



Group Insurance Plan Administration Guide

Resources to Help You Manage Your Employee Benefits

Table of Contents

Using the Guide 1-1

The Guide and Your Group Policy 1-1

Plan Administrator Responsibilities 1-1

Contacts for Questions 2-1

Eligibility and Enrollment..... 3-1

Eligibility and Effective Dates 3-1

Enrolling New Employees 3-1

Beneficiary Designations 3-2

Evidence Of Insurability 3-3

Changes, Terminations and Reinstatements..... 4-1

Changes in Employee or Family Status 4-1

When Insurance Reduces or Terminates 4-1

Portability of Insurance 4-2

Conversion to Individual Life 4-3

Long Term Disability Conversion 4-3

Reinstatement of Insurance 4-3

Certificates and Notices 5-1

Distribution to Insured Employees 5-1

Personalized Certificates for California 5-1

Electronic Certificates for Wisconsin 5-1

Billing Administration 6-1

About Your Bill 6-1

Premiums Due 6-1

Reporting Volume 6-1

Employee Adjustments 6-1

Paying Your Bill 6-2

Paying Premiums When
Evidence Of Insurability is Pending 6-2

Premiums During Disability 6-2

Commonly Asked Questions 6-3

Benefits Administration 7-1

For each line of coverage, you'll find the following instructions and guidelines:

- Filing a Claim
- Commonly Asked Questions

Using The Guide

The Guide and Your Group Policy

This guide has been designed to help you administer your group insurance with Standard Insurance Company. It does not amend, alter or waive any provision in your Group Policy with The Standard.

The guide contains information about many different features and provisions included in The Standard's policies. The policy terminology and provisions referenced may vary from those issued to you. Consult your Group Policy to verify the terms and provisions of your Group Policy and to determine which provisions and features pertain to your employees.

In certain states, The Standard provides group insurance coverage through a trust. With this arrangement, a Group Policy is issued to the trust. Separate groups insured under the trust are provided with a Statement of Coverage, which describes the terms of coverage. For trust groups, this guide's use of the term "Policyholder" will apply to the Employer to which The Standard provides the Statement of Coverage. Referenced Group Policy provisions will apply as approved for that Employer's eligible employees, including any options and variables requested by the Employer.

References to policy terminology and provisions are capitalized in the guide. To locate these terms in your Group Policy or Statement of Coverage, check the Index of Defined Terms or Table of Contents.

The Standard is pleased to assist you as administrator for your group insurance benefits. If you have any questions that are not answered by this guide or your Group Policy, contact us directly with numbers found in the **Contacts for Questions** section of this guide.

Plan Administrator Responsibilities

As administrator of your group insurance plan with The Standard, you are responsible for many tasks that are essential to ensuring accurate and timely administration of the plan. Your responsibilities include the following activities, which are explained in more detail under the designated sections of the guide. Be sure to review your Group Policy and this guide carefully to understand the policy terms and all the tasks required to properly administer your plan.

Eligibility and Enrollment

- Determine when employees are eligible for insurance coverage.
- Enroll employees for coverage and maintain related plan records.
- Assist employees in submitting required applications.

Changes, Terminations and Reinstatements

- Communicate changes and assist employees in completing related forms.
- Determine when insurance terminates and offer conversion and/or portability as appropriate.

Certificates and Notices

- Provide certificates of insurance and notices of plan changes (when issued) to all insured employees.
- Personalize certificates if required.

Billing Administration

- Submit billing statements and pay premiums when they are due.
- Report employee adjustments for billing.
- Monitor benefit claims to assure proper coordination with billing.

Benefits Administration

- Make required claim forms available to your insured employees.
- Complete employer portions of benefit claim forms and provide required attachments.

Contacts for Questions

If you have questions that are not answered by this material or your Group Policy, contact your insurance consultant or the Employee Benefits Sales and Service Office for your area. You may also direct questions to specific departments at The Standard.

Enrollment & Changes

- Evidence Of Insurability..... 800.843.7979
- Continuing Benefits 800.378.4668
- Fax Line for Employee Changes 800.378.2403

Billing

- Plan Administration and Billing..... 800.348.3226

Benefits

- Life..... 800.628.8600
- Long Term Disability..... 800.368.1135
- Short Term Disability
and Consolidated Disability 800.368.2859
- Policyholder Tax Questions 800.525.3973

Eligibility and Enrollment

Eligibility and Effective Dates

To become insured, an employee must satisfy your Group Policy's definition of Member and meet requirements for Active Work, Eligibility Waiting Period and Evidence Of Insurability if applicable. Follow these steps as you consult your Group Policy to determine any applicable eligibility and effective date requirements for each employee:

1. Make sure the employee meets the definition of Member for your Group Policy, including working at least the stated number of hours per week.
2. Check the Eligibility Waiting Period provision of your Group Policy to determine how long an employee must meet the definition of Member to become eligible for insurance.

If the Policyholder pays the entire premium, eligible employees who satisfy the Active Work requirement become insured when the Eligibility Waiting Period ends. If employees pay all or part of the premium, they are eligible after completing the Eligibility Waiting Period. The effective date of insurance depends upon when the eligible employee applies for coverage.

- New employees who satisfy the Active Work requirement become insured after completing the Eligibility Waiting Period, if they apply on or before that date.
- New employees who apply within 31 days after the end of the Eligibility Waiting Period and satisfy the Active Work requirement become insured on the date they apply.
- If an employee enrolls more than 31 days after becoming eligible, or Evidence Of Insurability is otherwise required, the Evidence Of Insurability must be submitted and approved by The Standard in order for the employee to become insured. Once approved, insurance is effective on the date evidence is approved and the employee satisfies the Active Work requirement.

Note: Some coverages may not be available for new-hire enrollment. Consult your Group Policy to determine eligibility and enrollment rules.

3. Make sure each employee meets the Active Work requirement. Your Group Policy explains how the Active Work requirement applies to employees who are absent or not scheduled to work on the date their insurance is scheduled to become effective, as well as how the requirement relates to insurance increases.
4. If Evidence Of Insurability is required by your Group Policy for any reason (see the Evidence Of Insurability provision) refer to applicable instructions in the **Eligibility and Enrollment; Changes, Terminations and Reinstatements** and **Billing Administration** sections of this guide.

Enrolling New Employees

To add new employees to your plan, follow these steps:

1. Explain your group insurance program to all new employees.
2. If your employees pay all or a portion of premium, provide eligible employees with Enrollment and Change Form with instructions to do the following:
 - Complete, sign and date the form.
 - Return the form to you.
3. Review each form to be sure it is fully completed, including signature and date.
4. Fill in initial amounts of insurance and complete the Human Resources section.
5. Maintain the completed forms with your records.
6. Report changes and update billing as instructed in the **Billing Administration** section of this guide.
7. Provide each insured employee a Certificate of Insurance as instructed in the **Certificates and Notices** section of this guide.

Eligibility and Enrollment

Beneficiary Designations

Insured employees may designate an individual or group of individuals as the Beneficiary for Life insurance, Accidental Death & Dismemberment insurance and Accident insurance that includes an Accidental Death & Dismemberment provision. In the absence of a named Beneficiary and for Dependents Life and Supplemental Life (Spouse), Group Policy provisions designate a Beneficiary. Please consult your Group Policy for that information.

