

## Postdoctoral Scholar Benefits Plan (PSBP) - Short Term Disability Claim Process

If you complete the online process detailed in these instructions, you do not need to complete or submit a paper claim form.

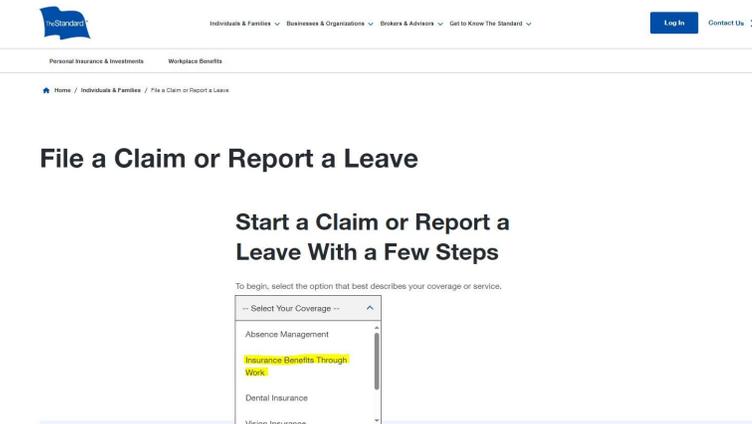
### Before you begin, be sure to have the following information on hand:

- Social Security Number
- Date of disability or expected delivery date (for maternity claims)
- Policy number (643383)

### Step 1

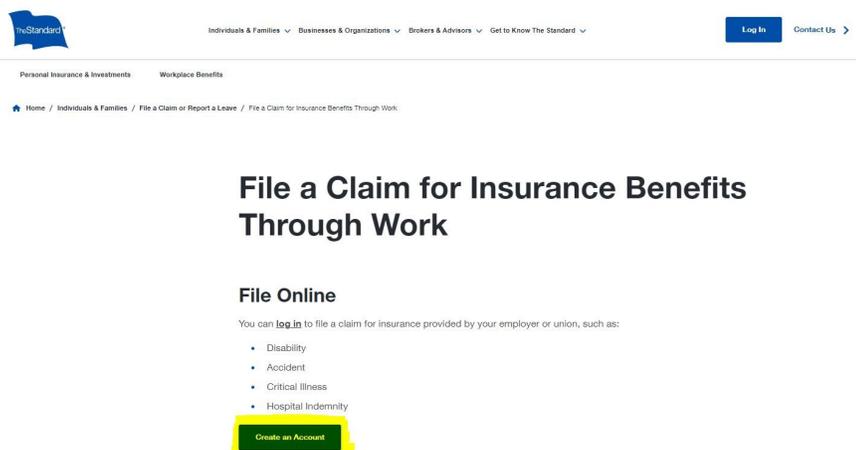
[Click here](#) to begin the process.

From the drop-down menu, select the **Insurance Benefits Through Work** option.



### Step 2

On the following page, click on **Create an Account**.



## Step 3

On the following page, provide all requested information and click **CONTINUE**.



### Create an Account

1 2 3 4  
Set Credentials Activate Account Complete Setup

Tell us who you are.

First Name  
John

Last Name  
Smith

Email Address  
john\_smith@abc.com ⓘ

Phone  
(555) 219-5784 ⓘ

Is this a mobile phone?  Yes  No

*Note: If you'd like to have the option to receive text alerts in the future, please provide your mobile number here.*

**CONTINUE**

## Step 4

Enter a user name and password and click **CONTINUE**.



### Create an Account

✓ 2 3 4  
Activate Account Complete Setup

Set login credentials.

Create a unique user name and a strong password for your account.

User Name  
johnsmith123 ⓘ

Password  
●●●●●●●●  
Good This is similar to a commonly used password

Confirm Password  
●●●●●●●● ✓

Show

**CONTINUE**

## Step 5

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Check your inbox for an email from The Standard and click the **ACTIVATE MY ACCOUNT** link within the email.



Your online account with The Standard has been created, but is not yet active. To activate it, please use the link below within 24 hours.



*This link will expire in 24 hours.*

You can then log in with your user name and password to complete your account setup.

