

Connect Portal – Employee Experience

November 12, 2025

Insurance underwritten by Madison National Life Insurance Company, Inc., a Horace Mann company.
Administrative solution powered by Alera Group.
Madison National Life Insurance Company, Inc. is not affiliated with the Minnesota State Paid Leave program.

What We'll Cover

1. Submitting a first claim via an online form



Online Claim Form

2. Manage your claims in the portal



Getting Started
(Registration &
Dashboard)



Managing a Claim
(Event Details - Parts
1-4)



My Leave Calendar



Key Takeaways

Getting Started – Using the online
form to start your first claim

Step 1 - Claim Info

Step 1

If you already have an open and approved intermittent claim and are reporting an intermittent occurrence [click here](#)

Para llenar esta solicitud en español, haga [clic aquí](#).

Enter your full name:

Enter your home address:

Enter your home city:

Enter your home state:

Enter your home zip:

Enter your Employee ID:

Enter the tel. # number you would like to be contacted at:

What is the preferred time of day to contact you? (Our contact center hours are 8:30AM-5:00PM EST)

What is your preferred email address to receive required paperwork?

What is the reason for your leave?

If you chose Bonding above, please choose the relationship?

If you chose Care of a Family Member above, who is the family member?

Will the leave be continuous or intermittent?
(intermittent means that you will be taking days periodically, not all in a row)

Enter your
claim
information



Step 2 – Finalize and Send my Request

Step 2

What will be the first day of your leave?	mm/dd/yyyy 
What will be the last day of your leave?	mm/dd/yyyy 
Name of your employer (Please list any and all names or aliases your employer may use):	
Email for employer contact who will provide information for your claim:	

If you have already filled out your leave of absence forms, you can email them to claims@absencesolved.com or fax them to 800-728-7028 or 732-853-1762.

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Send my request

Portal Registration, Once Claim is
Initiated

Registration - Activation/Login



Username 2 Saved Usernames

Password

☐ Remember me

[Forgot Your Password?](#) [Sign Up](#)

Once a claim is set-up, claimants will receive a link to the portal with their claim acknowledgement.



Employees will then input their company email to authenticate into the portal

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Dashboard Overview



Click on an open leave for details



Active Events		Past Events	
Event	Number	Claim Numbers	Submitted
Surgery	E-25-017579	C-2025-049924	Oct 17, 2025
Event 10/17/2025	E-25-017578	C-2025-049923	Oct 17, 2025
Event 10/17/2025	E-25-017577	AC-25-132911	Oct 17, 2025



Active and past events will show here

Start a New Claim



Answer a few questions to initiate the claim process.

Get Started

Leave Types



See what programs might apply to you while you're away from work.

Show Me



Explore available leave here

Download Forms



The sooner we get your completed paperwork the sooner we can make a decision on your claim.

Get Forms



Explore available leave here

Managing a Claim (Event Details)

Part 1 – Check Claim Status

Name

Buck Rogers

Event Nickname

Surgery

Event Number

E-25-017579

[Add a Claim](#)

Click on the carrot
to open the claim
details

▼ Claims (1)

Claim Type	Claim Number	Submitted Date	Documentation	Review	Claim Status	Date of Disability	Through Date
Short Term Disability	C-2025-049924	Oct 17, 2025	Available	In Process	Open	Dec 1, 2025	
Cause of Disability		Benefit Start Date		Benefit Claimed Name		Decision	
Illness		Dec 2, 2025		BC-2025-044027		Pending	
Return To Work Date							

Part 2 – Upload Documents

▼ Documentation (4)

Name ▼	Claim Type ▼	Claim Number ▼	Sent to Claimant ▼	Returned ▼	
Attending Physician Statement	Short Term Disability	C-2025-049924			 Upload
Authorization to Obtain Inform...	Short Term Disability	C-2025-049924			 Upload
Employee Statement	Short Term Disability	C-2025-049924			 Upload
Employer Statement	Short Term Disability	C-2025-049924			 Upload

Click here to
upload a listed
document



 Add an Unlisted Document



Click here to
upload an
additional
unlisted
documents

Part 3 – Check Payments & Report Return to Work

▼ Payments (0)

Any processed payments will be listed here.



