

**UNITED**

**FLIGHT ATTENDANT**

**OCCUPATIONAL INJURY AND ILLNESS INFORMATION**



"Certain portions of this packet describe benefits that are governed by plan documents and summary plan descriptions ("Plan Documents"). In the event of any conflict between this packet and the Plan Documents, the Plan Documents will govern. Please review the Plan Documents for a more detailed explanation of these benefits."

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*Except to the extent that the provisions in this packet are specifically governed by a collective bargaining agreement, this packet does not constitute an employment contract between United and its employees, either by itself or in conjunction with any other material which may have been, or which may be, distributed to employees. Where union agreements differ from the policies in this manual, the former will take precedence. Additionally, the provisions in this packet which are not specifically governed by a collective bargaining agreement are subject to unilateral change by the company and any such changes will supersede any and all contrary representations which have been made previously.*

## THE RESPONSIBILITIES OF EACH PARTY IN THE WORKERS' COMPENSATION PROCESS

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### Employee's Responsibilities:

- Report your occupational injury or illness in person to a domicile supervisor at your domicile, or in person to the supervisor at the nearest domicile or by telephone to your own domicile.
- Seek timely and appropriate medical care.
- Participate in the Injury Investigation process and provide a written Flight Attendant Report that details how the injury occurred.
- Cooperate with the CorVel nurse case manager. CorVel will work with your treating physician or other health care providers to ensure that the recommended treatment plan is reasonable and necessary to help you recover from the injury or illness.
- Provide your treating physician with an Employee Status Form (ESF) at each medical evaluation for completion. **The completed ESF must be faxed to the Employee Service Center within 48 hours after each medical visit. The Employee Service Center fax number is 847-700-9533.** Failure to do so may delay benefit payments and could result in your absence being unauthorized and result in discipline up to and including discharge.
- Instruct your treating physician to promptly forward all medical bills directly to Gallagher Bassett. If you receive any bills from your doctor, you should promptly
- Forward them to your Gallagher Bassett representative [Your GB representative will be identified to you via the initial contact during the claim verification process.]
- Comply with your treating physician's medical treatment plan.
- Attend an evaluation with United Medical on a monthly basis (or as requested) for the duration of your absence.
- Comply with all reasonable requests by Gallagher Bassett or the Occupational Administrator about your medical treatment and progress toward full recovery. Your TTD or sick leave benefits may be interrupted if Gallagher Bassett does not receive this information.
- Promptly inform Gallagher Bassett and the company if you change your address or telephone number.
- Attend a mandatory return to work conference with a domicile supervisor [prior to your actual return to work.
- Return to work as soon as you are medically able to do so.

**Failure to fulfill your workers' compensation responsibilities which may include returning to your own job may jeopardize your benefits. In addition, falsely claiming workers' compensation benefits is a crime and is punishable by fines or jail sentences. Failure to comply with these obligations may result in your absence being deemed unauthorized and in disciplinary action up to and including discharge.**

### **Domicile Supervisor's Initial Responsibilities:**

- Investigate the incident and report the claim to Gallagher Bassett on the same day it is received.
- Conduct return to work conference with flight attendant returning from occupational absence.

### **The Employee Service Center's (ESC) Responsibilities:**

- Receive notification from Gallagher Bassett as soon as employee's claim has been approved.
- Notify Payroll as soon as the claim is approved by Gallagher Bassett
- Monitor employee's sick leave bank and properly certify all sick leave, vacation and leaves
- Engage in ongoing communication with employee to monitor progress, assist with claim problems and plan for return to work.
- Offer Reasonable Accommodation Process to employee where appropriate
- Route completed ESF to company medical and Gallagher Bassett

### **Gallagher Bassett Claims Representative's Responsibilities:**

- Contact employee within one to four days of receiving a **lost-time injury** claim. If employee is not contacted within four days of reporting a lost-time injury claim, he/she should contact Kristen Stagl (Gallagher Bassett) at 1-800-331-8779.
- Obtain information to determine whether claim entitles employee to Worker's Compensation benefits
- If Gallagher Bassett determines that employee is not eligible for workers' compensation benefits, they must deny employee claim in writing.
- If employee disagrees with Gallagher Bassett's denial of your claim, employee can appeal determination under most state's laws. The Gallagher Bassett claims representative, upon request, shall provide employee appeal option information in employee's state.
- If claim is approved, Gallagher Bassett works with employee and all other parties to make sure employee receives medical care and benefits to which employee is legally entitled.
- Pay all medical bills that represent charges for reasonable and necessary treatment for employee's work related injury or illness. Gallagher Bassett must resolve all balance bill issues. Gallagher Bassett works with medical professionals at CorVel to verify that the bills represent reasonable charges before approving payment.

