

*my*sedgwick

*5.0 Training
Employee view*

Hyperlink back to Welcome

REPORT A NEW CLAIM

MY CLAIMS

ACCOUNT SETTINGS

HELPFUL RESOURCES

LOG OUT

Welcome

0 22

With mySedgwick, you can view details about claims, easily update information, view and upload claim documents to keep the process moving forward, and much more. You can also communicate securely with us or request assistance. For additional information, please refer to the Learning Center.

Show less

My claims



Hello Jacobs, here are some important reminders.

- Supporting documentation is required for **five** claim(s) as early as 9/26/2023.
- Confirmation of your return to work date is required for **one** notification(s).

Report a new claim

Report an absence

Communication center

Helpful Resources

Sort by

CLAIMS	STATUS	DETAIL	ACTIONS
Short Term Disability - C468100018000101	Open - Pending	BEGIN DATE: 11/7/2023	⋮
Continuous Leave - C401080191500003AA	Open - Conditional	BEGIN DATE: 11/7/2023 LEAVE TYPE: Employee Medical	⋮
Continuous Leave - 4A2311S42360001GI	Open - Conditional	BEGIN DATE: 11/2/2023 LEAVE TYPE: Employee Medical	⋮
Long Term Disability - 4A2308G3ZD30001	Open - Pending	BEGIN DATE: 9/5/2023	⋮

Messages and Notifications

My Claims



Hello Jacobs, here are some important reminders.

Reminders are great to help keep your claim on track!

- Supporting documentation is required for **five** claim(s) as early as 9/26/2023.
- Confirmation of your return to work date is required for **one** notification(s).

CLAIM	STATUS	DETAIL	ACTIONS
Intermittent Leave - C311170204800003TC	Open - Conditional	BEGIN DATE: 10/2/2023 LEAVE TYPE: Employee Medical	⋮
Short Term Disability - C283001255000103	Open - Approved	BEGIN DATE: 6/1/2022	⋮

Hyperlink to Claim

Claim list: Displays a list of your claims. To open claim to view it, click the claim number shown. You will also see the claim status and details of claim.

ACTIONS

- ⋮
- Upload documents
- Report an absence

Quick hyperlinks

- Report a new claim
- Report an absence
- Communication center
- Helpful Resources

Report a Claim

Questions

What is the reason for this absence?

CANCEL

Report an absence

NAME: Jasmine Burke CLAIM: C283001255000103

Date of Absence

Date of Absence *

DURATION: 24 hours 60 minutes per day maximum. Please report in increments of 1 minutes.

Hours* Minutes*

Reason: Illness Appointment

Add absence

Hyperlinks jump you with a click to report a new claim, report an absence or communication with your examiner.

Communication center

NAME: Alyssa Suarez CLAIM: Short Term Disability - C283001255000103

Alyssa Suarez - 1 second ago 12/8/2023 10:02 AM

Hello. I have a question about my return-to-work date. Can you assist?

Type a message...

Send Clear

Employee view- Payments and Notifications tabs



PAYMENTS NOTIFICATIONS

Filter

Issue Date

ISSUE DATE	PAYEE	AMOUNT	PAYMENT METHOD	DETAIL
8/1/2022	Medical Provider	\$500.00	Check	MAILING ADDRESS: 901 Getwell AVE, Memphis, TN 38017 Explanation of benefits
8/1/2022	Medical Provider	\$500.00	Check	MAILING ADDRESS: 901 Getwell AVE, Memphis, TN 38017 Explanation of benefits
7/3/2022	John Doe	\$200.00	Check VOID	MAILING ADDRESS: 123 Sesame ST, Memphis, TN 38017 FROM-TO: 7/1/2022 - 8/1/2022 GROSS-NET: \$300.00 - \$200.00
7/3/2022	John Doe	\$200.00	Check VOID	MAILING ADDRESS: 123 Sesame ST, Memphis, TN 38017 FROM-TO: 7/1/2022 - 8/1/2022 GROSS-NET: \$300.00 - \$200.00
7/2/2022	John Doe	\$1,000.00	Voucher	FROM-TO: 7/1/2022 - 8/1/2022

Payment history for past 12 months. Items per page: 5 1 - 5 of 8

Payments: Displays a list of payments made within the past 12 months for your open claim(s) only. You will see the date issues, who was the payee, amount paid, method of payment and details regarding the payment.

