

Frequently Asked Questions About Filing A Long Term Disability Claim

The following questions and answers will help you file a Long Term Disability (LTD) 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?

Report a claim as soon as you believe you will be absent from work beyond 30 calendar days for disabilities not arising out of or in the course of your employment or 180 calendar days for disabilities arising out of or in the course of your employment. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate.

How Do I File A Claim?

It is your responsibility to ensure that all portions of the claim form are completed and submitted to The Standard. To file a claim online, go to www.standard.com and click on "File a Group Insurance Claim" on the upper right side of the screen to begin the claim process. Instructions will be provided through the entire claim submission process.

To file a paper claim, go to www.standard.com/eforms/3379_753380.pdf to download, complete and print a claim packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement²
- Attending Physician's Statement (APS)³
- Authorization to Obtain and Release Information

Where Do I Send The Completed Forms?

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 971.321.8400.

What Can I Expect After I Submit The Completed Forms?

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, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

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

After the Benefit Waiting Period as outlined in your group policy is served, LTD benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence. LTD benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

How Is My LTD Claim Impacted By WA PFML?

Eligible benefits for WA PFML are considered Deductible Income under the LTD policy. The Standard will deduct, or estimate and deduct, any WA PML benefits for which the employee is eligible to receive, for any period of time that the two benefits overlap.

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 administrator.

Who Is Responsible For Notifying My Employer 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.

¹ If you file online your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.

² It is your responsibility to provide the Employer's Statement to your employer to complete and fax back to The Standard.

³ It is your responsibility to provide the Attending Physician Statement to your treating physician to complete and fax back to The Standard.