Standard Insurance Company

Benefits Department
P.O. Box 2800 Portland, OR 97208 855.WPP.PROG (855.977.7764)

Reset

PEBA SC Retirement Systems and State Health Plan

Workplace Possibilities Request for Services

Instructions to employers: Complete this form to refer a covered employee for assistance to avoid disability and remain safe and productive at work or to return to work from a medical leave as soon as medically appropriate. The assistance may include case management and accommodations that will be coordinated with the employee and employer as needed.

Contract no. ☐ BLTD: **627284** ☐ SLTD: **621144**	Group no. **10033710**	Employer
Employer contact name		
Employer contact email	Phone including extension	Fax

Employee name	Social Security number	Date of birth
Employee home address		Home phone
Employee job title	Hire date	Work phone
Employee worksite address	Employee department	
Employee email	Employee coverage effective date(s) BLTD - 627284: SLTD - 621144:	
Essential job functions (or attach job description)		
Reason for request		

Supervisor name	Supervisor job title
Supervisor email address	Supervisor phone

Acknowledgement I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.

Signature_____ **Date**_____

Documents needed for consideration:

- The employee will be asked to provide medical records that document the diagnosis and treatment, how the condition prevents the employee from carrying out the material duties of the job and the specific accommodations that are recommended, if any.
- The employee must sign the *Authorization to Obtain and Release Health Information* form to allow the Workplace Possibilities consultant to contact the employee's treating physician to obtain or clarify medical information if necessary. The consultant will share the employee's work capacity information with the employer, but not the medical condition or treatment.

Employer: Fax completed form to The Standard at 971.321.5727 or 855.207.6115.

Once we receive this completed form, we will contact the employee for the required information, if not provided with this form, to discuss the situation and provide assistance if the employee chooses to participate in the services.

FOR STANDARD INSURANCE COMPANY ONLY

Claim number:	**Tax ID:**	**Admin unit:**

These numbers will be assigned by The Standard in order to provide needed services and/or accommodations as a benefit of the disability policy.

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Some states require us to provide the following information to you:

ALABAMA, MARYLAND AND RHODE ISLAND RESIDENTS

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA RESIDENTS

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.