

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This packet has been designed to assist you in understanding the changes in the leave of absence process. A list of the commonly asked questions regarding the changes as well as information concerning FMLA, medical and contractual issues surrounding a leave of absence is also included:

Types of medical leaves of absence:

FMLA – This type of medical leave requires that a flight attendant work at least 504 credited hours for FMLA. 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 will be used for your medical condition or that of a qualified family member. A qualified 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.

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.

Maternity Leave – This leave allows a flight attendant to use 12 weeks of FMLA leave for the birth of a child, for prenatal care and incapacity related to pregnancy, and for her own serious health condition following the birth of a child. If a flight attendant does not quality for FMLA the flight attendant shall be granted a medical leave of absence as outlined in Section 14C of the collective bargaining agreement. In addition, after the birth of a child the flight attendant may request an unpaid Maternity leave of absence for up to 120 days.

**Applying for a FMLA/PCL/Medical Leave**

In order to apply for a FMLA/PCL/Medical leave of absence you must submit a Health Care Provider Form (HCPF) to Absence Management. This form must be completely filled out by your physician and submitted to Absence Management 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.

For questions regarding the new approval process please call Absence Management at 480-693-8344. Additional information can be found on the Wings website:

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

Please ensure that you review this 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

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## 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 for FMLA within the preceding 12 months. US Airways will look at the twelve 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 (HCPF) available via:

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

Have your doctor complete the appropriate forms and fax to Absence Management in Phoenix at 480-693-8750. The mailing address is:

US Airways Absence Management
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
Attention: Absence Management PHX-CHQ-DGT

All inquiries, including fax verifications, should be made to 480-693-8344 from 0730 – 1600 PHX time.

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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. 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 Absence Management receives your leave request they will verify your eligibility and send you the appropriate leave packet. The packet will include the FMLA Health Care Provider Form (HCPF) or the Medical Leave of Absence (MLOA) Request Form. Your treating Health Care Provider must fill out the form completely and sign it and the form must also be signed by you. Please return the appropriate form to the address provided by the due date on your eligibility notice. Your leave decision will be communicated to you via email or address of record by Cerdian.

Q: **May I track that status of my leave online?**

A: Yes. You may check the status of your leave by logging in to:

https://www.managemyleave.com

Employee login:

- ID: usairways
- User ID: Badge #
- Password: Zip (5 digit) + Birth year (4 digit)+ Birth month (2 digit) (e.g. 85034196506)

Q: **May I use my sick bank for myself or 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 and must be submitted at the beginning of your leave to InFlight Services Administration via fax at 480-693-3201 or via email at inflightadmin@usairways.com.

**Q: Do I always submit the Supplemental Pay Form when requesting a leave for myself?**

A: No, this form only needs to be submitted if you're asking to be paid from your sick bank beyond the 5-day waiting period for short term disability. You may find the form on the InFlight Services Administration website and must be submitted at the beginning of your leave to InFlight Services Administration via fax at 480-693-3201 or via email at inflightadmin@usairways.com.

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Q: **Will a flight attendant lose longevity while on FMLA, MLOA or Maternity?**

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. Specifics on longevity may be found in section 14-16 of the collective bargaining agreement.

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 with the code XM.

Q: **I have submitted the HCPF; 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 recode your line within 72 hours. However, you are required to call in sick for any trips or reserve workdays that remain on your line. Once your leave has been approved your line will be 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 are eligible to 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 at 480-693-3239 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 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 (in accordance with the jump seat policy) as long as your jump seat card is in your possession. 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: **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 of 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: **How do I extend my FMLA/medical leave?**

A: Extensions occur frequently due to a variety of reasons. A good rule of thumb is to update your paperwork every time you go to the doctor and ensure it gets faxed to Ceridian at 1-877-351-7482. Failing to update your paperwork may affect your benefits and pay so please ensure that you keep your paperwork updated. If you have questions, please call 480-693-8344.

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Q: **Is there a time limit to how far back you will recode FMLA leave requests?**

A: Yes, 15 days

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

A: Flight Attendants who qualify for 504 credited hours for FMLA and obtain the approved paperwork may use intermittent FMLA in daily increments.

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 periodically. Typically, FMLA block leave is designated for a qualifying condition that requires an individual to be off work for 6 or more consecutive days.

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

A: Please contact 1-800-327-0117 and follow the prompts or call direct to 480-693-3299. You many also email the Intermittent Center at inflightadmin@usairways.com.

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: **What happens to my benefits while I am on an unpaid FMLA/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 does a leave affect my travel benefits?**

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 dependents will continue to receive travel benefits.

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

A: Your 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 480-693-8344. This hotline is answered by a live person Monday-Friday 0730 -1600 PHX Time.

Important Phone Numbers

| | |
|---|---|
| Absence Management fax | 480-693-8750 |
| Intermittent Recodes | 480-693-3299 or 800-327-0117 (follow prompts) |
| FMLA/MLOA Questions | 480-693-8344 or 800-327-0117 (follow prompts) |
| All other leave questions | 480-693-3239 or 800-327-0117 (follow prompts) |

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Q: **How do I know when to call Absence Management or InFlight Services Administration?**

A: Any questions regarding a leave request or a leave approval would be directed to Absence Management at 480-693-8344. Any questions surrounding the administrative process of your leave (e.g. leave contract questions, recoding your line, bidding questions regarding your leave, training, etc.) you would contact InFlight Services Administration at 480-693-3239.

