



The School Board of Pinellas County, Florida

Frequently Asked Questions About The Standard's Maternity Guidelines

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.

When Should I File a Disability Claim As A Result Of Pregnancy Or Childbirth?

Please file your claim for disability benefits as soon as you cease working due to your pregnancy or childbirth. You may also 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 the physical requirement of your occupation) before the expected date of delivery. Please refer to the Group Policy for the exact Definition of Disability.

Do Benefits Begin On My First Day Of Disability?

Benefits become payable once you have served the benefit waiting period option you elected. The benefit waiting period means the period you must be continuously disabled before disability benefits become payable. No disability benefits are payable for the benefit waiting period.

If I'm Hospitalized While Serving My Waiting Period, Do Benefits Begin Immediately?

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. 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. Please refer to the Group Policy for a full explanation of this provision.

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?

Disability benefits are only paid for the period of disability following the benefit waiting period, subject to eligibility under the first day hospital benefit. 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.

What Should I Do If I Have Complications Following My Childbirth?

If complications arise following childbirth that will prevent you from recovering during the normal recovery period, your doctor will need to provide The Standard 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 disability 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 and under doctors care. 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 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.

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.

Whom Should I Call With Questions About My Claim?

For general questions about your claim, please call The Standard's toll-free Disability Benefits number, 800.368.2859. A knowledgeable Contact Center Representative will be happy to assist you.

How Long Can I Keep My Disability If I Pay For It 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.