

Frequently asked questions about LTD coverage provided through The Standard

The following will help you understand the long term disability (LTD) coverage available through Standard Insurance Company (The Standard) and assist you in making an informed decision if you have a medical condition making it difficult to work.

Are worksite accommodations available?

There are two approaches to the Workplace Possibilities program that provide worksite accommodations. To be evaluated for potential accommodations, you must be an insured member under PEBA's LTD plan with The Standard.

- **Stay at Work:** *Employee has a diagnosis and is undergoing treatment for limitations and restrictions that are impacting the ability to perform essential job functions.*
- **Return to Work:** *Employee is currently on an LTD claim.*

How is a request for Workplace Possibilities initiated?

You should reach out to your benefits administrator, who will notify The Standard to start the process.

What is required for stay-at-work assistance?

The Standard will need medical records that include reference to the specific condition (or diagnosis); objective findings and treatment; and associated limitations and restrictions that impact the employee's ability to perform essential job duties. We will also need contact information for the medical provider(s) treating this condition within the past year. The employee will need to sign an *Authorization to Obtain and Release Health Information* form so we can contact the medical provider(s) if clarification, additional documentation or approval of accommodations is needed.

If an employee applies for stay-at-work, is this considered a disability claim?

No, this is not considered a disability claim.

If equipment is purchased, will it be the employee's to keep or take to another employer?

We encourage you to discuss this directly with your benefits administrator. The Standard does not own or maintain the equipment provided to you through the Reasonable Accommodation Expense Benefit provision; however, medical devices and aids such as prosthetic devices, hearing aids and wheelchairs (Exempted Aids and Devices) are your property. The Standard will not approve duplicative Reasonable Accommodation Expense Benefit claims for the same person.

When should I report an LTD 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, we suggest you file your claim. This offers you some peace of mind and allows The Standard to begin its review and issue a timely payment, if appropriate.

How do I file a claim?

To file a claim by phone, call The Standard's Claim Intake Service Center at 800.628.9696.

To file a claim online, go to www.standard.com and select "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 can 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, go to standard.com/mybenefits/southcarolina to download, complete and print a claim packet. The claim packet is available under Forms and Resources.

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 submit 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 South Carolina**
- Group Policy number: **627284 (Basic) / 621144 (Supplemental)**
- 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 phone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 8 a.m.-8 p.m., Eastern Standard Time.

What can I expect after I submit the completed forms?

Once The Standard receives the required documentation, which includes the *Employee's Statement*, *Employer's Statement*, *Attending Physician's Statement* and *Authorization to Obtain and Release Information*, a benefits analyst from The Standard will contact you to discuss any additional information that might be necessary to process your claim and to answer any of your questions.

¹ If you file online or by phone, 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 to complete. We encourage you to contact your doctor and ask their assistance in completing the APS on your behalf.

Is there an age limit for filing LTD claims?

No; however, age can have an impact on the length of time you are eligible to receive LTD benefits, which is known as the maximum benefit period. Both the Basic Long Term Disability and Supplemental Long Term Disability plans limit the maximum amount of time you can be eligible for benefits depending on your age as of the date you become disabled. The maximum benefit period becomes shorter as initial disability age increases. Contact your benefits administrator for 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 messages. 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, has passed, LTD benefit payments are paid in arrears monthly based on the date of disability and are mailed directly to your residence. LTD benefit payments payable for retroactive claims will be paid immediately following claim approval.

Who should I contact with questions about my claim?

If you have already filed a claim, please call or text The Standard's disability benefits department at 800.628.9696. If you are looking for general information, please contact your benefits administrator.

Who is responsible for notifying my employer of my absence?

It is your responsibility to follow the normal absence reporting procedures for your employer. There are many different employers who participate in this plan with different rules about leaves of absence. It is important to follow your employer's absence procedures.

Are return-to-work services available through the LTD coverage?

Yes. The LTD coverage includes our Workplace Possibilities program, which is designed to assist disabled employees in returning to work either in their own occupation or an alternate occupation if they are unable to return to their previous employment. If you feel you might benefit from return-to-work services, contact your LTD claims analyst or your benefits administrator for additional information about the program.

Can I return to work and continue to receive benefits?

If you return to work, either part- or full-time, notify us immediately. If you are working while disabled, you could be eligible under the Return-to-Work Incentive and remain eligible for partial LTD benefits. With this incentive, only a portion of your work earnings will be considered as deductible income and used to reduce the amount of your LTD benefit during a gradual return to your regular occupation or while you assume a new job.

If my LTD claim is approved, will I be required to apply for other benefits or income?

LTD benefits are designed to help replace part of your income lost as a result of disability. You might also be eligible to receive other income or benefits such as workers' compensation, disability retirement under the South Carolina Retirement System (SCRS) or Police Officers Retirement System (PORS), or Social Security. The group policy does require that you apply for other forms of income you might be eligible to receive due to your disability, and if you and your dependents receive income from other sources (also known as deductible income), these amounts will be deducted from your LTD benefit. If your claim is approved, your disability benefits analyst will provide you with information about what is required of you. The Standard can also provide you with Social Security application assistance at no cost to you.

You have only 90 days from your termination date to apply for SCRS or PORS disability benefits, so it is important that you file within the 90-day period. SCRS and PORS disability benefits will be considered deductible income even if you choose not to apply for them or if you miss the filing deadline.

What other benefits are available under the Supplemental Long Term Disability plan?

Under the Supplemental Long Term Disability plan, there is a separate provision called the Lifetime Security Benefit provision. This provision allows benefit payments to continue beyond the end of the normal maximum benefit period if you meet certain requirements. You could be eligible for benefits under this provision if you cannot safely perform two or more activities of daily living or require substantial supervision due to severe cognitive impairment.

The Standard sends a letter to those receiving benefits under the Supplemental Long Term Disability plan when they are approaching the end of the maximum benefit period. This letter includes a questionnaire your physician can complete if you want to apply for the Lifetime Security Benefit. If approved, you might be eligible for continued benefits for the remainder of your life.

Are there survivor benefits for my family if I pass away while receiving LTD benefits?

The Supplemental Long Term Disability plan includes a Survivor Benefit equal to three times your maximum LTD benefit. This benefit is payable if you die while LTD benefits are payable and have an eligible surviving spouse or unmarried child younger than 25. If there is an overpayment on your claim at the time of your death, the Survivor Benefit will first be applied to reduce any overpayment of your claim.