Compassi User Guide

The Standard

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NOTE: Clicking on the topic or page number will take you to the first page of that topic. For Employer Self Service Questions, contact the **Compassi Support Team** at 866-792-0065 / **AL-AdminPortalSupp@standard.com**

Accessing Compassi

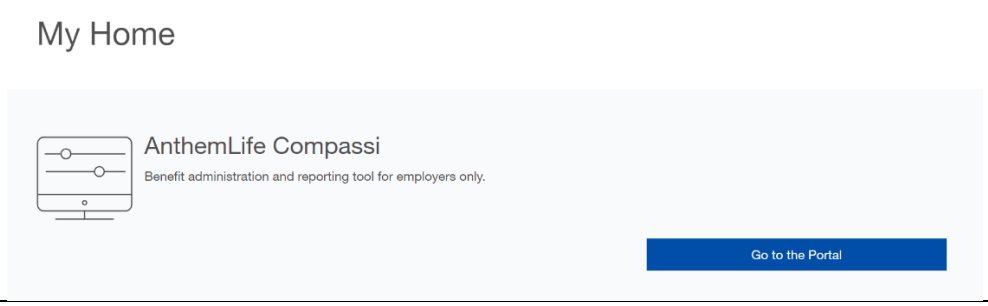
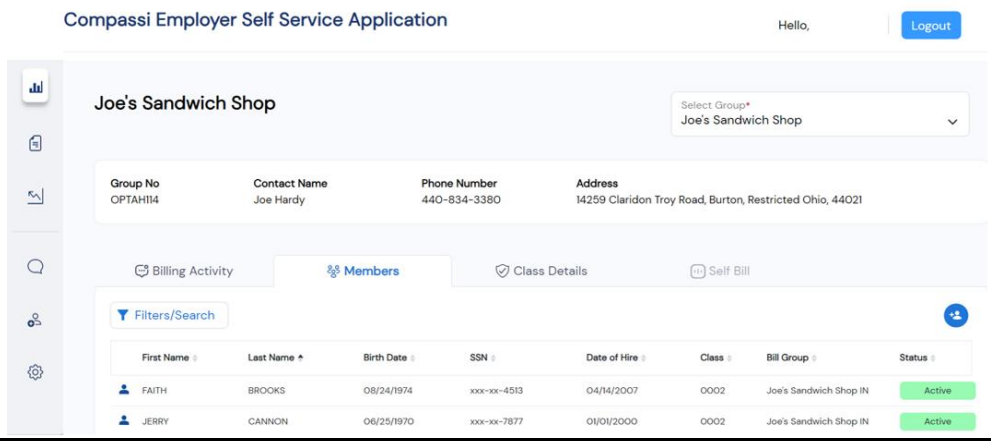
Accessing Compassi

Compassi is accessed via the following link:

https://app.standard.com/benefits/employer/compassi

Logging in to Compassi

Follow the steps below to log in to Compassi.

Step	Action
1	Type your user name in the User Name field. **Note:** The user name is case sensitive.
2	Type your **password** in the Password field. **Note**: The password is case sensitive.
3	Click **Log In**. **Result:** The following screen displays. 
4	Click **Go to the Portal**. **Result:** The following screen displays. The employer group name for which you are registered will display on the top left-hand side. If you are registered for multiple groups, a drop-down menu will display on the top right-hand side for you to select the appropriate group. 

About User Access

User Access Levels

Access to features within the Compassi portal is based on user role and group transition status.

- **Groups that have transitioned** are assigned limited Compassi access.
- **Groups that have not yet transitioned** continue to have full Compassi access to the features described in this guide.

Some users may only have access to specific sections of Compassi, while others will continue to have full access to all features. If a feature described in this guide is not visible to you, it may not be included in your assigned access.

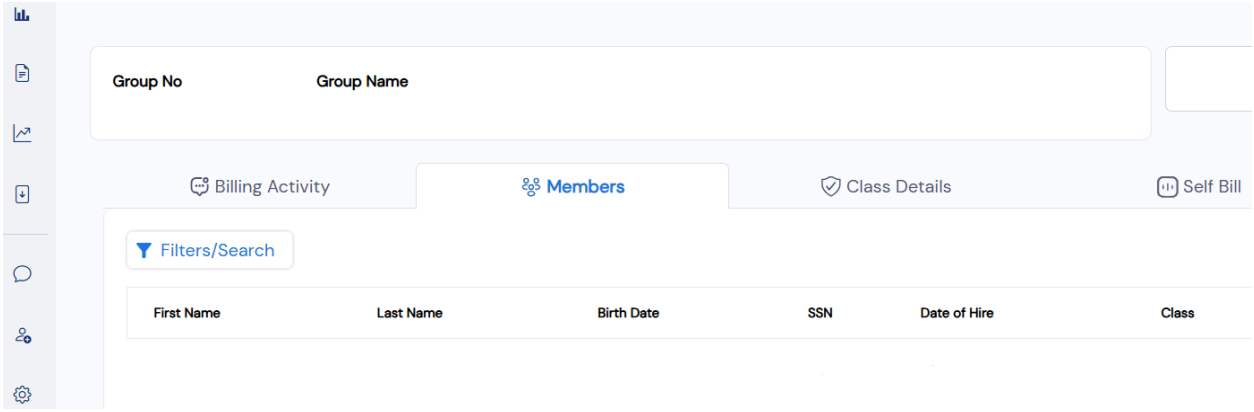
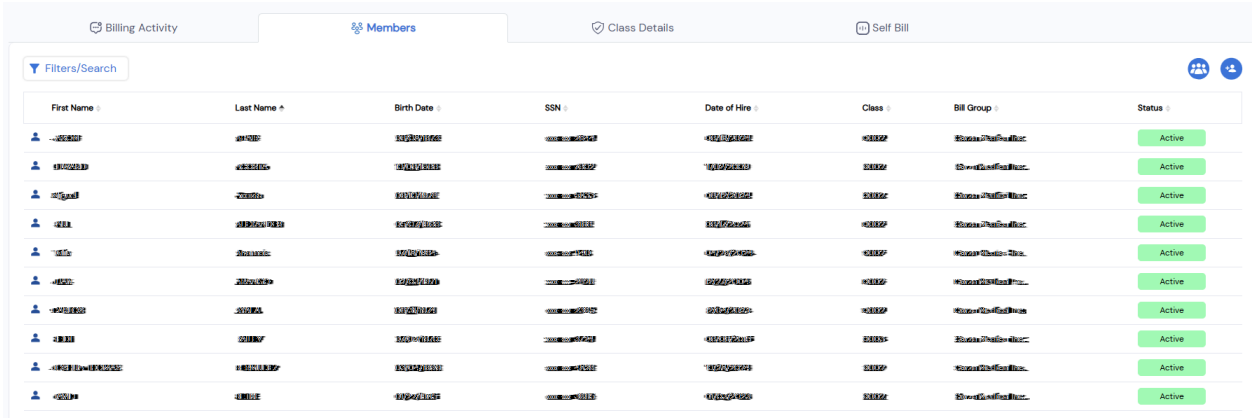
User Access Legend

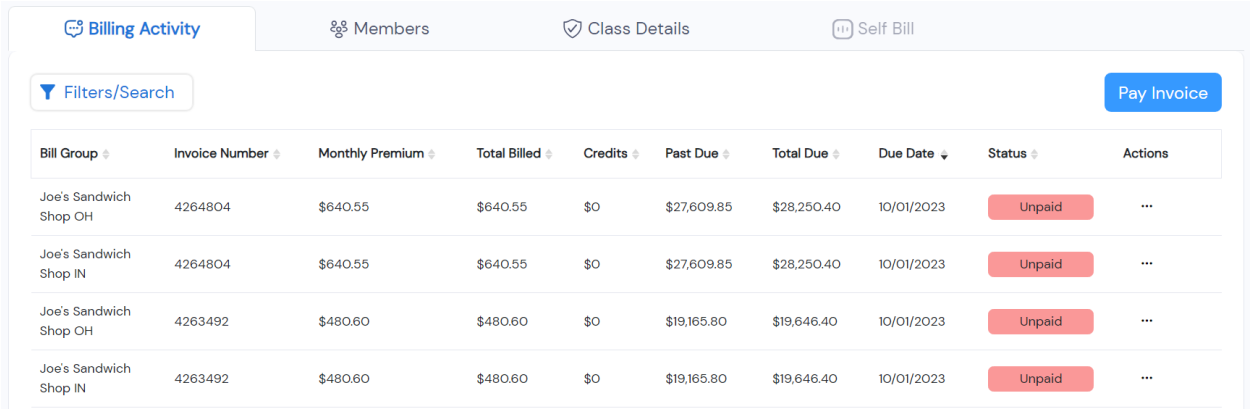
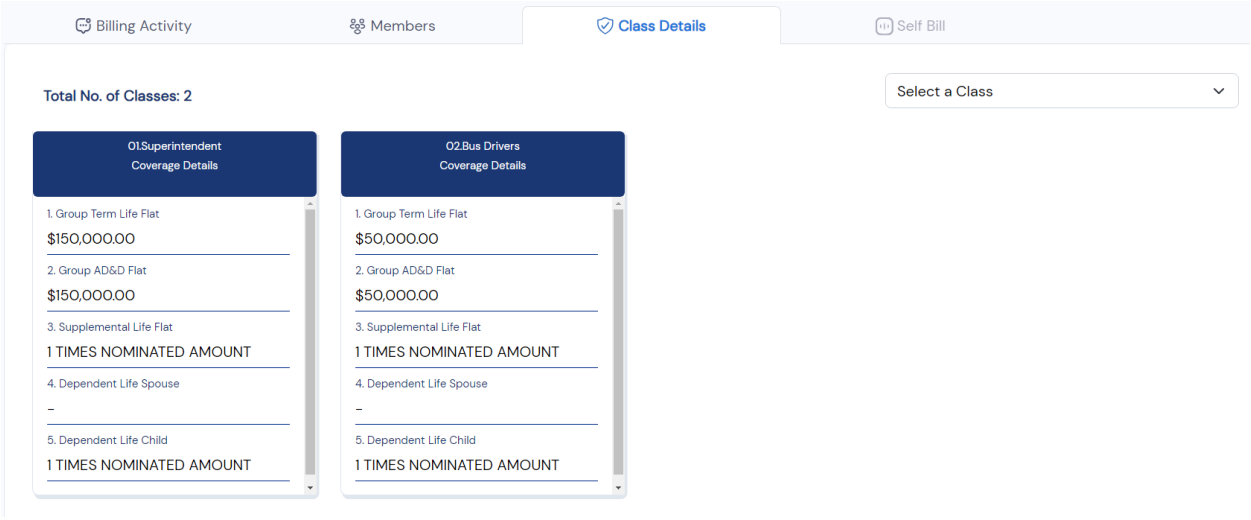
The user access legend reflects access levels within the Compassi portal.

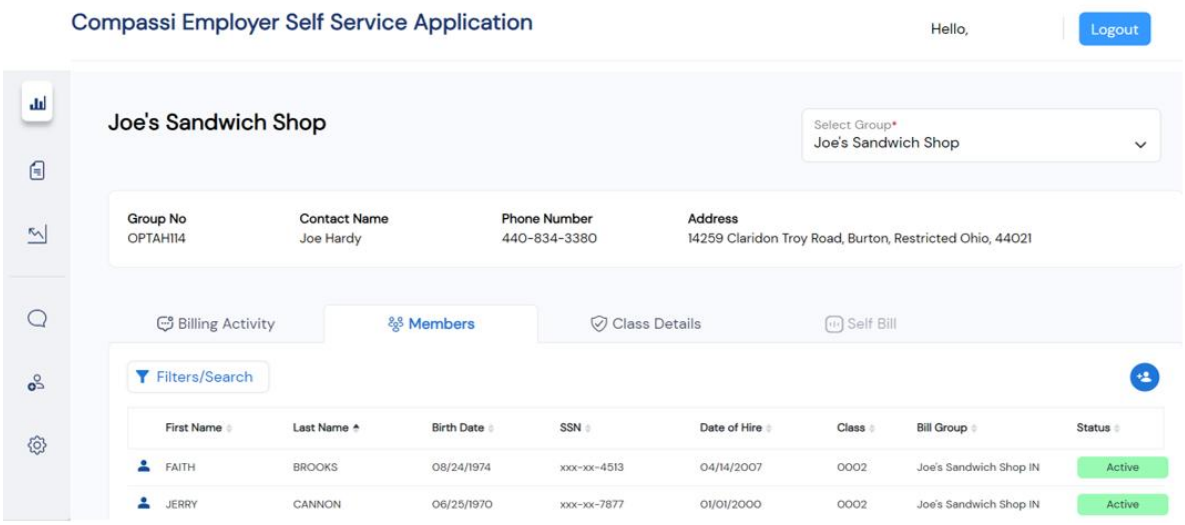
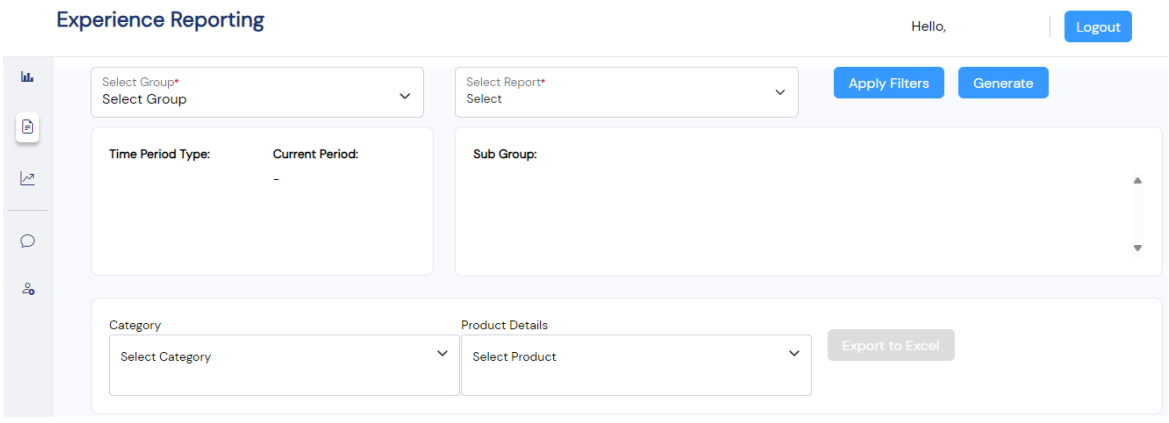
Icons used throughout this guide indicate whether a feature is available with full access or is limited based on group transition status or assigned permissions:

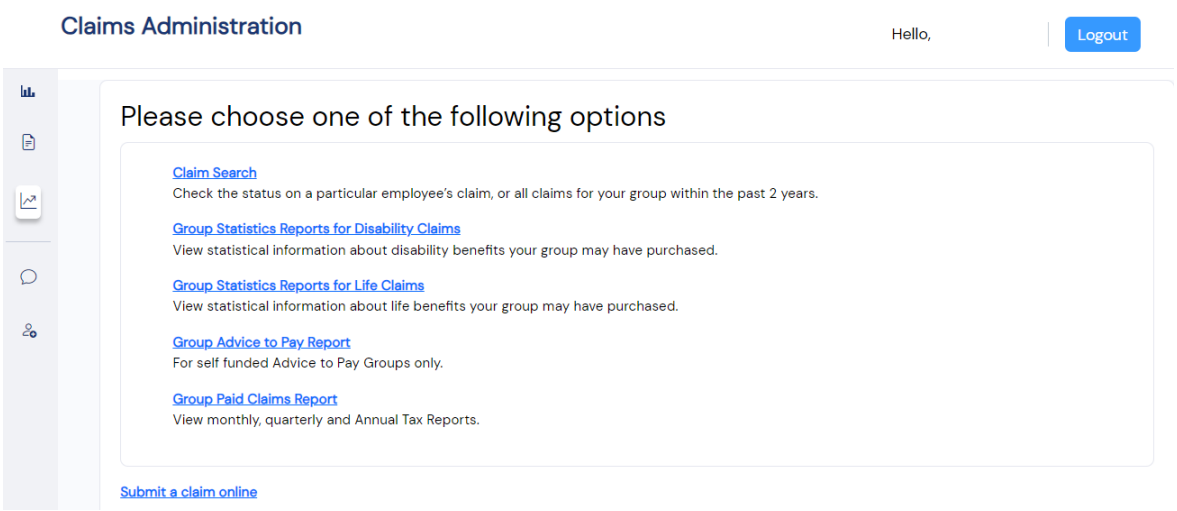
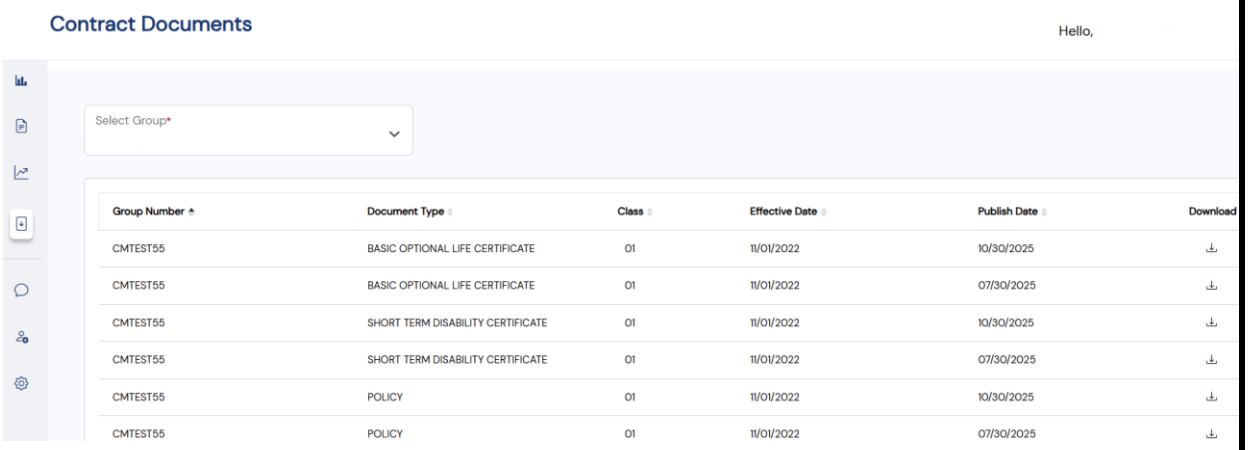
Icon / Label	Meaning
Full Access	For users supporting groups that **have not yet transitioned** and continue to have full Compassi access.
Limited Access	For users supporting **groups that have transitioned,** as well as users with specific permissions

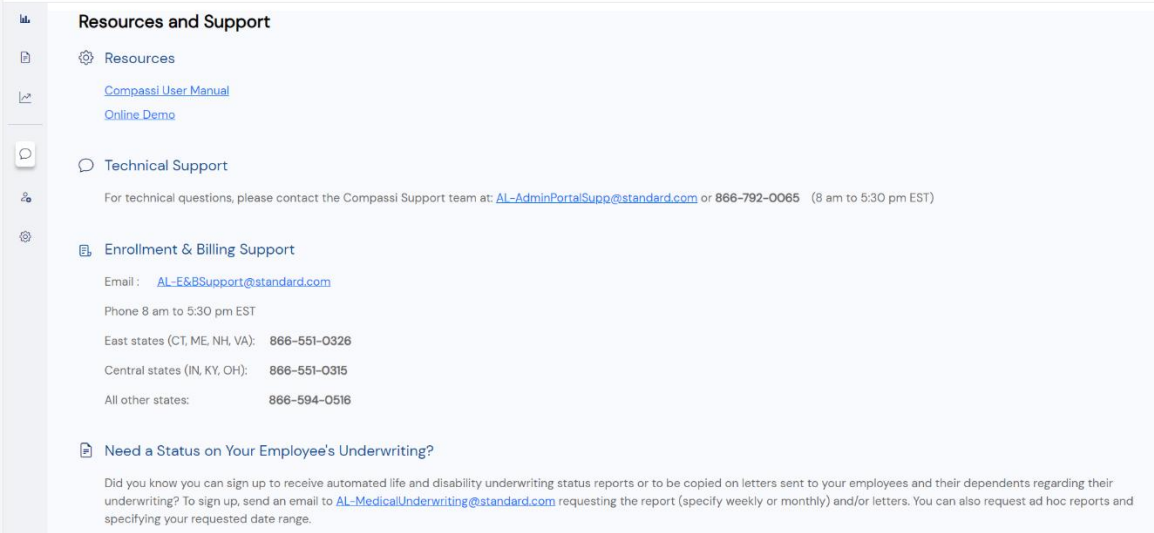
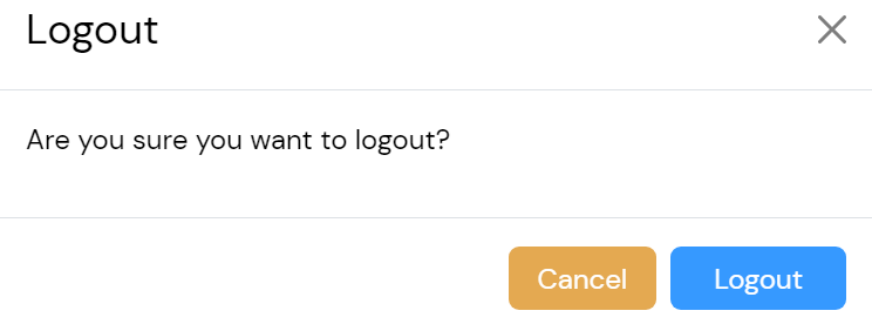
Navigating Compassi

Tabs Overview	The following tabs display across the middle and left-hand side of the screen upon login to Compassi: 
Member Listing	The Members tab provides a listing of active members with the ability to search by status (Active, Terminated, All, Pending Enrollment and Pending Termination) and sort the members by each Column header (First Name, Last Name, Birth Date, SSN, Date of Hire, Class, Bill Group and Status). The Members tab also provides the ability to download a census, view an individual member's summary page and enroll new members. The following screen displays when you click this tab: 

Billing Activity	The Billing Activity tab provides the ability to search and download monthly billing invoices in a PDF or Excel file, pay an invoice and view the payment status. The following screen displays when you click this tab:  **Bill Group** / **Invoice Number** / **Monthly Premium** / **Total Billed** / **Credits** / **Past Due** / **Total Due** / **Due Date** / **Status** / **Actions** Joe's Sandwich Shop OH — 4264804 — $640.55 — $640.55 — $0 — $27,609.85 — $28,250.40 — 10/01/2023 — Unpaid Joe's Sandwich Shop IN — 4264804 — $640.55 — $640.55 — $0 — $27,609.85 — $28,250.40 — 10/01/2023 — Unpaid Joe's Sandwich Shop OH — 4263492 — $480.60 — $480.60 — $0 — $19,165.80 — $19,646.40 — 10/01/2023 — Unpaid Joe's Sandwich Shop IN — 4263492 — $480.60 — $480.60 — $0 — $19,165.80 — $19,646.40 — 10/01/2023 — Unpaid
Class Details	The Class Details tab provides the ability to view a summary of benefits available for each class within a group. The following screen displays when you click this tab: 
Self-Bill	The Self-Bill tab displays greyed out as it is only applicable to Self-Bill Groups.

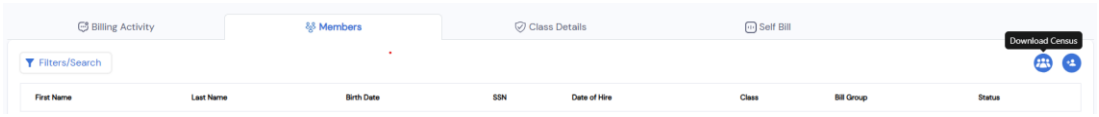
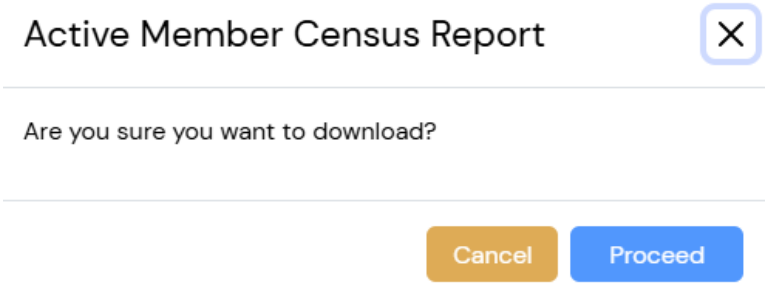
My Groups	The My Groups icon on the left-hand side navigates back to the main screen to allow access to the Billing Activity, Member Listing and Class Details. The following screen displays when you click this icon: 
Experience Reporting	The Experience Reporting icon on the left-hand side provides access to life and disability reports that show the utilization, paid premium and paid claims data. The following screen displays when you click this icon: 

Claim Administration	The Claim Administration icon on the left-hand side provides access to check the status of a claim, view statistical information for life and disability claims and submit a claim online. The following screen displays when you click this icon: 
Contract Documents	The Contract Documents icon on the left-hand side provides access to policies and certificates available for download. The following screen displays when you click this icon: 

Resources and Support	The Resources and Support icon on the left-hand side provides access to resources and contact information to assist with navigating Compassi and requesting evidence of insurability (EOI) reports. The following screen displays when you click this icon: 
Logout	Click the Logout button when you are ready to end the Compassi session.  **Result:** A message box will display asking if you are sure that you want to logout. Click Logout to continue the logout. 

Downloading an Active Member Census

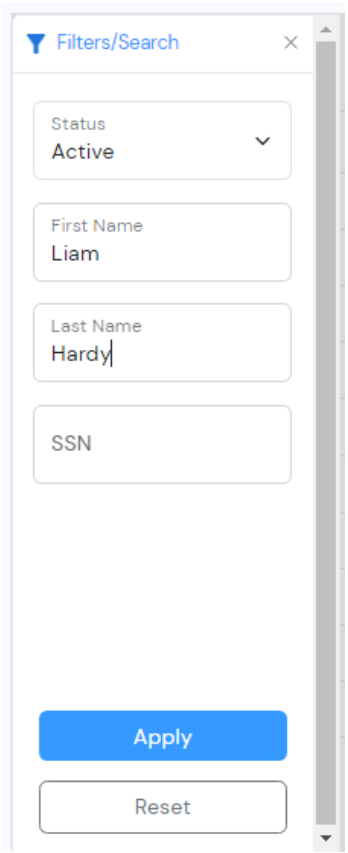
Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access. For groups that have transitioned, users can download a census that includes active membership at the time of conversion for up to one (1) year post-conversion.
Download Census Overview	The **Download Census** button provides the ability to download an Active Member Census.
Downloading an Active Member Census	Follow the steps below to download an Active Member Census

Step	Action
1	Click the **Members** tab.
2	Click the **Download Census** button 
3	The Active Member Census Report pop up box displays: • To download the report click **Proceed** • To cancel the report download click **Cancel** 
4	Open the exported excel file from the recent downloads from the internet browser. 

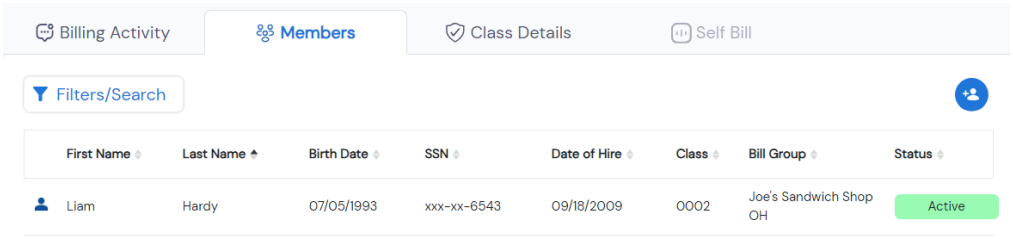
Searching for a Member

Full Access	This section is available to users with full Compassi access only.
Member Listing Overview	The Member listing screen provides the ability to search for a specific active, pending enrollment, pending termination, or terminated member or to query all members of a group.
Searching for a Specific Member	Follow the steps below to search for a specific member.

Step	Action
1	Click the **Members** tab.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.
3	Click the **Filters/Search** button. Select the Status from the drop-down then type the **First Name, Last Name** and/or the **SSN** (Social Security Number) of the employee in the appropriate fields.

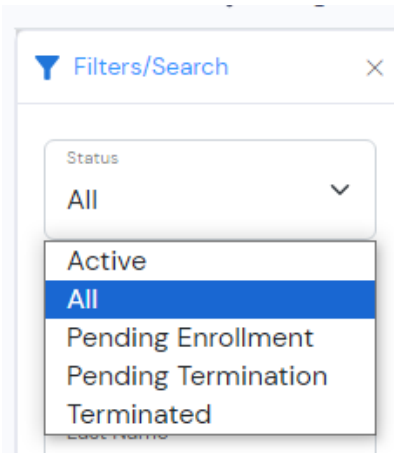


Searching for a Specific Member, continued

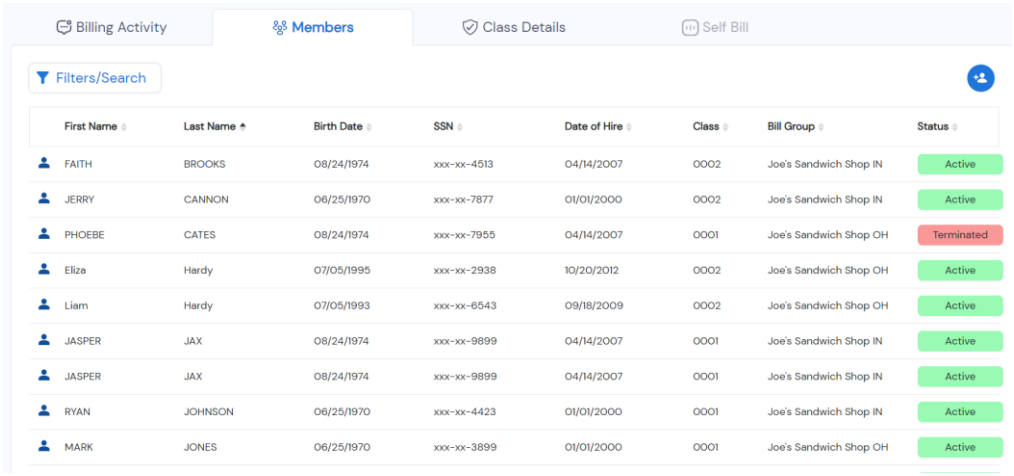
Step	Action
4	Click **Apply**. **Result:** Your Search Results will display: 

Searching for All Members

Follow the steps below to search for all employees in a specific group.

Step	Action
1	Click the **Members** tab.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.
3	The default listing displayed is of all **Active** members. If you want to view members in a **Terminated**, **Pending Enrollment**, **Pending Termination** or **All** members regardless of status click the **Filters/Search** button.
4	Select the option you wish to view from the **Status** drop down menu. 

