

## 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 7 or 14 calendar days, depending on the plan option you selected. 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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Contact The Standard's Claim Intake Service Center at 833.878.8855

To file a claim online, go to [www.standard.com](http://www.standard.com) and click on "File a Claim" to begin the claim process. 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 do not need to take this to your employer. Upon receipt of your Employee Statement, The Standard will reach out to your employer to obtain the necessary information needed for your claim.

To file a paper claim, contact your benefits administrator or go to [www.standard.com](http://www.standard.com) and click on "Find a Form" to download, complete and print a Long Term Disability 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: **Leon County School Board**
- Group Policy number: **164520**
- 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>

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

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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, 8:00 a.m. through 8:00 p.m., Eastern Time.

## **Where Do I Send The Completed Forms?**

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Completed forms may be mailed to:

Standard Insurance Company  
P.O. Box 2800  
Portland, OR 97208

Or if you prefer, you may fax completed forms to our office at 800.378.6053.

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

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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.

## **How will I be notified when there is a decision on my claim?**

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Detailed claim communications will be sent to you by mail. You will also have the option to sign up to receive text message alerts. Signing up for text message alerts is optional and you can opt out at any time. If you choose to sign up for text message alerts, you will receive one-way text message alerts when The Standard receives key documents and when there are certain changes to your claim status. Text message alerts are in addition to the detailed claim communications we send by mail.

## **How do I sign up to receive text messages?**

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You'll receive a flyer when you submit your claim, offering you two options to sign up for text message alerts:

- 1) When you call The Standard to inquire about the status of your claim, our representative will ask you if you'd like to participate and can give you directions on how to enroll; or
- 2) 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. Text STOP to 53284 at any time to unsubscribe and stop receiving text message alerts.

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

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The Benefit Waiting Period is 7 days for Plan Option 1 and 14 days for Plan Option 2. After the Benefit Waiting Period is served, 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.

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

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If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 833.878.8855. If you are looking for general information, please contact your benefits administrator.

## **Who Is Responsible For Notifying Leon County School Board Of My Absence?**

It is your responsibility to follow the normal Leon County School Board absence reporting procedures by notifying your manager or supervisor of your absence.

- <sup>1</sup> Your telephone 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.