

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 14 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 and click on "File a Claim" to begin the claim process. Instructions will be provided through the entire claim submission process.

Note: Upon completion of reporting your claim, The Standard will reach out to your employer and treating physician to obtain any additional information needed for your claim. Determination of benefits cannot be made until all required information is received.

To file a paper claim, contact your benefits administrator or go to www.standard.com and click on "Find a Form" to download, complete and print a Short Term Disability claim packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Attending Physician's Statement (APS)²
- 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: **District School Board of Collier County**
- Group Policy number: **756738**
- 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

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.

Where Do I Send The Completed Forms?

Completed forms may be mailed to:

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

Or if you prefer, you may fax completed forms to our office at 800.378.6053.

How Long Does It Normally Take To Make A Claim Decision?

Once The Standard receives the required paperwork, which includes the Employee'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 your benefits administrator.

Who Is Responsible For Notifying District School Board of Collier County Of My Absence?

It is your responsibility to follow the normal District School Board of Collier County 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 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.