**Please do not reply.**

**This email address is not monitored for responses.** If you need assistance or would like to report suspicious activity, please [contact us](#).

## Step 6

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Once redirected by the link, enter your user name and password and click **LOG IN**.

✓ Thank you. Your account has been activated. Log in to complete your account setup.

### Log In

New here? [Create an account](#) to connect to services.

👁 Show

[Cancel](#)

[Forgot user name?](#) | [Forgot password?](#)

## Step 7

After clicking through the Terms and Consent screen, indicate your preferred method of 2-step verification and click **CONTINUE**. Enter the provided code to authenticate your security medium and click **CONTINUE** once more.

### Add an extra layer of security.

Two-step verification can help protect your account even if someone else knows your password. In addition to your user name and password, you'll be asked to enter a code that we send to you.

Once you've securely logged in, you'll have the option to log in from the same browser without a code in the future. However, if anyone tries to access your account from a *different* browser, two-step verification will be required.

[Tell me more about two-step verification](#)

#### How do you want to receive codes?

- Get a text message      \*\*\*\*\*2547
- Get an email              da\*\*\*\*\*@a\*g.com
- Get a phone call        \*\*\*\*\*2547

**CONTINUE**

[Do I need to do this now?](#)

### Check your email.

We just sent you an email to da\*\*\*\*\*@a\*g.com with your verification code. Enter the six-digit code to verify this email account is yours.

🔑 Six-Digit Code

|

**CONTINUE**

#### Having Problems?

[Request a new code](#) or [contact us](#) for assistance.

## Step 8

When prompted to Connect your account, click **Not Now** (in small text toward the bottom), followed by **File a Claim**.

To **Set Up Your Claim**, enter your **Policy Number (643383)** and click **Continue**.

### Set Up Your Claim

Enter your policy number to get started.

Policy Number

**643383**

Your 6-digit policy number is needed to start a claim. If you don't have it, check your Certificate or a flyer from The Standard that your employer may have given you. Otherwise contact your HR department to get it.

**Continue**

[Cancel](#)

## Step 9

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To continue setting up your claim, confirm that you are filing a claim for yourself by clicking **Yes**, then **Continue**.

### Set Up Your Claim

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Are you filing this claim for yourself?

Yes

No

Continue

[Cancel](#)

## Step 10

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Select the state **in which you work** from the drop-down menu and click **Continue**.

### Set Up Your Claim

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In which state or province do you work? 

Country

United States

State

State of employment is required.

Continue

[Cancel](#)

## Step 11

Select the **Short Term Disability** option and click **Continue**.

# Set Up Your Claim

Choose the claim you're filing. 

[Cancel](#)

## Step 12

Enter all required information for this **Employee Statement** portion of the claim process, clicking **Continue** to progress.

Note: you can save a draft of this online form via the **Save Draft** button if you need additional time to complete it.

### Short Term Disability Claim

### Short Term Disability Claim

#### Employee Statement

Complete each section and then submit the statement.  
All fields are required.

**1** About You — **2** About Your Claim — **3** Signature

**First Name**   
First Name is required.

**Last Name**   
Last Name is required.

**Sex**  Male  Female

**Date of Birth**    
M/YYYY

**Country**   United States  Social Security Number  

**Address**

**City**  **State**  **Postal Code**

**Phone**   
Phone is required.  
Note: Enter your mobile number if you'd like to sign up for text alerts on this claim later.

**Email**   
Email is required.

**Employer**

 Save Draft

#### Employee Statement

Complete each section and then submit the statement.  
All fields are required.

**1** About You —  **2** About Your Claim —  **3** Signature

**Last Day at Work**  10/31/2023    
Best estimate if unknown

**Have you returned to work?**

**Do you plan to return to work?**

**Date of Return**    
Best estimate if unknown

**What is the cause of your disability?**

**Describe the injury and explain the cause, date and location it occurred**

## Step 13

Accept the **Authorization to Release Information** and click **Approve and submit claim**.

# Short Term Disability Claim

### Employee Statement

Complete each section and then submit the statement.

All fields are required.

✓ **About You** — ✓ **About Your Claim** — **3 Signature**

By submitting this form:

I certify the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.

