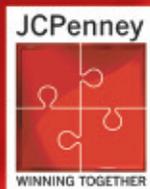


JCPenney  
**WINNING  
TOGETHER**  
Principles



**associates** ■■■■■

We value, develop, and reward the contributions and talents of all associates

**integrity** ■■■■■

We act only with the highest ethical standards

**performance** ■■■■■

We provide coaching and feedback to perform at the highest level

**recognition** ■■■■■

We celebrate the achievements of others

**teamwork** ■■■■■

We win together through leadership, collaboration, open and honest communication, and respect

**quality** ■■■■■

We strive for excellence in our work, products, and services

**innovation** ■■■■■

We encourage creative thinking and intelligent risk taking

**community** ■■■■■

We care about and are involved in our communities

**we do this for our...**

**customers** ■■■■■

We build lasting relationships by offering superior service and value

**shareholders** ■■■■■

We aspire to superior financial performance

## Illness Recovery Time (IRT) Policy



***The IRT Policy protects your income when you are unable to work for more than seven consecutive calendar days as the result of an off-the-job disability.***

***The IRT Policy is administered by the Recovery Assistance Center (RAC) on behalf of JCPenney. Claims are approved or denied according to the terms of the IRT Policy.***

***We want to be sure every eligible Associate receives his or her IRT benefits. Please keep this brochure handy to know what to do to receive your benefits.***

In this brochure, the term disability means illness, pregnancy or non-work related injury. This brochure and the IRT Policy do not apply to Associates working in Puerto Rico. This brochure is for informational purposes only. For more information see the online policy.

## **Who Is Eligible**

All Benefits Eligible Associates are automatically eligible under the IRT Policy. To receive IRT benefits, you must be actively at work and Benefits Eligible on the date your disability begins.

Refer to the Illness Recovery Time Policy on the Associate Kiosk for exceptions and additional information.

## **What To Do When You Are Absent**

- If you will be absent from work, call and speak to your manager (or the person designated to take the call in your workplace) as soon as possible – before your scheduled reporting time.
- It is your responsibility to keep your unit informed of your ability to return to work, even if you have filed a claim for IRT benefits.



## When To File A Claim For IRT Benefits

All eligible Associates must file a claim with the RAC for absences due to a disability of more than seven consecutive calendar days. You should file your claim no later than the 7th calendar day of your absence, or up to two weeks in advance of a planned absence (such as childbirth or pre-scheduled surgery).

### NOTE

*“Seven Calendar Days” are defined as 7 full or partial consecutive calendar days.*

*If an absence is related to a previous disability that you have already received benefits for under the IRT Policy, the 7 consecutive calendar days may not apply.*



## Planned Absence

Regardless of how early you call, medical information cannot be verified and obtained from your physician until after your absence – for example, delivery date or surgery. If you file a claim in advance of your absence, and your surgery or childbirth occurs earlier than you anticipated, you or a family member should contact the RAC as soon as possible after the surgery or birth of your child to provide updated information. Remember, even when you call in advance, since medical information cannot be verified and obtained until one or two days after your surgery or delivery, a claim determination cannot be made prior to your planned absence. This gives your physician time to update your medical records.

## Your Information Checklist

**You will be asked to provide the following information when you file a claim:**

- Your name, address, phone number and Social Security Number (or Military ID number, if you are treated at a Military facility).
- The name, address and phone number of the physician who told you to take time off from work.
- The name and phone number of the appropriate person in your store or unit who can verify your last day worked, next scheduled days, job duties, etc.
- The date you were first treated for this disability by your physician, the date of your most recent visit and the date of your next scheduled visit, if applicable.

### NOTE

*If you have questions about a claim you have already filed, you may call the RAC at 1-800-853-7120 between 8:00 a.m. to 5:00 p.m. Central time, Monday through Friday.*





# Medical Information Release/Authorization

## J.C. Penney Corporation, Inc. Disability Benefits

Revised 1/2007

### Note to Physician:

J.C. Penney Corporation, Inc. (Company) Disability Benefits are administered by Liberty Life Assurance Company of Boston (Liberty Mutual) through the Recovery Assistance Center (RAC). Providing medical information when Liberty Mutual calls you, or via fax (816) 444-7023 will provide the least disruption to your patient's income.