Naming a Beneficiary

To assist in naming a Beneficiary, follow these steps:

1. Provide the insured with Enrollment and Change Form with instructions to do the following:
 - Complete the form, indicating the Beneficiary.
 - Review the Beneficiary information. For further help, contact us at the number identified in the **Contacts for Questions** section of this guide.
 - Sign and date the form.
 - Return the form to you.
2. For Waiver of Premium, Life or Accidental Death & Dismemberment insurance, maintain the insured employee's original Enrollment and Change Form and any subsequent changes with your records. Send to The Standard only when required for a Waiver Of Premium, Life or Accidental Death & Dismemberment insurance claim. Always keep a copy of these forms for your records.

For Accident insurance only, send a copy of the Enrollment and Change Form or the Beneficiary Change Form directly to The Standard and keep the original with your records.

Note: Delays in claims processing or payment may result (and the conservator or Beneficiary may incur legal expenses) when

- The form to designate a Beneficiary is not properly completed
- The designated Beneficiary is a minor (not of legal age), an estate or a legally incompetent person

Your insured employees may wish to consider these possibilities when making their Beneficiary designations.

Changing a Beneficiary

To assist in changing a Beneficiary, follow these steps:

1. Provide the insured with Enrollment and Change Form with instructions to do the following:
 - Complete the form, indicating the new Beneficiary.
 - Review the Beneficiary information. For further help, contact us at the number identified in the **Contacts for Questions** section of this guide.
 - Sign and date the form.
 - Return the form to you.
2. For Waiver of Premium, Life or Accidental Death & Dismemberment insurance, maintain the insured employee's original Enrollment and Change Form and any subsequent changes with your records. Send to The Standard only when required for a Waiver Of Premium, Life or Accidental Death & Dismemberment insurance claim. Always keep a copy of these forms for your records.

For Accident insurance only, send a copy of the Enrollment and Change Form or the Beneficiary Change Form directly to The Standard and keep the original with your records.

Note: For Accident insurance, designation should be made or changed on the Enrollment and Change Form only during annual enrollment periods. At all other times the Accident Beneficiary Designation/ Change form should be used (SI **17769**).

Note: Never alter or attempt to make a change by marking up an existing designation or election. Instead ask the insured to complete a new form.

Eligibility and Enrollment

Evidence Of Insurability

Your Group Policy may include an Evidence Of Insurability requirement that may apply to Life (including Dependents or Supplemental Life Insurance) Long Term Disability, Short Term Disability, Critical Illness* and/or Hospital Indemnity, depending on the plan design or benefit amount available.

Note: All insurance that is subject to Evidence Of Insurability may also be subject to your Group Policy's Active Work provisions before the coverage becomes effective.

Evidence Of Insurability and Processing Required

Consult your Group Policy to determine if Evidence Of Insurability is required. Evidence may be required to obtain initial coverage, add or increase coverage or amounts, enroll late or reinstate coverage.

When an evidence requirement applies, the amount of coverage subject to medical underwriting is not in force until The Standard approves an application in writing. Review of the application may require up to several weeks to complete. Additional information may be requested from the applicant, physician or clinic, and the applicant may be required to submit to an exam, which includes a urinalysis and blood sample. Delays in processing may result if all requested information is not submitted in a timely manner.

Note: Until you receive formal notification of approval and the Active Work requirement has been met, do not begin deducting or submit premiums for the amount of insurance coverage subject to evidence approval.

Applying for Evidence Approval

To assist in applying for approval, follow these steps:

1. Provide the eligible applicant with a Medical History Statement for the appropriate state of residence** with instructions to do the following:
 - Complete the form thoroughly and in its entirety to avoid processing delays.
 - Sign and date the form.
 - Return the completed form directly to The Standard.

Note: Evidence of Insurability questions for Critical Illness* and Hospital Indemnity insurance will be found on the Enrollment and Change form. As the Employer, you may be gathering completed Enrollment forms for submission to The Standard which may include responses to the Evidence of Insurability questions by applicants. As such, you may have in your possession personal health information of employees/applicants. When Enrollment and Change forms containing Evidence of Insurability responses are completed in a paper format or in an electronic format where you may have access to the electronic data, we recommend the following administrative best practices:

1. Keep the responses to the Evidence of Insurability questions separate and secure from other personnel information for the employee.
2. Limit access to this Evidence of Insurability data to a designated Human Resource representative.
3. Should an employee raise concerns about providing responses to the Evidence questions directly to you, we will work with you and that employee to have the Evidence of Insurability responses sent directly to The Standard.

* Critical Illness known as Specified Disease in Vermont.

** You can find the correct state form by logging in at www.standard.com or call your local Employee Benefits Sales and Service Office at 800.633.8575 for assistance.

Notice of Approval or Declination

When coverage has been approved or declined, The Standard will provide written notice to you and the applicant. After you receive notice of approval, follow these steps:

1. Verify that the stated amount of insurance is accurate.
2. Begin paying premiums based on the coverage effective date.

If coverage is declined, The Standard will notify the applicant directly regarding the specific reason for denial and provide a name and number to call with any questions. Due to privacy concerns, you will be notified only that coverage has been declined.

Eligibility and Enrollment

Evidence for Late Enrollees

For plans under which insured employees pay all or part of the premiums, employees who do not enroll for coverage when initially eligible must submit Evidence Of Insurability in the following situations:

- An employee applies for coverage more than 31 days after becoming eligible (late application).
- An employee chooses to apply for coverage after having declined to participate earlier.
- An employee chooses to apply for coverage after having voluntarily withdrawn from the plan.

To assist the employee in applying for coverage, refer to your Group Policy and consult *Applying for Evidence Approval* and *Notice of Approval or Declination* in this section of the guide.

Evidence for Increases in Coverage

Evidence Of Insurability may be required under the following circumstances for increases in coverage for employees insured under your plan:

- An insured employee wishes to increase the amount of insurance coverage subsequent to initial approval for a plan under which employees pay all or a part of the premiums.
- The amount of insurance available to an employee under the Group Policy increases to a level that requires Evidence Of Insurability.

To increase coverages, follow these guidelines:

1. Consult your Group Policy to verify when Evidence Of Insurability is required.
2. Closely monitor changes in amounts of insurance for all insured employees.
3. Assist employees in submitting Evidence Of Insurability in accordance with the terms of the Group Policy.

To assist an employee in applying for an increased coverage amount, consult *Applying for Evidence Approval* and *Notice of Approval or Declination* in this section of the guide.

Note: Increased amounts of coverage are not effective until you receive written notification of approval from The Standard and the Active Work requirement has been met if applicable. In the event that application for an increased amount is declined, the declination will have no effect on the amount of coverage already in force.

Employees Who Sign Up Late, Wish to Change Elections or Originally Refused Coverage

To enroll employees subsequent to initial eligibility, follow these steps:

1. Instruct the employee to submit Evidence Of Insurability for coverage and amounts that require approval by The Standard. See *Evidence Of Insurability* in this section of the guide.
2. Provided that The Standard gives written approval, enroll the insured employee as indicated in *Enrolling New Employees* in this section of the guide.

Refer to your Group Policy to verify the specific terms of your coverage.

Changes, Terminations and Reinstatements

Changes in Employee or Family Status

Eligibility for insurance and amounts of coverage may change because of a change in status related to a dependent or to an employee's marriage, divorce or name change. When this occurs, follow these steps:

1. Consult your Group Policy to determine whether changes in insurance are allowed and if Evidence Of Insurability is required for any new insurance amounts to become effective.
2. For Life insurance coverages and for any coverage for which your employees pay all or a part of premium, provide eligible employees with Enrollment and Change Form with instructions to do the following:
 - Complete relevant sections, sign and date the form.
 - Return the form to you.
3. Review each form to assess whether the status changes will affect insurance coverage and any corresponding plan administration.
4. When a change in insurance becomes effective under the terms of the Group Policy, adjust coverage and your premiums as appropriate.

