Broward County Board of County Commissioners

Frequently Asked Questions About Filing A Long Term Disability Claim

The following questions and answers will help you file a Long Term Disability (LTD) 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 90 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 file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 855.554.2926.

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 Employee Benefits Services or go to www.standard.com and click on "Find a Form" to download, complete and print a Long Term Disability 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: **Broward County Board of County Commissioners**
- Group Policy number: **619352**
- 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, 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.

What Can I Expect After I Submit The Completed Forms?

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, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

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, LTD benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence. LTD benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

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. Signing up for text message alerts is optional and you can opt out at any time. If you choose to sign up for text message alerts, you will receive one-way text message alerts when The Standard receives key documents and when there are certain changes to your claim status. Text message alerts are in addition to the detailed claim communications we send by mail.

How do I sign up to receive text messages?

You'll receive a flyer when you submit your claim, offering you two options to sign up for text message alerts:

1) When you call The Standard to inquire about the status of your claim, our representative will ask you if you'd like to participate and can give you directions on how to enroll; or
2) 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. Text STOP to 53284 at any time to unsubscribe and stop receiving text message alerts.

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, 855.554.2926. If you are looking for general information, please contact your Employee Benefits Services.

Who Is Responsible For Notifying Broward County Board of County Commissioners Of My Absence?

It is your responsibility to follow the normal Broward County Board of County Commissioners 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] It is your responsibility to ensure the Attending Physician Statement is completed and faxed back to The Standard.