**Gallagher Bassett should reflect United's corporate values of safety, respect, integrity and customer satisfaction. If you are being served in a way that does not reflect these values, please call John Smolk, Manager-Workers' Compensation (Unitel or 847) 700-7504**

### **United Medical Department or Designee's Responsibilities:**

- Initiate and/or review medical injury first-reports. Direct or review follow up medical treatment as appropriate.
- Act as a resource for management, evaluate employees to ensure their absences are medically supported.
- Act as a resource for management to determine the employee's functional capabilities and work status.
- Work with Gallagher Bassett and CorVel to determine the need for medical care, diagnostic tests, functional capacity evaluations and other medical modalities.
- Facilitate prompt return to work for injured employees who are medically stable.
- Complete "Assessment of Functional Capacity" forms for long-term restrictions based on medical reports by treating providers.

### **Your Treating Physician's Responsibilities.**

- Complete the ESF at each medical evaluation and provide it to employee.
- Contact the Gallagher Bassett claims representative for authorization of all non-emergency diagnostic tests, physical therapy, chiropractic treatment and surgery.
- Submit to Gallagher Bassett all medical reports relating to the injury or illness.
- Submit all related medical bills to Gallagher Bassett for review and payment.
- Submit to Gallagher Bassett disability statements for all authorized periods of total or partial disability.
- Assist the employee in returning to work as soon as it is medically prudent to do so

### **The CorVel Nurse Case Manager's Responsibilities:**

- Contact employee, employee's treating physician and employee's Gallagher Bassett claims representative to discuss work related injury or illness. With employee, the nurse case manager will discuss employee's current medical status and treatment plan, past medical history that may impact recovery from work related injury or illness, employee's current job functions and your physical abilities.
- Apply appropriate treatment protocols to proposed treatment plans and make recommendations for further intervention when applicable.
- Make follow-up contact with employee and employee's treating physician as required.
- Review with the Gallagher Bassett claims representative employee's case direction and plan.
- Serve as employee advocate.

### **The Workers' Compensation Staff Representative:**

- Serve as a liaison between the employee and Employee Service Center management, Gallagher Bassett, United Medical staff and medical providers to assist in timely and appropriate treatment.
- Review claim with a Gallagher Bassett claims representative to ensure that case and treatment plan is being managed appropriately.

## UNITED AIRLINES' WORKERS' COMPENSATION PHILOSOPHY

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United will work to ensure the following for all employees who sustain a work related injury or illness:

- *Immediate reporting of injuries*
- *Prompt delivery of quality medical care for work related injuries or illnesses*
- *Prompt payment of lost time benefits and medical expenses*
- *Transition of the employee back to work as soon as possible*

## WORKERS' COMPENSATION PROCESS OVERVIEW

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The overview is provided to assist you in understanding your responsibilities and those of others involved in the workers' compensation process. It briefly covers your rights and benefits under some state workers' compensation laws in addition to those provided by United Airlines. This pamphlet should not be relied upon as legal advice or as an accurate summary of any one state's worker's compensation laws. Rather, it should be used as a guide to the general system of worker's compensation utilized in the U.S. If the information provided in this guide does not answer your questions, please consult with your own legal counsel or refer to the section "Who To Call If You Have Questions" located on page 14 and 15 of this document.

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### **Employee Report of Work Related Injury or Illness:**

You must promptly report any work related injury or illness to your supervisor. You must report the injury/illness at the time of the occurrence. Acceptance of your claim and payment of benefits by Gallagher Bassett may be delayed or denied if you do not report your claim promptly.

### **Initial Medical Care:**

United will assist you in arranging for emergency medical care or other appropriate initial treatment. In most states, you will from then forward have primary responsibility to arrange for your own follow-up care. Some states require United to provide a panel of doctors from which the employee may choose for follow-up care. Your supervisor or Gallagher Bassett will advise you if your state follows the panel system.

### **Initial Medical Evaluation:**

You are required to visit Concentra, your own physician, or an approved facility for a medical evaluation within 72 hours of reporting your injury/illness.

### **Claim Verification:**

You are entitled to workers' compensation benefits only if your injury or illness is found to be work-related. To determine whether or not your injury/illness is work-related under applicable state law, your supervisor and the Gallagher Bassett claims representative will investigate and evaluate all claims before benefits are paid.

### **Claim Processing:**

To ensure accurate and prompt claim handling, a Gallagher Bassett claims representative will contact you between one and four days of GB's receipt of your claim. If Gallagher Bassett determines that your claim is work-related, they will work with you, your treating physician, United Medical, CorVel and other parties to ensure that you receive the benefits and medical care to which you are entitled under state law.

### **Medical Case Management:**

You may be contacted by the CorVel nurse case manager. The nurse case Manager will work with you, your treating physician, and any referral medical specialists, United Medical and your Gallagher Bassett claims representative to ensure that you are receiving medical care which is appropriate under state law.