When Insurance Reduces or Terminates

Consult your Group Policy to verify the conditions under which insurance terminates and/or reduces.

- **Life:** When insurance reduces or is terminated under the policy terms, the insured employee, spouse or dependent may be able to convert to an individual policy and/or continue or buy insurance under a Portability of Insurance provision.
- **Long Term Disability:** When coverage ends under the policy terms, the insured employee may be able to buy Long Term Disability Conversion Insurance.
- **Accident:** When insurance is terminated under the policy terms, the insured employee may be able to continue insurance under a Portability of Insurance provision.
- **Critical Illness¹:** When insurance is terminated under the policy terms, the insured employee may be able to continue insurance under a Portability of Insurance provision.
- **Hospital Indemnity:** When insurance is terminated under the policy terms, the insured employee may be able to continue insurance under a Portability of Insurance provision.

Refer to your Group Policy and the procedures below to assist employees and their insured family members in pursuing their options under these provisions as applicable. The Group Policy will state a period of time allowed to convert and/or continue insurance and the requirements that must be met to exercise these options when insurance terminates or reduces.

Note: Employees with disabilities may be able to continue Life insurance and/or Long Term Disability insurance under Waiver Of Premium provisions.

See *Waiver Of Life Insurance Premium* procedures in the **Benefits Administration – Life** section of this guide, *Premiums During Disability* in the **Billing Administration** section of this guide or contact us at the number identified in the **Contacts for Questions** section of this guide.

Changes, Terminations and Reinstatements

Administering Reductions and Terminations

When insurance reduces or terminates for an insured, follow these steps:

1. Inform the insured employee or family member of the coverage reduction or termination, including the date it is effective.
 - For Life insurance conversion and portability rights, immediately provide the insured employee or family member with written notice of their options when insurance ends or reduces.
 - For other applicable time periods for providing notice of rights and information, consult your Group Policy.
2. Offer the information and required forms for conversion, continuation of coverage and/or Waiver Of Premium, as applicable, under your group insurance coverage with The Standard. Review the provisions to ensure your compliance.
 - For Life Insurance, refer to *Conversion to Individual Life Insurance* in this section of this guide and *Waiver Of Life Insurance Premium* procedures in the **Benefits Administration – Life** section of this guide.
 - For Long Term Disability, refer to *Long Term Disability Conversion* below.
 - For Accident, Critical Illness¹ and Hospital Indemnity, refer to the *Portability of Insurance* in this section of the guide.

Note: For assistance with conversion and continuation of coverage options and eligibility, ordering required forms and verifying premium rates for these coverage options contact us at the number identified in the **Contacts for Questions** section of this guide.

3. Stop or adjust payroll deductions if the employee was contributing toward the cost of insurance.
4. Report changes and update your billing according to the *Employee Adjustments* instructions in the **Billing Administration** section of this guide.

Portability of Insurance

Life

If your Life coverage includes a Portability Of Insurance provision, follow these steps:

1. Contact us at the number identified in the **Contacts for Questions** section of this guide to verify the terms of your portability provision and get the appropriate application to complete.
2. Complete the Employer portion of the application.
3. Provide the application to the insured employee or family member to complete and submit directly to The Standard, together with premium payment.
 - For help in determining the premium amount, contact us at the number identified in the **Contacts for Questions** section of this guide.

Note: Portability of Life insurance is not available to employees who are disabled, except for residents of Massachusetts.

Accident, Critical Illness¹ or Hospital Indemnity

If your Group Accident, Critical Illness or Hospital Indemnity insurance includes a Portability of Insurance provision, eligible employees will automatically be notified of portability instructions.

If your Group Critical Illness Insurance includes a Spouse Portability of Insurance provision, follow these steps:

1. Contact us at the number identified in the **Contacts for Questions** section of this guide to verify the terms of your portability provision and get the appropriate application to complete.
2. Complete the Employer portion of the application.
3. Provide the application to the insured employee or the insured's Spouse family member to complete remaining portions and submit directly to The Standard, together with premium payment.
 - For help in determining the premium amount, contact us at the number identified in the **Contacts for Questions** section of this guide.

Note: Group Accident, Critical Illness and Hospital Indemnity insurance portability is not available to employees who are disabled.

Changes, Terminations and Reinstatements

Conversion to Individual Life

If your Life coverage includes a Right To Convert provision, provide the insured employee or family member a Request for Group Life Conversion Materials (SI **1598A**) and instruct to follow these steps:

1. Complete and send to The Standard using the address on the form.
2. Explain that, upon receipt of the request, The Standard will send the employee or family member an application to be completed and returned to you.

Note: The application must be submitted with premium payment within 31 days from loss of coverage.
3. When the employee or family member submits the application to you, complete the Employer portion and send the application to The Standard, together with premium payment, or instruct the employee or family member to do so after the entire application is completed.

Long Term Disability Conversion

If your Long Term Disability coverage includes a Conversion of Insurance provision, provide the employee a Request for Long Term Disability Conversion Materials (SI **4781**) and instruct to follow these steps:

1. Complete and send to The Standard using the address on the form.
2. Explain that, upon receipt of the request, The Standard will send the employee an application to be completed and returned to you.

Note: The application must be submitted with premium payment within the time period required by the Group Policy.
3. When the employee submits the application to you, complete the Employer portion and send the application to The Standard, together with premium payment, or instruct the employee or family member to do so after the entire application is completed.

Note: Long Term Disability Conversion is not available to employees who are disabled.

Reinstatement of Insurance

Reinstatement may apply to former employees who return to work or for whom insurance ended because of a withdrawal from the insurance coverage, reduction in work hours or other reasons. To reinstate coverage, follow these steps:

1. Refer to your Group Policy Reinstatement of Insurance provision to determine requirements.
2. If required, instruct the employee to submit Evidence Of Insurability. See *Evidence Of Insurability* in the **Eligibility and Enrollment** section of this guide.
3. Complete enrollment forms as instructed in *Enrolling New Employees* in the **Eligibility and Enrollment** section of this guide.
4. Report changes and adjust billing as appropriate. See *Employee Adjustments* instructions in the **Billing Administration** section of this guide.

1 Critical Illness insurance is sold as Specified Disease insurance in the state of Vermont.

Certificates and Notices

Distribution to Insured Employees

The Standard will supply you with a certificate of Group Insurance to provide each employee a description of coverage available under the Group Policy. Subsequent changes to the plan will be described in a notice of plan change. To inform your employees of the coverage available to them, be sure to follow these steps:

1. Provide a certificate to each employee when insurance becomes effective, even if you also distribute separate summary plan descriptions, notices of plan change, booklets or other material that The Standard has approved.

Note: If you distribute certificates electronically to insureds, reference your Group Policy to make it clear when insurance becomes effective for each employee. Certificates must be distributed to insureds. In many states, printed certificates are available on request at an additional cost.

Note: under ERISA plan administrators may deliver SPD/certificates electronically if appropriate and necessary measures reasonably calculated to ensure that the system for furnishing documents results in actual receipt of transmitted information. Legal counsel should be consulted for questions regarding delivery or recordkeeping requirements.

