

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?

Report a claim when you believe you will be absent from work beyond the Benefit Waiting Period of the option you are enrolled in (7, 14, 30, or 45 calendar days) and AFTER recording your last day of paid time in APEX. *If you are unclear which option you are enrolled in, please review your Benefits Summary on Apex or contact the HR Service Center at 612.348.7855.*

How Do I File A Claim?

Contact The Standard's Claim Intake Service Center at 833.878.8857.

To file a claim online, go to 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 information needed for your claim.

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

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

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

- Employer name: **Hennepin County**
- Group Policy number: **643148**
- 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**)³

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

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.

Where Do I Send The Completed Forms?

You or your doctor may submit completed forms to STDForms@standard.com. Or if you prefer, you may fax completed forms to our office at 800.378.6053 or mail forms to:

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

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.

Please note: The Benefit Waiting Period is tied to the benefit waiting period you elected and the amount of accrued paid leave* you use if your leave balances extend beyond the benefit waiting period elected. The amount of accrued paid leave you elected to preserve must be noted on your Leave of Absence Request form. The HR Leave and Accommodation Management (LAM) Office (612.348.4082) will report your last day paid to The Standard once the payroll cycle reflecting your last day paid is completed. This may delay / adjust your STD claim.

*Accrued paid leave is sick leave, vacation pay, PTO, comp time, deferred holiday and banked special leave without pay hours.

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, 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 you wish to have your disability benefit payments electronically deposited into your bank account, you must submit the Automatic Electronic Deposit (EFT) Disability Payment Option Request form (www.standard.com/eforms/9571.pdf).

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, 833.878.8857. If you are looking for general information, please contact the HR Leave and Accommodation Management (LAM) Office at 612.348.4082.

Who Is Responsible For Notifying Hennepin County Of My Absence?

It is your responsibility to follow the normal Hennepin County absence reporting procedures by notifying your manager or supervisor of your absence. If you have not completed the county's Leave of Absence Request form contact your supervisor for instructions. Due to privacy requirements, The Standard does not send medical information to LAM. Employees will need to submit medical documentation to The Standard and LAM for both leave and disability requests.

¹ 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.

² The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.

³ 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.