### **Return to Work:**

United's workers' compensation efforts are designed in part to enable you to return to work as soon as it is medically prudent.

### **Closing the Claim:**

You may be entitled to certain benefits even after you return to work. As a result, your claim may remain open for some time following your return. Because processes and benefits vary by state, please contact your Gallagher Bassett claims Representative for additional information.

## FLIGHT ATTENDANT OCCUPATIONAL INJURY/ILLNESS INITIAL CHECKLIST

Upon receipt, flight attendant worker's compensation claims are filed with Gallagher Bassett Services, Inc., United Airlines Workers' Compensation claim service, for a review and determination of compensability under Illinois Workers' Compensation Law in accordance with the Association of Flight Attendants Collective Bargaining Agreement.

If, as a result of your injury, you are going to miss work or will incur medical bills, you are required to perform the actions on the following checklist:

- Provide the name(s) of the witness(es) who actually saw the injury happen at the time you report your claim
- Prepare a written flight attendant report *immediately* addressing **WHO, WHAT, WHY, WHERE, WHEN and HOW** the injury/illness occurred. Include the time of day, aircraft number and type if applicable
- Submit your signed and dated flight attendant report to the Employee Service Center within 24 hours of the reported injury. (ESC fax number 847-700-9533)
- Contact the Flight Attendant Service Center (FASC) at 1-800-FLT-LINE opt. 4, opt 1. to place yourself on sick leave if your injury/illness requires you to miss time from work Please advise the FASC that you are going on sick leave due to a work-related injury/illness.
- Complete the Pay Option acknowledgement form included in this packet and fax it to the Employee Service Center within ten business days of going on sick list. The ESC **Fax number is 847-700-9533.**
- Once on sick leave, you are required to see Concentra or your personal physician within 72 hours for evaluation purposes
- Provide your treating physician with the Dear Provider letter, Flight Attendant Job Description and Employee Status Form (ESF), and request that he/she complete the ESF at each medical appointment.
- Return a completed ESF to the Employee Service Center on the same day as your initial medical appointment (subsequent ESF forms are required within 48 hours of visit to your treating physician)
- Be sure the date of your next doctor visit and projected return to work date is included on the ESF. It is your responsibility to provide the ESC with an updated ESF within 48 hours after each subsequent visit to your treating physician. The ESC **Fax number is 847-700-9533.**
- Have your doctor provide all other pertinent medical documents to Gallagher Bassett immediately. If this process is not completed within 14 days from the date of your injury, it could result in the delay or denial of benefits and pay under worker's compensation. See page 5 of this booklet for where to submit this information.
- Attend an evaluation with United Medical on a monthly (or more frequent, if so directed) basis for the duration of your absence.

## DEAR PROVIDER LETTER

Dear Healthcare Provider:

United Airlines would like to thank you for providing services to our employee. We are committed to assisting our employees to return to meaningful work as early as possible following an industrial injury or illness. To assist us in understanding the nature of the employee's injury or illness, we request that you please complete UAL's Employee Status Form. The Employee Status Form must include the date of the employee's next scheduled visit and a projected return to work date. This form must be completed at each examination and immediately returned to your patient and/or faxed to the Employee Service Center. The Employee Service Center **fax number is 847-700-9533**. Please submit clinical narrative and other medical diagnosis documentation and all bills to:

***If Treated in the U.S.:***  
**Gallagher Bassett Services, Inc.**  
**P.O. Box 23812**  
**Tucson, AZ 85734**  
**1-877-643-7516 (toll free phone)**

***If Treated Internationally:***  
**Gallagher Bassett Services, Inc.**  
**Attn: Renate Richter**  
**P.O. Box 4000**  
**Schaumburg, IL 60168**

*(Please include employee's name, domicile location and employee file number with each submission.)*

United Airlines appreciates your cooperation and support in providing medical care to our employees. Thank you for your attention to this matter. Workers' Compensation Programs United Airlines

Enclosure: Description of Flight Attendant Job Duties

**The following is a description of a Flight Attendant's essential job duties, abilities and qualifications.**

### **Overall Duties and Work Environment**

Provides high quality customer service to passengers based on market specification and individual needs. This includes, but is not limited to, en-route cabin service and/or ground cabin service to delayed or canceled passengers.

Reads, interprets, demonstrates and provides safety briefings to passengers. Communicates and ensures compliance with company and government safety and security rules and procedures. Required to manage crew and passengers in any potential onboard event, including medical emergencies, assessment of security threats and a variety of difficult situations. Oversees cabin to ensure cockpit access is prevented by unauthorized personnel. Provides leadership, direction, and assistance to passengers and other crew members in stressful, emergency or evacuation situations.