2. When The Standard issues notices of plan change to reflect changes made by an amendment, provide a notice to each insured employee.
3. If you need an updated electronic version of a certificate or additional printed supplies, please contact your local Employee Benefits Sales and Service Office for assistance.

Personalized Certificates for California

California law requires personalized certificates for group life and health insurance when insured employees pay all or part of the premiums. The certificates must contain either the name of the insured employee or otherwise identify each employee's individual certificate. Please contact your local Employee Benefits Sales and Service Office if you need assistance with compliance.

Electronic Certificates for Wisconsin

Wisconsin law requires that when an electronic Certificate is used in place of a paper Certificate you must do the following:

1. Post a paper copy of the Certificate and provide instructions (written on paper) on how to access the electronic Certificate. This paper copy of the Certificate and instructions shall be placed in a conspicuous place where the Certificate holders would have access (e.g. break room); or
2. In the alternative, you may publish the paper copy of the Certificate and provide instructions (written on paper) on how to access the electronic Certificate in a document that all employees receive (e.g. Employee Booklet);
3. If the Certificate is later modified, you must follow the same steps in either number 1 or 2 above;
4. You must always provide a paper copy of the Certificate to any Certificate holder who requests one.

Please contact your local Employee Benefits Sales and Service Office if you need assistance with compliance.

Billing Administration

About Your Bill

Some billing procedures vary according to your method of billing and differences are noted in this section.

- **Self-Administered Billing:** Insured employees are summarized for premium billing. You prepare and initiate premium statements according to the number of employees insured under your Group Policy.
- **List Billing:** Insured employees are listed individually for premium billing. Billing statements are prepared and provided to you according to the number of employees insured under your Group Policy.

Premiums Due

Premiums are due on or before the first calendar day of the period for which you are billed. This date is shown on the cover of your Group Policy and on your billing statement. Your Group Policy specifies a Grace Period during which premiums must be paid.

Note: If your premium is not received within the Grace Period, your policy will lapse and your insurance coverage will be terminated. Timely payment is required for insurance to remain in force.

Reporting Volume

Volume is the amount of coverage each employee has according to your Group Policy. Premiums for Life, Accidental Death & Dismemberment, Long Term Disability and Short Term Disability insurance are based on amounts stated in the Schedule Of Insurance provision of your Group Policy up to a maximum benefit or earnings amount. Follow these guidelines to determine and pay premiums for the proper volume for your coverage:

- Report volume based on maximum insured earnings and benefit limits for each insured employee, according to the Schedule Of Insurance provision.
- Do not report volume or pay premiums for earnings that exceed the maximum defined in your Group Policy or for coverage or amounts for which Evidence Of Insurability is pending.
- Monitor and report changes in volume as of their effective dates.

Note: The maximum benefit or earnings amount may increase each year on your policy anniversary date, according to the Coverage Features or Premiums section of your Group Policy.

Employee Adjustments

You are responsible for reporting and making any billing adjustments related to employee additions and terminations, as well as for volume increases and decreases. These may result from changes in age, job classification, salary or other reasons as defined in your Group Policy.

Self-Administered Billing

If you have a billing statement on which the insured employees are summarized (not listed individually), premium payments and adjustments are usually calculated as of the first of the month coinciding with or following a change. To adjust your premiums for employee additions, terminations and volume changes, follow these steps:

1. Adjust the amount of premium and pay amount due.
2. Send your statement (or for E-Billing a printed copy) to The Standard with your premium remittance.

Note: If you use E-Billing, use the Adjust/Print Self-Admin feature to adjust Lives and Volume.

List Billing

If you have a billing statement on which insured employees are listed individually, premium payments and adjustments are usually calculated as of the first of the month coinciding with or following a change. To adjust your premiums for employee additions, terminations and volume changes, follow these steps:

1. List changes on the Billing Change Form (SI **7270**).
 - If you use E-Billing, enter the adjustments to Lives and Volume using the online system.
2. Submit the updated information to The Standard, but pay the amount you were billed. Adjustments will appear on the next billing statement.

Billing Administration

Paying Your Bill

Self-Administered Billing

If you have a billing statement on which the insured employees are summarized (not listed individually), pay premiums according to these steps:

1. Use your Statement of Premium Due worksheet (or use the online version for E-Billing subscribers) to calculate premium due and report billing changes.
 - Report the total number of lives (insured employees).
 - If you have employee changes, report them on your statement, according to *Employee Adjustments* in this section of the guide.
 - Report the total Volume (benefit amount or insured earnings), according to *Reporting Volume* in this section of the guide.
 - Calculate premium figures. See the Coverage Features or Premiums section of your Group Policy.
2. Make your check payable to Standard Insurance Company. Be sure to include the policy number on your check.
3. Return the original Statement of Premium Due (or print and mail the online version) with your payment to The Standard in the envelope provided.

List Billing

If you have a billing statement on which insured employees are listed individually, pay premiums according to these steps:

1. Pay the amount for which you are billed, making your check payable to Standard Insurance Company. Please include your policy number on your check.

Note: Do not manually adjust any volume or premium amounts on the current billing statement. To make adjustments that will appear on your next billing statement, follow the steps under *Employee Adjustments* in this section of the guide.
2. Return the Payment Coupon with your check to The Standard in the envelope provided.

Note: Do not send employee changes or other correspondence with your premium payment, as it is directly routed for deposit.

Paying Premiums When Evidence Of Insurability Is Pending

When Evidence Of Insurability is required, the portion of coverage subject to medical underwriting is not in force until The Standard approves an application in writing. Follow these steps for paying premiums:

1. Pay premiums for only the amount of coverage (if any) for which the employee is eligible without submitting evidence.
2. Adjust your premiums to add or increase coverage (if applicable) after you receive formal notification from The Standard of approval and the amount and the Active Work requirement has been met. See your Group Policy and *Evidence Of Insurability* in the **Eligibility and Enrollment** section of this guide.

Premiums During Disability

To maintain group insurance coverage for eligible employees who are away from work because of disability, it is generally necessary to continue premium payments on their behalf.

In certain cases, Group Life and Long Term Disability insurance premiums may be waived for some period of time while an employee is disabled, according to the When Insurance Ends and Waiver Of Premium provisions under your Group Policy. Consult your Group Policy and the directions that follow. Waiver Of Premium for Group Life insurance is generally not available to employees who become disabled after their 60th birthday.

Note: Cease payment of premiums when a disabled employee's insurance ends for any reason stated in your Group Policy.

Premiums for Life Insurance

If an insured employee is away from work because of disability and your Group Policy includes an applicable Waiver Of Premium provision, follow these steps:

1. Instruct the employee to submit a Waiver Of Premium claim according to directions in the **Benefits Administration – Life** section of this guide.
2. Continue paying premiums until a claim decision is made as long as the employee remains eligible for coverage.
3. If premium contributions are required from your insured employees, you may need to arrange for disabled employees to pay their premiums to you before you submit payment to The Standard.

Billing Administration

4. Follow the instructions outlined in your Waiver Of Premium claim approval letter for any adjustment of premium due to you.

Premiums for Long Term Disability Insurance

If an insured employee is away from work because of disability and a Long Term Disability claim is pending, follow these steps:

1. Continue paying premiums until you receive notification that the Long Term Disability claim is approved and benefits are payable and due, as long as the employee remains eligible for coverage.
2. After you receive notice of claim approval, report the changes for premiums following the steps under *Employee Adjustments* in this section of the guide.