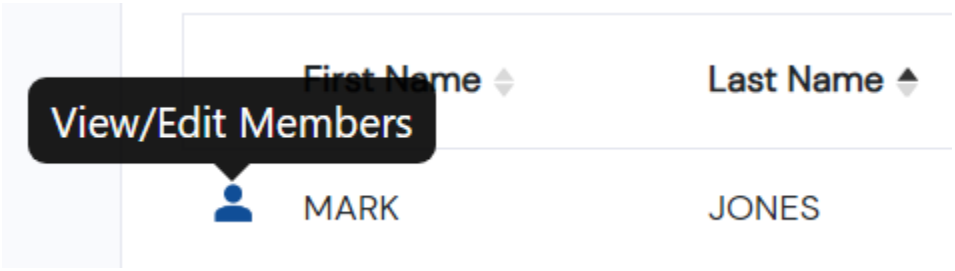
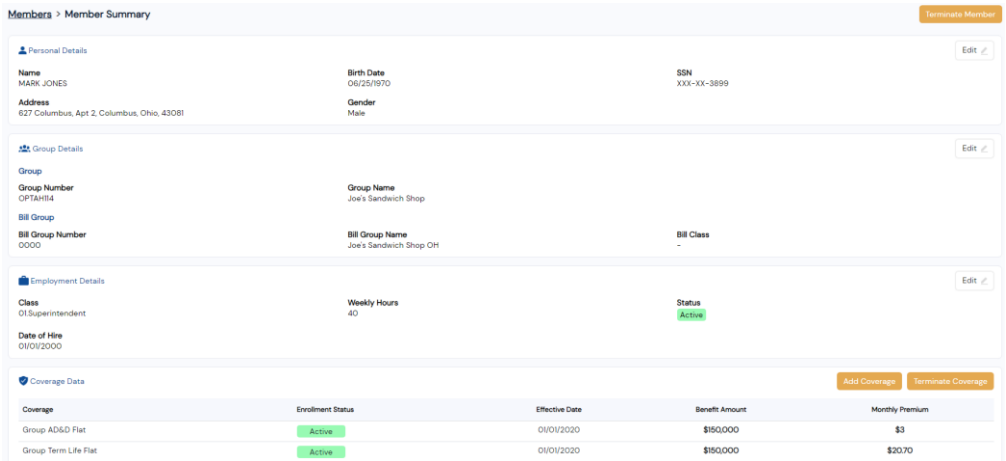
Searching for All Members, continued

Step	Action
5	Click **Apply.** **Result:** Your search results will display:  **Notes**: • Search results are automatically displayed alphabetically by last name, in groups of 10. To change the item on which to sort, click the arrows on any of the column headings.

First Name	Last Name	Birth Date	SSN	Date of Hire	Class	Bill Group	Status
FAITH	BROOKS	08/24/1974	xxx-xx-4513	04/14/2007	0002	Joe's Sandwich Shop IN	Active
JERRY	CANNON	06/25/1970	xxx-xx-7877	01/01/2000	0002	Joe's Sandwich Shop IN	Active
PHOEBE	CATES	08/24/1974	xxx-xx-7955	04/14/2007	0001	Joe's Sandwich Shop OH	Terminated
Eliza	Hardy	07/05/1995	xxx-xx-2938	10/20/2012	0002	Joe's Sandwich Shop OH	Active
Liam	Hardy	07/05/1993	xxx-xx-6543	09/18/2009	0002	Joe's Sandwich Shop OH	Active
JASPER	JAX	08/24/1974	xxx-xx-9899	04/14/2007	0001	Joe's Sandwich Shop IN	Active
JASPER	JAX	08/24/1974	xxx-xx-9899	04/14/2007	0001	Joe's Sandwich Shop IN	Active
RYAN	JOHNSON	06/25/1970	xxx-xx-4423	01/01/2000	0001	Joe's Sandwich Shop IN	Active
MARK	JONES	06/25/1970	xxx-xx-3899	01/01/2000	0001	Joe's Sandwich Shop OH	Active

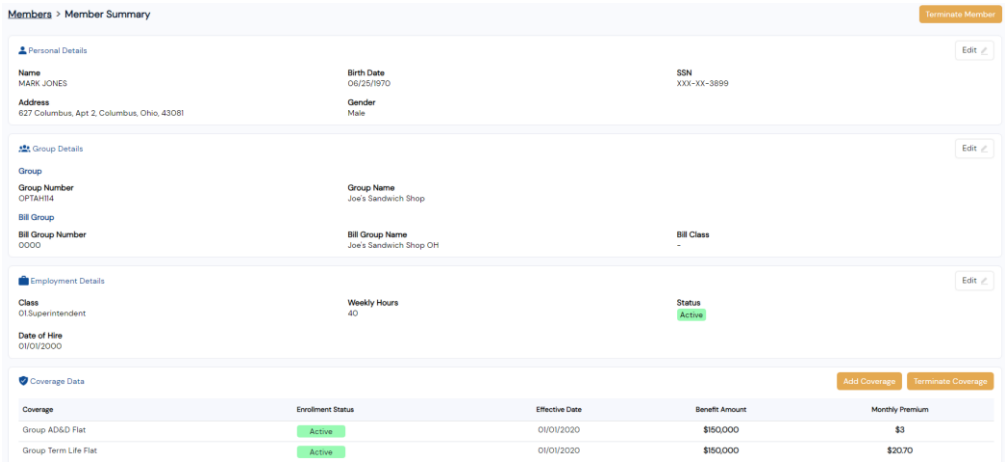
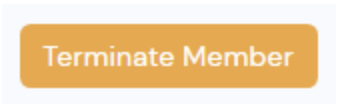
Viewing a Member Summary

Full Access	This section is available to users with full Compassi access only
Member Summary Overview	The **Members** tab provides the ability to view a member's basic demographic information, Group Details, Employment Details and Coverage Data.
Viewing a Member's Summary	Follow the steps below to view a summary for a specific member.

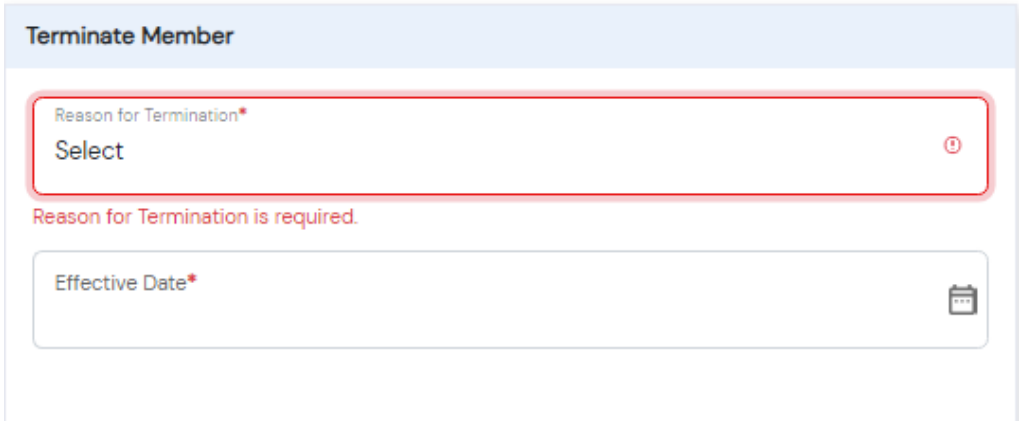
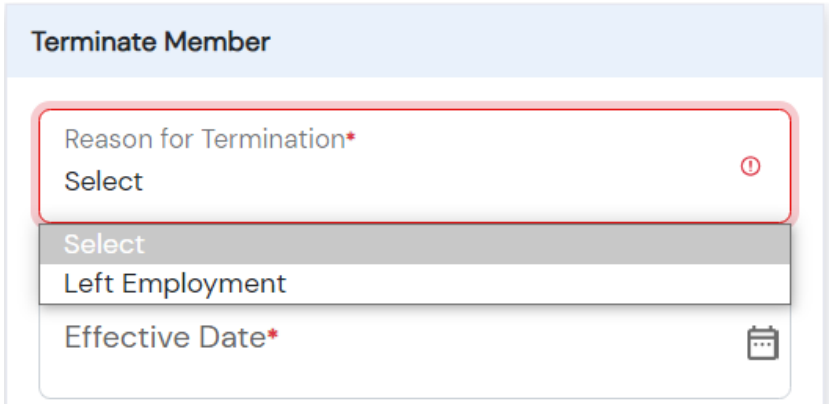
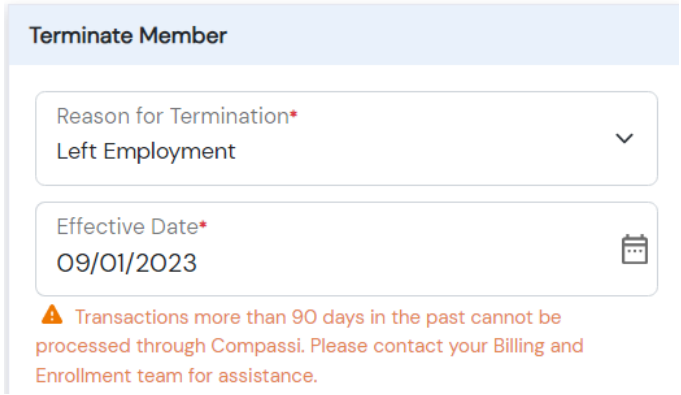
Step	Action
1	Refer to the procedure for **Searching for a Specific Member** to find the appropriate group member. **Note:** Steps 2-4 can also be used from the full member listing page as the icon displays and will navigate to a member's summary.
2	Locate the **appropriate member** in the search results and click the **Person** icon next to their name. 
3	**Result:** A Member Summary page will display: 
4	Click **Members** on the top left of the screen to return to the Member Listing screen.

Terminating an Active Member

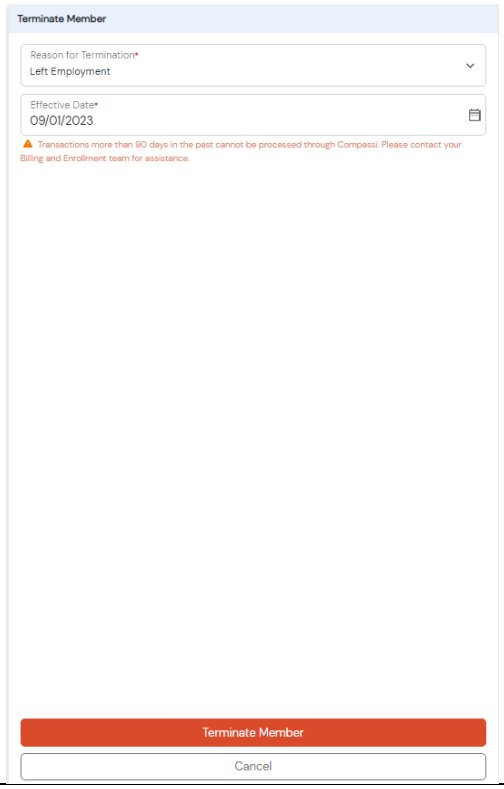
Full Access	This section is available to users with full Compassi access only.
Member Summary Overview	The **Members** tab provides the ability to locate a member that needs to be terminated and to submit the termination.
Terminating a Member	Follow the steps below to terminate a specific member.

Step	Action
1	Click the **Members** tab.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.
3	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
4	Refer to the procedure for **Viewing a Member Summary** to display the member details. Result: The Member Summary screen will display: 
5	Click the **Terminate Member** button.  Result: The termination screen below will display:

Terminating a Member, continued

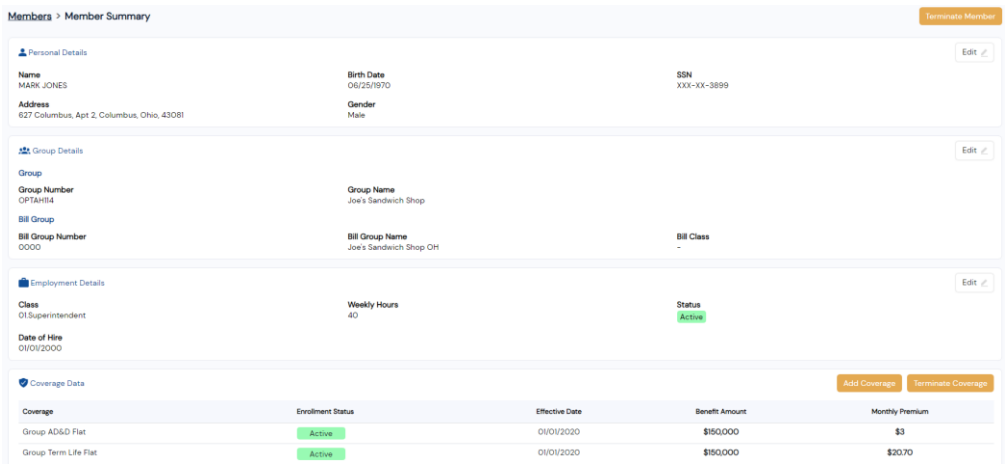
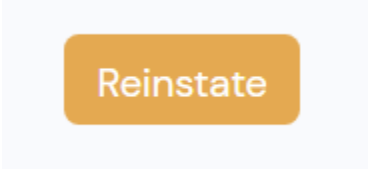
Step	Action
	
6	Select the **Reason for Termination** from the drop down. 
7	Enter the **Effective Date** of termination utilizing the calendar icon. 

Terminating a Member, continued

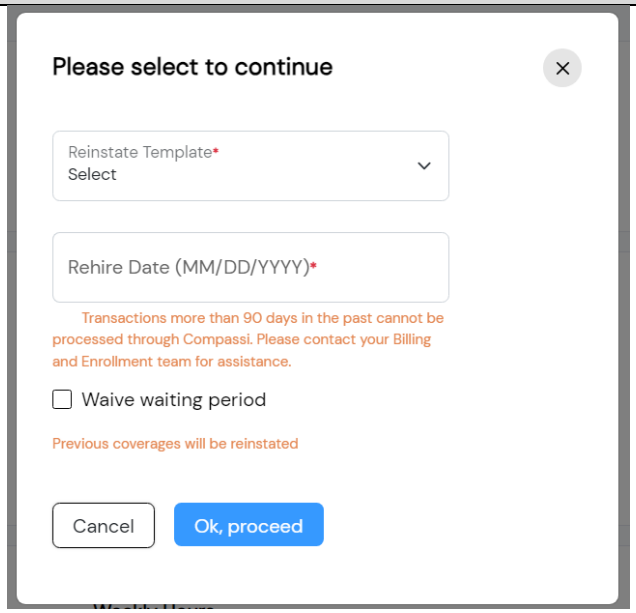
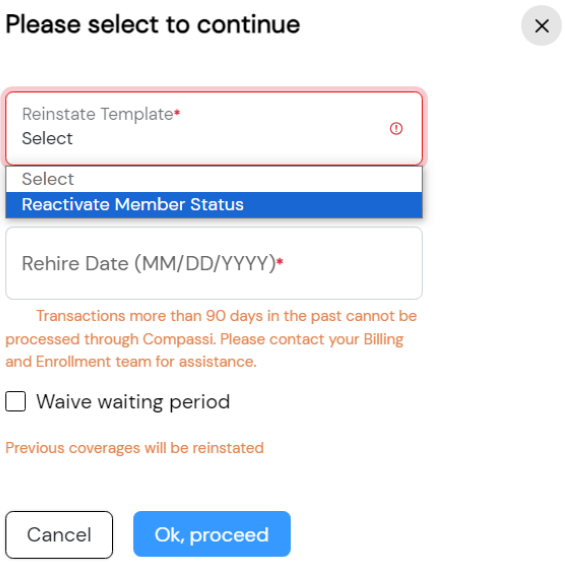
Step	Action
8	Click **Terminate Member.** 
9	**Result:** A message will display at the top of the screen that the member has been terminated successfully:  The Status will be updated to Terminated (in red). If the termination date is in the future, it will reflect the status of Pending Termination (in orange) under the Member Summary under Employment Details. 
10	Do you have multiple Members to terminate? • If ***yes***, click Members and repeat steps 3-7. • If ***no***, click Logout.

