



Government of the District of Columbia

Frequently Asked Questions About The Standard's Maternity Guidelines When Filing A Short Term Disability Claim

The following questions and answers will help you file a claim with Standard Insurance Company (The Standard) should you become disabled as a result of pregnancy or childbirth. The Standard Benefit Administrators is acting as the claims administrator on behalf of Standard Insurance Company.

When Should I File A Short Term Disability (STD) Claim As A Result Of Pregnancy Or Childbirth?

Please file your claim for STD benefits as soon as you cease working or know you need to stop working due to your pregnancy or childbirth. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth.

When Am I Considered Disabled As A Result 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 cease work date recommended by your physician, but not earlier than between two and twenty weeks (depending on your type of occupation) before the expected date of delivery. Please refer to the Group Policy for the exact Definition of Disability.

How Do I File A Claim?

To file a claim by telephone, contact the Claim Intake Service Center at 800.378.2395.

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 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, Standard Benefit Administrators will reach out to your employer to obtain the necessary information needed for your claim.

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: **Government of the District of Columbia**
- Group Policy number: **641332**
- 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 Claim Intake Service Center representatives are available to assist you Monday through Friday 8:00 a.m. through 8:00 p.m., Eastern Time.

Where Do I Send The Completed Forms?

Completed forms may be mailed to:

The Standard Benefit Administrators
P.O. Box 5031
White Plains, NY 10602

Or if you prefer, you may fax completed forms to our office at 800.378.8361.

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 STD benefits become payable. No STD benefits are payable for the benefit waiting period. The benefit waiting period is 20 calendar days. If you are a late enrollee in the plan (i.e. you enroll more than 31 days after becoming eligible) your benefit waiting period is 60 days.

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 are assuming there were no complications following childbirth. The disability period may be extended if complications arise.

What Happens If My Delivery Occurs Within The Benefit Waiting Period? Do I still Receive Six Weeks Of Benefits?

STD benefits are only paid 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. As an example, you cease work on March 1, 2018. Your baby is born on March 2, 2018. You will begin your disability period on March 2, 2018. Benefits will begin to pay on March 21, 2018 and will be paid through April 12, 2018 if this is a normal delivery. You will receive benefits for three weeks and two days. Your benefits will be $66 \frac{2}{3}$ of your insured predisability earnings less any other income benefits such as sick or personal leave pay, and they will be tax free.

What Should I Do If I Have Complications Following My Surgery, Illness, Or Childbirth?

If complications arise following childbirth that will prevent you from recovering during the normal recovery period or as originally expected, your doctor will need to provide The Standard Benefit Administrators with written documentation of your specific limitations and restrictions. This documentation may include the completion of an attending physician's statement or pregnancy questionnaire, and/or copies of your medical records. Once this information has been received, your claim will be reviewed for an extension of STD benefits.

Are Benefits Paid For Periods Of Child-Parent Bonding, Breast Feeding, 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 upon your Group Policy. No benefits are paid for periods of child-parent bonding, breast feeding, or child illness.

How Long Does It Normally Take For A Claim Decision?

Once The Standard Benefit Administrators receives a completed claim application, it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with details.

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

After the 20 day Benefit Waiting Period is served, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call the toll-free Disability Benefits number, 800.426.4332. If you are looking for general information, please contact your benefits administrator at DCHR, 202.442.7627 or visit www.standard.com/mybenefits/dc.

Who Is Responsible For Notifying Government of the District of Columbia Of My Absence?

It is your responsibility to follow the normal Government of the District of Columbia 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 Benefit Administrators will contact your Employer to obtain the information necessary on the Employer's Statement.
- ³ The Standard Benefit Administrators will fax an Attending Physician's Statement (APS) to your doctor for completion and will make up to three follow up attempts to obtain a completed APS from your doctor. We encourage you to contact your doctor and ask their assistance in completing the APS on your behalf.