I acknowledge that I have read the [fraud notice](#).

I acknowledge that I am signing this claim electronically. I understand that this electronic signature shall be enforceable under applicable state or federal law and is equivalent to a handwritten signature.

I accept the [Authorization to Release Information](#)

 [Save Draft](#)

[Approve and submit claim](#)

✓ You submitted the Employee Statement of your Short Term Disability claim on November 1, 2023.

Your claim number is 00JZ4131.

 [Print your confirmation](#)

Check your email for your claim packet with a claim number. You'll receive it within three business days. You'll also receive the packet via regular mail.

### NEXT STEPS

To get started on your claim, we'll need additional forms from your employer and doctor. When you get your claim packet, follow these next steps:

- 1 Be sure your benefits administrator (Human Resources) completes and returns their form, if not already done.
- 2 Work with your doctor(s) to complete and return the form in your packet.
- 3 We will start the review when all required documents are received. Most claims are decided within 5 to 10 business days after all required information is received.

Are you also covered by Accident, Critical Illness or Hospital Indemnity insurance? If so, make sure to file separate claims for those benefits, to your coverage is with The Standard, you'll be able to start the claims for [My Home](#).

[View My Claim](#)

## Step 14

You will be assigned a claim number and can print a confirmation if desired, and next steps will be provided.

Click **View My Claim** to review the outstanding components of your claim (Employer and Physician Statements), as well as a list of **Common Questions**. You can also sign up for text alerts regarding your claim's status. You will return to this view to upload your completed employer and physician statements once you have them.

### This Claim is Incomplete

A group disability insurance claim requires three statements: an Employee's Statement, an Employer's Statement and a Physician's Statement. Once we've received these three statements, we'll begin the review process. Additionally, you may provide a Release Form to speed up how quickly we can review your claim.

 Get text alerts on the status of your claim. [Learn how >](#)

Claim #00JZ4131, started November 1, 2023, is **INCOMPLETE** 

 Employee Statement is accepted. Accepted: November 1, 2023	
 Employer Statement is missing.	<a href="#">Upload</a>
 Physician Statement is missing.	<a href="#">Upload</a>
 Medical Release Form is received. Received: November 1, 2023 (pending review)	

#### Common Questions

[+ How do I get my claim status?](#)

## Step 15

[Click here](#) and navigate to page 4 to access the Physician Statement (**To Be Completed By The Attending Physician** header).

**NOTE:** Please ignore the “To Be Completed By Employee” section, as you have now already completed this portion online.

Give this form to your physician to complete. Once they return the completed form to you, log back into your account on The Standard site and upload it (see view captured in step 14).

### To Be Completed By The Attending Physician

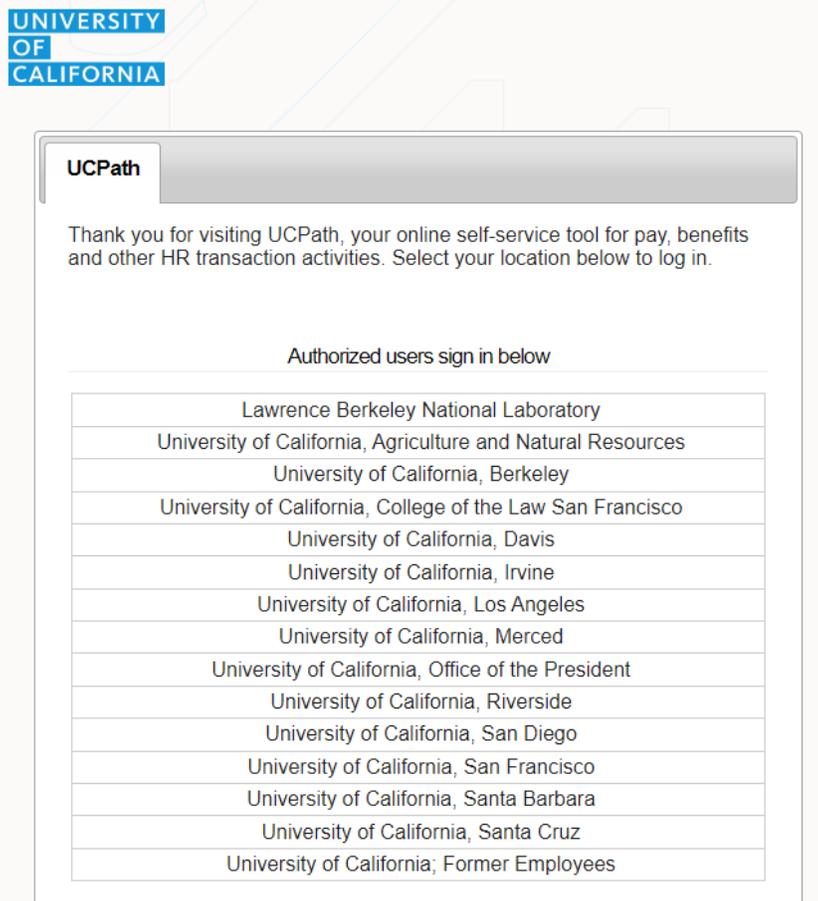
The following information is needed to document the patient's inability to work. The patient is responsible for obtaining a complete form without expense to The Standard. Please complete this form and mail or fax it to The Standard using the contact information listed above.