Approval by Liberty Mutual must be obtained before your patient can receive a disability benefit from any policy offered by the Company, which include the Illness Recovery Time, Workers' Compensation Supplement and Disability Insurance Policies ("Disability Policies").

### Information needed to support a claim for disability benefits includes, but is not limited to:

- The date and cause of illness or injury
- Whether the illness or injury is work related
- Medical test results
- Treatment plan
- The extent to which the illness or injury prevents your patient from returning to work, and
- Any restrictions and limitations on job duties or working hours.

**All medical information - other than restrictions or limitations on job duties or hours – received by Liberty Mutual is kept confidential and is only shared with the Company or its counsel when necessary for job accommodation or due to legal actions taken by or against the Company. When appropriate, medical information will be shared with the Company's third party unemployment, Texas Worker Injury Plan or Workers' Compensation carriers.**

### Consent and Authorization to Release Medical Information

I, \_\_\_\_\_ (print name), the Associate, authorize any physician, health care provider, medical facility, insurance company, HMO, Medical Plan claims administrator, Social Security Disability Administration,

Workers' Compensation, Texas Worker Injury Plan or Unemployment carrier or any other employer to release information regarding the diagnosis(es), treatments and prognosis of my physical or mental conditions to Liberty Mutual and/or to its legal representatives or its agents providing claims administration services or review of appeals under the Disability Policies. I understand and agree that the medical information released will be shared between the Company's Disability Claims Administrators, Workers' Compensation, Texas Worker Injury Plan and Unemployment carriers, so that duplicate records and separate authorizations for the release of medical information will not be required.

I understand that the information obtained through this Authorization will be used as one factor in determining my eligibility for benefits, and that any pay from any of the Disability Policies will not be started or will be suspended until such information is provided. I further understand and agree that medical information about diagnosis and treatment of alcohol or drug abuse, chemical dependency, mental health conditions and AIDS/HIV, as well as test results for the virus that causes AIDS, HIV, or genetic information could be released as part of my medical record. I also understand that my employer will have access to this information when necessary for job accommodation, scheduling considerations or pursuant to legal proceedings.

I agree that this Consent and Authorization to Release Medical Information shall become effective on the date appearing next to my signature below and shall continue for the duration of my claim for benefits, or for 180 days following the effective date, whichever is longer. I understand that I may request a copy of this authorization, and I agree that a copy shall be as valid as the original. I understand that I may revoke this Consent and Authorization at any time by providing written notification to Liberty Mutual, any physician, health care provider, medical facility, insurance company, HMO, Medical Plan claims administrator, Social Security Disability Administration, Workers' Compensation, Texas Worker Injury Plan or Unemployment carrier, or any employer or other person or entity acting under the authority of this Consent and Authorization form.

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Associate's Printed Name

Social Security Number

---

Associate's Signature

Date



## The Claims Process

You or your representative should file a claim by contacting the RAC as explained on page 4.

1. The RAC will review your claim for completeness. If all the information needed to process your claim is not provided when you file your claim, the RAC will notify you by phone and follow up in writing.
2. The RAC will contact your unit to obtain employer information for your claim.
3. The RAC will contact your physician by telephone for medical information.
  - It is your responsibility to make sure your physician has a signed copy of the Medical Information Release from the center of this brochure and cooperates and provides information to the RAC. If you are seen by an emergency room physician, contact your primary care physician as soon as possible. Your primary care physician will need to provide the required information to the RAC.
  - The RAC will contact you if your physician fails to provide necessary medical information. Your claim will be temporarily denied if this information is not received within 7 days of the request. If the required information is received at a later date, your claim may be reopened.

### NOTE

*A letter or note from your physician stating that you must be off work is not considered proof that you are disabled for purposes of the IRT Policy.*

*Do not call the RAC if your illness is work-related, unless your claim for state Workers' Compensation or Texas Worker Injury Plan (TWIP) benefits has been denied.*

## Amount of Benefit Payment

Status	Benefit Amount*
Non-Management Associates Hired/Rehired on or after 1-1-1993	80% of current pay
Non-Management Associates Hired/Rehired before 1-1-1993	100% of current pay
Management Associates	100% of current pay

\*Your IRT benefit amount will be reduced by other income as explained in the Illness Recovery Time Policy.

