University of Florida

TheStandard®

Frequently Asked Questions About Filing A Disability Claim

The following questions and answers will help you file a Disability 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 30 or 90 calendar days, depending on the disability plan you elected. 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 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.

To file a paper claim, download the claim form associated with your election. **It is important that you use the right claim form to ensure benefits are administered correctly.** Completed forms can be mailed or faxed to The Standard using the contact information at the top of the claim packet.

30 DAY PLAN
http://www.standard.com/eforms/3379a_648973.pdf

90 DAY PLAN
http://www.standard.com/eforms/3379b_648973.pdf

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: **University of Florida**
- Group plan number: **648973**
- 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 Is The Difference Between The 30-Day Plan And The 90-Day Plan?

The 30-day plan is a combination of Short and Long Term disability coverage. For the first 9 weeks of disability, your claim is processed as a Short Term Disability claim. If you are still disabled after 9 weeks, it is not necessary to file a new claim. Instead, your claim will be assigned to a Long Term Disability benefit analyst for further evaluation.

The 90-day plan is Long Term Disability coverage only.

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, 30-day plan benefit payments are paid in arrears on a weekly basis and 90-day plans are paid in arrears monthly. In most cases, checks are mailed on Wednesday of each week. 30-day and 90-day plan benefit payments that are payable for retroactive claims will be mailed following claim approval.

Who Should I Call With Questions About My Claim?

If you have any questions about your claim, you can call or text 800.368.2859 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 University of Florida 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, your submission serves as the Employee's Statement, and we will instruct you on which other documents need to be completed.

[2] It is your responsibility to provide the Employer's Statement to your Employer to complete and submit to The Standard.

[3] It is your responsibility to provide the Attending Physician's Statement to your treating physician to complete and submit to The Standard