Works in an environment subject to varying climatic conditions and air pressures, turbulence-induced variable positive and negative G loads, changing work locales, variable hours and shifts and working conditions, moderate noise levels, dim lighting, confining spaces and frequent contact with others. May be exposed to radiation levels

of three to six millisieverts (mSB) per year at altitude, dry air ranging from 4% to 15% humidity, and ambient altitudes ranging from 4,000 to 8,500 feet. The frequent air pressure changes could predispose certain employees to ear and/or sinus barotrauma.

### **Specific Duties and Abilities**

Proactively assists passengers with stowage (*i.e.*, floor to above shoulder level) of carry-on bags, garments and other belongings. Serves or sells food, beverages and various other amenities in accordance with service standards. Picks up trash, keeps cabin and lavatories tidy. Provides assistance, which could include cardiopulmonary resuscitation, to ill or incapacitated passengers.

Operates mechanical and safety equipment such as oxygen systems, aircraft doors, evacuation slides, fire extinguishers, life rafts, galley equipment, communication and audio/visual equipment and lighting systems. Handles cash and credit transactions for liquor, audio equipment and other sales. Uses computers, including navigation within Windows environments and data entry and retrieval of information using company operated systems. Reads, comprehends, updates and uses technical or specialized information.

Interacts in a professional and friendly manner with clients, coworkers and customers of diverse backgrounds. Works with other crewmembers on a team to ensure all services meet company standards. Takes responsibility and is accountable for commitments and assignments.

Presents a professional image, including a neat, well-groomed appearance as described in United Company Regulations 30-5.

Must be able to speak in a clear, concise, and organized manner, loudly enough to be heard in an emergency. Ability to speak and understand English fluently. Proficiency in a second language highly desirable. Ability to hear all types and ranges of sound. Must meet hearing and vision requirements as established by the Federal Aviation Administration and the airline.

Ability to use time efficiently and productively. Ability to demonstrate assertiveness and influence, when appropriate. Ability to resolve difficult, emotionally charged or confrontational issues while maintaining composure and focusing on customer needs. Ability to make decisions with little or no supervision, or in the face of rapidly changing events, stress, emergencies or crises. Ability to demonstrate flexibility and adjust easily to new conditions, changing needs and priorities.

Must complete Initial Flight Attendant Training, including Emergency Procedures and annual recurrent emergency training. May be required to complete other training as well.

### ***Physical Requirements:***

Flight attendants are required to be able to perform a combination of physical activities in the course of their work day. The types and combination of physical activities that are required may vary from day to day, depending upon job tasks assigned. Some of those activities include the following:

Works in aircraft aisles and galleys for periods of up to 14 hours or more, performing duties which require standing, walking, climbing, stooping, crouching, squatting, kneeling, reaching, twisting and bending. Such duties may be complicated by unpredictable, and at times, air turbulence.

Pushes or pulls movable carts. Ergonomic studies show that the initial push/pull force (force required to put a beverage or food cart in motion, at a flat angle) is 29 pounds of force. On a 4 degree angle, the estimated required force is 45 pounds.

Frequently required to use force up to 25 lbs. to lift, push, or pull objects, such as beverage stowage bins. Occasionally required to use 25 to 55 lbs. of force to lift, push, or pull objects. At times, required to use forces greater than 55 lbs. to lift, push, or pull objects. Some of these push, pull, or lifting forces must be performed with the arms at or above shoulder level, such as in the case of closing or opening overhead bins.

Ability to perform tasks that require overall body coordination/balance. Vertical reach of at least 82 inches (2.08 meters), and maximum height of 76 inches.

***Education:***

High school graduate or GED.

***Additional Qualifications:***

Qualifications: Must be able to complete company physical assessing capability to meet flight attendant essential functions with our without a reasonable accommodation, drug tests, background checks, the required initial and emergency procedures for flight attendants and other pre-employment checks required to obtain SIDA access. Must possess a valid passport prior to attending training with 30 months validity remaining prior to expiration.

## **EMPLOYEE STATUS FORM PROCESS REVIEW**

The Employee Status Form (ESF) is designed to assist United Airlines in understanding your current physical capabilities. If you have been injured and are seeking medical treatment you should perform the following actions:

- Make photocopies of the enclosed ESF.
- Take an ESF to each doctor's appointment and have your treating physician complete the form. The form **must** include a projected return to work date and the date of your next doctor visit.
- Immediately (within 48 hours) return the completed ESF to the Employee Service Center (ESC) after your doctor visit. The fax number for the ESC is 1-847-700-9533.
- Failure to follow this timeline could result in the delay or suspension of your Workers' Compensation benefits and disciplinary action.
- Upon receipt, the ESC will send you a letter confirming receipt and the date of your next visit. (A new ESF will be enclosed for your next doctor visit)
- Repeat the above procedure for each doctor's visit, including the visit in which you receive your release to return to work. If you have any questions regarding the completion of the ESF, please speak with an Occupational Administrator (1-800-FLT-LINE opt. 4, 5)