Reinstating a Member

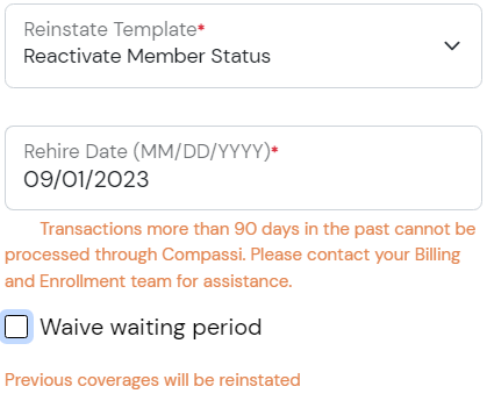
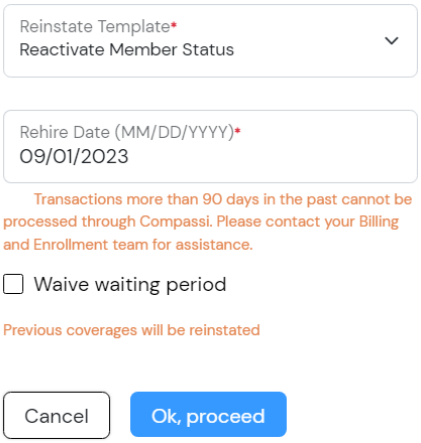
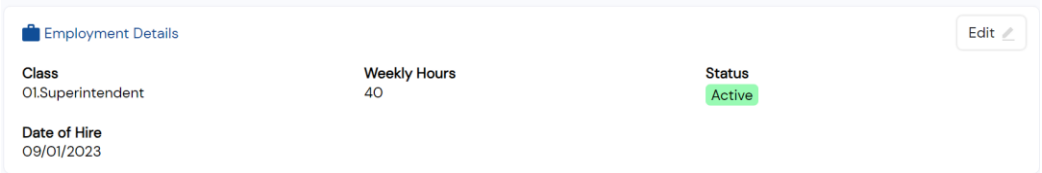
Full Access	This section is available to users with full Compassi access only.
Member Summary Overview	The **Members** tab provides the ability to locate a member that needs to be reinstated.
Reinstating a Member	Follow the steps below to reinstate a specific member.

Step	Action
1	Click the **Members** tab.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.
3	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
4	Refer to the procedure for Viewing a Member Summary to open the Member Details. Result: The Member Summary screen will display: 
5	Click the **Reinstate** button.  Result: The reinstatement screen below will display:

Reinstating a Member, continued

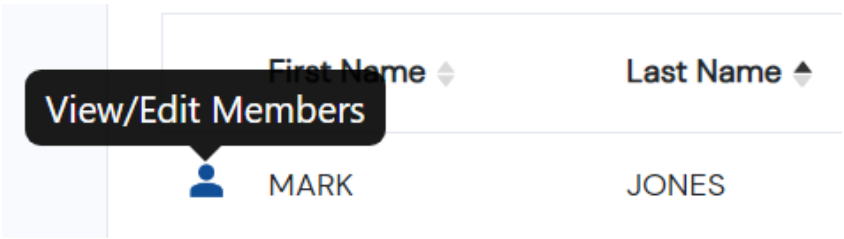
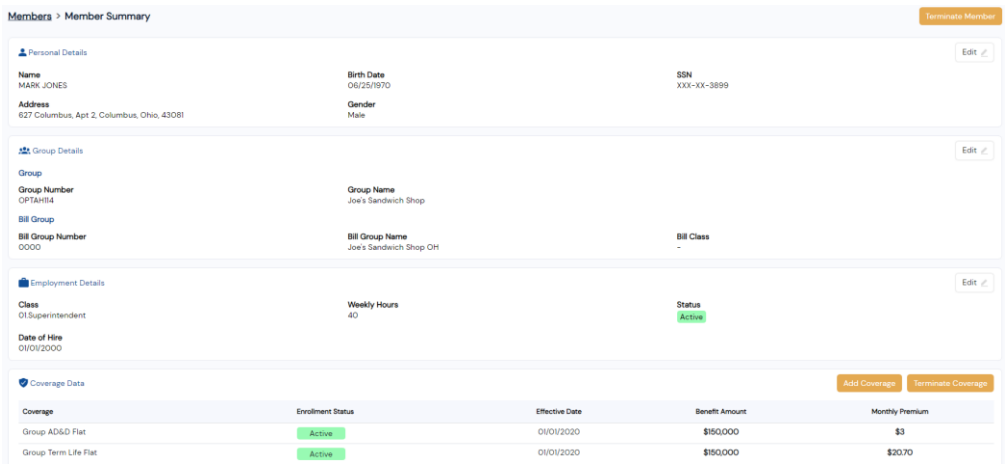
Step	Action
	
6	Select Reactivate Member Status from the drop-down under Reinstate Template. 
7	Enter the Rehire Date for reinstatement utilizing the calendar icon. If applicable, to Waive the Waiting Period for the Member select the box.

Reinstating a Member, continued

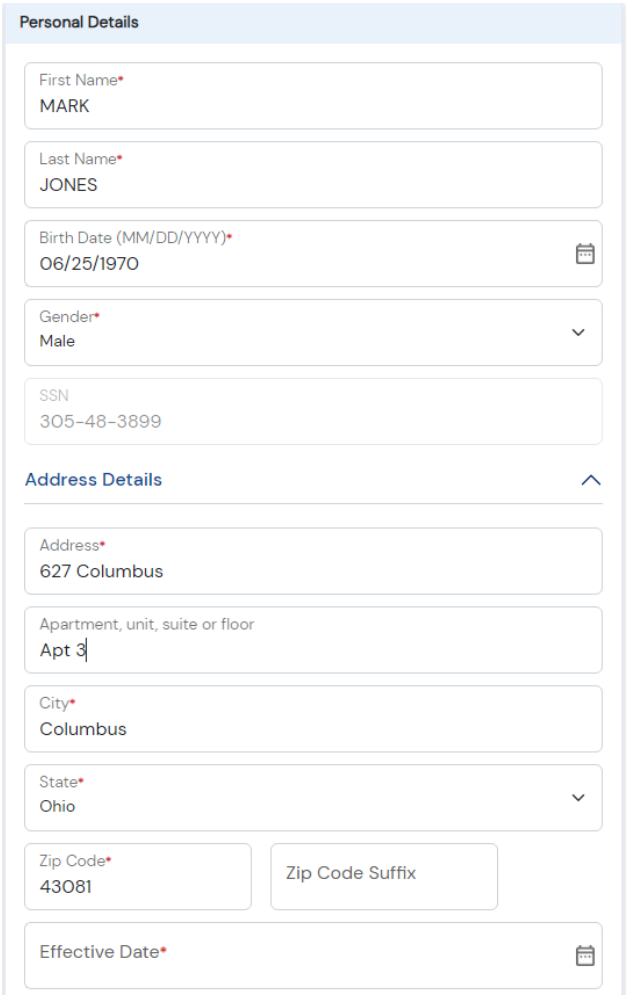
Step	Action
	
8	Click **Ok, Proceed** button. 
9	**Result:** A message will display at the top of the screen confirming the member has been reinstated:  The Status will be updated to Active under the Member Summary under Employment Details 
10	Do you have multiple Members to reinstate? • If ***yes***, click Members and repeat steps 3-7. • If ***no***, click Logout.

Updating Member Personal Details

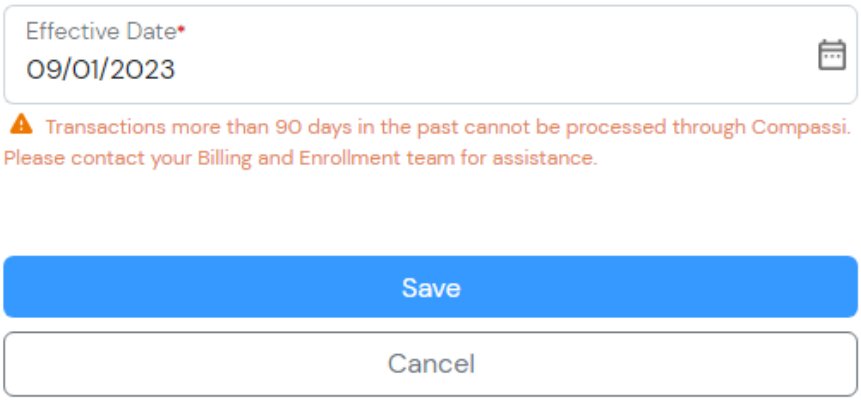
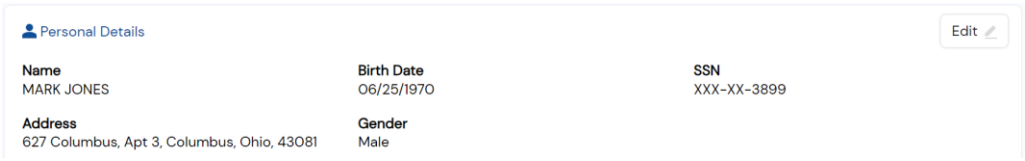
Full Access	This section is available to users with full Compassi access only.
Personal Details Overview	The Personal Details section provides the ability to update a member's name, date of birth, gender, social security number and/or address.
Updating Member Personal Details	Follow the steps below to update personal details for a specific member.

Step	Action
1	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
2	Once the **appropriate member** is in the search results click the Person icon next to their name.  **Result**: The Member Summary screen will display with all the information available for editing. 

Updating Member Personal Details, continued

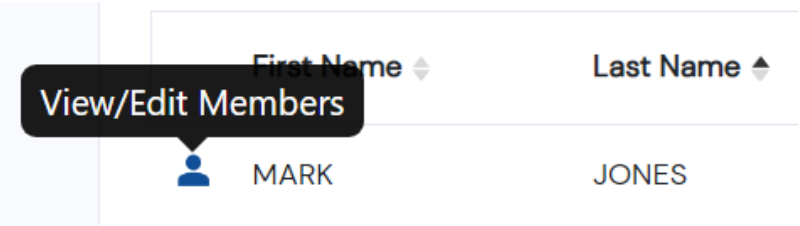
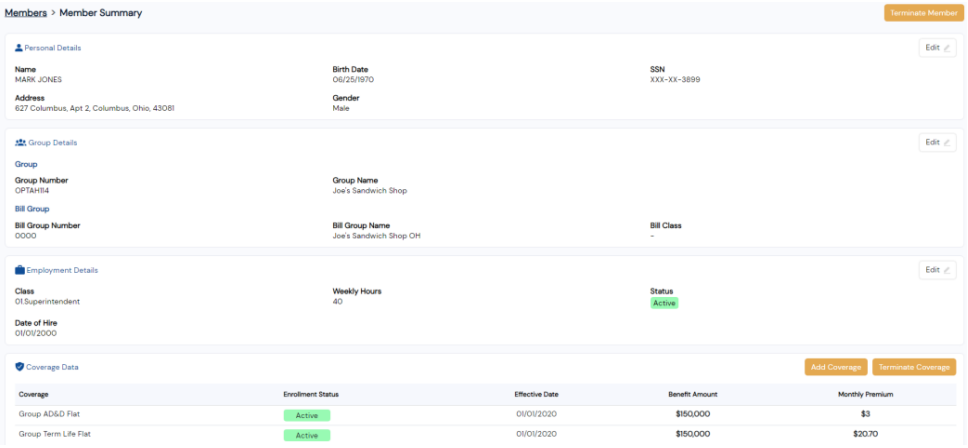
Step	Action
3	Click **Edit** in the Personal Details section.  **Result**: A Personal Details screen will display with the current information.
4	Type the **information that needs updated** in the appropriate field(s).  **Note:** Asterisks indicate required fields.

Updating Member Personal Details, continued

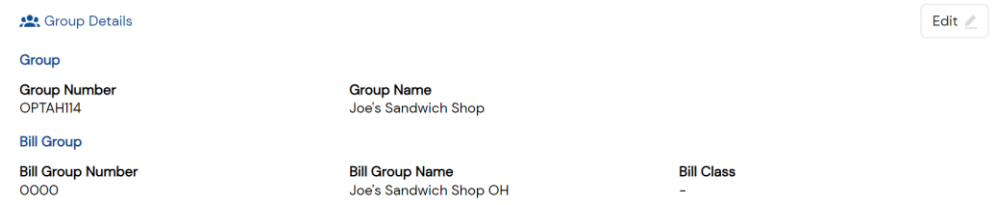
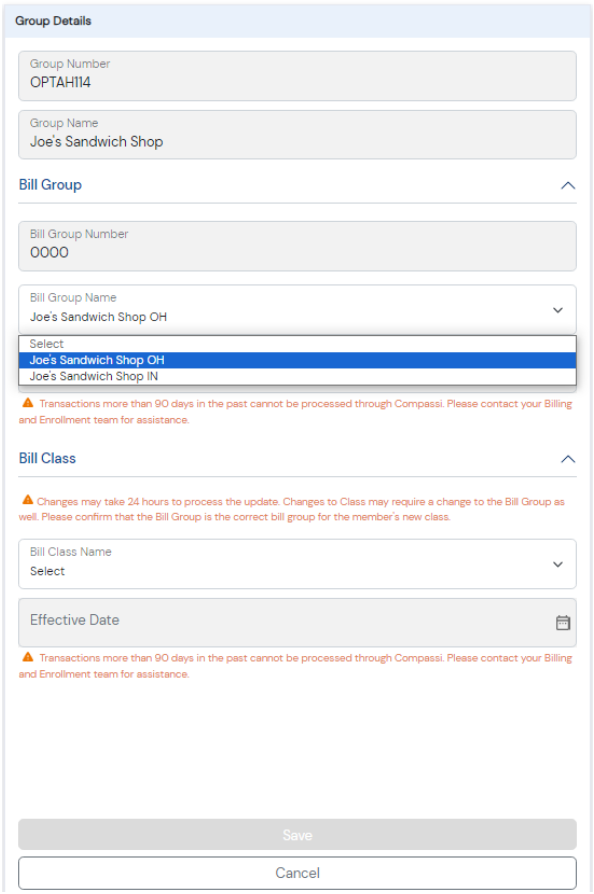
Step	Action
5	Enter the **effective date** of the change utilizing the calendar icon. 
6	Click **Save**. **Result:** A message will display at the top of the screen confirming the personal details have been updated:  The Member Summary screen will display the updated information under the Personal Details section. 
7	Click **Members** to return to the Member Listing screen.

