

Directions/Medical – SCAN THIS PAGE FIRST



Stellantis Reinstatement from Disability Leave Information

Stellantis employees are required to submit both pages of this form to the Reinstatement App (via Phone, Kiosk, Pad or Personal Computer) prior to returning to work. Non-standard forms or doctor notes will not be accepted.

This substantiation requirement is separate from anything submitted for the employee’s disability claim while on leave. The following form is required as the medical statement/release to return to work and should be completed by the employee’s health care provider. Stellantis employees must follow Reinstatement App/Kiosk directions for proper reinstatement.

Make sure your healthcare provider had filled out the form in its entirety; missing information could delay your return to work and could cause Attendance Disciplines to be issued.

Falsifying or altering information on this form could lead to disciplinary action up to and including termination.

NOTE: The release **MUST** be signed by the treating, legally licensed health or mental care provider which includes:

- Physician
- Nurse Practitioner
- Physician’s Assistant
- Social Worker
- Counselor

Nursing licensure is **NOT ACCEPTABLE** i.e., RN, MA, LPN, LVN etc.

Diagnostic Codes will only be available to Stellantis Medical Department Employees and is not shared with Human Resources, Management or the Union. ****Do not complete Medical Diagnostic Codes for individuals in CA, CT, ME, or RI.***

IMPORTANT CAREFULLY REVIEW THE FOLLOWING: 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 are asking that you and your medical provider(s) not provide genetic* information in responding to this form.**

**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.*

RETAIN THE ORIGINAL REINSTATEMENT FORM! YOU MAY BE REQUIRED TO PROVIDE IT TO HUMAN RESOURCES OR MEDICAL.



Reinstatement Form - Medical Leave

Please scan and submit both pages of this form through the Reinstatement App or Kiosk prior to your return to active duty.

Date: _____ <small>MM/DD/YY</small>	Employee ID (CID): _____
Employee Name: _____	

Information for Medical Department Only - **Do not answer for individuals in CA, CT, ME, or RI.*

Patient’s Diagnostic Code(s)	_____
Comments:	_____ _____ _____

Restriction Data – SCAN THIS PAGE SECOND

RETAIN THE ORIGINAL REINSTATEMENT FORM! YOU MAY BE REQUIRED TO PROVIDE IT TO HUMAN RESOURCES OR MEDICAL.

Reinstatement Form - Medical Leave 

Employment Office Information

Date: _____ Employee ID (CID): _____
MM/DD/YY

Employee Name: _____

Date of First Appointment for Injury or Illness: _____ Employee was unable to work from: _____ through _____
MM/DD/YY MM/DD/YY MM/DD/YY

Please select one return to work option below:

- Employee can return to work with no restrictions on: _____
MM/DD/YY
- Return to work with restrictions on: _____ through _____
MM/DD/YY MM/DD/YY

Note: Complete this section if the employee is being medically released to return to work with restrictions that are associated with, or result from the medical condition(s), for which the employee was on a disability leave.

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I hereby certify that the facts in this document are true and correct.

Licensed Medical Practitioner Signature Licensed Medical Practitioner Phone #

Licensed Medical Practitioner Print Name Practice Name

Practice Street Address State Zip Code

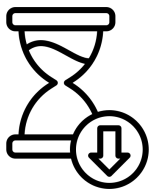
Falsifying or altering information on this form could lead to disciplinary action up to and including termination.

ATTENTION: New Standard Form for Reinstatement from Medical Leaves Sickness & Accident or DAP (Disability Absence Plan)

Please be advised that as of 11/14/2022, a new standard two (2) page reinstatement form will be required when returning to work after a medical leave.

The new Reinstatement Form contains all the information required to properly restate from a medical leave of absence.

DETAILS:



Using this form will reduce the need to return to the medical practitioner because of missing information.



Scan the QR Code to access or download the new form from the hub under the Health & Wellness tab under Income Replacement (and on the Quick Links box on the same page.)



The form can be used immediately but **must** be used on/after 11/14/2022.

Falsifying or altering information on this form could lead to disciplinary action up to and including termination.

COMING SOON:

A new Medical Reinstatement App (REI App) will be rolled out to all US employees over the next few months

- Employees will be able to login using their phone, tablet or computer to reinstate from medical leaves.
- More information about the REI App and when to begin using it will be communicated to you when your location is activated.