Thank you for your cooperation.  
Workers' Compensation Programs  
United Airlines

## **WORKERS' COMPENATION BENEFITS FOR EMPLOYEES WITH AN OCCUPATIONAL INJURY OR ILLNESS INCOME PROTECTION**

### **Initial Benefits:**

You will be paid sick leave pay until Gallagher Bassett investigates the claim and determines it compensable. If the claim is determined compensable, you can continue to utilize your personal sick leave hours to supplement the state Total Disability (TTD) payments. If you have already received full sick pay while your claim was being investigated and you later are awarded and paid benefits from GB for the same time period, you will receive a letter from the FASC with directions for restoring the overpaid sick time. If you have no available hours in your sick leave bank while the claim is being investigated, you will have no income protection during that period.

### **Disability Benefits:**

If you are temporarily or permanently unable to work as a result of a work-related injury or illness deemed compensable by GB, United will provide you with Temporary or Total Disability Pay (TTD) under your state's workers' compensation laws. The amount of TTD varies by state and is a percentage of your average weekly wage up to a state-mandated maximum. Gallagher Bassett calculates the amount of the TTD to which you are entitled.

### **Supplemental Sick Bank Pay Options:**

You may use your accrued sick leave to supplement your state TTD payments. To determine the amount of supplemental sick pay you may choose from the following:

- Your monthly awarded line value
- A maximum of 97 hours
- A minimum of 65 hours\*

In most cases, these hours will be paid entirely on your mid-month paycheck only.

***\*If you choose the 65 hour minimum and the amount of your TTD payment meets or exceeds your 65 hour minimum pay level, you will not draw hours from your sick leave bank and will be placed on an occupational leave of absence. Once placed on leave, the leave will not be rescinded.***

You may also elect **NOT** to use your personal sick leave bank to supplement your state TTD. When you make this election, you will be placed on an occupational leave of absence. Once placed on leave, this election cannot be rescinded and you will be unable to revert to a paid sick leave status for this absence. When placed on leave of absence, you will also be responsible for any regular payroll deductions, such as medical, dental, etc. Medical and/or dental coverage will continue throughout your Occupational absence provided you pay your employee contributions, if any. You will receive a notification letter from ADP with payment details. If you opt not to continue coverage during your absence you may re-enroll only during the next open enrollment period. Questions can be directed to ADP at 1-888-825-0188. Only one election may

be made for the claim or injury. Please complete the Pay Option Letter included in this packet and fax it to the ESC (847-700-9533) within ten business days of reporting your occupational claim.

**All flight attendant workers' compensation claims are filed in the state of Illinois unless the flight attendant requests to file in another state. Please talk with your supervisor if you have questions regarding where to file your claim.**

### **Salary Continuance:**

Under the flight attendant agreement, flight attendants have one accrued sick leave bank that can be used for either occupational or non-occupational sick leave purposes. Flight attendants may use accrued sick leave to provide full salary during periods when a treating physician verifies that the employee is temporarily totally disabled and unable to work due to a work related injury/illness and/or the employee is placed on a medical leave of absence (LOA) and receives the state disability benefit of 66 2/3 of your average weekly wage. Once the election is made to go on LOA status you cannot revert to your personal sick leave bank. When utilizing your personal sick leave bank, you have a choice of being paid your line value, a minimum of 65 hours or a maximum of 97, 194 or 276 hours depending on the quarter in which you are absent. When your sick leave bank is completely exhausted, you may be placed on LOA after sixteen (16) calendar days of no pay (NP). After three years on LOA status, your employment is terminated.

### **Coordinating Disability and Sick Leave Benefits:**

Because United's sick leave benefits are often more generous than workers' compensation TTD benefits, United attempts to coordinate delivery of employee income protection benefits. When an employee is receiving a full salary from United, any TTD payments received from Gallagher Bassett must be returned to United. If the employee's sick leave bank is exhausted, Gallagher Bassett will pay the employee directly until he/she is released to return to work or is deemed no longer eligible to receive disability benefits.

### **Long-Term Income Protection:**

When your sick leave bank is exhausted, you are placed on occupational leave of absence. You will continue to receive TTD checks for as long as you are unable to work, subject to legal limits in your state. Once placed on medical leave, Gallagher Bassett will mail the TTD checks directly to your home. (If you have changed your address since going on occupational sick leave, please provide your new address to the claims representative and the ESC) Your employment will be terminated after three years on Medical Leave.

