

File A Claim: Accident, Hospital Indemnity, or Critical Illness*

Filing a claim with The Standard is a straightforward process. Knowing the steps ahead of time can help employees file claims faster. This reference tool provides snapshots of what an employee will see (or very close to what an employee will see) when filing a claim.

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



	Guide	Reference Photo	
Pre- Step 1	After logging into Standard.com, select "Start a New Claim." The website will display only the coverages the Employee is insured under	Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim Wu're covered for claims against accidents, critical linesses, hospital costs or health maintenance screening expenses. If you reed assistance, please call us at B0.559,0152. What should I second in the process? *Critical liness insurance is called Specified Disease insurance in New York and Vermont.	
Pre- step 2	Choose a coverage 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 doweage, refer to your droup insurance Certificate. The Group Poley and Certificate are the ultimate authority for claim decisions. Critical filness. Pays benefits for a diagnosis of a covered disease or liness. Hospital indemnity Pays benefits for a hospital stay of at least one full day. Accident Pays benefits for a source diverse and reatments caused by an accident. If you're abouting on covered injuries and reatments caused by an accident. If you're and B00.584.1733 (if your employer is based in New York, cell B00.584.0760. In Health Maintenance Screening Pays banefits for a covered health feat or screening.	

Step 1	<section-header>Complete the section: About You Most fields are pre-filled for Insureds. The Social Security number is not editable. A middle initial is optional.</section-header>		About You First Na Sex N Date of Address City Phone Employ Who is Sp Do Ch @ About Your 0 @ Review & Sig	me Middle Initi ale Female Birth Birth er er the patient? ured ouse mestic Partner Ild Claim	Ial Last Name Nonbinary Social Security Nu… ● State Continu Continu		
Step 2	Complete the section: About Your Claim To see a full list of questions please download the appropriate claim packet. Non-New York Accident Hospital Indemnity Indemnity Disease	Accident	rt Ingered soo waled an accourt wo	Hospital Control Control Con	l Indemnity	Certit	cical union

Step 2b	<section-header></section-header>	About You About Your Gaim About Your Gaim About Your Gaim Primary Care Physician Primary Care Physician Secontry Date of First Visit Address City State Postal Code Phone Fax Treating Physician Phone Fax Treating Physician Phone Fax Treating Physician Hone Fax Treating Physician Phone Fax Treating Physician Hospital Additional Hospital Additional City State Postal Code Postal Code
Step 2c	Complete the section: Additional Benefits This step is required for Accident & Critical Illness claims only.	About You About Your Claim About Your Claim Additional Benefits Are you able to claim a Lodging Benefit? No Yes Image: Interpret the second secon

Step 3	Review & Submit	 About You About Your Claim 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 <u>fraud notice</u>. I acknowledge that I have read the <u>fraud notice</u>. 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.
Step 4	<text></text>	<section-header><section-header><section-header><section-header><section-header><section-header><text><text><text><text><text><text><text><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></list-item></text></text></text></text></text></text></text></section-header></section-header></section-header></section-header></section-header></section-header>
	Filing additional claims A prompt will show the recently filed Claim and Claim Number. Employees can file additional claims, if applicable.	Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim Accident claim number 00MU1510 was submitted on 2/12/2023. Accident claim number 00MU1510 was submitted on 2/12/2023. Vou'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 (if your employer is based in New York, call <u>888.560.0102</u>). 9. What should i sexect in the process? Critical Illness insurance is called Specified Disease insurance in New York and Vermont. Start a New Claim