Premiums for Hospital Indemnity Insurance

Waiver of Premium is available under a Hospital Indemnity policy when an insured is confined to a hospital for 30 or more consecutive days. This is not based upon disability, but rather confinement to the hospital.

If an insured employee is away from work because of hospital confinement and your Group Policy includes an applicable Waiver of Premium provision, follow these steps:

1. Continue paying premiums until a claim decision is made as long as the employee remains eligible for coverage.
2. You may need to arrange for hospital-confined employees to pay their premiums to you before you submit payment to The Standard.
3. If a refund is required, we will send the refund check to the employee.

Commonly Asked Questions

Premium Billing

When are premiums due?

Premiums are due on or before the first calendar day of the period for which they are billed. For example, premiums due for the month of March are due on or before March 1.

When will my billing statement be mailed?

Statements are mailed 18, 17, 15, 13 or 11 days before each due date, depending on your geographic location. If you would like to know specifically when your statement is mailed, contact us at the number identified in the **Contacts for Questions** section of this guide.

For E-Billing Administration subscribers, current premium statements will be available online after they have been printed at The Standard.

What is a Grace Period?

The Grace Period is the amount of time that is available to pay the premium before the policy lapses and coverage is terminated. The Grace Period is generally 30 days from the date the premium is due. Consult your Group Policy to determine the Grace Period for your Group Policy's premium payment.

Volume

What is volume?

Volume is the total amount of coverage each employee has, according to the contract provisions.

Why is an insured employee capped at a particular volume level when the salary is higher than that?

An insured employee's volume is limited by the plan maximum or the Guarantee Issue Amount. A Guarantee Issue Amount represents the maximum amount in earnings or benefit that The Standard will insure without requiring Evidence Of Insurability. Coverage for amounts over the Guarantee Issue Amount requires Evidence Of Insurability. The plan maximum represents the maximum amount in earnings or benefit The Standard will insure. Refer to your Group Policy Schedule Of Insurance and Evidence Of Insurability provisions to verify this amount.

Billing Administration

How does The Standard calculate volume?

Insurance volume is generally calculated as follows for each individual insured under your Group Policy:

- Life and AD&D: The insured employee's volume equals the benefit amount.
- Short Term Disability: Volume equals a percentage of the insured employee's weekly Predisability Earnings.
- Long Term Disability: Volume equals the insured employee's monthly Predisability Earnings.

Refer to your Group Policy for specific percentages, maximums and evidence requirements.

Employee Changes

May I send in a computer printout instead of completing the Billing Change Form for salary increases?

No, to allow timely and accurate billing, submit all changes as directed under *Employee Adjustments* in this section of the guide. Sending a printout with your statement may not be recognized as an actual change.

Should I pay as billed or make my own adjustments?

If insured employees are listed individually on your premium billing statement (List Billing), pay as billed to avoid confusion and reduce the potential need for premium audits. Wait to pay charges or take credits when they are reflected on your statement.

If insured employees are not individually listed but summarized on your premium billing statement (Self-Administered Billing), calculate and pay premiums according to *Paying Premiums* and *Employee Adjustments* in this section of the guide.

Why do we have a charge/credit?

A charge or credit may be related to employee adjustments, payment not equaling the amount billed, or amendment changes. If you find a charge or credit that you cannot verify, contact us at the number identified in the **Contacts for Questions** section of this guide.

Employee Changes for List Billing

Why weren't my employee changes reflected on my current premium billing statement?

It's likely that The Standard did not receive the changes prior to preparing your billing statement, the correct Eligibility Waiting Period is not reflected in our system or all the information needed to process the change was not submitted. If you have any questions about employee changes, contact us at the number identified in the **Contacts for Questions** section of this guide.

Why was the employee added on the wrong effective date?

Effective dates for insurance are calculated automatically from the date entered in the "Date of Full Time Employment" field on your Billing Change Form. If the effective date of an employee is not what you expect, verify it against the Eligibility Waiting Period in your Group Policy. If you have questions, contact us at the number identified in the **Contacts for Questions** section of this guide.

Can I make my employee changes over the phone?

No, to assure accuracy, The Standard asks that all changes be requested in writing. If you are concerned that changes you have submitted are not reflected on your statement, contact us at the number identified in the **Contacts for Questions** section of this guide.

Benefits Administration – Life

Filing a Claim

Life, Accidental Death, Dependents Life and Supplemental Life

To assist in submitting a claim for Life benefits follow these steps:

Note: Original documents will not be returned.

1. Provide the claimant with the Life claim packet (SI **1794**) with instructions to do the following:
 - Employer completes the Proof of Death Claim form including current beneficiary information.
 - Instruct the beneficiary to complete the Life Insurance Benefits Beneficiary Statement.
 - Send the Proof of Death Claim form to The Standard using the address on the claim form. Include the following items:
 - Copies of all insured's Enrollment and Change and Beneficiary Designation forms (including any forms from previous carriers)
 - A photocopy of the certified death certificate
 - Any other documents that provide additional information for the claim, such as an accident report for Accidental Death claims

Accidental Dismemberment

To assist in submitting a claim for Accidental Dismemberment benefits follow these steps:

1. Provide the claimant with the Accidental Dismemberment claim packet (SI **2720**) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorizations.
 - Send these forms directly to The Standard using the address on the claim form.
 - Complete Part 1 of the Attending Physician's Statement and provide the form and fraud notice to the physician with instruction to complete the remainder of the form and send it to directly to The Standard.
2. Complete the Employer's Statement and send to The Standard with the following:
 - If the claimant pays all or part of premiums, attach a copy of the coverage enrollment forms.

Waiver Of Life Insurance Premium (When the employee does not have Long Term Disability coverage)

To assist in submitting a claim for Waiver Of Premium follow these steps:

1. Verify that your Group Life policy contains this provision.
2. Provide the claimant with the Waiver Of Premium claim packet (SI **1284**) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorizations.
 - Send these forms directly to The Standard using the address on the claim form.
 - Complete Part A of the Attending Physician's Statement. Provide the form and an envelope to the physician with instruction to complete Part B and send the form directly to The Standard.
3. Complete the Employer's Statement and send to The Standard with the following:
 - Job description
 - Employment application or resume
 - Copies of any Enrollment and Change forms
 - Ensure the following are current
 - Employee name
 - Policyholder name
 - Policy number
 - Amount of insurance, including changes

Note: Send copies to The Standard and retain the originals for your records.

4. If insurance has not ended, pay premiums until you are notified that the Waiver Of Premium claim is approved.
5. Notify the claimant that The Standard may directly request additional proof of disability.
6. Notify The Standard if the claimant recovers, returns to work or dies.

Benefits Administration – Life

Waiver Of Life Insurance Premium (When the employee **has** Long Term Disability coverage with The Standard)

To assist in submitting a claim for Waiver Of Premium when an insured stops working because of sickness, injury or pregnancy as defined in your Group policy, follow these steps:

1. Notify the claimant that The Standard will work directly with him or her to determine eligibility for Life Insurance Waiver Of Premium.

Note: Separate Waiver Of Premium claim forms are not required if Long Term Disability claim forms have already been completed.

2. Verify that the employee's Enrollment and Change Forms contain the following current information:
 - Employee name
 - Policyholder name
 - Policy number
 - Amount of insurance, including changes
3. Send copies to The Standard and retain the originals.
4. If insurance has not ended, pay premiums until you are notified that the claim is approved.
5. Notify The Standard if the employee recovers, returns to work or dies.