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# Leave of Absence Checklist
# InFlight Services

## SECTION 1- OVERVIEW

*The following is a comprehensive checklist that will step you through the leave of absence process.*

## SECTION 2 – APPLYING FOR A MEDICAL LEAVE OF ABSENCE (FMLA/PCL/MLOA)

**The Family Medical Leave Act of 1993 (FMLA)** entitles you to 12 weeks of job protected time if you meet the minimum number of hours worked (504 credited hrs. for FMLA and 450 credited hrs. for PCL) 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, Occupational Injury, or Intermittent Leave of Absence.

**Applying for a FMLA/PCL/Medical Leave**

☐ Applying for a FMLA/PCL/Medical Leave

In order to apply for a FMLA/PCL/Medical leave of absence you must submit a Health Care Provider Form (HCPF) to Absence Management. This form must be completely filled out by your physician and submitted to Absence Management as soon as possible. Incomplete or illegible forms may delay the approval process.

Leave Approval:

☐ The leave approval process may take up to 72 hours. Once you apply for a FMLA/PCL/medical leave, a letter is sent to your email or mailing address on file outlining your leave. This letter will advise you of the status of your leave whether you are approved or denied, or if the paperwork was insufficient. Please ensure you review the entire packet and respond to any requests. Missing or incomplete paperwork will delay your request. If you provide an email address, correspondence will be sent electronically.

Once a leave is approved through the centralized corporate process, day-to day oversight of administrative requirements will continue to be the responsibility of InFlight Services Administration per current practices.

☐ Your line will be coded appropriately for the timeframe indicated on the HCPF provided by your treating physician. If Absence Management/Ceridian does not receive an update either extending your leave of absence or returning you to work by the date indicated on the medical documentation your leave then becomes unauthorized and may subject you to disciplinary action

☐ Please remember you are responsible for your line until your leave has been approved and it is reflected on your line. Please ensure that you call in sick for any trips or reserve workdays that remain on your line. Once your leave has been approved your line will be recoded to reflect your leave of absence.

## SECTION 3 – SHORT TERM AND LONG TERM DISABILITY-PHX BASED FLIGHT ATTENDANTS ONLY

**PHX based Flight Attendants:**

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 there are sufficient hours available.

☐ If a flight attendant elects to use sick bank beyond the five day waiting period they must complete the online Supplemental Pay Form (available on Wings) at the commencement of the leave of absence or fax to InFlight Services Administration at 480-693-3201. Please do not submit this form to Absence Management.

☐ 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 (AFA CBA SECTION C1.D).

☐ If you want to apply for Short Term Disability Benefits, call Prudential at (800) 842-1718, once you have submitted the HCPF to Absence Management. 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.

## SECTION 5 –LONG TERM DISABILITY- PHL-CLT & DCA BASED FLIGHT ATTENDANTS ONLY

**PHL-CLT and DCA based Flight Attendants:**

☐ If you have met the 120 day waiting period and choose to apply for Long Term Disability Benefits, you must fill out the form supplied to you in the initial packet sent to you when your leave began or go to the following link:

http://wings.usairways.com/uswings/workgroups/inflight/departments/administrationservices/FinalPrudentialLTDPacket101008.pdf

☐ 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.

## SECTION 6 – BENEFITS AFFECTED

☐ While on a paid leave of absence, all health insurance premiums will continue to be payroll deducted. Once your leave becomes unpaid you will begin to receive billing statements from Conexis for Health, Dental, and Vision benefits; all other payroll deductions will be your responsibility.

**Travel**

☐ If you are on a paid leave of absence, your travel privileges remain the same way they would if you were currently on active status. Once your leave of absence becomes unpaid, your travel privileges will be continued for 90 days. For more details regarding travel while on a leave of absence, visit the "Travel" link on Wings.

**Sick leave and/or Intermittent FMLA**

☐ Regardless of whether the leave is paid, travel is not permitted while an employee is on sick leave for five days or fewer or intermittent FMLA (unless approved per conditions of the approved intermittent FMLA leave).

**Medical Leave of Absence**

☐ Travel privileges for employees and their eligible dependents (spouse, domestic partner or registered guest, children, parents and guest pass travelers) continue on US Airways mainline and express while the employee is classified on an approved paid medical leave of absence (including paid FMLA leave) provided that the leave is for at least six consecutive work days. These employees continue to travel at SA3P while on a paid leave of absence.

☐ Travel privileges also continue on US Airways mainline and express for employees and their eligible dependents for the first 90 calendar days after the employee exhausts his or her paid sick leave balance and/or vacation and is placed on an approved unpaid medical leave of absence or unpaid leave of absence for FMLA. For the purpose of this policy, employees collecting STD/LTD benefits are considered to be on an unpaid leave of absence. Employees travel at SA4P while on an unpaid leave of absence. Such travel must be consistent with the employee's medical condition and limitations and must not impede recovery.

