



Common Questions About Maternity-Related Disability Claims



When should I file a pregnancy or childbirth claim?

You can report a claim up to four weeks prior to a planned disability absence, such as childbirth. To ensure your benefits request is processed as quickly as possible, please file your claim no later than the date you stop working due to your pregnancy or childbirth.

How long does a claim decision normally take?

It takes approximately one week to make a decision once The Standard receives a completed claim application (Employee's Statement, Employer's Statement and Attending Physician's Statement). We will notify you if we've not made a decision after that one week.

When am I considered disabled as a result of my pregnancy?

You're considered disabled when, as a result of your pregnancy, you are unable to perform the main functions of your job on a consistent basis.

The disability period for a normal and uncomplicated pregnancy begins on the cease work date recommended by your physician, but not earlier than four weeks before the expected date of delivery. Please refer to your Certificate and Summary Plan Description for a more detailed definition of disability.

When do disability benefits begin?

Once you're out on leave, you'll need to serve a Benefit Waiting Period before benefits become payable. No benefits are payable during the Benefit Waiting Period. Please refer to your Certificate and Summary Plan Description for the length of your Benefit Waiting Period. There is no Benefit Waiting Period for the daily hospital benefit.

Maternity-Related Disability Claims Snapshot

How to file a claim

- Call 800.522.0406, Monday - Friday, 7 a.m. to 6 p.m. and select option 2
- Visit CTAMemberBenefits.org/Disability

Questions on your claim?

Call The Standard at 800.522.0406, Monday - Friday, 7 a.m. to 6 p.m.

How to re-instate your Disability insurance when you return to work

You'll need to reinstate your coverage after any leave of absence. Call us at the number above to start the process.

How long am I considered disabled following childbirth?

As every case is different, typically you'll be considered disabled for six weeks after a vaginal delivery or eight weeks after a caesarean section delivery. You're also considered disabled for eight weeks after any delivery if you deliver twins or triplets.

The disability period noted assumes there are no complications following childbirth. The disability period may be extended if complications arise.

Questions continued on reverse

What happens if I want to take more time off work after giving birth than my approved disability period?

Unless your leave of absence is approved under a federal or state-mandated family or medical leave law and you continue to pay your premiums, your disability coverage will end.

What happens if my delivery occurs less than four weeks after I first cease work?**May I extend my claim by an extra four weeks after the birth?**

A claim will not be extended solely based on an early delivery date. Once the Benefit Waiting Period has been satisfied, benefits are payable only for the period during which you're unable to perform the main functions of your job on a consistent basis.

What happens if my delivery occurs within the benefit waiting period or during a school break?**Do I still receive six weeks of benefits?**

Benefits are only paid for regular days of required attendance that are missed due to a disability after the Benefit Waiting Period has been satisfied. This means an uncomplicated vaginal delivery that takes place during the Benefit Waiting Period and/or during a time when you're not scheduled to work can result in less than six weeks of benefits being paid.

What should I do if I have complications following my childbirth?

If complications arise following childbirth that will prevent you from recovering during the normal recovery period, you should immediately notify The Standard to request an extension of benefits. To process this request, your doctor will need to provide us with written documentation of your specific limitations and restrictions.

Documentation may include the completion of an Attending Physician's Statement or Pregnancy Questionnaire and/or copies of your medical records. Once we've received this information, your claim will be reviewed for a possible extension of benefits.

Are benefits payable due to my hospitalization?

If you're insured under the plans 501000-M or 503000-L, you're entitled to a daily hospital benefit if you're hospitalized during your pregnancy. Please contact us as soon as possible once you're hospitalized so we can calculate your benefit. There is no Benefit Waiting Period for the daily hospital benefit.

Are benefits paid for periods of child-parent bonding, breast feeding or child illness?

No benefits are paid for periods of child-parent bonding, breast feeding, or child illness since the parent is not unable to work due to their own illness or injury.

Are benefits paid for an adoption?

No. We understand some people may take time off to be with their recently adopted child. This time doesn't qualify for disability benefits since the parent is not unable to work due to their own illness or injury.