



# Frequently Asked Questions

## Filing a Hospital Indemnity Insurance Claim

### 1 | When should I file a claim?

File a claim when you or someone listed on your policy is hospitalized due to a covered injury or sickness. Claims should be submitted within 90 days of the hospitalization if possible, but no later than one year.

Hospital Indemnity insurance from Standard Insurance Company covers hospitalization due to childbirth, injury or illness — including COVID-19 and mental health. To see the list of benefits your policy offers, ask your benefits administrator for your Group Certificate of Insurance.

### 2 | What information will I need to provide?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Information about your hospitalization, including the name and address of the hospital and admittance and discharge dates
- Physician's contact information (name, address, phone and fax number)

### 3 | What's in a typical claim form for Hospital Indemnity Benefits?

It usually contains the following documents to complete, sign and date:

- An Employee's Statement, which may include supporting documentation
- For an accident-related injury requiring hospitalization, documentation that provides diagnosis and treatment received
- For hospitalization due to an illness, an Attending Physician Statement
- An Authorization to Obtain and Release Information

We may also request medical records from your physician. If you have questions, we'll review your claim and provide you with what documents are required, or request records on your behalf.

The Standard is not responsible for providing proof of claim.

Hospital Indemnity insurance is not available in all states.

[Standard Insurance Company](#) | 1100 SW Sixth Avenue | Portland OR 97204 | [standard.com](#)

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.

### 4 | How long does it take to make a decision about my claim?

Once we receive the required completed, signed and dated documents listed on this page, it will take approximately five business days to make a claim decision. If we haven't made a decision within five business days, we'll notify you with additional details.

### 5 | Who should I call with questions about my claim?

If you've already filed a claim, please call The Standard's Customer Service toll-free number 800.634.1743. Our Customer Service Center representatives are here to assist you Monday through Friday at one of the time zones below:

- 6 a.m. through 5 p.m., **Pacific**
- 8 a.m. through 7 p.m., **Central**
- 7 a.m. through 6 p.m., **Mountain**
- 9 a.m. through 8 p.m., **Eastern**

### 6 | How can I spend my money?

You can use the money for medical costs like copays and deductibles. You can also put it toward everyday living expenses such as child care, groceries and rent or mortgage payments.

### 7 | What if I want to know more about my coverage?

If you're looking for general information about your coverage or would like a copy of your Group Certificate of Insurance, contact your benefits administrator.