## SECTION 7 – COMPANY ID 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.

## SECTION 8 – 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 Ceridian 1-(877)-351-7482. When you are returned to active status by your treating physician, your InFlight Services Administration Supervisor will contact you regarding any training, fingerprinting/drug testing, and scheduling issues if necessary.

**Certification of Health Care Provider for**
**Employee's Own Serious Health Condition**

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**Submit completed form**
**Online:** at the Absence Management web site (pdf files only);
For login instructions, please refer to the Human Resources/Absence Management page on Wings.

**By mail or fax:**
US Airways
Absence Management
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
(Fax) 480-693-8750

**NOTICE:**
This form supports an employee's request for leave from work which may be covered under the Family Medical Leave Act or other applicable leaves. The Family Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of the need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. This form collects no more information than is allowed under FMLA regulations, 29 C.F.R §§ 825.306-825.308. The employer (or their representative) must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential records in separate files/records from usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act Applies.

## SECTION I: FOR COMPLETION BY EMPLOYEE

**INSTRUCTIONS:** FMLA, or other applicable leave, permits the employer to require that you submit a timely, complete and sufficient medical certification to support the leave. If requested by your employer, your response is required to obtain the benefit of FMLA protections, 29 U.S.C. §§ 2613, 2614(c)(3) or of leave under other applicable policies. Failure to provide a complete and sufficient medical certification may result in a denial of your request for FMLA, 20 C.F.R § 825.313 or other applicable leave. Under FMLA, the employer must allow the employee at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b)

**Employee Contact Information**

Employee Name: _____

Phone: (home)_____ (work)_____

Email: (home)_____ (work)_____

**Essential Job Functions**
An understanding of your job functions provides your health care provider with information to evaluate your need for leave. **Consult with the employer contact listed below**, to determine if your employer's practice is to either list your essential job functions in the space provided, or to provide you with a formal written job description for you to provide to your health care provider with this certification form.

Employer Contact: your Human Resources Manager at US Airways

**Employee's essential job functions:**_____

_____

**Check if job description is attached**_____ ___





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**Certification of Health Care Provider for**
**Employee's Own Serious Health Condition**

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**SECTION II: FOR COMPLETION BY HEALTH CARE PROVIDER**

**INSTRUCTIONS:** Your patient has requested leave from work under FMLA, or other applicable leave. Answer fully and completely all applicable parts. Several questions seek a response as to the frequency or duration of the condition, treatment, etc. Your answer should be your best estimate based on your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime""unknown", or "indeterminate" may not be sufficient to determine coverage under FMLA or other applicable policies. Limit your responses to the condition for which the employee is seeking leave. **Be sure to sign the form on the last page.**

**Do not provide any genetic information**. The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you do not provide any genetic information when responding to this request for medical information. 'Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Provider Name: _____

Business Address: _____

Practice Type/Medical Specialty: _____

Telephone: (_____)_____ Fax:(_____)_____

**PART A: MEDICAL FACTS**

**1.** Approximate **date condition commenced**: _____

Probable **duration** of condition: _____

Was or will the patient be admitted for an **overnight stay** in hospital, hospice, or residential medical care facility?

___No ___Yes If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes

Was medication, other than over the counter medication, prescribed? ___No ___Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? ___No ___Yes

If yes, state the nature of such treatments and expected duration of treatment: _____

_____

**2.** Is the medical condition **pregnancy**? ___No ___Yes If yes, expected delivery date: _____



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**Certification of Health Care Provider for**
**Employee's Own Serious Health Condition**

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**3. To answer this question,** use a **written job description** provided to you by the employee **or the essential job functions in Section I** of this document. If neither is provided, answer based on the patient's description of his/her job functions.

Is the patient **unable to perform** any of his/her job functions due to the condition: ___No ___Yes

If yes, list the job functions the patient is unable to perform: _____

_____

**4.** Describe other relevant **medical facts**, if any, related to the condition for which the patient seeks leave from work. Such medical facts may include symptoms, or any regimen of continuing treatment such as the use of specialized equipment, and may also, with the patient's permission, include diagnosis: _____

_____

**PART B: AMOUNT OF LEAVE NEEDED**

**5.** Will the patient be **incapacitated for a single continuous period** of time due to his/her medical condition, including any time for treatment or recovery? ___No ___Yes If yes, estimate the beginning and ending dates of incapacity.

Estimated Dates of Incapacity: from_____ to _____

**6.** Will the patient need to attend **follow-up treatment appointments** due to the medical condition? ___No ___Yes

If yes, are the treatments medically necessary? ___No ___Yes

Estimate the treatment schedule. List the dates of scheduled appointments and the time required for each including any time required to recover from the treatment:

_____

_____

List the date by which you expect the treatments to end: _____

Will the patient need to work part time or on a **reduced schedule** due to the medical condition? ___No ___Yes

If yes, is the part time or reduced schedule work medically necessary? ___No ___Yes

Estimate the part-time or reduced work schedule the patient needs, if any:

_____hours(s) per day; _____days per week from _____ through _____

**7.** Will the condition cause **periodic episodic flare-ups** that will prevent the patient from performing his/her essential job functions at work? ___No ___Yes

If yes, continue, else proceed to next section.