### **Long-Term Disability Plan:**

If you are enrolled in United's Flight Attendant LTD Plan, you may be entitled to certain additional benefits. You may call the MetLife Customer Response Center at 1-888-825-3368 to initiate a claim for benefits. If you are calling from an international location, you may contact MetLife by dialing the international access number 0080102880, then the toll free number 888-825-3368 (with no preceding '1') MetLife Representatives are available from 7:00 a.m. to 7:00 p.m. Central Time, Monday through Friday.

Next, log on to SkyNet (from a UAL desktop at <http://skynet.ual.com> or from home at <http://united.intranet.ual.com>), go to Employee Service/People Net > Benefits (USA) > File LTD/SDI claim and input your personal information i.e. such as last date worked, etc.) to be submitted to the Flight Attendant Service Center for validation of the information. You are required to file the form electronically.

Requests may be made after the 180<sup>th</sup> day of disability. Benefits begin on the 271<sup>st</sup> day of disability, provided you qualify. (Refer to your summary description plan)

**If you are unable to return to work after three years on Medical Leave, your employment will be terminated. However, you may be eligible for other benefits through workers' compensation beyond the three year period. For more information, please talk with your Gallagher Bassett claims representative.**

### **Permanent Impairment Ratings:**

If your treating physician determines that your injury or illness has created a permanent impairment, you may be entitled to permanent disability benefits. Benefits and eligibility vary widely among the states. As a result, contact your Gallagher Bassett representative if you have questions about this issue.

### **Follow Up Doctor or Therapy Appointments:**

If an employee continues to receive medical care after returning to work regular duty, he/she is to schedule all medical or therapy appointments during non-scheduled work hours. Doctor appointments will not be considered a basis for paid sick leave unless it can be shown that the doctor in question does not maintain office hours outside the employee's regular work time, or on the employee's regular day off. (United Employee Policy Manual Series 15-7, section 7.3.4. If you are having difficulty locating a provider in your area, please contact your Gallagher Bassett claims representative.

**Company policy continues to prohibit the use of sick time for reasons other than being sick or recovering from a work related injury/illness. Employees are expected to remain off work only when medically authorized and return to work as quickly as possible.**

## OCCUPATIONAL INJURY/ILLNESS RETURN TO WORK CHECKLIST

When an employee is ready to return to work:

- Medical examination/clearance information must be faxed to the ESC at (1-847-700-9533) **immediately** upon employee's receipt of release from physician.
- Once your physician has released you to return to work, contact your domicile supervisor to schedule a mandatory return to work conference.
- The FASC will review your training requirements and schedule you in the first available class if training has lapsed. You will be notified by the FASC of your assigned class.
- If you have uniform needs, refer to your domicile uniform coordinator for
- suitcase/luggage replacements. You may contact Brookhurst Uniforms at 1-800-252-0853 for tailored uniform items if necessary.
- Update your passport and visa information if necessary.
- Update your *Flight Attendant Operations Manual*.
- Verify that your address and phone contact information is correct in PeopleSoft in Skynet and on the FDUG screen in Unimatic.
- Verify your emergency contact information on the FDEM screen in Unimatic.

## **CONTACTS: WHO TO CALL IF YOU HAVE QUESTIONS**

During your first conversation with the Gallagher Bassett Claim Representative, write down his or her name and telephone number for your records in the space provided below:

**Name:**

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**Telephone:**

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### **For questions relating to United Airlines benefits, contact:**

- The Employee Service Center
- Your People Services Representative
- The Benefits Service Center – (888) 825-0188

### **For questions relating to your claim, contact:**

- Your Gallagher Bassett claims representative
- The claims manager at your local Gallagher Bassett office (obtain telephone number from your claims representative)
- Kristen Stagl (Gallagher Bassett) 800-331-8779
- Your Workers' Compensation staff representative John Smolk (Unitel or 847) 700-7504

### **For questions about medical case management, contact:**

- Your Gallagher Bassett Claims Representative
- Your Workers' Compensation Staff Representative

### **For questions relating to return-to-work, contact:**

- The Flight Attendant Service Center
- Gallagher Bassett claims representative
- Your Workers' Compensation staff representative
- United Medical Department



## UNITED AIRLINES WORKERS' COMPENSATION EMPLOYEE WORK STATUS FORM (ESF)

**PHYSICIAN:** To assist United Airlines in understanding our employee's current work capabilities, we ask that you complete our Employee Work Status Form. At each examination complete this form, make a copy for yourself, and give one to your patient. We encourage you to complete this form so that payment is not delayed. United Airlines is a Return to Work employer. Please indicate physical capabilities so we may assign transitional duty as appropriate. Thank you for caring for our employees, our most valuable resource.

