Short-Term Disability Checklist

Before you start short-term disability leave:
1. Let your department manager know the date your leave will begin.
2. Consider how you would like to use your flexPTO and/or grandfathered sick time.
3. If approved, your short-term disability payments will begin after 14 calendar days. You cannot be paid by VUMC (flexPTO, grandfathered sick, and/or parental leave) and Unum (short-term disability) at the same time.
4. Send an email to your manager and to benefits.vumc@vanderbilt.edu outlining how you will use your flexPTO, grandfathered sick and short-term disability. This will ensure a smooth transition. For information on Parental Leave see hr.mc.vanderbilt.edu/benefits/parental-leave.php.

To start your short-term disability claim:
1. Call Unum at 800.836.6900.

Once you begin short-term disability leave:
1. You will move to unpaid status with VUMC.
2. If your leave begins in one month and ends the next month, you will pay your benefit premiums through direct billing. Learn more about direct billing and get your direct bill guide at hr.mc.vanderbilt.edu/benefits/leave.php.

While you are on leave:
1. Let your manager know the date you plan to return to work.
2. Get in touch with your manager if you need to extend your short-term disability leave.

When you’re ready to return to work:
1. Get a release to return to work from your doctor.
2. Let your manager know the definite date you will return to work.
3. Call or email your Unum representative to let them know the date you will return to work.

Have questions or need help?
Contact benefits.vumc@vanderbilt.edu

See hr.mc.vanderbilt.edu/benefits/short-term-disability.php for a full overview of the short-term disability benefit.

My Timeline:
Last day of work: __________________________

Dates to use flexPTO, grandfathered sick time, parental leave: __________________________

Note: If you use time more than 14 days after your last day of work, your short-term disability payments may be reduced.

Anticipated start of short-term disability: __________________________
Anticipated return to work date: __________________________