Updating Member Group Details

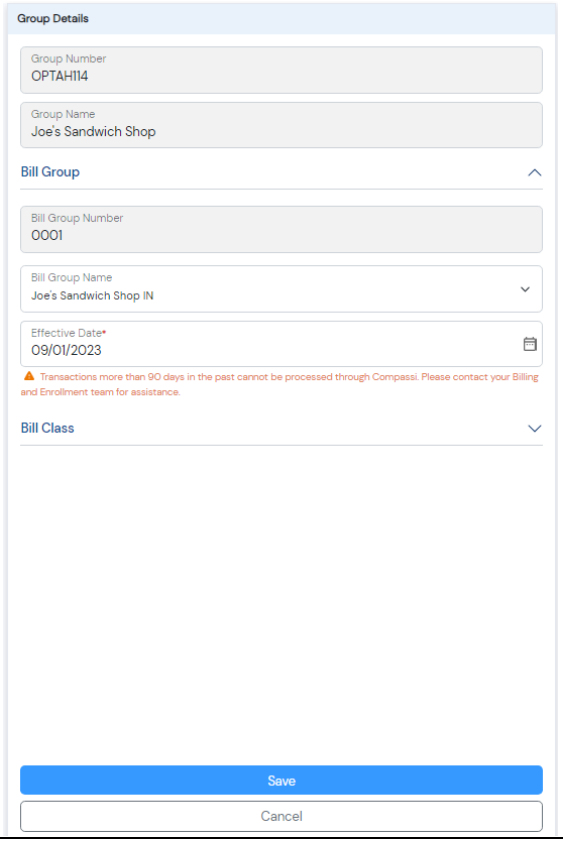
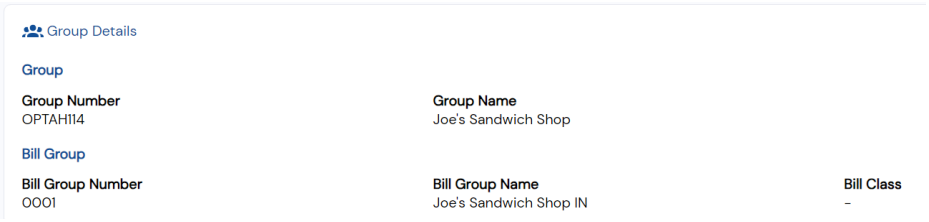
Full Access	This section is available to users with full Compassi access only.
Member Group Details Overview	The Group Details section provides the ability to update a member's bill group and bill class, when applicable.
Updating Member Group Details	Follow the steps below to update the class for a specific member.

Step	Action
1	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
2	Once the **appropriate member** is in the search results click the Person icon next to their name.  **Result**: The Member Summary screen will display with all the information available for editing. 

Updating Member Group Details, continued

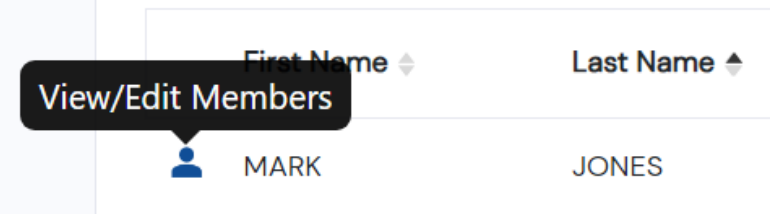
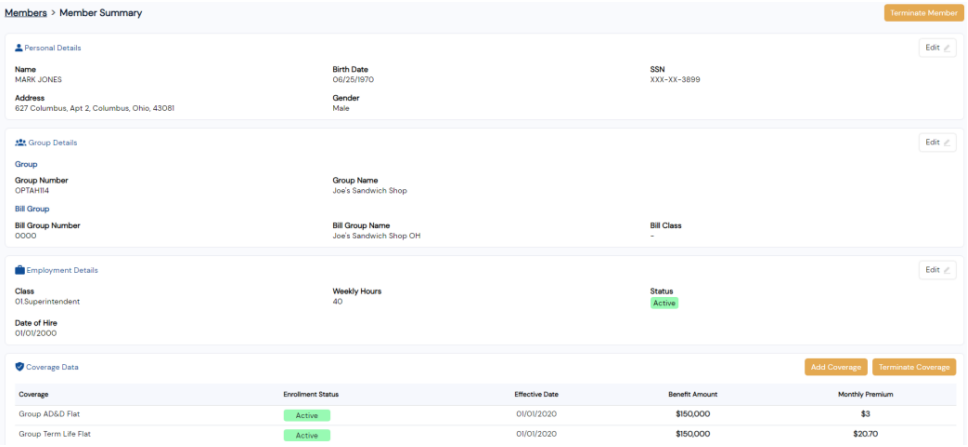
Step	Action
3	Click **Edit** in the Group Details section.  **Result**: A Group Details screen will display with the current information.
4	Click the appropriate new **Bill Group Name or Bill Class Name** from the drop-down. 

Updating Member Group Details, continued

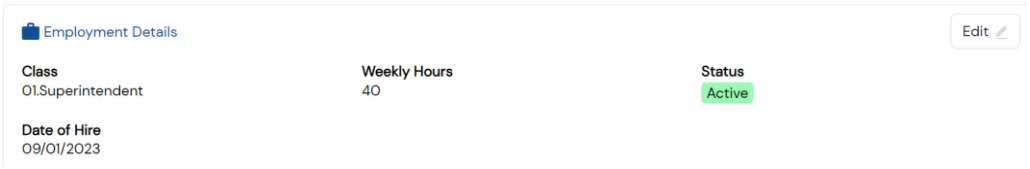
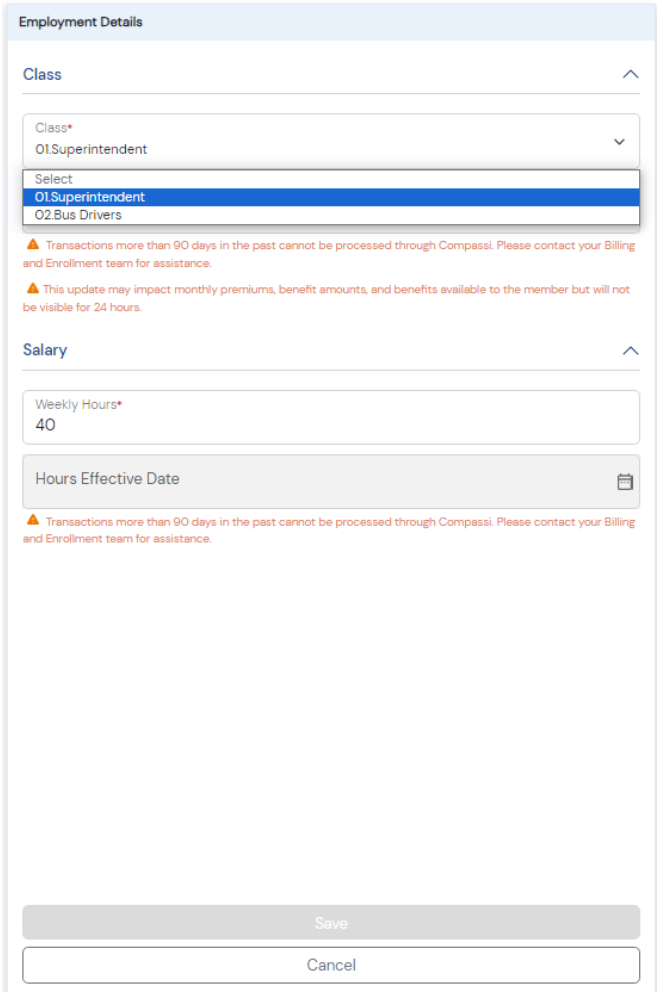
Step	Action
5	Enter the **effective date** of the change utilizing the calendar icon. 
6	Click **Save**. **Result:** A message will display at the top of the screen confirming the group details have been updated successfully: Group details are updated successfully Bill Group Name changes may be reflected immediately. Bill Class changes may take 24 hours to process the update. 
7	Click **Members** to return to the Member Listing screen.

Updating Member Employment Details

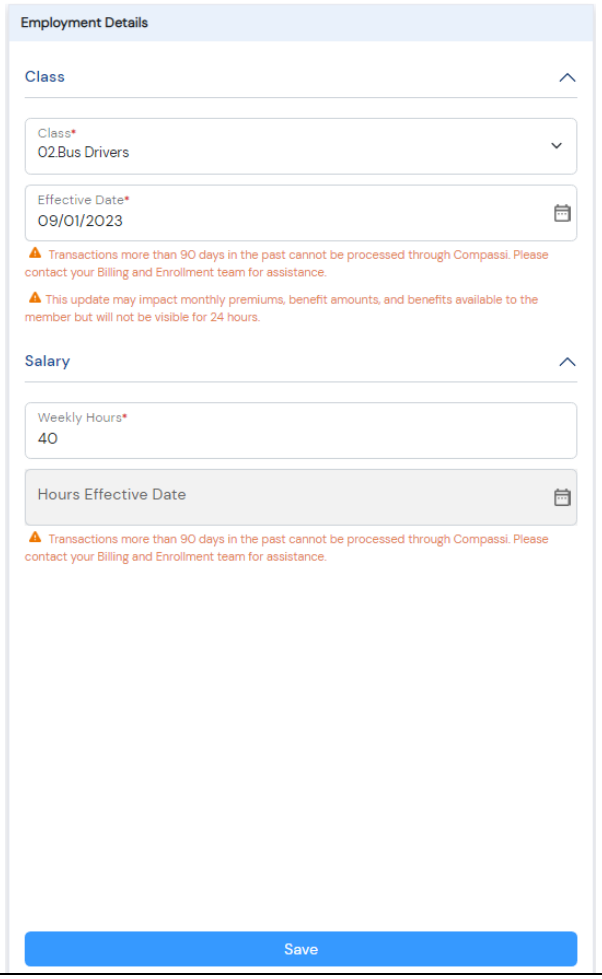
Full Access	This section is available to users with full Compassi access only.
Employment Details Overview	The Employment Details screen provides the ability to change a member Class, Weekly Hours and Salary, when applicable.
Updating Employment Details	Follow the steps below to update the Class, Weekly Hours or Annual Salary for a specific member.

Step	Action
1	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
2	Locate the **appropriate member** in the search results and click **Person** Icon.  **Result**: A Member Summary screen will display with all the information available for editing. 

Updating Employment Details, continued

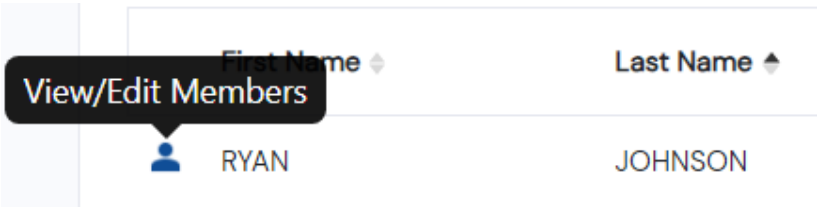
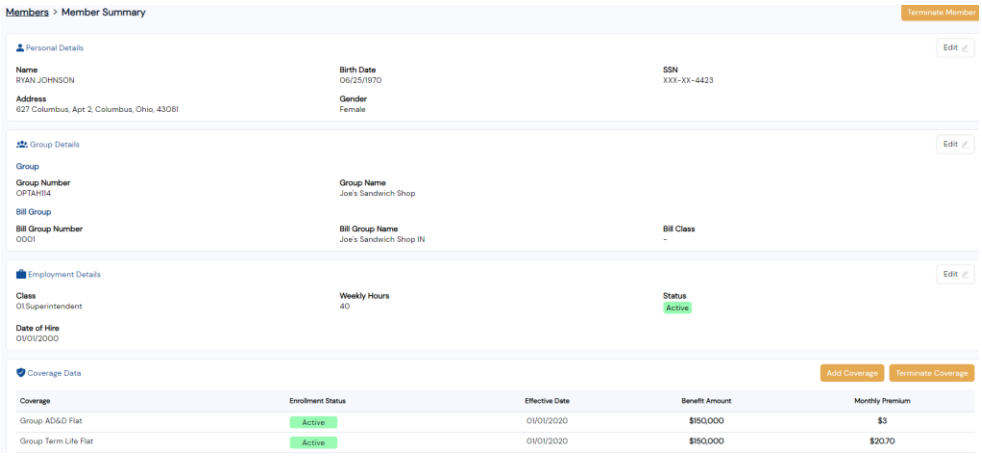
Step	Action
3	Click **Edit** in the Employment Details section.  **Result**: An Employment Details screen will display with the current information. Asterisks indicate required fields.
4	Enter the appropriate **Class, Salary and/or Weekly Hours.** 

Updating Employment Details, continued

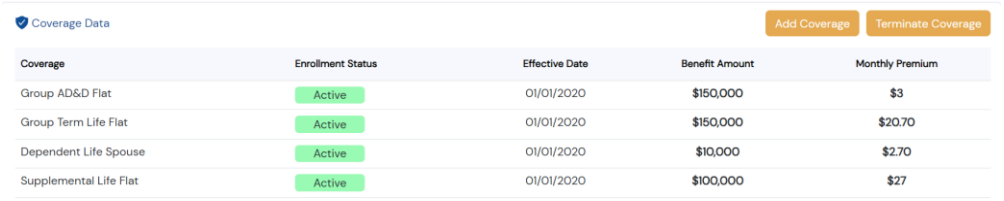
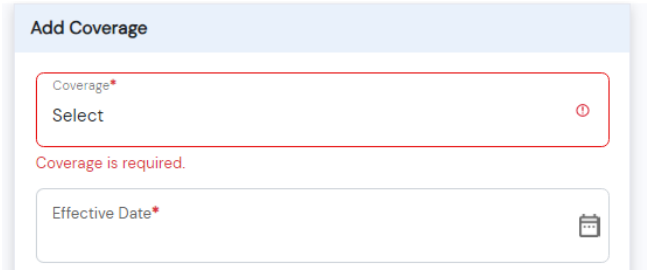
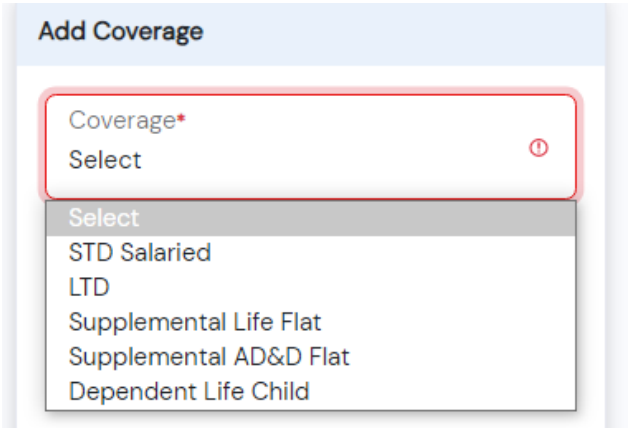
Step	Action
5	Enter the **effective date** of the change utilizing the calendar icon. 
6	Click **Save**. **Result: A** message will display at the top of the screen confirming that the member details were updated successfully, and the changes will be reflected in the Employment details section but may not be visible for 24 hours. Member details are updated successfully
7	Click **Members** to return to the Member Listing screen.

