

## Frequently Asked Questions About Filing A Disability Claim

The following questions and answers will help you file a Disability 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?

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Report a claim as soon as you believe you will be absent from work beyond your elected waiting period. 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?

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To file a paper claim, contact Risk Management at 727.588.6142 or go to [https://www.standard.com/efoms/11268\\_755556.pdf](https://www.standard.com/efoms/11268_755556.pdf) to download, complete and print a Long Term Disability claim packet.

A typical application for disability benefits contains the following documents:

- Employee's Statement
- Employer's Statement (Risk Management and Insurance to complete)
- Attending Physician's Statement (APS)
- Authorization to Obtain and Release Information

### When I File My Claim, What Information Will I Need To Provide?

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- Employer name: **The School Board of Pinellas County, FL**
- Group Policy number: **755556**

### What Can I Expect After I Submit The Completed Forms?

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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 I am Hospitalized While Serving My Waiting Period, Do Benefits Begin Immediately?

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If you elect the 14 day or 30 day benefit waiting period and are confined in a hospital, benefits may become payable the first day you are confined. To be eligible for this benefit, you must be admitted into a hospital for at least 4 hours with in-patient status and charged room and board. Out-patient procedures and/or hospital stays under observation status are not covered under this benefit even if you were hospitalized longer than 4 hours and received meals. Hospital is defined as a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staffing of licensed physicians and does not include nursing homes, convalescent homes or those primarily providing rehabilitative care. The First Day Hospital Benefit provision is not available to those electing the 60 day waiting period. Please refer to the Group Policy for a full explanation of this provision.

## **If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Check?**

After the Benefit Waiting Period is served and subject to any applicable First Day Hospital Benefit, Disability benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence. Disability benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

## **Will My Benefit Be Impacted If I Elected This Coverage Within The Last 12 Months?**

If you stop working within 12 months of newly electing the coverage and your condition was caused or contributed to by a preexisting condition, your benefit will be reduced to \$400 and limited to 90 days. A preexisting condition means a condition for which you consulted a physician, received medical treatment or services, underwent diagnostic procedures including self-administered ones or taken prescribed drugs or medication within 180 days prior to the effective date of coverage.

## **Is My Benefit Impacted If I Changed My Election Option(s) Within the Last 12 months?**

If you decrease your benefit waiting period, increase your benefit amount or increase your maximum benefit period and cease working within 12 months due to disability, the enhanced option is subject to a preexisting condition limitation. Benefits will be paid under the terms of your prior election while we determine if the disability was caused or contributed to a preexisting condition.

## **What Happens To My Claim While A Preexisting Condition Review Is Being Determined?**

If you are eligible for benefits and meet the definition of disability, we will limit benefits as outlined above while conducting our investigation to determine if the disability is preexisting. If we determine the condition is not preexisting, we will issue any remaining benefits owed at the conclusion of our review.

## **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, 855.757.4717. If you are looking for general information, please contact your benefits administrator.

## **Who Is Responsible For Notifying Employers Name Of My Absence?**

It is your responsibility to follow the normal The School Board of Pinellas County, FL absence reporting procedures by notifying your manager or supervisor of your absence.

## **How Long Can I Keep My Disability While On Leave?**

As long as you continue premium payment, your Disability Coverage continues during the first 90 days of an approved leave of absence or the period required by a state-mandated family or medical leave act. If you are on an approved Disability claim beyond 90 days, your premium is waived as of the first day of the calendar month after 90 days and is reinstated if you return to work immediately after Disability Benefits end. If you continue to remain off work beyond 90 days and are not receiving Disability benefits, coverage will end but may be reinstated as long as you return to work within 90 days of insurance ending. If you return to work beyond 90 days of coverage ending, you may re-enroll into the coverage as a new member but are subject to a new preexisting condition exclusion period.