Check here for payment information

▼ Report Return to Work

*Type

Choose how you are returning to work ▼

*Date

Enter your return date



Report return to work information here

Cancel

Report

▼ Notes (0)

Title

Claim Numbers ▼

Submitted ▼

Created By ▼

 New Note

Part 4 – Notes to the Leave Specialist

▼ Notes (0)

Title	Claim Numbers	Submitted	Created By
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 New Note



Click here to open the box below and leave a note for the Leave Specialist

Notes

* Title	* Claim Choose the claim
* Note	

Input your note and click submit



Cancel

Submit

My Leave Calendar

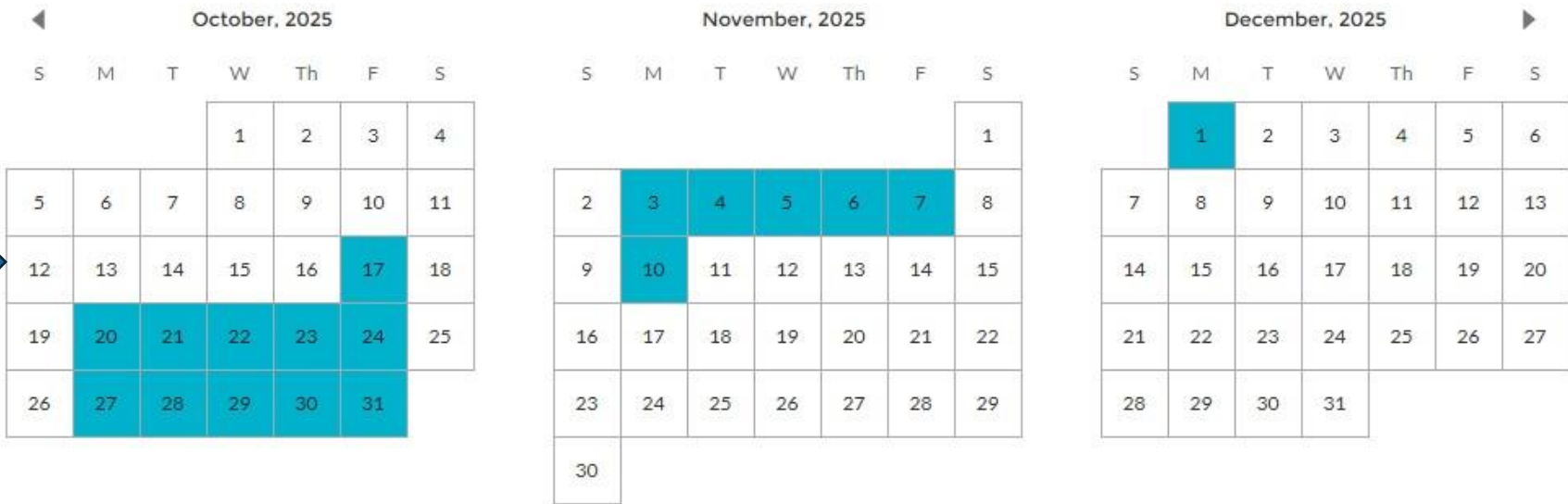
Leave Calendar View



Employee Leave Calendar

Color represents the number of hours that are Approved or Pending. Click on a day to see the details.

See Open
leaves in
calendar
format here



Starting a Second Claim

Step 1 – Start a Second Claim

Welcome Buck

Active Events		Past Events	
Event	Number	Claim Numbers	Submitted
Surgery	E-25-017579	C-2025-049924	Oct 17, 2025
Event 10/17/2025	E-25-017578	C-2025-049923	Oct 17, 2025
Event 10/17/2025	E-25-017577	AC-25-132911	Oct 17, 2025

Click here
to start a
new claim



Start a New Claim



Answer a few questions to initiate the claim process.

Get Started

Leave Types



See what programs might apply to you while you're away from work.

Show Me

Download Forms



The sooner we get your completed paperwork the sooner we can make a decision on your claim.

Get Forms

Step 2 - Understand the Process

Start a New Claim

We know this can be stressful especially if it's the first time you are creating a claim. Don't worry, we will help you through the process.

Claim Process

- 1** Start a new claim
Answer a few simple questions about why you need time out of work.
- 2** Provide documentation
Upload the paperwork we need to approve your claim.
- 3** Watch notifications
We will review your claim and let you know when we make a decision or need more information.

What you need to start a new claim

- Information about why you need to be out of work.
- The date you first missed work or will miss work for that reason.

This explains the process - once you are ready, click here to get started

Start My Claim

Return to Home

Open Source Software

Step 3 - Initiate a Claim

Start a New Claim

Name
Buck Rogers

We noticed you already have an event. Is this claim connected to an existing event?

Please combine all connected claims in the same event. For example, all claims associated with a pregnancy should be linked together. All claims associated with back surgery should be linked together.