Is it medically necessary for the patient to be absent from work during the flare-ups? ___No ___Yes

If yes, please explain: _____

_____



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**Certification of Health Care Provider for**
**Employee's Own Serious Health Condition**

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Based on the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months, lasting 1-2 days):

Frequency: _____ episode every _____ week(s) or _____month(s)

Lasting: _____ hour(s) or _____ day(s) per episode

**PART C: ADDITIONAL INFORMATION**

INSTRUCTION: This space for health care provider to provide additional information if relevant. Identify the question number with any additional information.

_____

_____

_____

_____

_____

_____

_____

_____ _____

**Signature of Health Care Provider** **Date**





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# INFLIGHT USE ONLY

**Certification of Health Care Provider for Family Member's Health Condition**

Employer: US Airways

**Submit completed form**
**Online:** Login to the Absence Management web site.
NOTE: To determine if your employer's program supports online access, refer to the US Airways Leave Procedures document that has been provided to you.

**By mail or fax:**
US Airways
Absence Management
4000 E. Sky Harbor Blvd.
Phoenix, AZ 85034
(Fax) 480-693-8750

**NOTICE:**
This form supports an employee's request for leave from work which may be covered under the Family Medical Leave Act or other applicable leaves. The Family Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of the need to for leave to care for a family member with a serious health condition to submit a medical certification issued by health care provider of the covered family member. This form collects no more information than is allowed under Family Medical Leave Act (FMLA) regulations, 29 C.F.R §§ 825.306-825.308. The employer (or their representative) must generally maintain records and documents relating to medical certifications, recertifications or medical histories of employees created for FMLA purposes as confidential records in separate files/records from usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act Applies.

**SECTION I: For Completion by EMPLOYEE**
**INSTRUCTIONS:** Complete this Section I before giving this form to your family member or to his/her health care provider. Answer all questions fully and completely. The FMLA, or other applicable leave, permit the employer to require that the employee submit a timely, complete and sufficient medical certification to support the leave. The employee's response (submission of the completed certification) is required to obtain the benefit of leave under the applicable policies. If the employee does not provide a completed certification, he/she may be denied protection under FMLA and/or other policies that apply to the leave request. Under FMLA, the employer must allow the employee at least 15 calendar days to return this form. 29 C.F.R. § 825.305.

Employee Name: _____

Phone: (home)_____ (work)_____

Email: (home)_____ (work)_____

Employer Name: US Airways

Family Member Name (for whom you will provide care): _____
First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate amount of leave from work needed for care:

_____

_____

_____

**X**_____ _____
**Employee Signature** **Date**

Employee Name (please print):_____


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FAX TO: 480-693-8750

# INFLIGHT USE ONLY

**Certification of Health Care Provider for**
**Family Member's Health Condition**

Employer: US Airways

**SECTION II: For Completion by HEALTH CARE PROVIDER**

**INSTRUCTIONS:** The employee listed above has requested leave from work to care for your patient (the family member listed above). Answer fully and completely all applicable parts below. Several questions seek a response as to the frequency or duration of the condition, treatment, etc.Your answer should be your best estimate based on your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime", "unknown", or "indeterminate" may not be sufficient to determine coverage under FMLA or other applicable policies. Limit your responses to the condition for which the employee is seeking leave. **Please be sure to sign the form on the last page.**

**Do not provide any genetic information.** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we ask that you DO NOT PROVIDE any genetic information when responding to this request for medical information. 'Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Provider Name _____

Business Address: _____

_____

Practice Type/Medical Specialty: _____

Telephone: (_____) _____ Fax :(_____) _____

**PART A: MEDICAL FACTS**

**1.** Approximate **date condition commenced**: _____

Probable **duration** of condition: _____

Was or will the patient be admitted for an **overnight stay** in hospital, hospice, or residential medical care facility?

___No ___Yes If yes, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? ___No ___Yes

Was medication, other than over the counter medication, prescribed? ___No ___Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? ___No ___Yes

If yes, state the nature of such treatments and expected duration of treatment: _____

_____

**2.** Is the medical condition **pregnancy**? ___No ___Yes if yes, expected delivery date: _____

**3.** Describe other relevant **medical facts**, if any, related to the condition for which the employee seeks leave. Such medical facts may include symptoms, or any regimen of continuing treatment such as the use of specialized equipment, and may also, with the patient's permission, include diagnosis:

_____

_____

_____

**PART B: AMOUNT OF LEAVE NEEDED**


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FAX TO: 480-693-8750

**Certification of Health Care Provider for**
**Family Member's Health Condition**

Employer: US Airways

**4.** Will the patient be **incapacitated for a single continuous period** of time due to his/her medical condition, including any time for treatment or recovery? ___No ___Yes If yes, estimate the beginning and ending dates of incapacity.