Adding Coverage to a Member

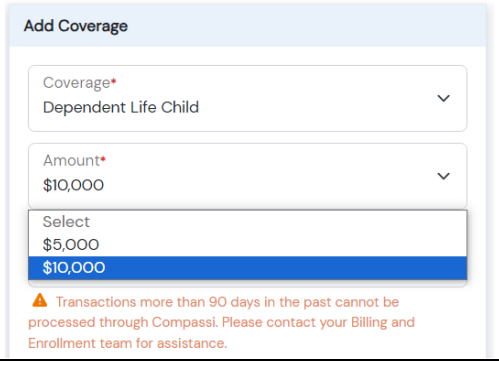
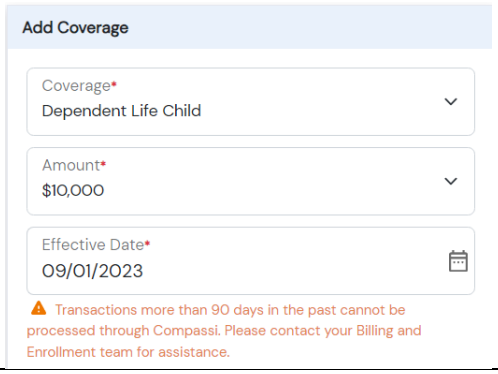
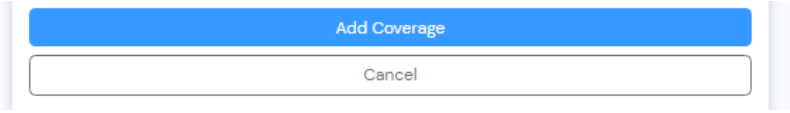
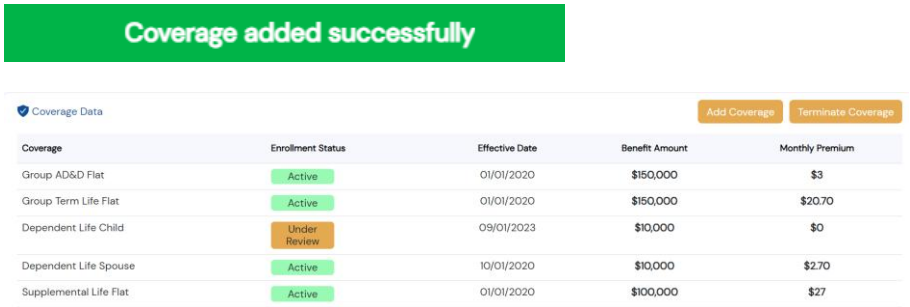
Full Access	This section is available to users with full Compassi access only.
Adding Member Coverage Overview	The Coverage Data section of the Member Summary screen provides the ability to add coverages for a member. **Note**: Increasing or decreasing benefit amounts for a member cannot be processed online.
Adding Member Coverage	Follow the steps below to add coverage for a specific member.

Step	Action
1	Refer to the procedure for Searching a Specific Member to find the appropriate group member.
2	Once you locate the **appropriate member** in the search results click the **Person** icon.  **Result**: The Member Summary screen will display with all the information available for editing. The Coverage Data section is located at the bottom of the screen and displays coverages for which the member is currently enrolled. 

Adding Member Coverage, continued

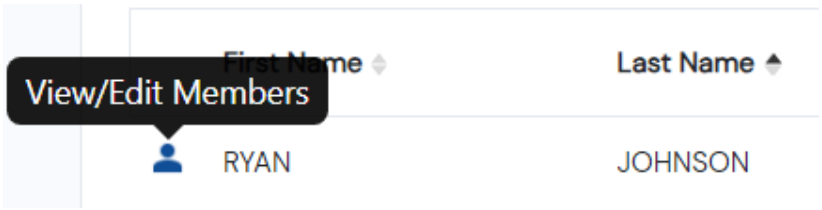
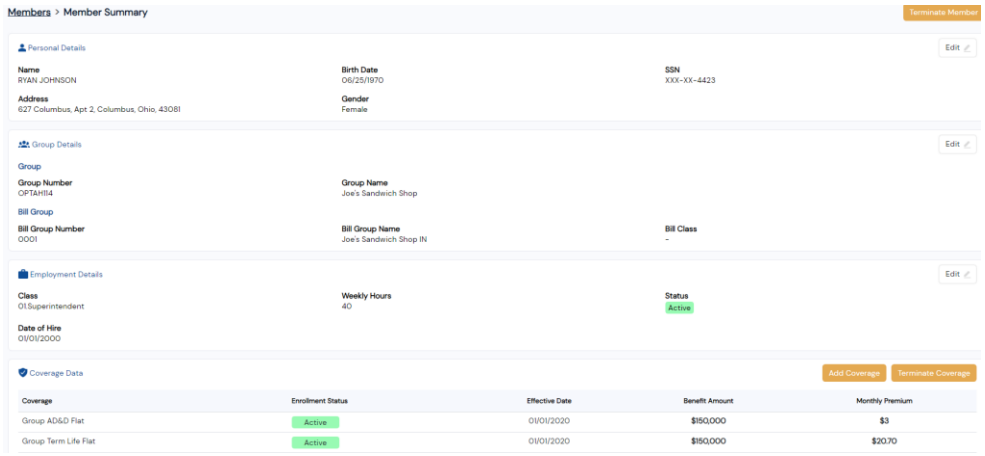
Step	Action
3	Click **Add** in the Coverage Data section.  **Result**: A pop-up box will display on the right-hand side: 
4	Click the **new coverage** for which you want to enroll the member from the Coverage drop-down. 

Adding Member Coverage, continued

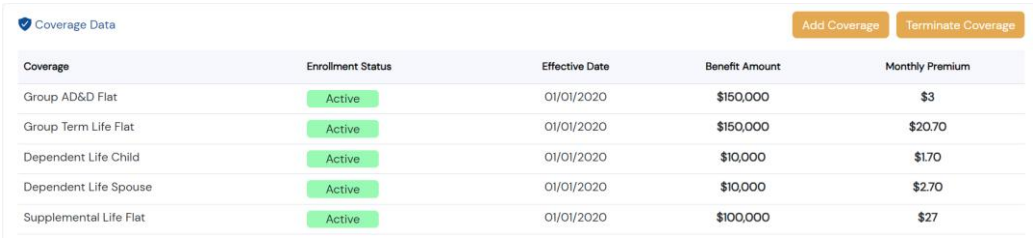
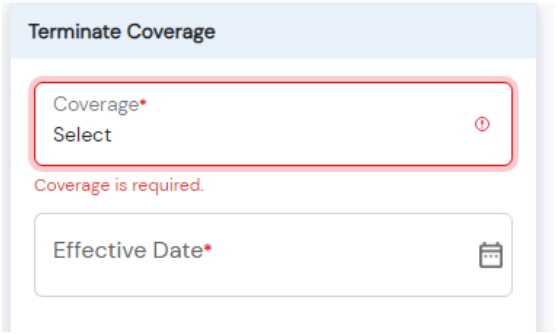
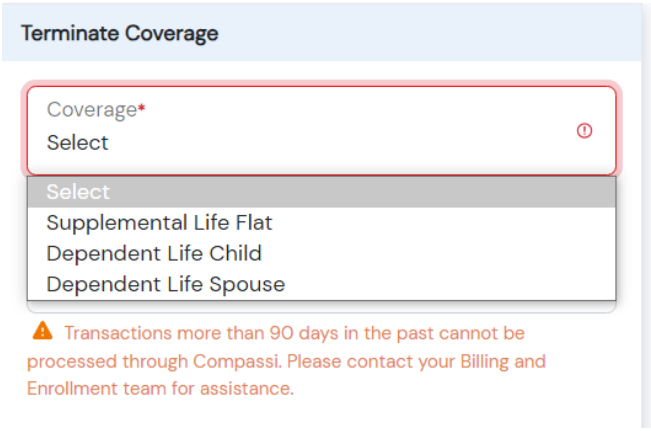
Step	Action
5	If applicable to the new coverage being added, enter/select the coverage amount in the Amount section utilizing the drop-down menu. 
6	Enter the **effective date** of new coverage utilizing the calendar icon. 
7	Click **Add Coverage** at the bottom of the screen.  Result: A message will appear at the top of the screen confirming the coverage has been added successfully and the new coverage will be listed under the Coverage Data section. 
8	Click **Members** to return to the Member Listing screen.

Terminating Coverage for a Member

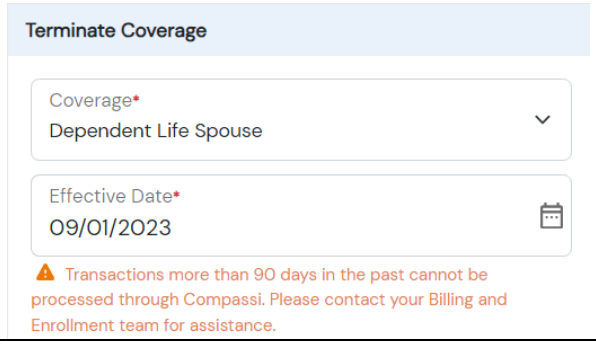
Full Access	This section is available to users with full Compassi access only.
Terminating Member Coverage Overview	The Coverage Data section of the Member Summary screen provides the ability to terminate coverages for a member. Terminations cannot be processed for non-contributory benefits.
Terminating Member Coverage	Follow the steps below to terminate coverage for a specific member.

Step	Action
1	Refer to the procedure for Searching for a Specific Member to find the appropriate group member.
2	Locate the **appropriate member** in the search results and click the person icon.  **Result**: A Member Summary screen will display with all the information available for editing. The Coverage Data section is located at the bottom of the screen and displays coverages for which the member is currently enrolled. 

Terminating Member Coverage, continued

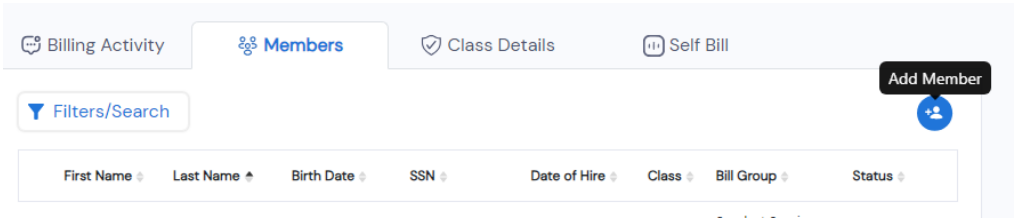
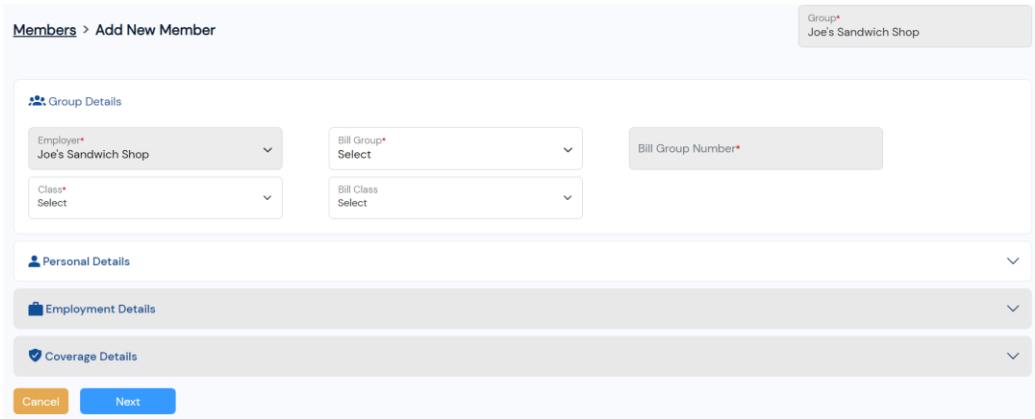
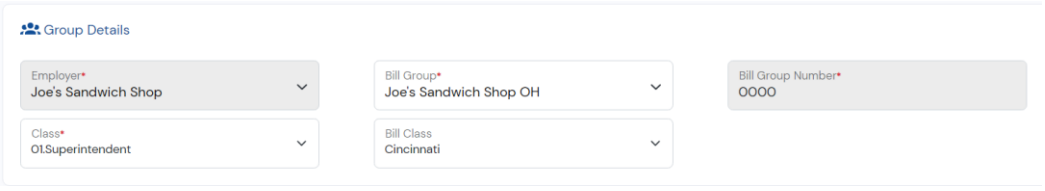
Step	Action
3	Click **Terminate Coverage** in the Coverage Data section.  **Result**: A pop-up box will display on the right: 
4	Click the **coverage** to be terminated for the member from the Coverage drop-down. 

Terminating Member Coverage, continued

Step	Action
5	Enter the **effective date** of termination utilizing the calendar icon. 
6	Click **Terminate Coverage**.  Result: A message will display at the top of the screen confirming the coverage has been terminated. 
8	Click **Members** to return to the Member Listing screen.

Adding a New Member

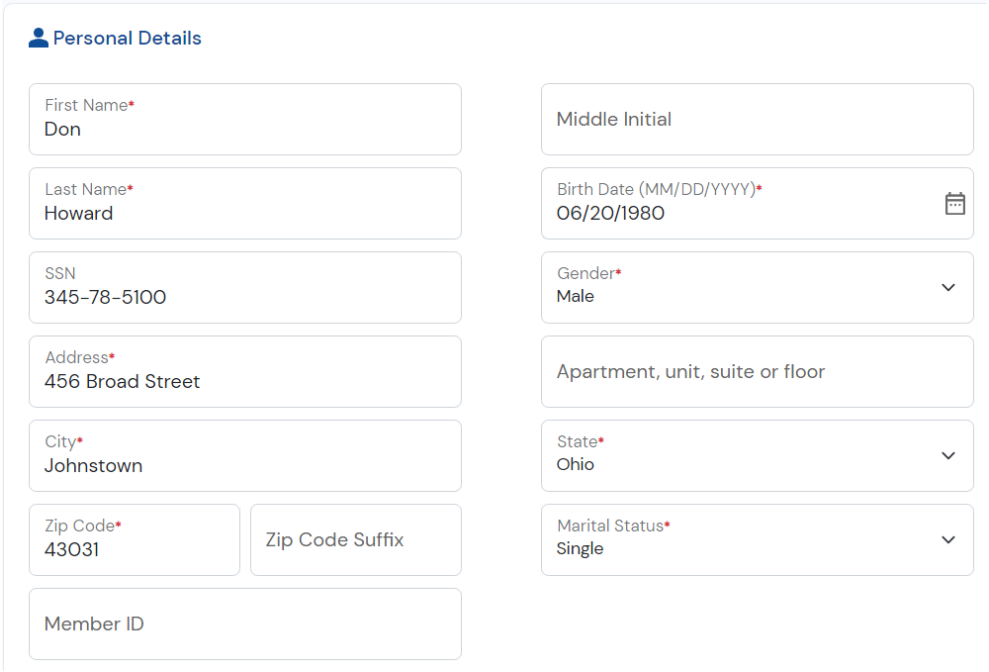
Full Access	This section is available to users with full Compassi access only.
New Member Overview	The **Add Member** button provides the ability to enroll new members in a group. If you are adding a member that was previously enrolled and is now in a terminated status. Refer to the procedure for Reinstating a Member.
Adding a New Member	Follow the steps below to add a new member to a group.

Step	Action
1	Click the **Members** tab.
2	Click the **Add Member** Button.  Result: The Add New Member screen displays below: 
3	Select the appropriate **Group Details** for the new member you're enrolling using the drop-down menu for Bill Group, Bill Group Number, Class and Bill Class. 

Adding a New Member, continued

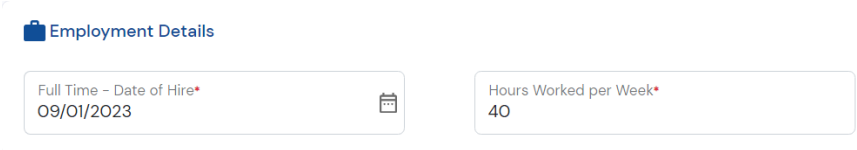
Step	Action
4	Expand the **Personal Details** section using the down arrow and complete the following fields: **Note**: * Asterisks in the Personal Details section of the screen indicate required fields.

