



Disability Management Program

FMLA Medical Release (Family Member)

To be completed by the Chevron employee requesting a FMLA-protected absence related to a family member's serious health condition. This form should be completed by the family member of the Chevron employee requiring care. If that person is a minor, a parent or legal guardian should complete this form. If the person is incapacitated, a personal representative should complete the form.

NOTE: The Health Insurance Portability and Accountability Act (HIPAA) requires that we obtain this authorization from you. You are not required to sign the authorization, but if you do not, Reed Group may not be able to evaluate or administer the employee's request for leave.

To assist Reed Group, its subsidiaries and affiliates, on behalf of Chevron, in the determination of whether the Chevron employee's request for leave is covered by the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), or other applicable state law, and to clarify and authenticate information presented on the Certification of Health Care Provider or other medical certification submitted by the employee, I hereby agree to allow a health care provider representing Reed Group to contact my health care provider, or his or her representative, at the following address and telephone number:

Name of Family Member _____

Health Care Provider Name _____

Health Care Provider Address & Telephone Number _____

I further authorize my health care provider, or his or her representative, to release medical information related to my health and the employee's leave described below to a health care provider representing Reed Group.

This authorization is limited to information related to my health and the employee's leave under the FMLA, CFRA, and/or other applicable state law. This information may be used only to the extent necessary to clarify and authenticate information presented on the Certification of Health Care Provider or other medical certification submitted by the Employee. I understand the information is subject to redisclosure and might not be protected by HIPAA.

This authorization shall remain valid (1) through the duration of the employee's leave; (2) thirty (30) days after the Employee's return to work with the Employer; or (3) thirty (30) days after receipt by Reed Group of the Certification of Health Care Provider or other medical certification submitted by the employee, whichever is longer. A photographic or electronic copy of this authorization is as valid as the original. I understand I am entitled to receive a copy of this authorization.

I may revoke this authorization in writing at any time except to the extent Reed Group has relied on the authorization prior to notice of revocation. I understand if I revoke, do not sign, or alter the content of this authorization in any way, Reed Group may not be able to evaluate or administer the employee's request for leave and this may be the basis for denying the request for leave.

[For California leaves: This Authorization for Release of Medical Information is made pursuant to the terms of the Confidentiality of Medical Information Act of 1980, Section 56 et seq. of the Cal. Civil Code.]

Family Member Signature

Print Name

Date Signed

Employee Name

Employee ID Number (PERNR) or Social Security Number

I signed on behalf of the Family Member as _____ (indicate relationship). If Power of Attorney Designee, Guardian, or Conservator, please attach a copy of the document granting authority.

Please fax this completed release form to 1-720-279-6783 or send it to the following address:

Reed Group
P.O. Box 6248
Broomfield, CO 80021
888-825-5247, option 5



CLAIM FRAUD WARNING STATEMENTS

For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Kentucky, Louisiana, Minnesota, New Hampshire, Ohio, Oklahoma and others require the following statement to appear:

FRAUD WARNING

Any person who knowingly, and with intent to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

FRAUD WARNING FOR CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear: Any person who knowingly, presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FRAUD WARNING FOR COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FRAUD WARNING FOR FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING FOR MAINE AND VIRGINIA RESIDENTS

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING FOR NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

FRAUD WARNING FOR NEW MEXICO AND PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING FOR NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of each such violation.



HOW THE DISABILITY MANAGEMENT PROGRAM WORKS

WHAT TO DO IF YOU'RE ABSENT FROM WORK

As a Chevron employee, you need to be aware that the company has a Disability Management Program. The program is designed to help you:

- Return to work quickly and safely after an illness or injury;
- Get the benefits you're eligible for from the Short-Term Disability and Long-Term Disability plans;
- Get legal benefits, such as job protection, that are provided for under the Family and Medical Leave Act of 1993 (FMLA). See below for more information about FMLA.

REPORTING AN ABSENCE – WHAT YOU NEED TO KNOW

Anytime you're absent from work, you need to immediately contact your supervisor. And you have to report your absence to an outside company called Reed Group by calling the HR Service Center when either of the following occurs:

- You are or know you will be absent for more than five workdays in a row for an illness or injury - whether it occurs on the job or off the job.
- You are or know you will be absent for any period of time that may be covered under the Family and Medical Leave Act, such as when you need time off to care for a seriously ill family member, or for the birth, adoption or foster care placement of a child.

To report your absence, call the HR Service Center at 1-888-TALK2HR (1-888-825-5247) and select option 5. You'll be connected to a customer service specialist at Reed Group who can help you. If you're not sure whether you should report your absence, go ahead and call. The customer service specialist will help determine what you need to do.

MEDICAL RELEASE FORM

In the case of an illness or injury, you'll need to complete a Medical Release form that allows Reed Group to obtain medical records and talk with your doctor.

FAMILY AND MEDICAL LEAVE ACT (FMLA)

The Family and Medical Leave Act (FMLA) is a federal law that provides you with job protection for certain family and medical reasons. Job protection means that when you return from an absence covered under FMLA, you must be restored to your original job, or to an equivalent job with equivalent pay and benefits. In addition, your use of time off under FMLA cannot result in the loss of any employment benefit that you earned or were entitled to *before* you used the time off.

For more information about FMLA, including definitions of terms, contact the HR Service Center at 1-888-TALK2HR (1-888-825-5247) and select option 2. Ask for a form called *Family and Medical Leave Act – Rights and Obligations, Statutory Requirements and Chevron Family Leave Information* (N-5). You can also contact Reed Group for information about the law, or your Human Resources business partner for details about Chevron's Family Leave or Disability Leave policies.