Estimated Dates of Incapacity: from_____ to _____

During this time will the patient need care? ___No ___Yes

Explain the care needed by the patient and why such care is medically necessary: _____

_____

_____

_____

_____

_____

**5.** Will the patient need to attend **follow-up treatment appointments** due to the medical condition? ___No ___Yes

If yes, are the treatments medically necessary? ___No ___Yes

Estimate the treatment schedule, if any:

List the dates of scheduled appointments and the time required for each including any time required to recover from the treatment: _____

_____

Explain the care needed by the patient for the follow-up treatments and why such care is medically necessary:

_____

_____

_____

_____

_____

**6.** Will the patient require care on an **intermittent or part time** basis due to the medical condition? ___No ___Yes

If yes, is the intermittent or part time care medically necessary? ___No ___Yes

Estimate the hours the patient needs care on an intermittent or part-time basis, if any:

_____hours(s) per day; _____days per week from _____ through _____

Explain the care needed by the patient and why such care is medically necessary: _____

_____

_____

_____

_____

_____

**7.** Will the condition cause **periodic episodic flare-ups** that will prevent the patient from participating in normal daily activities? ___No ___Yes


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**Certification of Health Care Provider for**
**Family Member's Health Condition**

Employer: US Airways

If yes, continue, else proceed to next section.

Does the patient need care during the flare-ups? ___No ___Yes

If yes, explain the care needed by the patient and why such care is medically necessary: _____

_____

_____

_____

_____

Based on the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months, lasting 1-2 days):

Frequency: _____ episode every _____ week(s) or _____month(s)

Lasting: _____ hour(s) or _____ day(s) per episode

**PART C: ADDITIONAL INFORMATION**

INSTRUCTION: This space for health care provider to provide additional information if relevant. Identify the question number with any additional information.

_____

_____

_____

_____

_____

_____

**X** _____ _____

**Signature of Health Care Provider** **Date**


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U·S AIRWAYS

# Job Description Summary
# InFlight Services

## Job Description Overview:

*The following is a summary of the essential functions of the flight attendant position. Attached to this document is a comprehensive four page document that provides specific requirements that all US Airways flight attendants must be able to perform while on duty.*

## SECTION 1 - General Description

The primary function of US Airways' flight attendants is to ensure the comfort and safety of our passengers while aboard Company aircraft. Flight attendants work in a fast paced environment; they must be able to handle emergency situations and must be able to deal effectively with all types of personalities.

Flight attendants are required to stand for up to four to fourteen hours, during which time stooping, twisting, and pulling and pushing cabin equipment may be necessary.

## SECTION 2 – Job Duties

- Have sufficient visual and aural capacity to communicate, comprehend and implement written and verbal instructions
- Assists passengers with locating seats, stowing carry-on luggage in overhead compartments or underneath cabin seats (average weight of most baggage is 18-35 pounds)
- Secures and unsecures main cabin doors, requires power grasping (counter-balanced doors weigh between 91 and 126 pounds)
- Re-stocks beverage carts as necessary by lifting beverage or liquor kits weighing between 12 and 18 pounds from floor level to waist high, or from shoulder level to waist high
- Pushes and pulls beverage carts, which may require 40-45 pounds of push/pull force to maneuver

## SECTION 3 – Emergency Job Duties

During an emergency situation, it is possible that a US Airways' flight attendant would have to perform the following duties:

- Assist ill or incapacitated passengers and fellow crew members
- Evacuate the aircraft in heavy, dense smoke during a cabin fire
- Handle and operate oxygen bottles and fire extinguishers
- Remove and lift emergency cabin windows (weighing up to 58 pounds)
- Jump down the emergency slide from height of approximately 24.5 feet

## SECTION 4 – Agility

- Activities of Movement
  - Walking
  - Climbing
- Stationary Position
  - Standing (up to 14 hours)
  - Sitting
  - Stooping/bending
  - Kneeling
  - Crouching
  - Squatting
- Activities of Strength
  - Pushing/pulling
  - Lifting
  - Carrying
- Differential Bodily Movements (Head & Body)
  - Balancing
  - Stretching
  - Twisting
- Differential Bodily Movements ( Arms, Hands, Wrists)
  - Reaching
  - Handling/Grasping
  - Pinching
  - Power and Regular Grasp
  - Feeling/Finger/Dexterity
- Differential Bodily Movements (Legs and Feet)
  - Bracing
  - Pressing

U·S AIRWAYS

# Flight Attendant Job Description
# InFlight Services

## SECTION 1- OVERVIEW

*The following is comprehensive description of the essential functions of the flight attendant position. This job description is not an exhaustive list of all responsibilities, skills, duties, requirements, efforts, or working conditions associated with the flight attendant job. While it is intended to be an accurate reflection of the current job, management reserves the right to revise the job or require that other tasks be performed when circumstances change or emergencies arise.*

## SECTION 2 – GENERAL DESCRIPTION

US Airways, Inc. ("US Airways") is a commercial airline providing passenger and cargo transportation throughout North America, Central America, South America, the Caribbean, Europe and the Middle East.