* First Name	* State
Middle Initial (if available)	* Zip
* Last Name	* Street Address
* Date of Birth	* City
SSN	* Gender
Member ID (optional)	* Marital Status

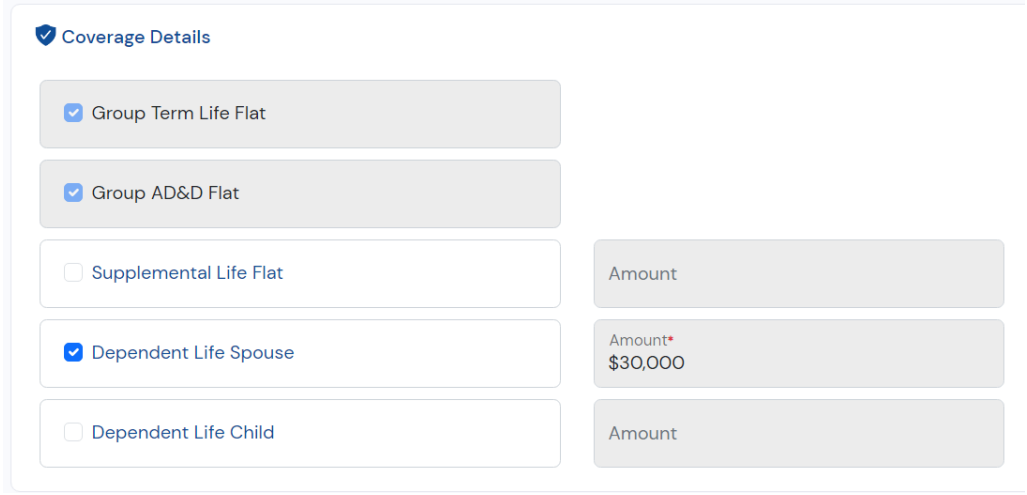
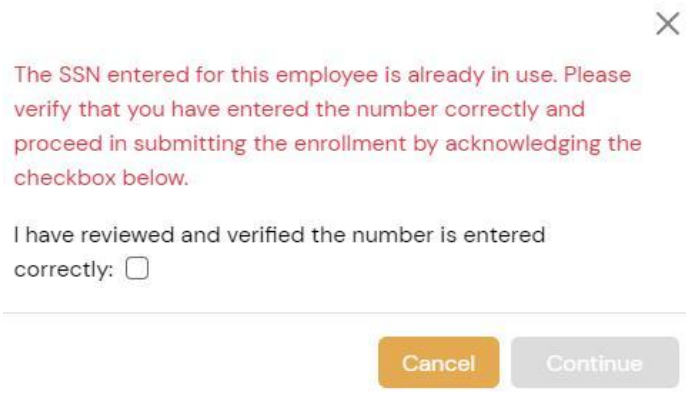


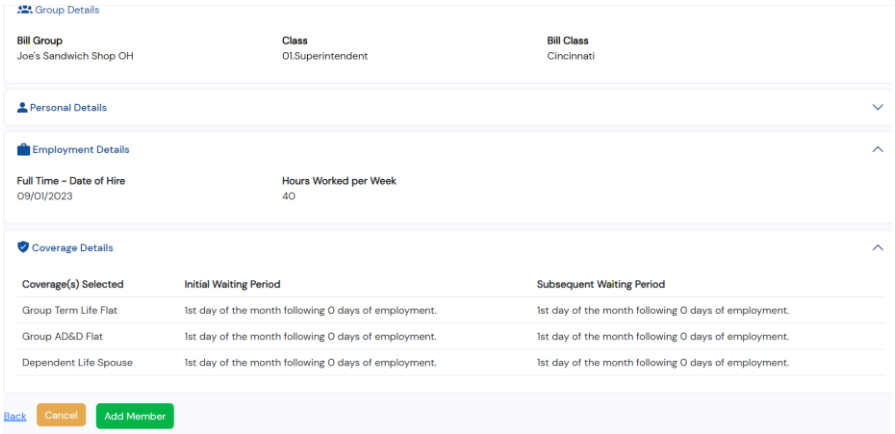
5	Expand the **Employment Details** section using the down arrow and complete the following fields: **Note**: * Asterisks in the Employment Details section of the screen indicate required fields.

* Full Time – Date of Hire	* Hours Worked per Week

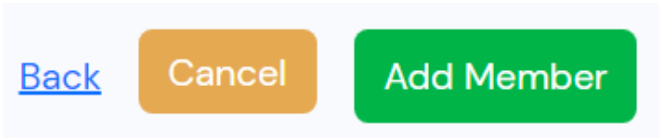


Adding a New Member, continued

Step	Action
6	Expand the **Coverage Details** section using the down arrow. Coverages are pre-selected for non-contributory benefits. Select any additional benefits that are applicable to the member being enrolled. Note: with additional benefits a pop up will appear to complete the coverage details and enter the amount. 
7	Click **Next** to add new member.  **IMPORTANT NOTE:** If you see the following message after clicking **Next**, the Social Security Number already exists in the administration system (Compass).  Please double check the social security number to ensure it was entered correctly. If it was entered correctly, click the check box at the end of the message that indicates you have reviewed and verified the number is correct. Click Continue to proceed with the enrollment. Result: A member summary will appear with the details that have been entered for your review.



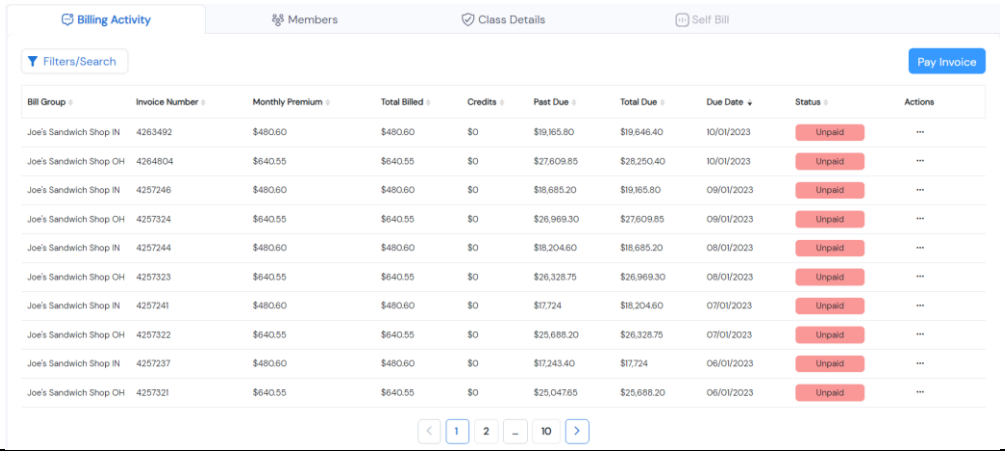
8 Click Add Member.



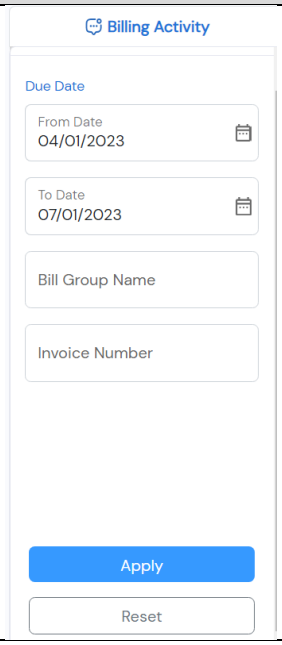
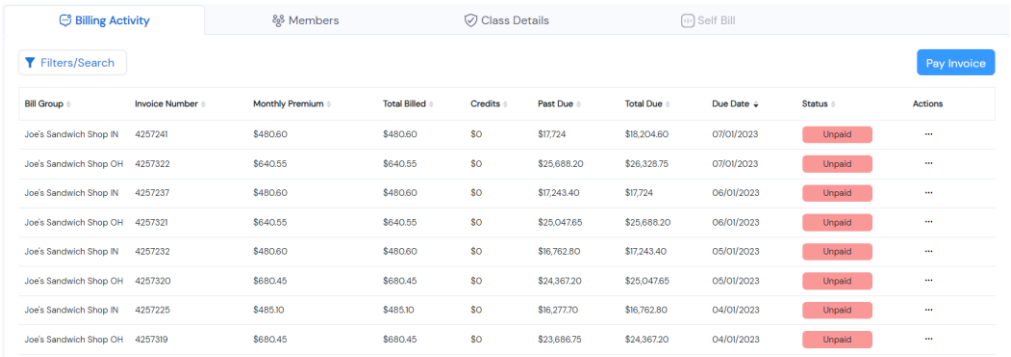
Result: You will be redirected back to the Members tab once enrollment is complete.

Reviewing Billing Activity

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access; however, the **Pay Invoice** icon is not available.
Billing Activity Overview	The Billing Activity tab provides the ability to select and review billing statements for a group. A summary of bills will display for a default or user defined date range and provide the following information for each bill: • Total Premium Due • Total Billed Premium • Total Credit • Total Amount Past Due • Total Amount Due • Bill Due Date • Bill Status
Reviewing Billing Statements	Follow the steps below to access and review billing statements for a group.

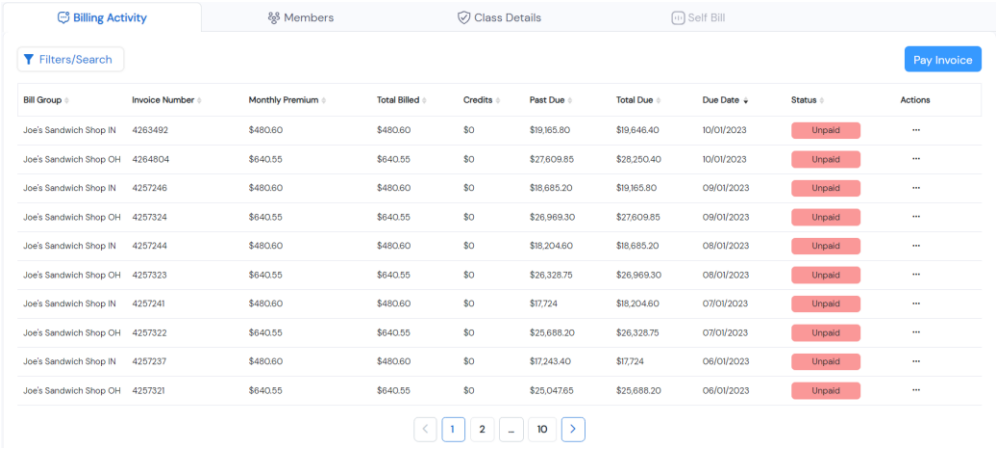
Step	Action
1	Click the **Billing Activity** tab. **Result**: A Billing screen displays the ten most recent billing statements. 
2	Is the month for which you want to review a bill within the date range displayed from step 1? • If ***no***, Click the Filters/Search button and enter the **From Date** and **To Date** to indicate the period for which you would like to review the bills. You can also search by Bill Group Name and Invoice Number.

Reviewing Billing Statements, continued

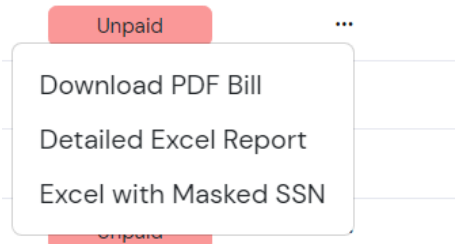
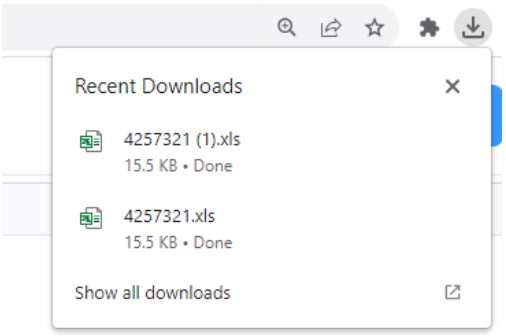
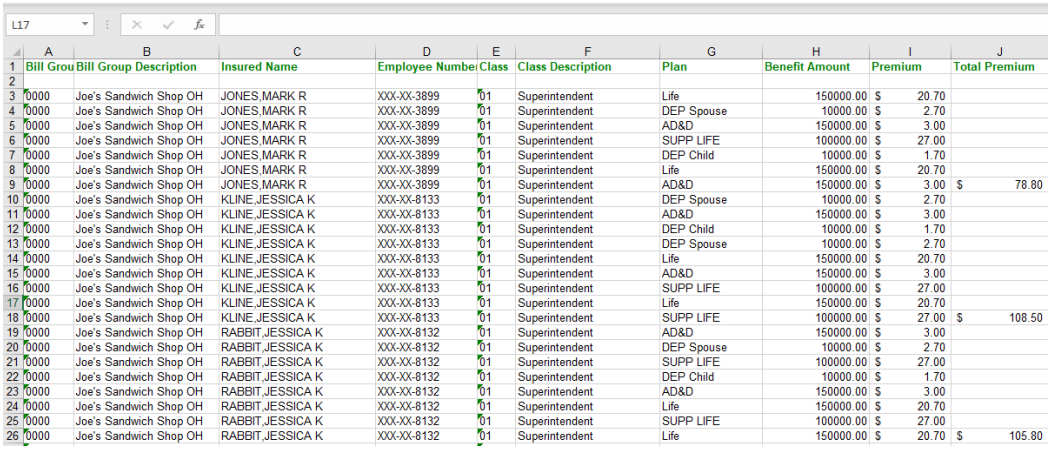
Step	Action
	
3	Click **Apply**. **Result**: The results will display with a list of bills for the requested time period sorted by the most recent bill: 

Requesting and Reviewing a Bill Invoice

Full Access **Limited Access**	This section is available to users with full Compassi access. This section is available to users with limited Compassi access however, the **Pay Invoice** icon is not available. For groups that have transitioned, users can download billing statements for up to one (1) year post-conversion.
Bill Activity Overview	The Billing Activity tab provides the ability to request a specific bill invoice and receive the information in a PDF or Excel file. A list of invoices will display for a default or user defined date range. Once the desired invoice and format is chosen, a file will display with the following fields: • Bill Group • Bill Group Description • Insured Name • Employee Number • Class • Class Description • Plan • Benefit Amount • Premium (for each line of business) • Total Premium (for each member)
Requesting and Viewing a Bill Invoice	Follow the steps below to request and review a bill invoice for a group.

Step	Action
1	Click the **Billing Activity** tab. **Result**: A Billing screen displays the ten most recent billing statements. 
2	Do you have the specific invoice number for the bill that you would like to review? • If ***yes***, click the **Filters/Search** button and type **number** in the Invoice Number field and click **Apply**. Then skip to step 4 once the invoice appears in the Search Results. • If ***no***, continue.