Reinstatement Hours

Monday - Thursday

8:00AM - 11:00AM AND 12:00PM - 2:00PM

Friday

8:00AM - 11:00AM

When is reinstatement necessary?

If an employee is absent for 40 hours, or four (4) or more consecutive work days for a medical reason, the employee must report to HR for reinstatement. An employee may not return to work without being reinstated by HR.

When can employees reinstate?

Employees are to report to HR for reinstatement no later than the day prior to their return to work date, or if the employee is on 2nd shift, no later than 1:00PM on the day he or she is to report back to work. Employees reinstating for work must do so during HR's walk-in hours

What's required for reinstatement?

If the employee's absence from work was due to a medical reason, upon returning to work, the employee must present a medical statement to HR, substantiating their absence. If the statement does not satisfy all of the requirements listed below the employee will not be allowed to reinstate for work.

Presentation of such a statement does not preclude Management's right to further investigate and verify the authenticity of the statement as presented by the employee, nor preclude Management's right to take disciplinary action where such statements may be altered, falsified, or otherwise unsatisfactory substantiations of disability for the period in question

MEDICAL REINSTATEMENT REQUIREMENTS

1. The statement **MUST** be on letterhead and indicate the date the statement was written, indicate the attending physicians name, address, and phone number
2. The date(s) of treatment – **Must be seen/treated by your 2nd scheduled work day**
3. The dates the employee was off work and statement of total disability. Must include start and end dates
4. Diagnosis or Diagnostic Code
5. A return to work date
6. If applicable, work restrictions
7. The statement **MUST** be signed by the treating physician MD or DO. *(All other notes signed by any other medical professionals will not be accepted: list includes but is not limited to PA, RN, RNP, MA, LLP, NP, LMSW and ACSW. Rubber stamps, copies/faxes are NOT permitted)*



DID YOU KNOW?

SICKNESS & ACCIDENT (S&A) BENEFITS



Use the QR code to link to mySedgwick for information on eligibility, certification requirements, report claims, submit documentation and more.

Employee Eligibility

- Must be a full-time employee
- Must have at least one (1) year of seniority at the time the disability leave begins

You must meet the following Criteria

- Be totally and continuously disabled
- Be unable to perform all duties of your occupation
- Be under the continuous care of a legally licensed Health Care Provider, who treats and certifies your disability

Contact your Union Benefits Rep should you have any questions.

Filing a Claim

- Report the absence (illness/disability) to the absentee call-in number at 1-800-810-2271
- To file a claim, use the QR code to connect to mySedgwick or call Sedgwick at 1-888-322-4462
- You must file an S&A claim with Sedgwick within twenty (20) days from the first date of your disability leave

Proof of Disability

- Initial medical proof of disability must be provided to Sedgwick within thirty (30) days of the first date of your disability leave
- Your claim may be denied if it is not filed timely or if your initial medical proof of disability is not received timely

Benefit Waiting Period

- Generally, benefits are payable on your first normally scheduled work-day after a waiting period of three (3) normally scheduled workdays (or 24 normally scheduled work hours for AWS)
- If your claim qualifies as an accident, benefits are payable starting your first normally scheduled workday





DID YOU KNOW?

MEDICAL REINSTATEMENT PROCESS

When released by your Doctor to return to work, you must adhere to the following:

- Report to Human Resources for reinstatement processing in advance to be available at the start of your shift
- Bring original, unaltered medical release document to your Human Resources department for reinstatement

Your medical release document must contain the following information:

- ✓ Physician's name and phone number
- ✓ Date the document was written
- ✓ Dates of treatment – MUST be seen/treated no later than two (2) days of medical absence
- ✓ Diagnosis or diagnostic code
- ✓ Statement of total disability including start and end dates of the total disability
- ✓ Return to work date including status as with or without restrictions
 - If returning with restrictions, the end date for each restriction MUST be included
- ✓ Signed by treating Doctor, Physicians Assistant or Nurse Practitioner



After you complete the reinstatement process, you will be advised that you can return to work and your badge will be activated.

Contact your Union Benefits Rep should you have any additional questions.