The primary function of US Airways' flight attendants is to ensure the safety of our passengers while aboard Company aircraft. In addition, flight attendants provide our passengers with beverage and meal service in the aircraft cabin during flight. Flight attendants work in a fast paced environment; they must be able to handle emergency situations and must be able to deal effectively with all types of personalities. US Airways reserves the right to modify or eliminate duties or requirements of the position consistent with business necessity, collective bargaining agreements and in accordance with applicable law.

Flight Attendants work in an environment subject to varying climatic conditions, variable positive and negative gravitational loads induced by turbulence, and varying levels of cabin pressurization. In addition, flight attendants are required to stand for up to four to fourteen hours, during which time stooping, twisting, and pulling and pushing cabin equipment may be necessary.

This job description covers flight attendant duties and responsibilities for all of the following aircraft currently operated by US Airways:

- Airbus A319/A320/A321
- Airbus A330-200/300
- Boeing 737-300/400
- Boeing 757-200
- Boeing 767-200
- Embraer E-190

## SECTION 3 – JOB DUTIES

- Greets and directs passengers to their assigned seats
- Have sufficient visual and aural capacity to communicate, comprehend and implement written and verbal instructions
- Help passengers by assisting and stowing carry-on luggage in overhead compartments or underneath cabin seats (average weight of most baggage is 18-35 pounds)
- Secures and unsecures main cabin doors, requires power grasping (counter-balanced doors weigh between 91 and 126 pounds)
- Demonstrates use of safety equipment (e.g., seat belts, oxygen masks, and life jackets) and emergency procedures prior to take-off
- Re-stocks beverage carts as necessary by lifting beverage or liquor kits weighing between 12 and 18 pounds from floor level to waist high, or from shoulder level to waist high
- Pushes and pulls beverage carts, which may require 40-45 pounds of push/pull force to maneuver
- Serves previously prepared meals on pre-set trays (each weighing about 2 pounds) and beverages to passengers and flight deck crew during flight
- Collects payment for various onboard products such as; alcoholic beverages, meals, duty free sales, etc.
- Administers first aid if necessary (not permitted to administer medications)
- Makes written report of emergency/safety incidents occurring during flight

## SECTION 4 – EMERGENCY DUTIES

During an emergency situation, it is possible that a US Airways' flight attendant would have to perform the following duties:

- Assist ill or incapacitated passengers and fellow crew members
- Evacuate the aircraft in heavy, dense smoke during a cabin fire
- Handle and operate oxygen bottles and fire extinguishers
- Remove and lift emergency cabin windows (weighing up to 58 pounds)
- Jump down the emergency slide from height of approximately 24.5 feet

All of the job duties, including the emergency duties, outlined above are essential functions of the flight attendant job.

## SECTION 5 – JOB QUALIFICATIONS

- High school diploma, or equivalent
- Customer Service experience
- Completion of a FAA-approved, five and one half week intensive training program provided by US Airways
- Satisfactory completion of annual FAA-approved re-certification provided by US Airways
- Ability to learn and maintain current knowledge of emergency procedures in accordance with US Airways' and FAA's Regulations

## SECTION 6 – FLIGHT ATTENDANT SCHEDULE

US Airways' flight attendants do not work a typical five day, forty hour workweek. Instead, they are generally scheduled to be on duty for one to six days, followed by two to four days off prior to beginning another duty period. During duty periods, flight attendants spend their time away from home and are provided with overnight accommodations. Most flight attendants work approximately 70 or more flight hours per month, which most closely equates to a standard, full time work schedule.

## SECTION 7 – MEDICATION

Federal Regulations prohibits a flight attendant from using any drug that affects his or her faculties in any way contrary to safety.

US Airways strictly prohibits the use by an employee of a controlled substance (e.g., prescription medication) that affects job performance or poses a hazard to the safety and welfare of the employee or others.

## SPECIFIC PHYSICAL REQUIREMENTS

*The following is a list of activities utilized by the Department of Labor to assist in describing the physical demands of a particular work setting when appropriate. Each listed physical activity will be noted according to the following categories:*

| | |
|---|---|
| Never | 0 |
| Rarely | Less than 1% of the day |
| Infrequently | Less than 5% of the day |
| Occasionally | 33% or less of the day |
| Frequently | 33% to 66% of the day |
| Constantly | More than 66% of the day |

## SECTION 8 – ACTIVITIES OF MOVEMENT

- **Walking:**
  - Constantly – (prior to take-off, during ascent, level flight, and descent, and prior to and following landing); sometimes during turbulence.
- **Climbing**
  - Infrequently – (some airports have no jet ways and utilize mobile stairs for aircraft access).
- **Crawling**
  - Never – (unless an emergency situation should demand it).
- **Driving**
  - Never – (as part of routine job duties).

## SECTION 9 – STATIONARY POSITIONS

- **Standing:**
  - Constantly – (occurs in conjunction with walking during in-flight duties; stationary standing is usually brief and intermittent. Flights typically last 30 minutes or more with the longest duration up to 13 hours).
- **Sitting:**
  - Infrequently – (only during take-off and landing, or during turbulent weather).
- **Stooping/Bending:**
  - Occasionally to Frequently – (when serving meals and beverages, and restocking the beverage carts).
- **Kneeling:**
  - Occasionally – (when stocking beverage carts and retrieving supplies from lower storage areas).
- **Crouching/Squatting:**
  - Occasionally to Frequently – (when removing items from storage in the galley, retrieving items from beverage carts, cleaning or picking-up items from the floor and opening cabinet doors).