Hyperlink to the Explanation of benefits

PAYMENTS NOTIFICATIONS



Click to upload important documents

CLAIM	MESSAGE	DATE	DISMISS
Short Term Disability - C468100016000101	Supporting documentation on your Short Term Disability and Continuous leave of absence claim is required by 01/29/2024. Click here to upload documentation	01/29/2024	⊗
Short Term Disability - C468100018000101	A reimbursement agreement on your Short Term Disability and Continuous leave of absence claim is required. Click here to access the form	01/08/2024	⊗
Short Term Disability - C468100016000101	A reimbursement agreement on your Short Term Disability and Continuous leave of absence claim is required. Click here to access the form	01/08/2024	⊗
Workers' Compensation - C468100015000101	Authorization for Release of Information on your Workers' compensation is required. Click here to access the form	01/08/2024	⊗
Workers' Compensation - C468100014000101	Authorization for Release of Information on your Workers' compensation is required. Click here to access the form	01/08/2024	⊗

Items per page: 5 1 - 5 of 22

Notifications: Lists any information that has been deemed important for your claim. You can dismiss a notification from this list by clicking the Dismiss icon. You can hyperlink to upload documents to your claim under the message column.

Access forms with just a click

Use arrows to see more data

Displays current day

Off work calendar

today January 2024 month week

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
	Waiting - Continuous Leave			Approved - Continuous Leave		
		Approved - Intermittent Leave			Approved - Short Term Disability	
7	8	9	10	11	12	13
Approved - Intermittent Leave		Denied - Continuous Leave		Denied - Intermittent Leave		
Approved - Short Term Disability				Denied - Workers' Compensation		
Approved - Continuous Leave						
14	15	16	17	18	19	20
Denied - Intermittent			Waiting - Intermittent Leave			
Waiting - Short Term Disability						
21	22	23	24	25	26	27
28	29	30	31	1	2	3

● Approved
 ● Pending
 ● Waiting Period
 ● Denied

Communication center

CLAIM	DATE	OPEN
Workers' Compensation - 1000GHI12341234Z	1/9/2024	NEW
Short Term Disability - 1000JKL12341234Z	1/9/2024	
Intermittent Leave - 1000BNM12341234Z	1/9/2024	NEW
Continuous Leave - 1000CVB12341234Z	1/9/2024	

You got a new message

On the main My Claim screen you can also find your Off-work Calendar, Communication center, Leave Balance summary, Helpful resources and Your contact information (if applicable)

Your contact information

CONTACT ADDRESS
123 Elm Street
Oakland, California 94610
[Change Contact Address](#)

Your contact information is available on open claims only and displays the contact information you have on file. You can update your contact preference options here.

Leave balance summary ?

Hours Days Weeks

Federal Family and Medical Leave Act (12 Weeks)		<ul style="list-style-type: none"> 7 Used Weeks 1 Pending Week 4 Available Weeks
Company Employee Medical (52 Weeks)		<ul style="list-style-type: none"> 12 Used Weeks 0 Pending Weeks 40 Available Weeks
Company Public Health Emergency Leave (52 Weeks)		<ul style="list-style-type: none"> 49 Used Weeks 1 Pending Week 2 Available Weeks
Supplemental Leave (12 Weeks)		<ul style="list-style-type: none"> 7 Used Weeks 1 Pending Week 4 Available Weeks

Helpful resources

Learning Center	Documents	Videos	Links
View	View	View	View

Employee view- Claim view, Summary, Actions, RTW

my sedgwick | Alyssa | Log out

REPORT A NEW CLAIM
MY CLAIMS
ACCOUNT SETTINGS
HELPFUL RESOURCES
LOG OUT

My Claims > Short Term Disability - C283001255000103

Short Term Disability - C283001255000103

View a different claim

SUMMARY | PAYMENTS | BENEFITS | WORK SCHEDULE | RESTRICTIONS | DOCUMENTS | IMPORTANT CONTACTS

Claim

Name: ALYSSA SUAREZ - 226323592
Claim: Short Term Disability - C283001255000103
Begin Date: 6/1/2022
Status: Incident - Approved
Companion Claims: C283001255000102, C283001255000101

Actions

- Upload documents
- Manage direct deposit
- Visit helpful resources
- Communication preferences

CLAIM INITIATED 11/17/2023 | 02 SUPPORTING DOCUMENTATION DUE: 12/07/2023 | 03 CLAIM DETERMINATION | 04 CLAIM CLOSED

Claim activity

Filter | Sort by

DATE	MESSAGE
12/05/2023	Estimated FULL Return to Work date for your Short Term Disability is 12/05/2023.
12/02/2023	Your request for Short Term Disability has been approved. Let's stay in touch 3 days prior to the end of this approval, we'll need to know if you're planning to return to work or if you'll need more time away from work, if you need more time, additional medical will be required so we'll start the process over again.
11/29/2023	Estimated RESTRICTED Return to Work date for your Short Term Disability is 11/29/2023.