<b>1. Diagnosis</b>		A. Diagnosis		ICDA Classification	
B. Symptoms			Height	Weight	B/P
<b>2. Pregnancy</b> (if applicable)		A. Expected date of delivery	B. Actual date of delivery	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-section	
<b>3. History and Treatment</b>			A. Date you recommended the patient stop work		
			B. When did symptoms appear or accident happen?		
C. Has the patient ever had the same or similar condition? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?					
D. Is this condition related to the patient's employment? <input type="checkbox"/> Yes <input type="checkbox"/> No E. Did you complete a Workers' Compensation claim form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
F. Date of first visit for this condition		G. Frequency of subsequent visits:		H. Date of most recent visit	
		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other			
I. Describe planned course and duration of treatment					
J. Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Date Admitted	Date Discharged	L. Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Date Surgery Completed/Scheduled	
N. Reason/Surgery Type			O. Surgery/Post-Surgery Complications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe		
<b>4. Level of Functional Impairment</b> Please attach recent chart notes/pertinent records.					
A. Describe patient's physical and/or mental limitations and restrictions (functional capacity).					
B. Factors Delaying Recovery (if applicable)					
C. How long do you expect these limitations and restrictions to impair your patient? <input type="checkbox"/> Date _____ <input type="checkbox"/> Unable to determine, follow up in _____ weeks <input type="checkbox"/> Permanently					
<b>5. Physician Information</b> Please type or print.					
Name of physician completing this form		Specialty		Phone No. ( )	
Address		City	State	ZIP	Fax No. ( )
<b>Acknowledgement</b> – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 5 of this form.					
Signature _____				Date _____	

## Step 16

[Click here](#) to access the UCPATH system and initiate the completion of the **Employer's Statement** portion of the claim form (page 2).

Select your applicable campus and login.



