

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 elected benefit waiting period. 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 paper claim you will need to access the STD claim form which can be found at https://www.standard.com/eforms/2047_641718.pdf or contact Terri Gridley at Terri.Gridley@standard.com or 407.913.3458. You and your physician will need to complete pages 4 and 6 of the packet. The Employer Statement will automatically be filed by Orange County once the claim is received.

A typical application for disability benefits contains the following documents:

- Employer's Statement¹ (Page 2)
- Employee's Statement (Page 4)
- Attending Physician's Statement (APS)² (Page 4)
- Authorization to Obtain and Release Information (Page 6)

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: **Orange County Government**
- Group Policy number: **641718**
- 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**)²

Where Do I Send The Completed Forms?

Completed Employee and Attending Physician Statement (Page 4) and Authorization to Obtain and Release Information (Page 6) should be faxed directly to The Standard Office at 800.378.6053 or mailed to:

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

Contact your On-Site Standard Representative if you need assistance at Terri.Gridley@standard.com or 407.913.3458.

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, 800.368.1135. If you are looking for general information, please contact Terri Gridley, On-Site Representative, 407.913.3458.

Who Is Responsible For Notifying Orange County Government Of My Absence?

It is your responsibility to follow the normal Orange County Board of County Commissioners absence reporting procedures by notifying your manager or supervisor of your absence and filing for FMLA if applicable.

- ¹ The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.
- ² 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.