Frequently asked questions about The Standard's maternity guidelines when filing a long term disability claim

The following questions and answers will help you file a claim with Standard Insurance Company (The Standard) if you become disabled because of pregnancy or childbirth.

When should I file a long term disability (LTD) claim because of pregnancy or childbirth?

You should file your claim for LTD benefits as soon as you stop working due to your pregnancy or childbirth. You can also report a claim up to four weeks in advance of a planned disability absence, such as childbirth.

When am I considered disabled because of my pregnancy?

You are considered disabled when, as a result of your pregnancy, you are unable to perform with reasonable continuity the material duties of your own occupation. If your pregnancy is normal and uncomplicated, the disability period begins on the stop work date recommended by your physician, but not earlier than between two and 20 weeks (depending on your type of occupation) before the expected date of delivery. Two weeks is allowed for sedentary (seated-type) work, and a longer period of time is allowed for more strenuous work. If you continue to work beyond the stop work date recommended by your physician, you will not begin satisfying your benefit waiting period until you stop work. Refer to the group policy for the definition of Disability.

Do benefits begin on my first day of disability?

Benefits become payable once you have served the benefit waiting period. The benefit waiting period means the period you must be continuously disabled before LTD benefits become payable. No LTD benefits are payable for the benefit waiting period. Refer to the group policy for the length of your benefit waiting period.

How long am I considered disabled following childbirth?

For all occupations, you are considered disabled for six weeks after a vaginal delivery or eight weeks after a caesarian section delivery. The disability periods noted assume there were no complications following childbirth. The disability period could be extended if complications arise.

What happens if my delivery occurs within the benefit waiting period? Do I still receive six weeks of benefits?

LTD benefits are paid only for the period of disability following the benefit waiting period. Following an uncomplicated vaginal delivery, you are considered disabled for six weeks. This means in some instances when childbirth occurs during the benefit waiting period, benefits will be paid for less than six weeks or not at all, depending on the benefit waiting period.

What should I do if I have complications following my childbirth?

If complications arise following childbirth that prevent you from recovering during the normal recovery period, your doctor must provide The Standard with written documentation of your specific limitations and restrictions. This documentation might include the completion of an *Attending Physician's Statement* or pregnancy questionnaire, and/or copies of your medical records. Once The Standard receives this information, it will review your claim for an extension of LTD benefits.

Are benefits paid for periods of child-parent bonding, breastfeeding or child illness?

No benefits are paid for periods of child-parent bonding, breastfeeding or child illness. Disability benefits are paid only while you are unable to work at your own occupation. The actual amount and length benefits are paid is based on your group policy.

How long does it normally take for a claim decision?

Once The Standard receives a completed claim application, it takes about one week to make a claim decision. If The Standard has not decided within one week, you will be notified with details.

Whom should I call with questions about my claim?

For general questions about your claim, call The Standard's toll-free disability benefits number, 800.628.9696. A knowledgeable Contact Center representative will be happy to assist you.

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