

COVID-19 Work Arrangement Request

9-20

PART 1

Employee action needed, if Work Arrangement Request is for your own underlying medical condition

Sign this Medical Authorization and attach to your electronic request form on MySedgwick at Claimlookup.com/VZ. You can also include any related medical records.

Additionally, in order to medically substantiate the request, you may be required to submit medical documents related to your request.

Sedgwick Claims Management Services
P.O. Box 14192
Lexington, KY, 40512-4192

Authorization to Disclose Information About Me

For purposes of administering my request for COVID-19 workplace arrangements , I permit and authorize: any physician, other medical/treating practitioner, hospital, clinic or other medical-related facility/service (and any medical consultants or examiners that may be retained in connection with my request for workplace arrangements) to disclose to the Verizon Workplace Accommodations Team ("WPAT") and Sedgwick Claims Management Services ("Sedgwick") in their capacity as evaluator of my request for COVID-19 related workplace arrangements, specifically a leave of absence, any and all information concerning my COVID-19 Workplace Arrangement request and medical care that is related to this request.

I understand that Sedgwick Claims Management Services ("Sedgwick") administers requests for COVID-19 related workplace arrangements, specifically leaves of absence, and also provides advisory services to WPAT to enable WPAT to determine if my request for COVID-19 workplace arrangements is medically substantiated. **For purposes of performing such services,** I authorize any physician, other medical/treating practitioner, hospital, clinic or other medical-related facility/service (and any medical consultants or examiners that may be retained in connection with my request for workplace arrangements) to disclose to WPAT and Sedgwick, upon request, any and all information concerning my COVID-19 Workplace Arrangement request and medical care that is related to this request.

WPAT and/or Sedgwick), in their respective capacities and for the purposes set forth above, are authorized to use any information relevant to my request for COVID-19 workplace arrangements that may be contained in any file maintained by Sedgwick related to a claim made by me for Worker's Compensation benefits or for any group disability income benefits under a Verizon plan.

This form specifically grants my permission to disclose medical information, records, test results, and data on: medical care or surgery; psychiatric or psychological conditions; and alcohol or drug abuse (including any data protected by Federal Regulations 42 CFR Part 2 or other applicable laws) with the specific exception of psychotherapy notes.

Information concerning mental illness, HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses might be controlled by various laws and regulations. I consent to disclosure of such information, but only in accordance with laws and regulations as they apply to me. Information that may have been subject to privacy rules of the U.S. Department of Health and Human Services, once disclosed, may be subject to re-disclosure by the recipient and may no longer be covered by those rules.

I understand that I may revoke this authorization at any time by writing to both the Verizon Workplace Accommodations Team, One Verizon Way, Basking Ridge, NJ 07920 and Sedgwick, P.O. Box 14192, Lexington, KY, 40512-4192, except to the extent that action has been taken in reliance on it by either party before such party's receipt of my revocation. If I do not, this authorization will be valid for 18 months from the date I sign this form or the duration of my request for workplace arrangements, whichever period is shorter. A photocopy of this authorization is as valid as the original form and I have a right to receive a copy upon request.

Printed Name of Employee

Employee ID or Enterprise:

Signature of Employee:

Date:

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 employees or their family members. In order to comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family members' genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and the 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 received assistive reproductive services.