



Your Disability Benefit Claim

This document contains the form necessary to apply for disability benefits. It also addresses common questions about Disability claims. **Please print a copy of this material for your records by clicking on the Print button once the form is filled out.** For specific information about your Disability insurance coverage, refer to your group insurance certificate. The certificates are the ultimate authority for Disability claim decisions. If you need other information, please contact your employer's benefit administrator or call our customer service line at 866.756.8115.

How To Apply For Benefits

The Disability benefits application includes a claim form and Fraud Notice.

1. Complete the Employee Statement (on pages 2 and 3) and read the Fraud Notice (on page 4). If additional space is needed in order to give full and complete answers, please use Section 6, titled "Additional Information."
2. Print a copy of the form for your records.
3. Submit the form by clicking the submit button on the bottom of page 3.

Once we receive your submitted claim application, we will mail you a confirmation of your claim, an authorization form, and a blank Attending Physician Statement. The authorization form should be signed and mailed back to us, as it allows us to acquire the information that we need to determine your eligibility for benefits. The Attending Physician Statement will be faxed to your physician(s) office by The Standard, with instructions to complete and return to The Standard via mail or fax. We are providing you with a copy of the Attending Physician Statement in case our fax attempt is unsuccessful, and also for your records.

Once we have received all of the requested paperwork, it will take approximately one week to make a claim decision. If we have not reached a decision within one week, you will be notified with the details. If you have any additional questions about your claim after completing this document, please call The Standard at 866.756.8115.

Other Benefits That May Reduce Your Disability Benefits

Other benefits you receive, or may be eligible to receive, may reduce the amount of Disability benefits due you. Your group insurance certificate lists these benefits which may include, but are not limited to, sick leave, Workers' Compensation, State Disability, Social Security, and Retirement.

To avoid a possible overpayment on your claim, which would need to be repaid to The Standard, please inform The Standard if you receive other benefits.

When You Return To Work

Your disability benefits usually stop when you return to work. **Be sure that you notify The Standard immediately when you plan to return, or have returned to work** to assure no overpayment occurs.

To Be Completed By Employee

For a prompt review of your claim, ALL of this form must be thoroughly completed.

Full Name		Group Policy No. 646595	Date	
Educational Entity				
Social Security No.	Phone No. ()	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate of Youngest Child
Address		City	State	Zip Code
1. Did you receive a Certificate(s) of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If you did not receive a Certificate of Insurance, please contact your employer to obtain a copy.				
2. Is your disability work related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filed a Workers' Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Last date at work before disability _____ Date you returned or expect to return to work _____				
4. Cause of Disability: <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Pregnancy If accident or illness, please explain (include date and location, if applicable)				
5. Please describe all work activity, including self-employment, since the start of your disability. If none, initial here _____				

List all physicians consulted for this injury or illness. If additional information is needed, please use section 7.

6a. Attending Physician	Phone No.	Fax No.
Attending Physician's Address		Attending Physician's Specialty
6b. Attending Physician	Phone No.	Fax No.
Attending Physician's Address		Attending Physician's Specialty
6c. Attending Physician	Phone No.	Fax No.
Attending Physician's Address		Attending Physician's Specialty

7. Additional Information

(Please use this section to provide additional information, if needed.)

Acknowledgement and Electronic Signature

By clicking the Submit button below, I certify that the answers I have made throughout this online claim submission are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 4. In addition, by clicking the Submit button below, I acknowledge that I am signing this online claim electronically. I understand that this electronic signature shall be enforceable under applicable state or federal law and is equivalent to a manual signature.

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

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.

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.

MARYLAND RESIDENTS

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

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 a 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.