Note: Claims can also be submitted online at **www.standard.com**. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

Where can I obtain claim forms?

You may obtain them online at **www.standard.com** or submit a Policyholder Supply Order (SI 2160).

To whom does The Standard pay policy proceeds if no beneficiary is designated?

Most Group Policies include a provision that applies if no beneficiary is designated. Payment is generally made to the first of the following classes in which an individual has survived the insured employee: Spouse, Children, Parents, Siblings or Estate.

Does The Standard pay minors if they are listed as beneficiaries?

Life Insurance proceeds are not paid directly to minor beneficiaries. Proceeds are paid according to state law. It may be necessary to have a conservator appointed for the estate of the minor. Unfortunately, this can mean legal expenses for the beneficiary and a delay in the payment of insurance.

Can a person who has Power of Attorney for the insured employee change a beneficiary designation?

A Power of Attorney must grant specific authority, by the terms of the document and applicable law, to allow the attorney in fact to make or change a beneficiary designation. The employee or power of attorney should consult a legal advisor with questions.

Why does The Standard need a Social Security number for the beneficiary?

The Standard is required to file a 1099 Interest Income form when interest is paid on the proceeds of the Life Insurance policy. The Social Security number is required to complete the form.

What options do beneficiaries have for receiving their policy proceeds?

Beneficiaries will be paid by check, or if proceeds exceed a minimum amount for your Group Policy, they will be deposited into an interest-bearing account, Standard Secure Access. In this case, the beneficiary receives a draft book instead of a check, funds begin earning interest the day the claim is paid and the beneficiary may make withdrawals at any time in amounts of \$250 or more.

Benefits Administration – Life

What is Waiver Of Life Insurance Premium?

Waiver Of Life Insurance Premium is a provision of a Group Life Insurance policy that allows an eligible insured to have insurance continued without paying premiums for a specified period of time. The employee must meet Group Policy requirements, including the definition for Total Disability.

When is an insured employee eligible for Waiver Of Premium?

An employee is eligible for Waiver Of Premium when the employee is Totally Disabled as defined by the Group Policy, meets the age requirement and serves any required Waiting Period.

How long does Waiver Of Premium provision last?

The Group Policy dictates how long the premium may be waived, generally until age 65, or to the date of death if sooner, subject to the employee's providing proof of continuous Total Disability as defined by the Group Policy.

What happens if an employee who has been on Waiver Of Premium recovers?

Waiver claims will be denied if recovery occurs during the Waiting Period, or closed if recovery occurs after a claim is approved.

When is the appropriate time to provide an employee with Waiver Of Premium claim forms instead of a Conversion card?

Provide Waiver Of Premium claim forms when an insured employee stops working because of Sickness, Injury or Pregnancy as defined in your Group Policy. Conversion cards are appropriate for employees who terminate for non-medical reasons or are otherwise not entitled to Waiver of Life

Benefits Administration – Short Term Disability

Filing a Claim

To assist in submitting a claim for Short Term Disability benefits follow these steps

1. Complete the Employer's Statement from the Short Term Disability claim packet (SI **2047**).
 - If the claimant pays all or part of premiums, attach a copy of the coverage enrollment forms.
2. Send the Employer's Statement (and enrollment form, if applicable) directly to The Standard using the address on the claim form.
3. Provide the remaining packet to the claimant with instructions to do the following:
 - Complete, sign and date the Employee portion of the Employee/Attending Physician's Statement.
 - Sign and date the Authorizations.
 - Send both forms directly to The Standard using the address on the claim form.
 - Provide the signed Authorization, fraud notice and Attending Physician's Statement to the physician with instruction to complete the Statement and send it and the Authorization directly to The Standard.

Note: If The Standard provides both Short Term Disability and Long Term Disability coverages, the employee will not be required to file a separate claim for Long Term Disability. The same claim forms will initiate claims for both coverages.

Note: A claim can also be submitted online at **www.standard.com**. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

When should I direct a claimant to file a claim for Short Term Disability benefits?

The Standard advises that a Short Term Disability claim be filed as soon as a disabled employee is expected to be absent for a period of time that will exceed the Benefit Waiting Period as defined in your Group Policy.

A Short Term Disability claim may also be submitted up to four weeks in advance of a planned disability absence, such as for childbirth or a scheduled surgery.

Where can I obtain claim forms?

You may obtain them online at **www.standard.com** or submit a Policyholder Supply Order (SI **2160**).

How frequently are Short Term Disability benefits paid once a claim has been approved?

Short Term Disability benefit payments are made on a weekly basis at the end of the week for which benefits are due. In most cases, Short Term Disability checks are mailed on Wednesday. Short Term Disability benefit payments that are payable for retroactive claims will be mailed following claim approval.

What do I do when an claimant with a pending or active Short Term Disability claim returns to work?

If a claimant with a pending or active Short Term Disability claim returns to work in any capacity, immediately contact the assigned benefits resource. The benefits resource will request additional information as needed to determine whether further benefits may be payable under the terms of your Group Policy.

What do I do when an claimant with a pending or active Short Term Disability claim dies?

If a claimant with a pending or active Short Term Disability claim dies, immediately contact the assigned benefits resource. The benefits resource will request additional information as needed to determine whether further benefits may be payable under the terms of your Group Policy.

Benefits Administration – Short Term Disability

How may I obtain information regarding claims submitted for my organization?

The Standard offers the following reports and services to keep you informed about the status and payment of Short Term Disability (and if applicable, Long Term Disability) benefits under your Group Policy:

- **Monthly Group Benefits Activity Report:** Automatically sent to you at the end of each month, this provides a summary of benefit payments and/or activity during the month.
- **Reports Online™ Claims Management Information:** This online reporting tool provides daily updates for claim status and payment activity, as well as quarterly case-management reports for use in identifying claim trends.
- **Integrated Voice Response (IVR):** The Standard's toll-free customer service line is available to you and your employees 24 hours a day, seven days a week. The IVR system offers basic claims information, by providing the claimant's Social Security number and date of birth.

Are Short Term Disability benefits subject to taxes?

The Short Term Disability benefit is taxable if:

- You pay all or a portion of the premiums for your employees' Short Term Disability (and, if applicable, Long Term Disability) benefits, or,
- The premiums are paid with pre-tax dollars by the employee

Only the amount of the benefit attributable to either the Employer's premium contribution or to the employee's pre-tax contribution is subject to tax. For example, if the Employer pays 100 percent of the premium, the benefit is 100 percent taxable. If the Employer pays 50 percent of the premium and the employee pays 50 percent of the premium with after-tax dollars, only 50 percent of the premium is taxable.

Please note that if you change your premium contribution arrangements, your Group Policy must be amended to reflect the change. Insured employees should consult their tax advisors for additional information.

What are the tax reporting responsibilities?

The Employer is responsible for:

- The tax reporting of benefits issued
- Paying and reporting the Employer's share of any applicable FICA

The Standard will withhold and remit the employee's share of any applicable FICA.

What is the FICA tax service?

For an additional fee, The Standard offers a FICA tax service agreement for Employers who wish to have The Standard handle the tax reporting and create the W-2 for claimants receiving Short Term Disability benefits. As part of the tax service agreement The Standard will pay the Employer's share of matching FICA for the taxable Short Term Disability benefit.

Are benefits taxable if employees pay for the coverage via a Section 125 Cafeteria Plan?