**UNIVERSITY OF CALIFORNIA**

**UCPath**

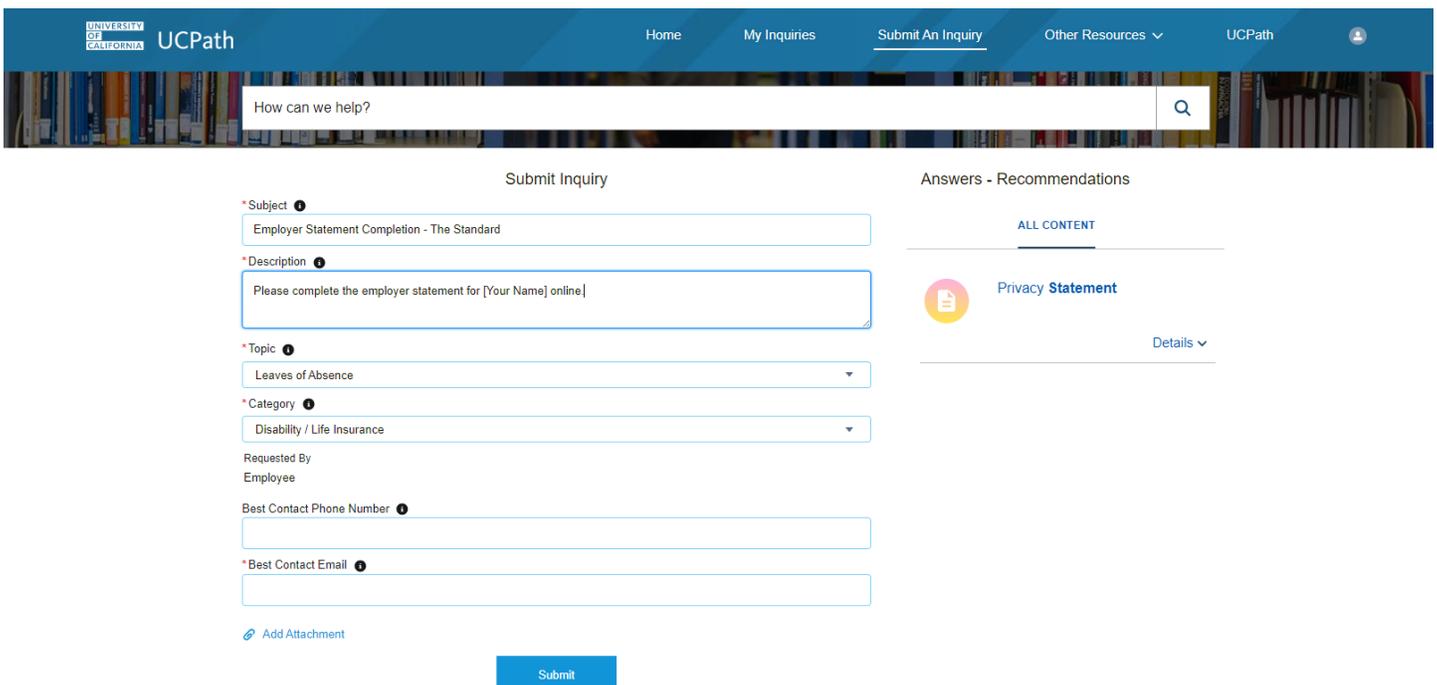
Thank you for visiting UCPATH, your online self-service tool for pay, benefits and other HR transaction activities. Select your location below to log in.

Authorized users sign in below

Lawrence Berkeley National Laboratory
University of California, Agriculture and Natural Resources
University of California, Berkeley
University of California, College of the Law San Francisco
University of California, Davis
University of California, Irvine
University of California, Los Angeles
University of California, Merced
University of California, Office of the President
University of California, Riverside
University of California, San Diego
University of California, San Francisco
University of California, Santa Barbara
University of California, Santa Cruz
University of California; Former Employees

After logging in, you will be taken to the UCPATH online **Submit Inquiry** form seen below.

Complete the form as shown below and click **Submit**.



**UNIVERSITY OF CALIFORNIA UCPATH** Home My Inquiries Submit An Inquiry Other Resources UCPATH

How can we help?

**Submit Inquiry** Answers - Recommendations

**\* Subject**  
Employer Statement Completion - The Standard

**\* Description**  
Please complete the employer statement for [Your Name] online!

**\* Topic**  
Leaves of Absence

**\* Category**  
Disability / Life Insurance

Requested By  
Employee

**Best Contact Phone Number**

**\* Best Contact Email**

[Add Attachment](#)

**Submit**

**ALL CONTENT**

**Privacy Statement** Details

## Next Steps

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Once UCPath completes and submits the Employer's Statement to The Standard, you will be notified that all required portions of your claim have been received and are under review.

The review process typically takes 5-7 business days, at which point you should receive another notification from The Standard that your claim was approved and payment is being issued.

Once your payment is issued, you should expect to receive it in 3-5 business days.

## Questions?

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**Disability benefits**— [UniversityServices.GBS.psbp@ajg.com](mailto:UniversityServices.GBS.psbp@ajg.com) / 800-254-1758

**Technical assistance with The Standard portal**— 800-368-2859

**UCPath**— 855-982-7284