Communication center

CLAIM	DATE	OPEN
Short Term Disability - C283001255000103	12/6/2023	✉

Off work calendar

January 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
	7	8	9	10	11	12
	13	14	15	16	17	18
	19	20	21	22	23	24
	25	26	27	28	29	30
	31					

● Approved ● Pending ● Waiting Period ● Denied

Your contact information

CONTACT ADDRESS
123 Elm Street
Oakland, California 94610
Change Contact Address

Short Term Disability - C283001255000103

View a different claim → Change claims

SUMMARY | PAYMENTS | BENEFITS | WORK SCHEDULE | RESTRICTIONS | DOCUMENTS | IMPORTANT CONTACTS

Claim

Name: ALYSSA SUAREZ - 226323592
Claim: Short Term Disability C283001255000103
Begin Date: 6/1/2022
Status: Incident - Approved
Companion Claims: C283001255000102, C283001255000101

Actions

- Report return to work
- Upload documents
- Manage direct deposit
- Visit helpful resources
- Report an absence

CLAIM INITIATED 11/17/2023 | 02 SUPPORTING DOCUMENTATION DUE: 12/07/2023 | 03 CLAIM DETERMINATION | 04 CLAIM CLOSED → Claim activity

Action in Summary

- ❖ Upload Documents
- ❖ Manage direct deposit
- ❖ Helpful resources
- ❖ Communication preference
- ❖ Report an absence

Return to work

NAME: Jasmine Burke | CLAIM: Short Term Disability - C283001255000103

Return to Work Date *

RETURN TO WORK TYPE *
 Full Duty Restricted Duty

Additional Comments

Submit Clear

Provide additional information if needed →

Claim view- Documents, Benefits, Restrictions



SUMMARY WORK SCHEDULE **CERTIFICATIONS** LEAVE BALANCE DOCUMENTS IMPORTANT CONTACTS

Remember, multiple certifications may exist for each claim.
The current status of this leave is based on the most recent certification received from the treatment provider as shown below.

Certified Absence Frequency & Duration

ILLNESS 1 absence(s) every 1 week(s) with a duration of 8 hour(s) per absence
APPOINTMENT 1 absence(s) every 4 week(s) with a duration of 4 hour(s) per absence

Certifications

The certification(s) below are related to your Family Medical leave for your Self
Status Pending - Eligibility Review

Claim Status

Certification (LOA only)

- ❖ **Benefits** (disability only): Displays work status and previous work status. Shows Max benefit duration date. To view previous work statuses, select the toggle on the right side.
- ❖ **Certifications** (leave only): Provides information about absence frequency and duration, as well as medical certification.
- ❖ **Restrictions** (disability only): Displays a list of work restrictions, along with dates for each restriction.



SUMMARY PAYMENTS **BENEFITS** RESTRICTIONS DOCUMENTS IMPORTANT CONTACTS

Benefit Plan
MAXIMUM BENEFIT DURATION DATE : 12/26/2023

↑ Sort by

BEGIN DATE	END DATE	BENEFIT FREQUENCY	BENEFIT RATE
6/1/2022	6/26/2022	Bi-weekly	\$undefined
6/1/2022	6/30/2022	Bi-weekly	\$2626.04
12/1/2023	12/26/2023	Bi-weekly	\$2626.04

Work Status
View Prior Entries

↑ Sort by

WORK STATUS	AS OF	BENEFITS BEGIN	BENEFITS END	BENEFIT STATUS
OFF WORK	6/1/2022	6/1/2022	6/30/2022	Approved

Work status

Toggle

Benefit Plan (STD only)