## SECTION 10 – ACTIVITIES OF STRENGTH AND EXERTION

- **Pushing/Pulling:**
  - Occasionally to Frequently – (pushing and pulling beverage/meal carts weighing up to 250 pounds and requiring 40-45 pounds of push /pull force to maneuver. Also, while pushing against luggage if assisting passengers in stowing carry-on baggage and while opening/closing main aircraft doors).
- **Lifting:**
  - Above Shoulder – Occasionally (when retrieving supplies in the galley area, most weighing less than 5 pounds, or to assist passengers in stowing carry-on baggage in over-head bins. The overhead bins are tested to handle weight up to as much as 70 pounds. The average weight of most baggage is 18–35 pounds);
  - Shoulder Level – Frequently (when retrieving supplies in the galley area, such as trays of sodas weighing approximately 10 pounds);
  - Waist Level – Occasionally to Frequently – (when lifting beverage kits weighing 12-18 pounds and drawers of onboard product items weighing 5-8 pounds each and when lifting full trash bags weighing 10-15 pounds).
- **Carrying:**
  - Intermittently to Frequently – (when carrying refuse bags when picking-up trash).
- **Throwing:**
  - Never – unless an emergency situation necessitates such an action, such as throwing a safety cushion to an endangered passenger or throwing a window exit from the aircraft).

## SECTION 11 – DIFFERENTIAL BODILY MOVEMENTS – HEAD AND BODY

- **Balancing:**
  - Constantly – (when walking up and down the aisle, retrieving supplies in the galley area, maneuvering beverage and meal carts, and assisting in stowage of carry-on baggage).
- **Stretching:**
  - Infrequently to Frequently – (when closing overhead bins).
- **Twisting:**
  - Infrequently to Occasionally – (when stocking beverage carts, handling garment bags, or reaching below seats to secure stowed luggage).

## SECTION 12 – DIFFERENTIAL BODILY MOVEMENTS – ARMS, HANDS AND WRISTS

- **Reaching:**
  - Occasionally to Frequently – (when distributing food, beverages; reaching overhead may occur up to 56 inches numerous times ad up to 74 inches numerous times on the Airbus A330).
- **Rotating:**
  - Infrequently.
- **Handling/Grasping:**
  - Constantly – (when serving beverages and meals, checking or using emergency equipment, using handheld devices for duty free, food and alcoholic beverage payment processing , assisting with luggage, and when demonstrating safety procedures.
- **Pinching:**
  - Infrequently to Frequently – (when opening beverage cans, twisting caps off bottles, and when handling the microphone).
- **Power Grasp:**
  - Rarely to Occasionally – (when securing and unsecuring the main cabin doors which weigh between 91 and 126 pounds, but are counterbalanced; the emergency window weighs 55 pounds but is handled never to rarely).
- **Regular Grasp:**
  - Occasionally to Frequently – (when handling beverage containers, meal trays, snack packages, magazines and personal items).
- **Dexterity/Finger:**
  - Occasionally to Frequently – (Airbus Flight Attendant panel controlling the cabin lighting, air system, waste and water indicators).
- **Feeling:**
  - Occasionally to Frequently – (Airbus Flight Attendant panel controlling the cabin lighting, air system, waste and water indicators).
- **Pressing:**
  - Rarely – (when pressing against the main cabin doors to secure them or the emergency window during emergency procedures).

## SECTION 13 – DIFFERENTIAL BODILY MOVEMENTS – LEGS AND FEET

- **Bracing:**
  - Rarely to Occasionally – (during taxi for take-off or arrival, ascent or decent, turbulence, or when pressing against cabin doors during emergency procedures.)
- **Pressing:**
  - Rarely – (during emergency procedures).

U·S AIRWAYS

# SUPPLEMENTAL PAY REQUEST FORM
# (FMLA/Short Term Disability)

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 at the commencement of your leave to InFlight Services Administration for the following reasons:

1) Electing to use your sick bank while on a Medical Leave of Absence (more than 5 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**_____ **Paring/RV** _____ **Date**_____

**Pairing/RV**_____ **Date**_____ **Paring/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 Services Administration at 480-693-3239.

Name: _____ C# _____

Signature_____ Today's Date_____

**Fax to InFlight Services Administration @ (480) 693-3201**
**Do not submit to Absence Management**

# Important Benefits Information

## Benefit Payments:

- 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 866-747-0045, and your account, once established, can be viewed online at mybenefits.conexis.org

## Medicare and the Company Sponsored Medical Plan: Who Pays First?

If you are actively working beyond your 65th birthday, the company sponsored medical plans pay primary. If you are on a leave of absence or you are receiving disability benefits, please note the following important rules regarding coverage under Medicare:

- **Leave of Absence:** If you take a leave of absence and retain coverage under a company sponsored medical plan, the company sponsored medical plan will continue to pay primary for as long as you retain your right to return to active employment, i.e., your employment is not terminated by the company. If your employment is terminated by the company or you retire, Medicare will become primary.
- **Disability:** If you take a medical leave of absence, retain coverage under a company sponsored medical plan, and start receiving disability benefits from the company, the company sponsored medical plan will continue to pay primary for the first 6 months of your disability coverage, i.e., while disability benefits are subject to FICA tax. After this 6 month period, Medicare will become primary.

