

## Frequently Asked Questions About Filing A Short Term Disability Claim

The following questions and answers will help you file a Short Term Disability (STD) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

### When Should I Report A Claim?

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Report a claim as soon as you believe you will be absent from work beyond the benefit waiting period as defined in your policy (7 or 14 days based on your plan). If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you proceed with filing a claim right away. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

### How Do I File A Claim?

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There are three (3) options for filing a claim:

1. To file a claim by telephone, contact The Standard's Claim Intake Service Center at 800.378.2395.
2. To file a claim online, go to [www.standard.com](http://www.standard.com) and scroll to the bottom right-hand side of the page and click on "File a Claim or Request a Leave" to begin. Instructions will be provided through the entire claim submission process.

**Note:** If you submit your claim online, the claim submission system will indicate a requirement for a Disability Insurance Employer's Statement to be received before a decision may be made on your claim. Although this is a requirement, you will not be required to request this from your employer. Upon receipt of your Employee Statement, The Standard will reach out to your employer to obtain the information needed for your claim.

3. To file a paper claim, go to [www.standard.com](http://www.standard.com), and scroll to the bottom right-hand side of the page and click on "Find a Form" and select **Short Term Disability Claim Packet (All States Except NY)**. The form can be downloaded, completed and printed. Completed forms can be mailed or faxed to The Standard using the contact information at the top of the claim packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement <sup>1</sup>
- Employer's Statement <sup>2</sup>
- Attending Physician's Statement (APS) <sup>3</sup>
- Authorization to Obtain and Release Information

### When I Report My Claim, What Information Will I Need To Provide?

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You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: **Township High School District #214**
- Group plan number: **757076**
- Name and Social Security number

- Last day you were at work
- Nature of claim/medical information
- Physician's contact information (**name, address, phone and fax number**)<sup>3</sup>

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## What Are The Hours Of Operation For The Claim Intake Service Center?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 7:00 a.m. through 7:00 p.m., Central Time.

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## How Long Does It Normally Take To Make A Claim Decision?

Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with additional details.

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## How Will I Be Notified When There Is A Decision On My Claim?

Detailed claim communications will be sent to you by mail. You will also have the option to sign up to receive text message alerts. If you sign up, you will receive one-way text messages when The Standard receives key documents and when there are certain changes to your claim status.

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## How Do I Sign Up To Receive Text Messages?

Text STATUS to 53284 and you will be enrolled.

Frequency and number of messages will vary based on the claim. Message and data rates may apply. Please visit [www.standard.com/SMS](http://www.standard.com/SMS) for our terms and conditions and to review our Privacy Notice. You can text STOP to 53284 at any time to unsubscribe.

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## If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Payment?

After the Benefit Waiting Period as outlined in your group policy is met, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence.

If your claim is for a routine pregnancy and delivery, your benefit maybe processed in a single lumpsum payment once your claim is approved, and you meet your Benefit Waiting Period.

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## Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 800.368.1135. If you are looking for general information, please contact your benefits department.

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## Who Is Responsible For Notifying Township High School District Of My Absence?

It is your responsibility to follow your employer's normal absence reporting procedures by notifying your manager or supervisor of your absence.

- <sup>1</sup> If you file online or by telephone, your submission serves as the Employee's Statement, and we will instruct you on which other documents need to be completed.
- <sup>2</sup> The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.
- <sup>3</sup> The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion and will make up to three follow up attempts to obtain a completed APS from your doctor. We encourage you to contact your doctor and ask their assistance in completing the APS on your behalf.