SUMMARY PAYMENTS BENEFITS **RESTRICTIONS** DOCUMENTS IMPORTANT CONTACTS

↑ Sort by

WORKING WITH RESTRICTIONS	RECOMMENDED DATES	TYPE	ACTIVITY	RESTRICTION
11/1/2023 - 11/3/2023	11/1/2023 - 11/3/2023	Temporary	Computer Screen	More Than 8 Hours
11/1/2023 - 11/3/2023	11/1/2023 - 11/3/2023	Temporary	Drive	8 Hours
11/1/2023 - 11/3/2023	11/1/2023 - 11/3/2023	Temporary	Frequent Breaks	8 Hours
11/1/2023 - 11/3/2023	11/1/2023 - 11/3/2023	Temporary	Climbing Poles	Occasionally
11/1/2023 - 11/3/2023	11/1/2023 - 11/3/2023	Temporary	1 - 5 lbs.	Never

Items per page: 5 1 - 5 of 8 |< < > >|

Restrictions (STD only)

Employee view-Work Schedules, Leave Balance, Payments

SUMMARY **WORK SCHEDULE** CERTIFICATIONS LEAVE BALANCE DOCUMENTS IMPORTANT CONTACTS

EFFECTIVE DATE: 6/1/2022

WEEK 1 HOURS: TOTAL 40

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0	8	8	8	8	8	0

EFFECTIVE DATE: 6/1/2022

WEEK 2 HOURS: TOTAL 40

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
0	8	8	8	8	8	0

Did your work schedule change? If yes provide an update to your examiner via communication

- ❖ **Work Schedule:** Displays your most recent work schedule (i.e., number of hours scheduled to work per day).
- ❖ **Leave balance** (leave only): Lists any leave policies applicable to the claim, as well as the amount of time used for each policy.
- ❖ **Payments** (disability only): a list of payments made for the claim in the past 12 months, starting with the most recent

SUMMARY WORK SCHEDULE CERTIFICATIONS **LEAVE BALANCE** DOCUMENTS IMPORTANT CONTACTS

↑ Sort by

POLICY	TIME USED	POLICY EXHAUSTS
Federal Family and Medical Leave Act	0.00 Weeks	1/19/2024

- You can also [learn more](#) about leave rights in your state
- View your [leave balance summary](#) for all of your related claims

Click the hyperlink to learn more or check your leave balance summary by clicking the hyperlink

Payments (STD only)

SUMMARY **PAYMENTS** BENEFITS RESTRICTIONS DOCUMENTS IMPORTANT CONTACTS

↑ Sort by

ISSUE DATE	PAYEE	AMOUNT	PAYMENT METHOD	DETAIL
11/28/2023	ALYSSA SUAREZ	\$0.75	Voucher	GROSS-NET: \$0.75 - \$0.75 FROM-TO: 6/22/2022 - 6/22/2022
11/28/2023	ALYSSA SUAREZ	\$0.50	Voucher	GROSS-NET: \$0.50 - \$0.50 FROM-TO: 6/1/2022 - 6/2/2022
9/7/2023	ALYSSA SUAREZ	\$2,438.47	Voucher	GROSS-NET: \$2,438.47 - \$2,438.47 FROM-TO: 6/18/2022 - 6/30/2022

Payment history for past 12 months.

Reimbursement Agreement

Document Status

NAME
Jacobs Ellene

CLAIM
Short Term Disability - C468100018000101



To help expedite the claim process, please read and authorize the following document.

Reimbursement Agreement for Paid Benefits

Sedgwick
PO Box 14424, Lexington, KY 40512-4424
Telephone: (866) 206-6769 Fax: (866) 315-0607 Email: Starbucksmail@sedgwickcms.com

In consideration of payment to me of benefits under any sponsored Paid Benefit Plan, I hereby agree to reimburse Starbucks to the extent any such benefits were paid to me under any Paid Benefit Plan erroneously, or which should be offset in accordance with the Paid Benefit Plan, by reason of my eligibility for benefits (1) under any federal Social Security law, (2) under any workers' compensation law, whether by formal

Reimbursement Agreement for Paid Benefits

Sedgwick
PO Box 14424, Lexington, KY 40512-4424
Telephone: (866) 206-6769 Fax: (866) 315-0607 Email: Starbucksmail@sedgwickcms.com

Claim view- Documents

In consideration of payment to me of benefits under any sponsored Paid Benefit Plan, I hereby agree to reimburse Starbucks to the extent any such benefits were paid to me under any Paid Benefit Plan erroneously, or which should be offset in accordance with the Paid Benefit Plan, by reason of my eligibility for benefits (1) under any federal Social Security law, (2) under any workers' compensation law, whether by formal award, redemption award, informal compromise, or otherwise, or (3) from any other sources that Starbucks or Sedgwick, the Benefit Plan claim administrator, deem are to be taken into account in determining the amount of Paid Plan benefits. As a means to obtain reimbursement, I hereby give Starbucks and Sedgwick my full and free consent to offset against any benefits for which I am eligible under the Plan or any compensation (excluding wages payments) or other partner benefits payable to me by Starbucks until reimbursement is complete. I understand this agreement remains in effect until any overpayment owed the Paid Benefit Plan has been paid in full.

