

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 45 calendar days. If you are uncertain about how long you will be absent or whether you should file a claim, 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. If you have an open Short Term Disability claim with The Standard and you are eligible for Long Term Disability benefits, your claim will automatically transfer to the Long Term Disability department for review; there is no need to file a separate claim.

How Do I File A Claim?

Contact The Standard's Claim Intake Service Center at 833.878.8857.

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: **Hennepin County**
- Group Policy number: **643148**
- 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?

When you submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday 7:00 a.m. through 7:00 p.m., Central 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.

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, 833.878.8857. If you are looking for general information, please contact the HR Service Center at 612.348.7855.

Who Is Responsible For Notifying Hennepin County Of My Absence?

It is your responsibility to follow the normal Hennepin County absence reporting procedures by notifying your manager or supervisor of your absence. If you have not completed the County's Employee Leave Request form contact your supervisor for instructions.

- ¹ When you file 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 provide the Attending Physician Statement to your treating physician to complete and fax back to The Standard.