Virginia Polytechnic Institute

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 as soon as you believe you will be absent from work beyond 7 calendar days. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you proceed with filing a claim right away. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 800.378.2395.

To file a claim online, go to www.standard.com, scroll to the bottom of the page, and click on "File a Claim or Request a Leave" to begin. 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.

To file a paper claim, go to www.standard.com, scroll to the bottom of the page, click on "Find a Form", and select ***Short Term Disability Claim Packet (All States Except NY)***. The form can be downloaded, completed and printed. Completed forms can be mailed or faxed to The Standard using the contact information at the top of the claim packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement [1]
- Employer's Statement [2]
- 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: **Virginia Polytechnic Institute**
- Group plan number: **135209**
- 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?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 8:00 a.m. through 8:00 p.m., Eastern Time.

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.

How Will I Be Notified When There Is A Decision On My Claim?

Detailed claim communications will be sent to you by mail. You will also be given the option to sign up to receive text message alerts. If you sign up, you will receive one-way text messages when The Standard receives key documents and when there are certain changes to your claim status.

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

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 your claim is for a routine pregnancy and delivery, your benefit may be processed in a single lump sum payment once your claim is approved, and you meet your Benefit Waiting Period.

Who Should I Contact With Questions About My Claim?

If you have any questions about your claim, you can call or text 800.378.2395 and a live agent will answer your questions during normal hours of operation. Message and data rates may apply.

If you are looking for general information, please contact your benefits department.

Who Is Responsible For Notifying Virginia Polytechnic Institute 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 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.