State of Georgia

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 or 30 calendar days, depending on which option you select. 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 888.641.7186.

To file a claim online, go to www.standard.com and click on "File a Claim" to begin the claim process. 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 necessary information needed for your claim.

To file a paper claim, contact your benefits administrator or go to go to www.standard.com, click on "Find a Form" and select ***Short Term Disability Claim Packet (Outside 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: **State of Georgia**
- Group Policy number: **642967**
- Employer HR Contact and Email Address*
- 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]

**This is normally the Human Resources Representative who can confirm your earnings and cease work record.*

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 have 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.

How Do I Sign Up To Receive Text Messages?

Text STATUS to 53284 and you will be enrolled.

Frequency and number of messages will vary based on the claim. Message and data rates may apply. Please visit www.standard.com/SMS for our terms and conditions and to review our Privacy Notice. You can text STOP to 53284 at any time to unsubscribe.

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, 888.641.7186. If you are looking for general information, please contact your benefits administrator.

Who Is Responsible For Notifying State of Georgia Of My Absence?

It is your responsibility to follow the normal State of Georgia 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.

For quick facts about your Short Term Disability Insurance, continue reading on the next page.

Quick Facts About Short Term Disability Insurance

Enrolling In Benefits

You may enroll for Short Term Disability insurance (STD) at any time allowed by your employer. You may also change the type of STD insurance at any time allowed by your employer. However, ***applying for new coverage outside of the Initial Enrollment Period or changing existing coverage will result in a penalty.***

STD benefits pay 60 percent of your Benefit Salary (Predisability Earnings), if you become disabled, after completing your Benefit Waiting Period (BWP). You may select either a 7-day BWP plan or a 30-day BWP plan.

Once you are hired, you must enroll in STD benefits within 31 days. This 31-day period is called your Enrollment Period.

If you enroll for benefits after your Enrollment Period, ***even if you enroll during one of your employer's annual enrollment events***, you are subject to a 60-day BWP for the first 12 months after your insurance becomes effective. Similarly, if you change from the 30-day BWP plan to the 7-day BWP plan, the 30-day BWP remains in effect for the first 12 months of coverage. There is no penalty to change from the 7-day plan to the 30-day plan.

Example 1: A Late Enrollment
Jackie has been an employee since 2008, but she has never enrolled for STD insurance until her employer's annual enrollment event in October, 2016. She enrolls in the 7-day BWP plan, and her insurance becomes effective on January 1, 2017. If she becomes disabled between January 1, 2017 and December 31, 2017, she will have to wait 60 days before any STD benefits will be paid. After January 1, 2018, if she becomes disabled, she will only need to wait 7 days before STD benefits will be paid.

Example 2: A Change of Enrollment
Russ has been an employee for a long time and has always carried the 30-day BWP plan for his STD insurance. However, during his employer's annual enrollment event, he decides to switch to the 7-day BWP plan. His new plan becomes effective January 1, 2017, including his new premium rates. However, if he becomes disabled between January 1, 2017 and December 31, 2017, he will still have to wait 30 days before any STD benefits will be paid. He will be able to use the 7-day BWP starting January 1, 2018.

Using STD Benefits

If you become Disabled while Insured for STD benefits, your claim would become payable after exhausting your BWP, upon claim approval. However, it's important to understand how other sources of income may impact your benefits.

Work Earnings: You may work while you are disabled, as long as you are medically unable to work and do not earn more than 80 percent of your predisability earnings. Your claim will remain active during this time. You can even earn up to 40 percent of your predisability earnings, while you are disabled, before it impacts the amount of STD benefits you can receive.

Sick Leave: No STD benefits are payable while you are receiving sick leave benefits from your employer, *this includes donated sick leave*. Many people receive sick leave benefits while they are serving their BWP. You should consult with your employer on their requirements for using sick leave benefits while you are disabled. If you receive any donated sick leave while you are receiving STD benefits, you should notify The Standard immediately, as this may result in an overpayment on your STD claim. *Note: if you are working while disabled, sick leave benefits are considered Deductible Income.* While you work part time, sick leave benefits do not prevent you from receiving STD benefits, but they may reduce the benefits you will be eligible to receive.

Retirement Benefits: Short Term Disability insurance does not require you to file for retirement. However, if you do file for retirement benefits, any retirement benefits you receive will be deducted (subtracted) from your STD benefits. If your claim transitions from STD to LTD, your retirement benefits will also be deducted from any LTD benefits you may be eligible to receive.

Workers' Compensation Awards: If you are eligible for Workers' Compensation benefits while you are disabled, you are required to apply for these benefits. If you are awarded any amount, that amount will be deducted from your STD benefits. You may give us permission to estimate and deduct anticipated Workers' Compensation benefits from your STD benefits, to avoid or reduce any future overpayments. In this case, if you are ultimately denied Workers' Compensation benefits, we would refund what we had already deducted.

Annual Leave: Annual Leave accrued prior to your date of disability has no impact on your STD benefits. You can receive both annual leave and STD benefits at the same time. If you return to work while on an active claim and begin accruing Annual Leave due to your return to work, newly accrued Annual Leave would be considered Work Earnings, and would reduce your benefits.

This is not necessarily an exhaustive list of incomes that may affect the STD benefits, but these are the most common items. Consult the Certificate of Insurance for more details.

Transitioning From Short Term Disability (STD) To Long Term Disability (LTD) Benefits

If you are Disabled for more than 180 days, you may become eligible for LTD benefits. If you already have an STD claim, The Standard will file the LTD claim for you. If you do not have an STD claim, but believe you will be disabled for more than 180 days, you should contact your employer about initiating the claim process.

Special Notes About STD Claims For Pregnancy

Outside of unusual complications that prevent a person from returning to work as expected, The Standard approves STD claims for 6 weeks from the date of birth for vaginal deliveries and 8 weeks from the date of birth for caesarian-section (C-section) deliveries.

We also approve claims for 2 weeks or more, depending upon strength-demands of your occupation, prior to the expected date of delivery, provided your doctor agrees you should be off work during that period.

As with all STD claims, the Benefit Waiting Period applies.

Waiver Of Premium

STD Premiums are waived while STD benefits are payable.