

Frequently Asked Questions About Filing A Long Term Disability Claim

The following questions and answers will help you file a Long Term Disability (LTD) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

When Should I Report A Claim?

Report a claim as soon as you believe you will be absent from work beyond 3 months. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate.

How Do I File A Claim? ¹

You have multiple options for filing a claim:

You can file a claim by telephone by calling The Standard's Claim Intake Service Center at 800.368.1135, Monday through Friday 8:00 am – 8:00 pm eastern standard time, where a claim representative will help get your claim started.

To file a claim online, go to www.standard.com, scroll to the bottom of the page and click on "File a Claim or Request a Leave" to begin. Instructions will be provided throughout the 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, The Standard will reach out to your employer to obtain the necessary information needed for your claim.

A typical application for disability benefits contains the following pieces of information:

- Employee's Statement (your telephonic or online submission serves as your Employee's Statement)
- Employer's Statement
- Attending Physician's Statement (APS)
- 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: **The University of North Carolina**
- Group Policy number: **134598**
- 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**)

¹ If you prefer to file using a paper claim packet, please contact your University Benefits Administrator (UBA).

Who Is Responsible For Notifying My Institution Of My Absence?

It is your responsibility to follow your institution's absence reporting procedures and notify your manager or supervisor of your absence.

What Can I Expect after The Standard Receives the Required Claim Information?

Once The Standard receives all the required pieces of information, which include the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, The Standard will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

How Will I Be Notified When There Is A Decision On My Claim?

Detailed claim communications will be sent to you by mail. You will also have the option to sign up to receive text message alerts. If you sign up, you will receive one-way text messages when The Standard receives key documents and when there are certain changes to your claim status.

How Do I Sign Up To Receive Text Messages?

Text STATUS to 53284 and you will be enrolled.

Frequency and number of messages will vary based on the claim. Message and data rates may apply. Please visit www.standard.com/SMS for our terms and conditions and to review our Privacy Notice. You can text STOP to 53284 at any time to unsubscribe.

Do I Have To Keep Paying Premiums After I File My Claim?

If the Standard approves your claim, LTD and MAPB premiums are waived while benefits are being paid.

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

After the 90 day Benefit Waiting Period in your group policy is exhausted, LTD benefit payments are paid on the 1st of each month and are mailed directly to your residence. LTD benefit payments that are payable for retroactive claims will be paid immediately following claim approval. If you wish to have your payments sent via direct deposit, please complete the direct deposit form included with your approval letter.

What Is The Monthly Annuity Premium Benefit (MAPB)?²

The group policy includes a Monthly Annuity Premium Benefit (MAPB) that is designed to protect a disabled individual's retirement fund if you were participating in the institution's retirement plan at the start of disability. You must be Disabled and eligible to receive a Monthly Income Benefit for the MAPB to be payable. The MAPB is paid directly to TIAA and not to you. You are eligible to continue to receive the MAPB as long as you do not elect to receive, at any time during your disability, all of the benefit payable from the TIAA Retirement Annuity Contract and/or retirement unit annuity certificate under any option available.

The Monthly Annuity Premium Benefit does not apply to TIAA Supplemental Retirement Annuities (SRAs) or to contributions paid to them.

If your LTD claim is approved, your Benefit Analyst will contact you directly to obtain your TIAA account information at time of approval.

² The Monthly Annuity Premium Benefit (MAPB) is subject to the terms and conditions of the group insurance policy and certificate. This is only intended to provide a high level summary of the MAPB. Please contact University of North Carolina with any questions or for a copy of the group insurance certificate.

Once your LTD claim has been approved and your UNC ORP account information is provided to your LTD analyst, the monthly MAPB benefit, based on your Predisability Earnings as outlined in your group policy, will be deposited into your ORP account each month – not to exceed the U.S. Internal Revenue Code limit on contributions made to your employer's retirement plan. This benefit will continue to provide contributions to your UNC ORP retirement plan while you are disabled.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 800.368.1135. If you are looking for general information, please contact your campus benefits administrator.