



Submitting a Health Maintenance Screening Benefit Claim Online

The Standard's[†] Health Maintenance Screening Benefit makes it easy for employees to maintain their well-being. And understanding the steps ahead of time can help employees file claims and get benefit payments faster.



Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim

You're covered for claims against accidents, critical illnesses, hospital costs or health maintenance screening expenses. If you need assistance, please call us at [800.634.1743](tel:800.634.1743) (if your employer is based in New York, call [888.569.0162](tel:888.569.0162)).

- [What should I expect in the process?](#)

* Critical Illness insurance is called Specified Disease insurance in New York and Vermont.

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Start a New Claim

1

After logging into standard.com, select “Start a New Claim.”

The website will display only the coverages the employee is insured under.

2

Choose “Health Maintenance Screening” to claim benefits.

The website will display only the coverages the employee is insured under.

Set Up Your Claim

What type of claim do you wish to file?

If you're eligible for more than one type of claim, please submit one at a time.

For specific information about your coverage, refer to your Group Insurance Certificate. The Group Policy and Certificate are the ultimate authority for claim decisions.

Critical Illness

Pays benefits for a diagnosis of a covered disease or illness.

Get answers to [questions about Critical Illness claims](#). New York-based employees may find answers in [FAQs for Standard New York](#).

Hospital Indemnity

Pays benefits for a hospital stay of at least one full day.

Get answers to [questions about Hospital Indemnity claims](#). New York-based employees may find answers in [FAQs for Standard New York](#).

Accident

Pays benefits for covered injuries and treatments caused by an accident.

If you're submitting an accidental death claim, please call our customer service line at [800.634.1743](tel:800.634.1743) (if your employer is based in New York, call [888.569.0162](tel:888.569.0162)).

Get answers to [questions about Accident claims](#). New York-based employees may find answers in [FAQs for Standard New York](#).

2

Health Maintenance Screening

Pays one Health Maintenance Screening Benefit per insured person, per Calendar Year.

1 About You

Insured Information 1

3

First Name Middle Initial Last Name
Stephanie Maze

Sex
 Male Female Nonbinary

Date of Birth Social Security Number
9/20/1965 ●●●●-0967 1

Address
2353 Melrose Place 1

City State ZIP Code
ORANGE New Jersey 07050

Phone Email
(973) 555-1236 smaze@aol.com

Employer
ABC Limited Corp

Who is the patient?
 Insured
 Spouse
 Domestic Partner
 Civil Union Partner
 Child

[Continue](#)

2 About Your Screening

3 Review & Sign

3

Complete the “About You” section.

Most fields are pre-filled for insureds. The Social Security number is not editable. A middle initial is optional.

4 **Complete the “About Your Screening” section.**

Please select only one screening per claim.

3 About You

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2 About Your Screening

Please select (1) applicable screening. NOTE: We will pay one Health Maintenance Screening Benefit per insured person, per Calendar Year.

- Abnormal Aortic Aneurysm Ultrasound
- Ankle Brachial Index Screening for Peripheral Vascular Disease
- Biopsy for Cancer
- Bone Density Screening
- Breast Cancer Ultrasound
- CA 15-3 (Blood Test for Breast Cancer)
- CA 125 (Blood Test for Ovarian Cancer)
- CEA (Blood Test for Colon Cancer)
- Colonoscopy
- Complete Blood Count (CBC)
- Comprehensive Metabolic Panel
- Electrocardiogram (EKG)
- Generally Medically Accepted Cancer Screening Test
- Hemocult Stool Analysis
- Hemoglobin A1C
- Human Papillomavirus Vaccination (HPV)
- Lipid Panel
- Mammography
- Mental Health Assessment
- Novel Infectious Disease Testing
- Pap Smears or Thin Prep Pap Test
- PSA (Blood Test for Prostate Cancer)
- Stress Test (Bicycle or Treadmill)

Date of Mental Health Assess...
04/01/2024

M/D/YYYY

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3 Review & Sign

About You
 About Your Screening
3 Review & Sign

By submitting this form:

I certify the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief.

I acknowledge that I have read the [fraud notice](#).

I acknowledge that I am signing this claim electronically. I understand that this electronic signature shall be enforceable under applicable state or federal law and is equivalent to a handwritten signature.

5 [Approve & Submit Claim](#)

5 Review and submit your claim.

6 You'll receive a confirmation of receipt and next steps.

Confirmation

Success! You submitted the Employee Statement of your Health Maintenance Screening claim.

6 If your claim is covered by more than one policy, you'll receive a separate claim number for each. You can view your claims from My Home.

Next Steps

We'll review your claim and notify you once we've made a benefit decision.

Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim

Critical Illness claim number **00NJ9137** was submitted on 4/24/2024. [View Claim →](#)
 Health Maintenance Screening claim number **00NH6622** was submitted on 4/1/2024.

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[Start a New Claim](#)

7 File additional claims, if applicable.

A prompt will show the recently filed claim(s), with unique claim number(s).

‡ 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, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.