Midlothian Independent School District

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 the Benefit Waiting Period as defined in your policy. 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 800.378.2395.

To file a claim online, go to www.standard.com, scroll to the bottom of the page, and click on "File a Claim or Request a Leave" to begin. 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, go to www.standard.com, and scroll to the bottom of the page and click on "Find a Form" and select ***Long Term Disability Claim Packet (All States Except NY)***. The form can be downloaded, completed and printed. Completed forms can be mailed or faxed to The Standard using the contact information at the top of the 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: **Midlothian Independent School District**
- Group Policy number: **764874**
- 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, 7:00 a.m. through 7:00 p.m., Central 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 Standard 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.

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 Contact With Questions About My Claim?

If you have any questions about your claim, you can call or text 800.368.1135 and a live agent will answer your questions during normal hours of operation. Message and data rates may apply.

If you are looking for general information, please contact your benefits department.

Who Is Responsible For Notifying My Employer Of My Absence?

It is your responsibility to follow your employer's normal 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] 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.