

Absence Management

Frequently Asked Questions

At Home Stores LLC



Reporting absences and filing for Short Term Disability, Paid Family Leave and State Disability

It feels good to be prepared. That's why we've developed the following guide to help you report an absence with Standard Insurance Company (The Standard[®]). Follow the steps outlined below if you need to report a leave of absence or file a disability claim. This will enable you to access our Absence Management Service Center online or by phone.

When should I report an absence?

Contact The Standard if you are or will be absent from work for any of the following reasons:

- Your own serious health condition (including pregnancy)
- To care for your newborn child
- The placement of your adopted or foster child
- To provide care for a qualifying family member with a serious health condition
- To care for a covered service member injured in the line of duty
- For qualifying military need, allowing family members to take leave to prepare for or deal with issues that arise as a result of a family member being called to serve in the military
- For leave due to your own military service
- Company-sponsored leaves
- Paid family and medical leave applies to employees working in New York

For all other absences, please follow the normal At Home absence reporting procedures and notify At Home HR.

How do I notify The Standard about an absence and disability?

- Call the Absence Management Service Center at 866.756.8116.

— OR —

- Log in at standard.com/absence.

Note: First-time users will need to create an account. The webpage has a step-by-step guide on how to do this.

What are the Absence Management Service Center's operation hours?

The Absence Management Service Center is available Monday through Friday between 5 a.m. – 5 p.m. EST

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When I call to report my absence, what questions will I be asked?

Besides answering other questions about your absence, you'll be asked to provide the following information:

- Employer name: At Home Stores
- Group Policy number:¹ **752114**
- Social Security number or employee ID number
- Last day you were at work
- Reason you're requesting leave
- Physician's contact information (*name, address, phone and fax number*)

Will I receive any notification after I initiate a leave or claim?

After you start a request for time off and/or filing a Short Term Disability claim, The Standard will send you a letter confirming receipt of your leave request. If you're filing for a Short Term Disability claim, The Standard will fax an Attending Physician's Statement to your physician to complete.² An Authorization to Obtain Information will be mailed to you to sign and return. If you called to request a leave but did not initiate a Short Term Disability claim, you'll receive a Certification of Health Care Provider form. These forms should be returned to The Standard by the due date indicated in your letter.

What if I work in a state with a Paid Family and Medical Leave?

Employees working in California, District of Columbia, New Jersey, Massachusetts, Rhode Island, or Washington may be eligible to receive paid medical leave or paid family leave under a program administered by the associated state agency. Please contact your employer's HR department if you:

- Feel you may be entitled to benefits
- Would like additional information
- Wish to submit a claim
- Employees working in New York contract The Standard to initiate their benefit

Where do I send the completed forms?

If you're required to submit paperwork, please send the completed forms to:

Standard Insurance Company
Employee Benefits Division
PO Box 3877
Portland, OR 97208

You can also fax completed forms to 866.751.5174.

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How long does an STD claim decision normally take?

It will take approximately one week to make a claim decision once we receive your completed claim application. If we have not made a decision within one week, you'll be notified as to why.

If my claim for benefits is approved, how long will it take to receive my first check?

After you serve the benefit waiting period (as outlined in your group policy), STD benefit payments are paid in arrears on a weekly basis. In most cases, we mail checks 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.

What are intermittent and reduced leave schedule leaves?

Federal and state leaves may be taken intermittently or on a reduced leave schedule under certain circumstances.

Intermittent leave is Federal and state leaves taken in separate blocks of time due to a single qualifying reason.

A **reduced leave schedule** decreases an employee's usual number of working hours per workweek or per workday. A reduced leave schedule is a change in the employee's schedule for a period of time, normally from full time to part time.

There are also state-specific Paid Family and Medical Leaves that may offer intermittent or reduced paid leaves. Leaves laws and rules vary by state.

How do I report an intermittent absence?

When you miss time associated with an intermittent leave, you can quickly and easily report absences through The Standard's self-service phone system or the absence management self-service portal. These services are available anytime.

Follow these steps to use the self-service phone system:

- Say "report an absence" when prompted and you can report your time off without needing to speak to a representative.
- Provide the following information:
 - Your leave number, which you can find on the correspondence we sent you after we approved your intermittent leave
 - Your date of birth
 - The date of the absence

Note: You may report multiple absences during one call. Dates can be today, or in the past or future. However, each absence will be a separate entry during the same call.

- The type of absence

Note: You'll need to let the system know if your absence relates to your condition or is to attend a medical appointment.

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- The number of hours you were scheduled to work and the number of hours of leave taken for each day you're reporting
- A phone number where we can reach you in case we need to contact you for further information
- Once the automated intake is complete, you'll receive a confirmation number to let you know that your absence report has been successfully submitted.

You can also report intermittent absences through The Standard's absence management self-service web portal, which you can access from your computer, smartphone or tablet. Log in at standard.com/absence.

First-time users will need to create an account. The website has a step-by-step guide on how to do this.

The website lets you:

- Report an absence for yourself
- View leave information and status

More questions?

Call The Standard's Absence Management Service Center at **866.756.8116**.

Don't Forget:

Notify the appropriate work contact and follow your employer's normal absence reporting process.

¹ The policy number is not required if you are not filing a concurrent STD claim (i.e., leave only).

² Within one business day of filing a claim, The Standard will fax an Attending Physician's Statement to your doctor for completion. The Standard will make up to three follow-up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask for their assistance in completing the APS on your behalf. You will be responsible for providing any necessary authorizations to your doctor to release this information to us.

The information provided in this FAQ is for informational purposes only and is not intended to provide, and should not be relied upon for legal or other professional advice.

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‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.