PATIENT'S NAME: \_\_\_\_\_ FILE NUMBER \_\_\_\_\_  
 COMPANY ADDRESS CODE: \_\_\_\_\_  
 DATE OF SERVICE: \_\_\_\_\_ DATE OF INJURY: \_\_\_\_\_  
 DESCRIPTION OF INJURY/ILLNESS: \_\_\_\_\_

**PATIENT'S STATUS Choose one of the following:**

- PATIENT HAS NO RESTRICTIONS AS OF DATE: \_\_\_\_\_
- PATIENT HAS REACHED MAXIMUM MEDICAL IMPROVEMENT AS OF DATE: \_\_\_\_\_
- PATIENT IS RELEASED WITH THE FOLLOWING PHYSICAL CAPABILITIES UNTIL DATE: \_\_\_\_\_

ACTIVITY	NEVER	UP TO 2 HRS	UP TO 4 HRS	UP TO 6 HRS	FULL DUTY
<b>BODY MOVEMENTS</b>					
Stand					
Walk					
Sit					
Bend / Twist / Turn					
Kneel / Squat / Crawl					
Climb / Heights					
Head / Neck Movement					
Reach Outward*					
Reach above Shoulder*					
Drive/Operate Company Equip.					
Able to Travel on Airplane					
Crutches / Splint / Cast**					

\*Note if restriction applies to left / right / both extremities

\*\*Circle one

ACTIVITY	NEVER	UP TO 2 HRS	UP TO 4 HRS	UP TO 6 HRS	FULL DUTY
<b>PUSH/PULL</b>					
Up to 10 lbs.					
Up to 20 lbs.					
Up to 30 lbs.					
Up to 50 lbs. Or Greater					
<b>LIFT/CARRY</b>					
Up to 10 lbs.					
Up to 20 lbs.					
Up to 30 lbs.					
Up to 50 lbs. Or Greater					
Grip*					
Type / Keying*					
Repetitive Hand Use*					
Other					

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Of Next Examination: \_\_\_\_\_ Anticipated RTW/MMI/P&S Date: \_\_\_\_\_

**Flight Attendants: This completed form must be faxed to the Employee Service Center (847) 700-9533 immediately after each medical visit. FAILURE TO DO SO MAY DELAY BENEFIT PAYMENTS.**

**Supervisor must complete this section and Fax to Gallagher Bassett:**

Employee Status: <input checked="" type="checkbox"/> Check appropriate box and fill in effective date.					
Full Duty		Transitional Duty		Not Accommodated	Effective Date

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Employee Service Center: 1: FAX to Domicile 2: Fax copy to Regional UA Medical 3. Fax to Gallagher Bassett**



**EMPLOYEE PAY OPTION ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (name) File # \_\_\_\_\_ have submitted a claim for an occupational injury incurred on \_\_\_\_\_ (date of injury) which has resulted in my absence from work. My claim has not yet been accepted or declined by Gallagher Bassett Services, Inc. (“GB”), United’s third party administrator for worker’s compensation claims.

United has informed me that while my claim is pending acceptance by Gallagher Bassett and provided that I have submitted documentation to substantiate my inability to work, I can opt to receive any sick pay I have in my sick pay bank. Through this acknowledgement, I agree that if I receive full sick pay for time off while my claim is being investigated and later also receive pay directly from Gallagher Bassett for the same time period, I will reimburse United and United will credit my sick bank for the amount paid over and above my line value.

If my claim is accepted by Gallagher Bassett, I will receive worker’s compensation pay directly from Gallagher Bassett. This pay may or may not be equal to pay that I would receive if I were to be working or collecting sick pay full time as a flight attendant for United. United has explained to me that I have the following several pay options which I can utilize while receiving worker’s compensation payments from Gallagher Bassett. By marking below, I am informing United of my desired pay option and authorizing United to, if option 1-3 is selected, reduce the amount of sick leave credited in my pay file:

- \_\_\_\_\_ 1) Supplement my workers’ compensation pay with hours from my personal sick leave bank up to the value of my monthly awarded line of flying.
- \_\_\_\_\_ 2) Supplement my workers’ compensation pay with hours from my personal sick leave bank up to the quarterly maximum
- \_\_\_\_\_ 3) Supplement my workers’ compensation pay with hours from my personal sick leave bank up to the minimum (65)\*.
- \_\_\_\_\_ 4) Placed on occupational Leave of Absence (LOA) and receive only workers’ compensation pay with no additional credit from my personal sick leave bank\*\*.

I understand, the option selected will remain in effect for the duration of your occupational absence or (if options 1-3 are chosen) until the hours in your personal sick bank have been exhausted. Upon exhaustion, I will only receive worker’s compensation payments directly from GB.

\*If your worker’s compensation payment is equal to or greater than sixty five (65) hours, you will not draw hours from your sick bank but instead be placed on an Leave of Absence (LOA). Once placed on leave, the leave will not be rescinded and you will be unable to revert to a paid sick leave status for this absence.

