

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 180 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 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 claims 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,

To file a paper claim, contact your employer or visit the "Frequently Used Forms" section of the GA Breeze website to download, complete and print the Disability Insurance Claim Packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement²
- 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.

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.

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, 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.

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 by phone or online your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.
- ² Upon receipt of your statement, 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. We encourage you to contact your doctor and ask their assistance in completing the APS on your behalf.

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

Quick Facts About Long Term Disability Insurance

Enrolling In Benefits

You may enroll for Long Term Disability Insurance (LTD) at any time allowed by your employer.

Once you are hired, you must enroll in LTD benefits within 31 days. This 31-day period is called the 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 required to submit Evidence of Insurability (EOI) and submit it to The Standard for review of insurability.

Summary Of LTD Benefits

LTD benefits pay at 60 percent of your Benefit Salary (Pre-Disability Earnings), when you become disabled, after you exhaust the 180-day Benefit Waiting Period (BWP). The benefit is reduced by Deductible Income including but not limited to: Social Security, Retirement, Workers' Compensation, Work Earnings, Sick Leave, and Salary Continuation. If you are also insured for Short Term Disability (STD) coverage, STD benefits end when LTD becomes payable. You are required to apply for any other income you are eligible to receive, excluding retirement benefits.

Retirement Benefits: Your LTD Group Policy 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 LTD benefits

Work Earnings/Return to Work Incentive: You may continue to work and receive LTD benefits as long as your Work Earnings don't exceed the threshold as defined in the Group Policy.

Annual Leave: Annual Leave accrued prior to your date of disability has no impact on your LTD benefits. You can receive both annual leave and LTD 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 LTD benefits, but these are the most common items. Consult the Certificate of Insurance for more details.

When To File An LTD Claim

You should submit your LTD claim packet once you cease work and prior to exhausting the BWP to help expedite the claim review. If you are on an STD claim with The Standard, your claim will automatically rollover to LTD for review.

Temporary Recovery

You may temporarily recover from your disability and then become disabled again from the same cause or causes without having to serve a new Benefit Waiting Period.

Allowable Periods:

- During the Benefit Waiting Period: a total of 30 days of recovery.
- During the Maximum Benefit Period: 180 days for each period of recovery.

Definition Of Disability

During the first 24 months the State of Georgia Group Policy requires you to be disabled from working in your Own Occupation, and suffer a loss in wages of at least 20 percent.

After 24 months the policy requires you to be disabled from working in Any Occupation for which you have the transferable skills to earn a gainful wage.

Return To Work Assistance

We may be able to provide additional assistance to help you return to work in your Own Occupation or an alternate occupation including retraining, workplace accommodations or further vocational assistance.

Limited Pay Periods

The Group Policy limits payment to 24 months in your lifetime for Mental Disorders, Substance Abuse, and Other Limited Conditions. Please refer to the Certificate of Insurance for more details.

Preexisting Condition

If you aren't continuously insured for LTD coverage for at least 12 months at the time you become disabled, your claim will be subject to a Preexisting Condition review. No benefits will be payable for any condition(s) for which you were seen or treated, diagnosed or suspected or which a prudent person would have sought treatment during the 180 days prior to your Insurance Effective Date. Please review the Certificate of Insurance for more details.

How Long Are Benefits Paid?

If you remain Disabled from Any Occupation by a condition(s) not subject to Limitation, your claim will be paid through the maximum benefit period.

The maximum benefit period is determined by the age when disability begins, as follows:

Age	Maximum Benefit Period
61 or younger.....	To age 65, or to SSNRA, or 3 years 6 months, if longest.
62.....	To SSNRA, or 3 years 6 months, whichever is longer.
63.....	To SSNRA, or 3 years, whichever is longer.
64.....	To SSNRA, or 2 years 6 months, whichever is longer.
65.....	2 years
66.....	1 year 9 months
67.....	1 year 6 months
68.....	1 year 3 months
69 or older.....	1 year

Social Security Normal Retirement Age (SSNRA) means your normal retirement age under the Federal Social Security Act, as amended.

Waiver Of Premium

LTD Premiums are waived while LTD benefits are payable.