

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 your available 100% and 75% sick leave balance. Short Term Disability benefits begin after the period for which you receive 100% and 75% sick leave pay and you apply for benefits and are approved. 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 844.505.6025.

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: **City of Los Angeles**
- Group Policy number: **630363**
- 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, 5:00 a.m. through 5:00 p.m., Pacific 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.

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.

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, 844.505.6025. If you are looking for general information, please contact your benefits administrator.

Who Is Responsible For Notifying City of Los Angeles Of My Absence?

It is your responsibility to follow the normal City of Los Angeles absence reporting procedures by notifying your manager or supervisor of your absence.

- ¹ If you file 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.