



Disability Management Program

Short-Term Disability Authorization for Release of Medical and Other Information

To be completed by the Chevron employee for absences of more than five consecutive workdays.

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 your claim(s).

I authorize any health care provider including, but not limited to, any health care professional, hospital, clinic, laboratory, pharmacy or other medically related facility or service; insurance company; insurance service provider; third party administrator; government organization; and employer and any of the employer's agents performing services relating to any employee benefits or workers compensation that has any records or knowledge of my current disability (including any disorder of the immune system including, but not limited to, HIV and AIDS; use of drugs and alcohol; and mental and physical history, condition, advice or treatment, but not including psychotherapy notes) to disclose any and all of this information to the administrators of the Chevron Disability Plans including any Reed Group subsidiaries and their duly authorized representatives, and to the Chevron Health and Medical Department (the "Recipients").

I understand that any information the Recipients obtain pursuant to this authorization will be used exclusively for evaluating and administering my claim(s) for benefits, and assisting in my return to work for example, assessing reasonable accommodations and fitness-for-duty to return to work, as appropriate. I further understand that information disclosed may be subject to redisclosure under applicable laws and might not be protected by certain federal regulations governing the privacy of health information in those instances.

This authorization is valid for one year from the date below, or the duration of my claim, whichever period is shorter. 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. Revocation will not affect any actions already taken in good faith in reliance on this authorization. Revocation will not impact the rights of the Recipients of the Chevron Disability Plans to use my information to contest a benefits claim. I understand if I revoke, do not sign, or alter this authorization, the Recipients of the Chevron Disability Plans may not be able to evaluate or administer my claim(s) and this may be the basis for denying my claim(s). I may revoke this authorization by sending written notice to the address below. I understand that I have a right to receive a copy of this authorization.

Employee Signature

Date Signed

Print Name

Employee ID Number
(PERNR) or last 4 digits of
Social Security Number

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

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

Reed Group
P.O. Box 6248
Broomfield, CO 80021



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 1-888-825-5247 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 1-888-825-5247 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.