## Benefit Duration

The table below shows the maximum number of days of IRT benefits you are eligible to receive for any absence during a period of disability (see page 13). The number of days is based on your total Benefits Eligible service months on your date of disability.

If Your Benefits Eligible Service Months On Your Date Of Disability Are:	The IRT Provides Benefits For Up To:	
	Management	Non-Management*
Less than 12 months	30 calendar days	23 calendar days
12 but less than 24 months	60 calendar days	53 calendar days
24 but less than 36 months	90 calendar days	83 calendar days
36 but less than 48 months	120 calendar days	113 calendar days
48 but less than 60 months	150 calendar days	143 calendar days
60 or more months	180 calendar days	173 calendar days

\*The first seven calendar days must be paid from any available paid time off account balances. Non-Management Associates' paid time off accruals include additional time to help cover the seven-day waiting period.

## When Will You Get Paid

Approved IRT benefits are paid in your regular paycheck. Example for a bi-weekly paid Associate normally scheduled to be paid on April 20 and May 4:

Pay Period Begin Date	Pay Period End Date	Check Date
April 1	April 14	April 20
April 15	April 28	May 4

- Your approval date must be at least seven days prior to the check date. For example, if your IRT claim is approved on April 12, the IRT benefit will be paid on the payroll check dated April 20.
- If your IRT claim is approved on April 14th, the IRT benefit will be paid on the check dated May 4, since the approval date is less than seven days prior to the April 20 check date.

If your IRT claim is denied, you will receive a letter explaining the reason for the denial and instructions on how to file an appeal.

### NOTE

*Reminder: If you work in California, Connecticut, Hawaii, New York, New Jersey or Rhode Island, State Disability Insurance benefits are an offset to IRT. Make sure you apply to the state (California, Connecticut, Hawaii and Rhode Island) or the insurer (New York or New Jersey) to receive these benefits.*

## How To Avoid A Delay In Pay

The average time to approve or deny a claim is approximately 10 business days. The main reasons for the delay in approval and payment are:

- Associate did not provide physician with signed Medical Information Release.
- Physician(s) did not provide the medical information needed in a timely manner.
- Physician's name given at the time the claim was filed was not the current treating physician or the physician who took you off work.

## What Happens When IRT Benefits End?

If you are denied IRT benefits, or if you are unable to return to work when your IRT benefits end, you must do the following to prevent automatic termination:

- Call PowerLine at 1-888-890-8900 and select "Leave of Absence" to request an unpaid leave. PowerLine will explain the type of leave available to you.
- Refer to Your Benefits Book 1 (Health and Welfare) for more details.
- Refer to Your Benefits Book 1 (Health and Welfare) or the online Leave of Absence Brochure for more details.

If you are able to return to work, you must:

- Contact the RAC to verify your return to work date.
- Notify your unit in advance of your expected return to work date.
- Provide your unit with a release from your physician, allowing you to return to work.

### NOTE

*You will be automatically terminated if you fail to request a leave, and you do not report back to work.*

## Period Of Disability

Once IRT benefits have begun, a period of disability is defined as:

- A single continuous absence relating to a single off-the-job disability
- A series of absences relating to a single off-the-job disability, separated by less than six calendar months back at work on a full-time basis
- An absence due to an unrelated off-the-job disability, separated by at least two calendar weeks back at work on a full-time basis

### NOTE

*See the online policy for benefit exclusions.*

## Disability Insurance

- Disability Insurance helps to fill the gap when your IRT benefits end, and you are not able to return to work.
- Benefits can begin after you have been disabled for 180 days and can continue until you no longer meet the definition of disability or reach age 65. Benefits are not tied to Social Security approval.
- If you are enrolled in Disability Insurance and are unable to return to work, your IRT case manager will work with you to apply for Disability Insurance.
- For more information on Disability Insurance see the online policy.