\*\* If you elect to be placed on leave you will receive only worker's compensation pay from Gallagher Bassett. Once placed on leave the leave will not be rescinded and you will be unable to revert to a paid sick leave status for this absence. You will need to make arrangements to satisfy any regular payroll deductions (medical, dental, etc).

In the event a pay option is not selected or this form is not received by the Employee Service Center (ESC) within ten (10) business days of reporting the occupational injury/illness, pay option one (1) will be applied.

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(Signature)

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(Date)

**FAX THIS SIGNED FORM WITHIN TEN (10) BUSINESS DAYS TO THE EMPLOYEE SERVICE CENTER AT 847-700-9533.**

**CRIMINAL HISTORY RECORD CHECK – CONTINUED DISCLOSURE STATEMENT AND CONSENT**

***Completion of this form is required for all flight attendants returning to A1 active status after any leave of absence/furlough in excess of 31 consecutive days (excluding military LOA). The returning flight attendant is solely responsible to prepare and fax the signed copy to 1-847-364-2445. Failure to comply will result in a Line of Flying diagnostic code preventing future flight assignments (unpaid) and disciplinary action, up to and including discharge.***

In accordance with Code of Federal Regulations, Title 49, Part 1544.229, employees of airlines, vendors or/and contractors that require unescorted Security Identification Display Area (SIDA) access must obtain authorization for such clearance from the Transportation Security Administration. You previously obtained this clearance by completing a Criminal History Record Check (CHRC) through submission of your fingerprints and supporting documentation. Individuals who have been convicted (see below for definitions of conviction) or have been found not guilty by reason of insanity to any of the following criminal offenses are not granted SIDA badges for unescorted airport access:

<p>(1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.                  (2) Interference with air navigation; 49 U.S.C. 46308.                  (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.                  (4) Aircraft piracy; 49 U.S.C. 46502.                  (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.                  (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.                  (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.                  (8) Conveying false information and threats; 49 U.S.C. 46507.                  (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).                  (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.                  (11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314.                  (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.                  (13) Murder.                  (14) Assault with intent to murder.                  (15) Espionage.                  (16) Sedition.                  (17) Kidnapping or hostage taking.                  (18) Treason.</p>	<p>(19) Rape or aggravated sexual abuse.                  (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.                  (21) Extortion.                  (22) Armed or felony unarmed robbery.                  (23) Distribution of, or intent to distribute, a controlled substance.                  (24) Felony arson.                  (25) Felony involving a threat.                  (26) Felony involving --                  (i) Willful destruction of property;                  (ii) Importation or manufacture of a controlled substance;                  (iii) Burglary;                  (iv) Theft;                  (v) Dishonesty, fraud, or misrepresentation;                  (vi) Possession or distribution of stolen property;                  (vii) Aggravated assault;                  (viii) Bribery; or                  (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.                  (27) Violence at international airports; 18 U.S.C. 37.                  (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).</p>
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By signing this form below I acknowledge that, although I previously cleared the Criminal History Record Check (CHRC) by submitting my fingerprints and supporting documentation, I am continually obligated to disclose to United Airlines, within 24 hours, if I am convicted (see below for definition of conviction) or am found guilty by reason of insanity the disqualifying criminal offenses listed above from 12/6/91 up through the date of this application. *You have a conviction if you pled guilty, pled nolo contendere, are currently serving probation or have served probation, or are currently participating or have participated in either a pretrial diversion or deferred adjudication process for any of the disqualifying criminal offenses.*

I hereby also acknowledge I have read and understand this application. My signature below authorizes any further CHRC activities (background check, supply documentation or fingerprint resubmission) required to obtain and/or retain SIDA access authority.

If I am an employee domiciled at an international location, I acknowledge that I previously signed a Fingerprint Authorization that permitted United Airlines to take my fingerprints and undergo a CHRC. I further acknowledge that it is Company policy to keep information about employees confidential within the limits imposed by law, the results of the CHRC are confidential and access is limited to WHQSE and Company representatives who are required to know. I understand that my fingerprints if re-submitted, will be transmitted and processed in the United States.

The information I have provided on this application is true, complete and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement on this application can be punished by fine or imprisonment (section 1001 of Title 18 United States Code).

Print your name: \_\_\_\_\_ File No. \_\_\_\_\_ Domicile: \_\_\_\_\_ SW

Signature: \_\_\_\_\_ Scheduled date of return \_\_\_/\_\_\_/\_\_\_ Today's date \_\_\_/\_\_\_/\_\_\_  
(mm / dd / yy) mm / dd / yy

**Completion directions:**

Review and complete all form sections

- No later than 14 days prior to scheduled end of leave of absence
- Fax to WHQUN –Flight Attendant Service Center at **1-847-364-2445**



Domicile staff can request bulk orders of this booklet  
through e-mail: [onboardcomm@ual.com](mailto:onboardcomm@ual.com)  
Reference #L-9

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