When Medicare becomes primary, the company sponsored medical plans assume you are enrolled in both Medicare Part A and B, so we strongly encourage you to review your options when you become eligible for Medicare (either due to age or disability).

### What You Should Do:

You can apply for Medicare by calling or visiting your local Social Security office, or by calling Social Security at 1-800-772-1213. You should apply three months before the month you turn 65. This is the beginning of your 7 month Initial Enrollment Period. If you wait until you are 65, or in the last 3 months of your Initial Enrollment Period, your Medicare Part B coverage start date will be delayed.

# U·S AIRWAYS

## ONLINE BENEFITS CENTER www.eBenefitsUS.com

Benefits Information, Enrollment and Qualifying Events (must be processed online within 31 days of event)
Call Center 888-860-6178 (M-F 8am- 8pm ET/ 5am- 5pm PT); Fax: 888-860-6174

| MEDICAL PLANS | NUMBER | WEBSITE |
|---|---|---|
| Anthem BCBS<br>Anthem NurseLine 24/7, 365 days a year<br>International Network and Claims (for BCBS members) - inside US<br>International Network and Claims (for BCBS members) - outside US | 855-267-1772<br>800-700-9184<br>800-810-BLUE<br>804-673-1177 | www.anthem.com |
| UnitedHealthcare (UHC)<br>UHC NurseLine 24/7, 365 days a year<br>UHC Healthy Pregnancy Program<br>International Network and Claims – BUPA (UHC plans) | 800-520-0811<br>800-848-4954<br>800-411-7984<br>+44 1273 718 425 | www.myuhc.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 |
| Kaiser Permanente Plan – (Work Location SFO) | 800-464-4000 | www.kaiserpermanente.org |
| **EAP & BEHAVIORAL HEALTH** | | |
| OptumHealth -within USA, Canada and PR<br>International EAP from within UK<br>All other countries except USA<br>Behavioral Health for Health Options Plan (administered by Anthem) | 800-363-7190<br>0800 731 0934<br>+44 1865 397 221<br>855-267-1772 | www.liveandworkwell.com<br>Access code: US Airways |
| **PRESCRIPTION DRUG BENEFITS** | | |
| CVS/Caremark | 866-760-4276 | www.caremark.com |
| **VISION** | | |
| Superior Vision | 800-507-3800 | www.superiorvision.com |
| **DENTAL** | | |
| MetLife Dental<br>MetLife International Dental Travel Assistance | 800-942-0854<br>+1 (312) 356-5970 | www.metlife.com/dental |
| **HEARING DISCOUNT** | | |
| HearPO- Hearing Health Benefit (no enrollment necessary) | 888-319-9204 | www.hearpo.com/usairways |
| **DISABILITY** | | |
| Prudential | 800-842-1718 | www.Prudential.com/disability |
| **TAX FREE SPENDING (FSA)** | | |
| CONEXIS – Health Care Accounts and Dependant Care Accounts | 866-279-8385<br>Fax: 888-866-3312 | www.mybenefits.conexis.com |
| **COBRA** | | |
| CONEXIS | 866-747-0045 | www.mybenefits.conexis.com |
| **INSURANCE PAYMENTS FOR MLOA, FMLA, PLOA, FURLOUGHS, RETIREES, AND SURVIVORS** | | |
| CONEXIS | 866-747-0045 | www.mybenefits.conexis.com |
| **401K FIDELITY** | | |
| 401(k) & Savings Programs (CHQ)<br>Fidelity Service Center for US Airways (M-F 8:30am- midnight ET) | 800-354-3412 | Email: Retirement.benefits@usairways.com<br>www.401k.com |
| **VOLUNTARY BENEFITS** | | |
| MetLife/Hyatt Comprehensive Legal Services Plan - Attorney Locator & other info<br>MetLife Veterinary Pet Insurance<br>Auto/Home Insurance: Travelers, Liberty Mutual, MetLife Auto & Home<br>UNUM Voluntary Products: Accident Insurance, Critical Illness, Long Term Care Indemnity Insurance<br>LifeLock Identity Theft Protection – code "**USEMPLOYEE1**" | 877-388-7884 | www.voluntarybenefitsUS.com |
| **COMPANY WEBSITES/SERVICES** | | |
| WINGS | | wings.usairways.com |
| Employee Benefits Department | | Email Employee.Benefits@usairways.com |
| Employee Travel Services Department (CHQ) | 480-693-8717<br>Fax: 480-693-8850 | Email: Employee.Travel@usairways.com |
| **OTHER NUMBERS** | | |
| HCTC<br>PBGC | 866-628-4282<br>800-400-7242 | <br>www.pbgc.gov |