If employee premium is paid with pre-tax dollars, the benefits are taxable. If premium is paid with post-tax dollars, the portion of the benefits attributable to employee contributions is not taxable.

Benefits Administration – Long Term Disability

Filing a Claim

If you also have Short Term Disability coverage with The Standard, refer to the **Benefits Administration – Short Term Disability** section of this guide. Otherwise, to assist in submitting a claim for Long Term Disability benefits follow these steps:

1. Provide the claimant with the Long Term Disability claim packet (SI 3379) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorization to Obtain and Release Information.
 - Send both forms directly to The Standard using the address on the claim form.
 - Complete section A of the Attending Physician's Statement. Then give the form, fraud notice and envelope to the physician and instruct physician to complete section B and send the form directly to The Standard.
2. Complete the Employer's Statement section and send it to The Standard with the following:
 - Job description and/or completed Job Analysis form
 - Employment application or resume
 - A photocopy of Long Term Disability enrollment forms (required when employee pays all or part of the premiums)
 - Photocopies of all Enrollment and Change Forms
 - Documentation of any Deductible Income as defined by your Group Policy

Note: A claim can also be submitted online at www.standard.com. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

When should I direct a claimant to file a claim for Long Term Disability benefits?

Typically The Standard advises that a claim be filed no later than half way through the employee's Benefit Waiting Period as defined in your Group Policy.

Where can I obtain claim forms?

You may obtain them online at www.standard.com or submit a Policyholder Supply Order (SI 2160).

How frequently are Long Term Disability benefits paid after a claim has been approved?

Long Term Disability benefits are paid on a monthly basis at the end of the benefit month, which is determined by the claimant's date of disability and Benefit Waiting Period. For example, if the disability date is March 5 and the Benefit Waiting Period is 30 days, the Benefit Waiting Period would be served as of April 3. Benefits would become payable on April 4, the first benefit check would be paid by May 4, and continuing benefit checks would be paid to the claimant by the 4th day of each month.

What options do employees have for receiving their Long Term Disability benefits?

The Standard offers three Long Term Disability benefit payment options:

- **Regular check:** The Standard will mail a check to the claimant's address, allowing sufficient time to reach the employee by the date benefits are due.
- **Electronic Funds Transfer (EFT):** If the claimant elects EFT, The Standard will wire transfer Long Term Disability benefits to the claimant's designated bank account by the date benefits are due.

Benefits Administration – Long Term Disability

What do I do when a claimant with a pending or active Long Term Disability claim returns to work?

If a claimant who has a current Long Term Disability claim with The Standard returns to work in any capacity, immediately notify the assigned Benefits Analyst. The Benefits Analyst will request additional information as needed to determine whether further benefits may be payable under the terms of your Group Policy.

What do I do when an claimant with a pending or active Long Term Disability claim dies?

If a claimant who has a current Long Term Disability claim with The Standard dies, immediately notify the assigned Benefits Analyst. The Benefits Analyst will request additional information as needed to determine whether further benefits may be payable under the terms of your Group Policy.

How may I obtain information regarding claims submitted for my organization?

The Standard offers the following reports and services to keep you informed about the status and payment of Long Term Disability (and if applicable, Short Term Disability) benefits under your Group Policy:

- **Monthly Group Benefits Activity Report:**
Automatically sent to you at the end of each month, this provides a summary of benefit payments and/or activity during the month.
- **Reports Online™ Claims Management Information:** This online reporting tool provides daily updates for claim status and payment activity, as well as quarterly case-management reports for use in identifying claim trends.
- **Integrated Voice Response (IVR):** The Standard's toll-free customer service line is available to you and your employees 24 hours a day, seven days a week. The IVR system offers basic claims information, by providing the claimant's Social Security number and date of birth.

Are Long Term Disability benefits subject to taxes?

If you pay all or a portion of the premiums for your employees' Long Term Disability (and if applicable Short Term Disability) benefits, the amount of benefits attributable to the Employer's premium contribution is subject to tax. The Standard will submit W-2s at year-end showing the taxable amount according to IRS regulations. If you change your premium contribution arrangements, your Group Policy must be amended to reflect the change. Advise insured employees to consult their tax advisors for more specific information.

Are benefits taxable if employees pay for the coverage via a Section 125 Cafeteria Plan?

If employee premium is paid with pre-tax dollars, the benefits are taxable. If premium is paid with post-tax dollars, the portion of the benefits attributable to employee contributions is not taxable.

Benefits Administration – Accident

Note: This section is for Accident insurance. If you're seeking help with Accidental Death and Dismemberment (AD&D) insurance, see the **Benefits Administration – Life** section of this guide.

Filing a Claim

Accident Benefit

To assist in submitting a claim for Accident benefits follow these steps:

1. Provide claimant with the Accident Benefits claim packet (SI **17502**) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorization to Obtain and Release Information.
 - Send both forms directly to The Standard using the address on the claim form.
 - Complete section A of the Attending Physician's Statement. Then give the form, fraud notice and envelope to the physician with instructions to complete sections B, C and D (if applicable) and send the form directly to The Standard.

Note: A claim can also be submitted online at **www.standard.com**. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Accidental Death Benefit

To assist in submitting a claim for death benefits under the Accident policy, direct the claimant to contact us at the number identified in the **Contacts for Questions** section of this guide.

Health Maintenance Screening Benefit

To assist in submitting a claim for the Health Maintenance Screening Benefit follow these steps:

1. Provide the claimant with the claim form (SI **17430**) with instructions to do the following:
 - Complete, sign and date the claim form.
 - Return the completed form directly to The Standard at the address on the form.

Note: A claim can also be submitted online at **www.standard.com**. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

When should I direct a claimant to file a claim for Accident benefits?

Typically The Standard advises that a claim be filed as soon as possible after the requirements for an Accident Insurance benefit are met, but definitely within 90 days of the date the requirements for an Accident Insurance benefit are met.

Can I view submitted claims and status?

There is no direct reporting of claims filed or approved for Accident benefits. This product operates on a more direct-interaction model with the employee.

Who should an employee contact for claim status?

The employee may contact us at the number identified in the **Contacts for Questions** section of this guide to obtain a status update on a claim.

Claim status is also available at **www.standard.com**. For questions or assistance gaining access, employees may contact us at the number identified in the **Contacts for Questions** section of this guide.

What is the average processing time for Accident claims?

On average these claims are processed within five business days of receipt of all required information.

How are benefits paid?

Benefits are paid directly to the claimant (not the health care provider) in the form of a lump-sum check at the time the claim is approved.

How can an insured change the beneficiary designation on Accident coverage?

Beneficiary designations can be made online at **www.standard.com**. For questions or assistance gaining access, employees may contact us at the number identified in the **Contacts for Questions** section of this guide.

Alternately, the change can be made on a Beneficiary Designation Change form (SI **17769**) that is sent directly to The Standard at the address on the form.

Note: The employer should not retain the original designation but remit it directly to The Standard for administration and recording.

Benefits Administration – Accident

Note: This section is for Accident insurance. If you're seeking help with Accidental Death and Dismemberment (AD&D) insurance, see the **Benefits Administration – Life** section of this guide.

Are Accident benefits taxable?

The benefit is taxable if the employee pays the premium with pre-tax dollars or the Employer pays the premium with pre-tax dollars.