I understand that if any monies or benefits listed in items 1, 2 and 3 above are awarded retroactively, they shall be treated as having been received during the entire time period for which Paid Plan benefits were payable and any overpayment of benefits shall be calculated accordingly. I understand that this Reimbursement Agreement must be signed by me and returned to Sedgwick Claims Management Services to receive Starbucks Paid benefits.

I understand that in consideration of payments made to me I am required to file for any benefits due me under federal Social Security law, if eligible, and use a Social Security assistance vendor as required by the Paid Benefit Plan, and pursue such application to the extent allowed under the law.

If you authorize the reimbursement as indicated above, enter your initials:

February 2, 2024 12:22 PM

Review

Cancel

SUMMARY WORK SCHEDULE CERTIFICATIONS LEAVE BALANCE DOCUMENTS IMPORTANT CONTACTS

My Documents

My Forms



No documents available for this claim

↑ Sort by

DOCUMENT

OPEN

Release of Information



Upload Documents

Please upload your file below. Up to 10 files can be selected. Size limit is GMB per file. The following formats are supported: .jpg, .png, .gif, .pdf, .rtf, .tif, .txt & .docx. Do not upload password protected documents as Sedgwick will not be able to open them.

Upload



No documents uploaded for this claim

Click to open

Initial and click Review

- ❖ **Documents:** Displays a list of documents available to you and those you have uploaded.
- ❖ **Important Contacts:** Provides information about how to contact the examiner. If available, click Contact examiner to open the Communication center window (described on page 17) where you can send a message to the examine

Employee view-Calendar Claim activity, Communication Center

The screenshot shows the mysedgwick employee portal. On the left is a blue navigation sidebar with options: REPORT A NEW CLAIM, MY CLAIMS, ACCOUNT SETTINGS, HELPFUL RESOURCES, and LOG OUT. The main content area is divided into two sections. The top section is 'Off work calendar' for February 2024, showing a calendar grid with days 1-9 highlighted in blue. Below the calendar are status indicators: Approved (green dot), Pending (blue dot), Waiting Period (grey dot), and Denied (red dot). The bottom section is 'Communication center', which lists various claim events with columns for CLAIM, DATE, and OPEN. A yellow arrow points to the 'Communication center' section.

The 'Claim activity' section displays a list of milestone events. It includes a 'Filter' button and a 'Sort by' option. The table has two columns: DATE and MESSAGE. The events listed are:

DATE	MESSAGE
10/25/2023	Estimated FULL Return to Work date for your claim is 10/25/2023.
10/24/2023	Estimated RESTRICTED Return to Work date for your claim is 10/24/2023.
10/23/2023	Estimated FULL Return to Work date for your claim was changed from 10/24/2023 to 10/25/2023.
10/23/2023	Estimated RESTRICTED Return to Work date for your claim was changed from 10/23/2023 to 10/24/2023.
10/23/2023	Estimated FULL Return to Work date for your claim was changed from 10/17/2023 to 10/24/2023.

At the bottom, there is a pagination control showing 'Items per page: 5' and '1 - 5 of 9'.

Communication center let's you communicate directly with the examiner of your claim.

The 'Communication center' chat interface shows a message from Alyssa Suarez: 'Hello, I have a question about my return-to-work date. Can you assist?'. Below the message is a text input field with the placeholder 'Type a message...' and a 'Send' button. The chat header includes the user's name 'Alyssa Suarez' and the claim details 'CLAIM Short Term Disability - C283001255000103'.

Claim activity section displays a list of milestone events that occurred for the claim, most recent activity listed first.

Employee view- Calendar and Contact information.

Off work calendar

< > today July 2023 month week

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	Waiting - Co
2	3	4	5	6	7	
Waiting - Continuous Leave		Approved - Continuous Leave				
Approved - Intermittent Leave						
Approved - Short Term Disability						
9	10	11	12	13	14	
Denied - Continuous Leave		Denied - Intermittent Leave			Waiting - Short Term Dis	
		Denied - Workers Compensatio				
16	17	18	19	20	21	
Waiting - Short Term Disability				Waiting - Intermittent Leave		
23	24	25	26	27	28	

● Approved ● Pending ● Waiting Period ● Denied

Click on an absence period to view more details in the Event pop up window.