* Choose an existing event

- ☐ Event 10/17/2025
- ☐ Event 10/17/2025
- ☐ No

* = required

Next

← Select "No" if this is a new claim

← Click submit

Open Source Software

Step 4 – Select Claim Type

Start a New Claim

Name
Buck Rogers

Claim Reason Claim Details Work Schedule Request Time Review & Submit Claim

Pick an event nickname that you will remember the next time you login. For example: Ski Accident or Maternity Leave.

* Enter an event nickname

← Enter a name you will remember

* Why do you need to be out of work? ⓘ

- ☐ Adoption/Foster Care
- ☐ Bonding ⓘ
- ☐ Bone Marrow Donation
- ☐ Care of a Family Member
- ☐ Employees Own Illness or Injury
- ☐ Military Leave
- ☐ Organ Donation
- ☐ Personal Protected Leave ⓘ
- ☐ Pregnancy/Childbirth

← Select claim type

* What type of leave are you requesting?

- ☐ Continuous ⓘ
- ☐ Intermittent ⓘ
- ☐ Reduced Schedule ⓘ

*= required

Next

← Click next

Step 5 - Reflexive Questions

Step 2

Start a New Claim

Name
Buck Rogers

Event Nickname
Surgery

Why do you need to be out of work?
Employees Own Illness or Injury

What type of leave are you requesting?
Continuous

What is the cause of the claim?
Illness

Were you or will you be hospitalized?
No

✓

Claim Details

Work Schedule

Request Time

Review & Submit Claim

Date diagnosed by a healthcare provider? ⓘ

When did you first have symptoms?

* Last day of work? ⓘ
Nov 28, 2025

We need to get some information about your healthcare provider: ⓘ
Full Name ⓘ

City

Postal Code

Phone Number

* First day unable to work due to condition?
Dec 1, 2025

First date of treatment? ⓘ

* Is this work-related? ⓘ
☐ Yes
☒ No

Street

State

Country

Fax Number

* = required

Previous

Next

Complete all *Required Fields

Step 3 – Work Schedule

Start a New Claim

Name

Buck Rogers

Event Nickname

Surgery

Why do you need to be out of work?

Employees Own Illness or Injury

What type of leave are you requesting?

Continuous

What is the cause of the claim?

Illness

Were you or will you be hospitalized?

No

First day unable to work due to condition?

12/1/2025

Last day of work?

11/28/2025

Is this work-related?

No



We want to make sure you get the right amount of time away from work. To do that, we need to know when you were supposed to be at work. Here's what we're showing as your schedule in our files:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	8h 0m	8h 0m	8h 0m	8h 0m	8h 0m		40h 0m

If this isn't accurate, [Contact Us](#) so we can update it for you.

* = required

Previous

Next



Validate work schedule and click next

Open Source Software

Step 4 – Dates

Start a New Claim

Name
Buck Rogers

Event Nickname
Surgery

Why do you need to be out of work?
Employees Own Illness or Injury

What type of leave are you requesting?
Continuous

What is the cause of the claim?
Illness

Were you or will you be hospitalized?
No

First day unable to work due to condition?
12/1/2025

Last day of work?
11/28/2025

Is this work-related?
No

When will you be out of work?

* Start date 12/01/2025 * End date (actual or estimated) 01/15/2026

December 2025

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			

January 2026

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

* = required

Previous Next

Enter Dates

Click Next

Step 5 - Upload Documents

▼ Documentation (4)

Name	Claim Type	Claim Number	Sent to Claimant	Returned	
Attending Physician Statement	Short Term Disability	C-2025-049924			 Upload
Authorization to Obtain Inform...	Short Term Disability	C-2025-049924			 Upload
Employee Statement	Short Term Disability	C-2025-049924			 Upload
Employer Statement	Short Term Disability	C-2025-049924			 Upload

Click here to
upload a listed
document



 Add an Unlisted Document



Click here to
upload an
additional
unlisted
documents

Step 6 - Confirmation

Is there anything else you think we should know? You can leave us a short note here.

Almost done! Make sure everything is correct before you click Submit.

Name	Buck Rogers	
Event Nickname	Surgery	
Available Claim Types	Absence, Short Term Disability	
Identified Claim Types	Absence, Short Term Disability	Edit
Why do you need to be out of work?	Employees Own Illness or Injury	Edit
Fax Number		Edit
Start date	12/1/2025	Edit
End date (actual or estimated)	1/15/2026	Edit

*= required

Previous Submit

Review all your input details for accuracy. If accurate, scroll to the bottom and click submit.



Key Takeaways

Summary



- ✓ Simple & intuitive – self-service claim management
- ✓ End-to-end workflow – Once your initial claim is active you can register for the portal and manage your claim activities and update documentation in one portal
- ✓ Real-time updates – track status, payments, and documentation



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