The portion of the benefit attributable to the employee's pre-tax contributions is subject to tax. For example, if the Employer pays 100 percent of the premium, the benefit is 100 percent taxable. If the Employer pays 50 percent of the premium and the employee pays 50 percent of the premium with after-tax dollars, only 50 percent of the premium is taxable.

Please note that some of the benefits will be non-taxable regardless of how the premiums are paid. These benefits are related to a permanent loss or loss of use of a member or function of the body, or the permanent disfigurement, of the taxpayer, his spouse or a dependent and are computed with reference to the nature of the injury without regard to the period the employee is absent from work.

Are benefits taxable if employees pay for the coverage via a Section 125 Cafeteria Plan?

If employee premium is paid with pre-tax dollars, the benefits are taxable. If premium is paid with post-tax dollars, the portion of the benefits attributable to employee contributions is not taxable.

What are the tax reporting responsibilities?

- The Standard will report any taxable benefit amounts on a 1099-MISC statement at the end of the year.
- Accident benefits are not subject to mandatory income tax withholding or to FICA tax.

Benefits Administration – Critical Illness*

Filing a Claim

Critical Illness* Benefit

To assist in submitting a claim for Critical Illness* benefits follow these steps:

1. Provide claimant with the Critical Illness* Benefits claim packet (SI **17503**) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorization to Obtain and Release Information.
 - Send both forms directly to The Standard using the address on the claim form.
 - Complete section A of the Attending Physician's Statement. Then give the form, fraud notice and envelope to the physician with instructions to complete sections B and C and send the form directly to The Standard.

Note: A claim can also be submitted online at www.standard.com. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

* Critical Illness known as Specified Disease in Vermont.

Health Maintenance Screening Benefit

To assist in submitting a claim for the Health Maintenance Screening Benefit follow these steps:

1. Provide the claimant with the claim form (SI **17430**) with instructions to do the following:
 - Complete, sign and date the claim form.
 - Return the completed form directly to The Standard at the address on the form.

Note: A claim can also be submitted online at www.standard.com. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

Can I view submitted claims and status?

There is no direct reporting of claims filed or approved for Critical Illness* benefits. This product operates on a more direct-interaction model with the employee.

Who should an employee contact for claim status?

The employee may contact us at the number identified in the **Contacts for Questions** section of this guide to obtain a status update on a claim.

Claim status is also available at www.standard.com. For questions or assistance gaining access, employees may contact us at the number identified in the **Contacts for Questions** section of this guide.

What is the average processing time for Critical Illness* claims?

On average these claims are processed within five business days of receipt of all required information.

How are benefits paid?

Benefits are paid directly to the claimant (not the health care provider) in the form of a lump-sum check at the time the claim is approved.

What if the claimant dies while the claim is pending?

Please contact us at the number identified in the **Contacts for Questions** section of this guide.

Are Critical Illness* benefits taxable?

The benefit is taxable if the employee pays the premium with pre-tax dollars or the Employer pays the premium with pre-tax dollars.

The portion of the benefit attributable to the employee's pre-tax contributions is subject to tax. For example, if the Employer pays 100 percent of the premium, the benefit is 100 percent taxable. If the Employer pays 50 percent of the premium and the employee pays 50 percent of the premium with after-tax dollars, only 50 percent of the premium is taxable.

Please note that some of the benefits will be non-taxable regardless of how the premiums are paid. These benefits are related to a permanent loss or loss of use of a member or function of the body, or the permanent disfigurement, of the taxpayer, his spouse or a dependent and are computed with reference to the nature of the injury without regard to the period the employee is absent from work.

Benefits Administration – Critical Illness*

Are benefits taxable if employees pay for the coverage via a Section 125 Cafeteria Plan?

If employee premium is paid with pre-tax dollars, the benefits are taxable. If premium is paid with post-tax dollars, the portion of the benefits attributable to employee contributions is not taxable.

What are the tax reporting responsibilities?

- The Standard will report any taxable benefit amounts on a 1099-MISC statement at the end of the year.
- Critical Illness* benefits are not subject to mandatory income tax withholding or to FICA tax.

* Critical Illness known as Specified Disease in Vermont.

Benefits Administration – Hospital Indemnity

Filing a Claim

Hospital Indemnity Benefit

To assist in submitting a claim for Hospital Indemnity benefits follow these steps:

1. Provide claimant with the Hospital Indemnity Benefits claim packet (SI **17504**) with instructions to do the following:
 - Complete, sign and date the Employee's Statement.
 - Sign and date the Authorization to Obtain and Release Information.
 - Attach copies of hospital bills and copies of any other bills pertaining to the claim.
 - Send both forms and all bills directly to The Standard using the address on the claim form.
 - Complete section A of the Attending Physician's Statement. Then give the form, fraud notice and envelope to the physician with instructions to complete sections B and C and send the form directly to The Standard.

Note: A claim can also be submitted online at www.standard.com. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Waiver of Premium Benefit

Hospital Indemnity coverage may continue without payment of premium during the time a Member is hospitalized beyond the time period stated in the Group Policy. Review for eligibility for this Waiver will occur automatically at the time a Hospital Indemnity claim is filed. No additional claim forms are required.

Health Maintenance Screening Benefit

To assist in submitting a claim for the Health Maintenance Screening Benefit follow these steps:

1. Provide the claimant with the claim form (SI **17430**) with instructions to do the following:
 - Complete, sign and date the claim form.
 - Return the completed form directly to The Standard at the address on the form.

Note: A claim can also be submitted online at www.standard.com. For questions or assistance gaining access, contact us at the number identified in the **Contacts for Questions** section of this guide.

Commonly Asked Questions

When should I direct a claimant to file a claim for Hospital Indemnity benefits?

Typically The Standard advises that a claim be filed as soon as the Loss occurs, but definitely within 90 days of the date of the Loss.

Can I view submitted claims and status?

There is no direct reporting of claims filed or approved for Hospital Indemnity benefits. This product operates on a more direct-interaction model with the employee.

Who should an employee contact for claim status?

The employee may contact us at the number identified in the **Contacts for Questions** section of this guide.

Claim status is also available at www.standard.com. For questions or assistance gaining access, employees may contact us at the number identified in the **Contacts for Questions** section of this guide.

What is the average processing time for Hospital Indemnity claims?

On average these claims are processed within five business days of receipt of all required information.

How are benefits paid?

Benefits are paid directly to the claimant (not the health care provider) in the form of a lump-sum check at the time the claim is approved.

What if the claimant dies while the claim is pending?

Please contact us at the number identified in the **Contacts for Questions** section of this guide.

Are Hospital Indemnity benefits taxable?

The benefit is taxable if the employee pays the premium with pre-tax dollars or the Employer pays the premium with pre-tax dollars.

The portion of the benefit attributable to the employee's pre-tax contributions is subject to tax. For example, if the Employer pays 100 percent of the premium, the benefit is 100 percent taxable. If the Employer pays 50 percent of the premium and the employee pays 50 percent of the premium with after-tax dollars, only 50 percent of the premium is taxable.

Benefits Administration – Hospital Indemnity

Are benefits taxable if employees pay for the coverage via a Section 125 Cafeteria Plan?

If employee premium is paid with pre-tax dollars, the benefits are taxable. If premium is paid with post-tax dollars, the portion of the benefits attributable to employee contributions is not taxable.

What are the tax reporting responsibilities?

- The Standard will report any taxable benefit amounts on a 1099-MISC statement at the end of the year.
- Hospital Indemnity benefits are not subject to mandatory income tax withholding or to FICA tax.