Event

Claim Number : C054900071000101
Claim Type : Short Term Disability
Benefits Begin: 7/2/2020
Benefits End: 12/7/2023
Status : Open - Pending
Examiner :
First Absence :7/2/2020
Current Work Status: OFF WORK
Anticipated Return To Work Duty: At Work
Anticipated Return To Work Date: 5/16/2023

Close

Download absence data .CSV to export file.

The Off-work calendar displays your absence periods and their statuses in a monthly or weekly view, color-coded according to the key shown beneath the calendar

Your contact information

CONTACT ADDRESS

Change Contact Address

ELECTRONIC NOTIFICATIONS

EMAIL ADDRESS:

TEXT/SMS:

Change Communication Preferences

Your contact information is available on open claims only and displays the contact information you have on file. You can update your contact preference options here.

Employee view- Leave balance summary and Helpful resources



Available hours and days are an estimate and can vary based on changes to the work schedule. They are meant for informational purposes. Actual leave balances are calculated in weeks and portion of weeks rather than hours or days per policy guidelines.

Pending represents future time away from work or time away from work where a decision has not yet been made.

Leave balance summary section: the **Leave balance summary** section shows any leave policies applicable to their claims, as well as the amount of time used and remaining for each policy, in graphical form.

mysedgwick

Alyssa Log out

REPORT A NEW CLAIM

MY CLAIMS

ACCOUNT SETTINGS

HELPFUL RESOURCES

LOG OUT

Helpful resources

LEARNING CENTER | HELPFUL LINKS | HELPFUL VIDEOS | HELPFUL DOCUMENTS

Hello Alyssa, Welcome To The Learning Center

- Here you can learn about all aspects of the claims process.
- Learn more about other claim types by selecting them from the right menu.

I would like to learn more about...

- Disability
- Leaves

Introduction

Sedgwick administers Short Term Disability claims as well as some other claim types that may be useful to you. However, if you need to miss time from work due to an injury that occurred at work, that may qualify as Workers' Compensation and you need to contact your supervisor to discuss that further.

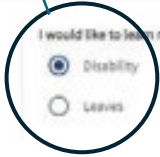
What is a Short Term Disability Claim?

Short Term Disability is a benefit your company provides you when you're limited from working due to a disability, which could include birth of a child, an unexpected illness, a planned medical procedure, or an injury that happened outside of work. It is a paid benefit that ensures you'll still receive a portion of your wages while you take some time off to care for yourself. Your company has chosen Sedgwick to administer that benefit for you.

If you need time off to care for yourself, you might need a Family and Medical Leave Act claim that would run concurrent with your Short Term Disability. Sometimes, accidents have a condition that limits their functionality of work, requiring a work accommodation. In that case, you may need a claim for ADA.

- Disability Introduction
- What is a Short Term Disability Claim
- Benefits Calculation
- Submitting Claim Information
- What's Next
- After Your Decision is Made
- Planning your Return
- How Do All of These Claims Work

Learn more about disability and/or leave



Helpful resources section: The Helpful resources page is where you can learn about your claim, view informational links, watch helpful videos, and access educational documents. Need help? If you need help at any time, select Contact Support at the bottom of any page.

my sedgwick

Alyssa Log out

Account settings

Change password

Your new password must have the following characteristics:

- 8-16 characters long.
- Contain atleast one letter and one number.
- Minimum of one letter must be upper case.
- Have one of only the following special characters @\$%&+!=
- Different than your username.
- Different than your current password and previous 12 passwords.
- Must not be the same as a password used in the last 90 days.

*Required

Old password*

New password*

Retype New Password*

Show Passwords

Save Cancel

If you forget your password, you can contact Support from the bottom of the page for help.

Account Settings:

- **Change password:** Enter your old password, then type your new password in both fields provided. Click **Save** to save your changes. New passwords must meet the requirements listed on this tab.
- **Change security questions:** Select a security question and enter your answer for each on this tab, then click **Save**.
- **Change multi-factor authentication:** Specify where you will receive multifactor authentication codes (**Email** and **Text/SMS**).
- **Change communication preferences:** Select your preferred language and specify the methods (**Email** and **Text/SMS**) through which Sedgwick may contact you with updates about your claim.