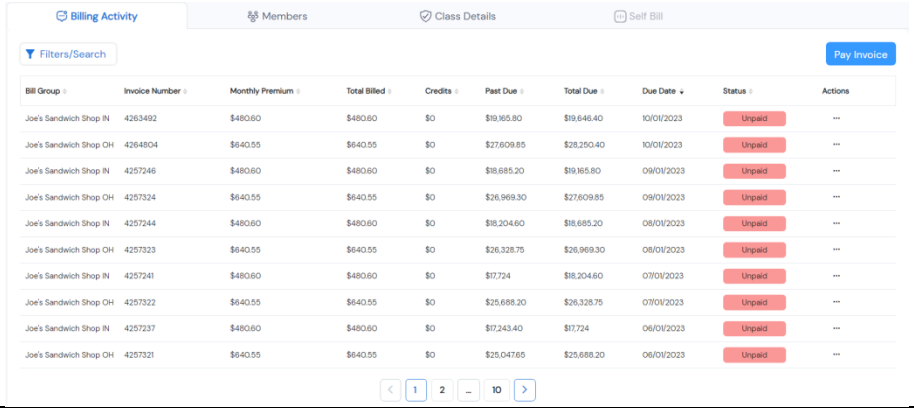
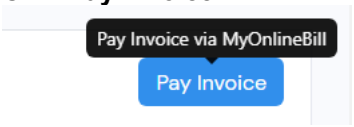
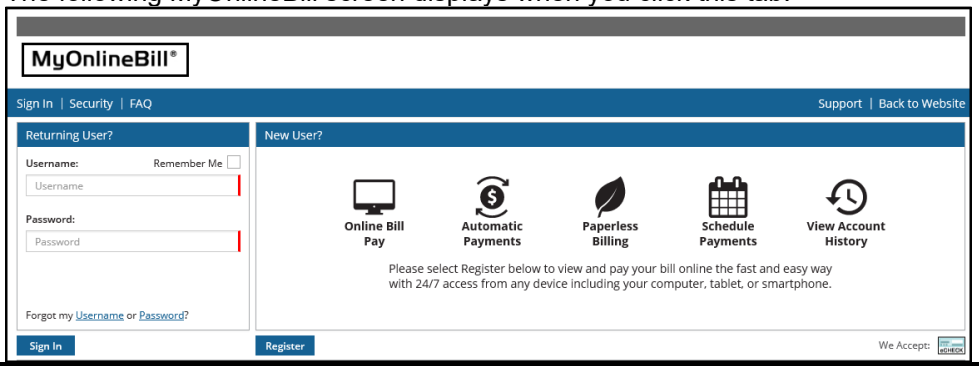
Requesting and Viewing a Bill Invoice, continued

Step	Action
3	Is the month for which you want to review an invoice within the date range displayed from step 1? • If ***yes***, continue. • If ***no***, click the **Filters/Search** button and enter a **From Due Date** and a **To Due Date** to indicate the bill month(s) for which you would like to review the invoice(s) and click **Apply**. Find the appropriate invoice from the Search results.
4	Click the ellipsis under the **Actions** column in the row that contains the invoice you want to view. 
5	Click the **desired format** (PDF, Excel with masked SSN or Excel with full SSN (Detailed Excel Report).
6	Open the file from the recent downloads from the internet browser.  **Result**: The following premium detail by line of business for each member will display: 

	A	B	C	D	E	F	G	H	I	J
1	Bill Grou	Bill Group Description	Insured Name	Employee Numbe	Class	Class Description	Plan	Benefit Amount	Premium	Total Premium
2										
3	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	Life	150000.00	$ 20.70	
4	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	DEP Spouse	10000.00	$ 2.70	
5	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	AD&D	150000.00	$ 3.00	
6	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	SUPP LIFE	100000.00	$ 27.00	
7	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	DEP Child	10000.00	$ 1.70	
8	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	Life	150000.00	$ 20.70	
9	0000	Joe's Sandwich Shop OH	JONES,MARK R	XXX-XX-3899	01	Superintendent	AD&D	150000.00	$ 3.00	$ 78.80
10	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	DEP Spouse	10000.00	$ 2.70	
11	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	AD&D	150000.00	$ 3.00	
12	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	DEP Child	10000.00	$ 1.70	
13	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	DEP Spouse	10000.00	$ 2.70	
14	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	Life	150000.00	$ 20.70	
15	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	AD&D	150000.00	$ 3.00	
16	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	SUPP LIFE	100000.00	$ 27.00	
17	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	Life	150000.00	$ 20.70	
18	0000	Joe's Sandwich Shop OH	KLINE,JESSICA K	XXX-XX-8133	01	Superintendent	SUPP LIFE	100000.00	$ 27.00	$ 108.50
19	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	AD&D	150000.00	$ 3.00	
20	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	DEP Spouse	10000.00	$ 2.70	
21	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	SUPP LIFE	100000.00	$ 27.00	
22	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	DEP Child	10000.00	$ 1.70	
23	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	AD&D	150000.00	$ 3.00	
24	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	Life	150000.00	$ 20.70	
25	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	SUPP LIFE	100000.00	$ 27.00	
26	0000	Joe's Sandwich Shop OH	RABBIT,JESSICA K	XXX-XX-8132	01	Superintendent	Life	150000.00	$ 20.70	$ 105.80

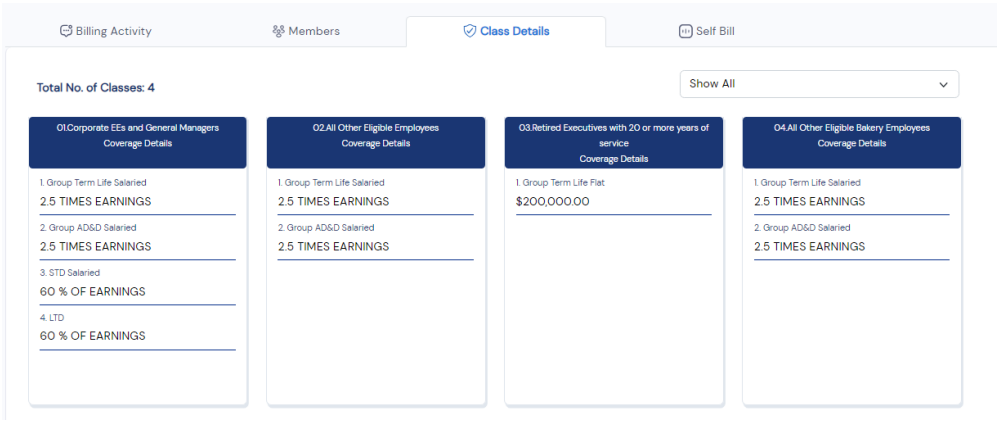
Paying a Bill Invoice

Full Access	This section is available to users with full Compassi access only.
Billing Activity Overview	The Billing Activity tab provides the ability to pay a bill invoice.
Paying a Bill Invoice	Follow the steps below to pay a bill invoice.

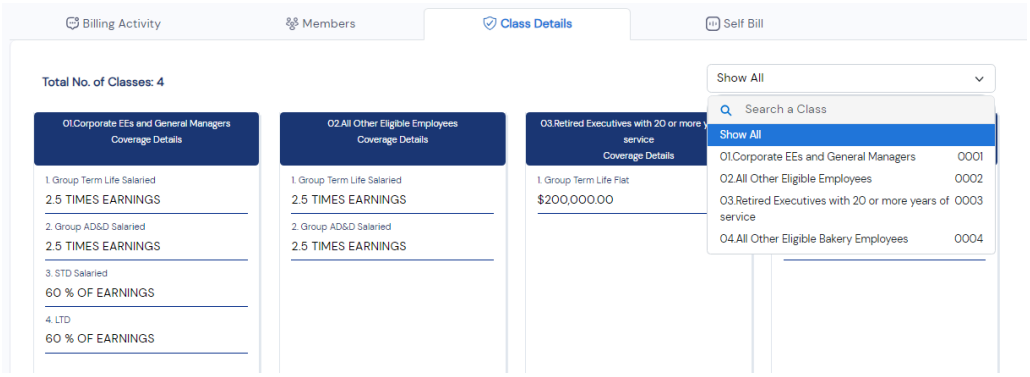
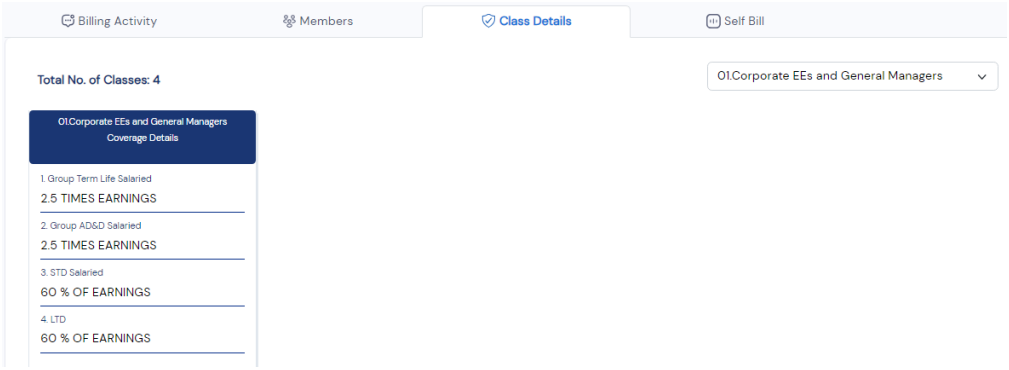
Step	Action
1	Click the **Billing Activity** tab. **Result**: A Billing screen displays the ten most recent billing statements. 
2	Click **Pay Invoice** button. 
3	You will be navigated to My Online Bill (MOB), a portal for making online bill payments. Click Register to self enroll for the portal using information from your invoice to begin processing payments online. If you'd like to set up reoccurring payments, request an authorization form from AL-AdminPortalSupp@standard.com. The following MyOnlineBill screen displays when you click this tab: 

Reviewing Class Details

Full Access	This section is available to users with full Compassi access only.
Class Details Overview	The Class Details tab provides the ability to view a summary of benefits available for each class within a group.
Reviewing Class Detail	Follow the steps below to review coverage details.

Step	Action
1	Click the **Class Details** tab.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.
3	The default will show a summary of all classes. 

Reviewing Class Details, continued

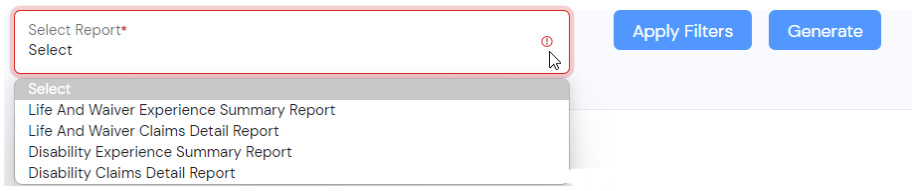
Step	Action
4	To view a specific class, select the **appropriate class** from the drop down for which you want to review the class details.  **Result**: The following screen displays with the class details for the selected class within the group:- 

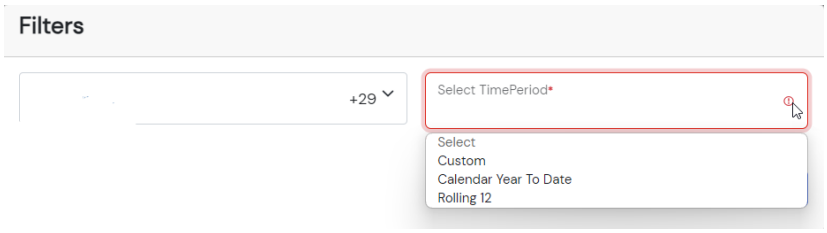
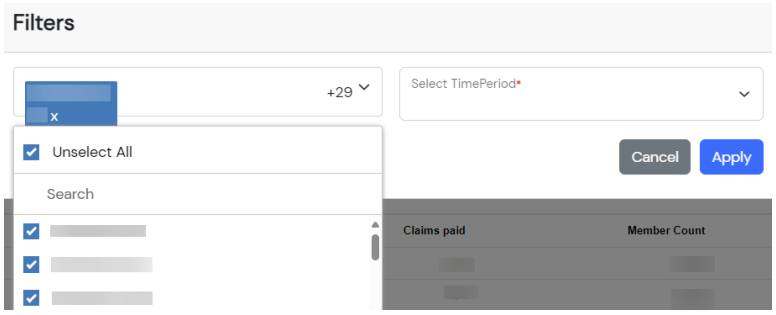
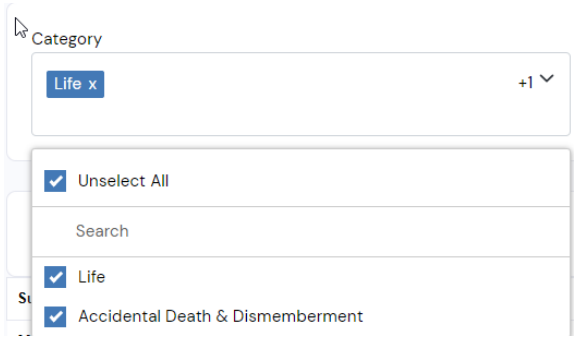
Requesting Pending EOI Report

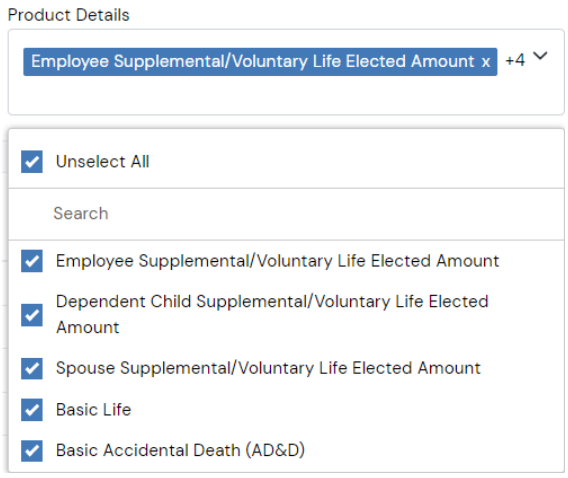
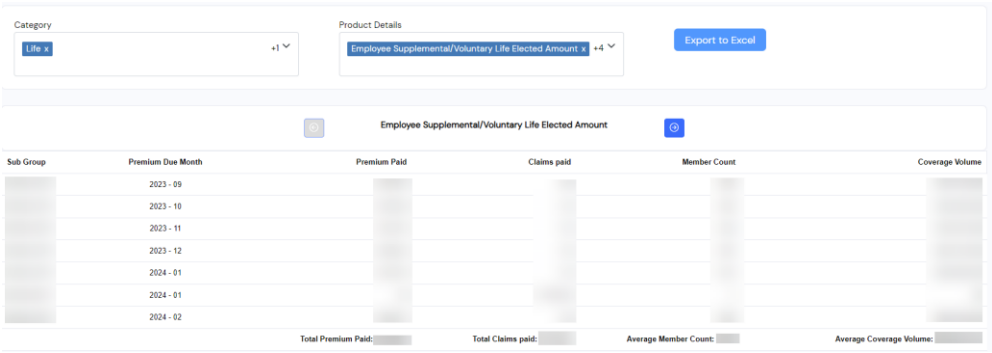
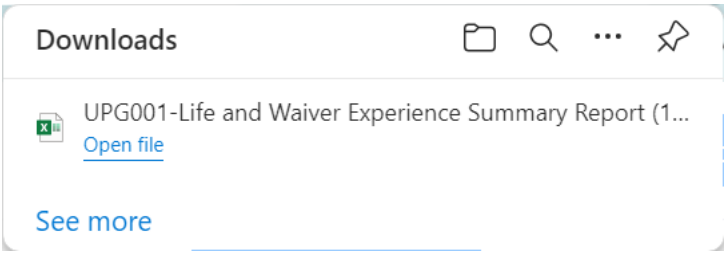
☑ **Full Access**	This section is available to users with full Compassi access only.
Pending EOI Report Overview	The Pending EOI Report provides the ability to view the approval status of benefit amounts for members that required evidence of insurability (EOI). If you would like to sign up to receive automated life and disability underwriting status reports or to be copied on letters sent to your employees and their dependents regarding underwriting status, please send an email to AL-MedicalUnderwriting@standard.com. Ad hoc reports are also available and can be requested by sending an email to AL-MedicalUnderwriting@standard.com. Note: When requesting automated reports please specify the frequency (weekly or monthly) in which you would like to receive the reports and when requesting Ad hoc reports please be sure to specify the required report date range.

Experience Reporting

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Experience Reporting Overview	The Experience Reporting icon provides the ability to view Life and Disability reports. The following reports are available: • **Life and Waiver Experience Summary Report** – provides views of paid premium and paid claims by subgroup and month. • **Life and Waiver Claims Detail Report** – provides utilization at the claimant level. • **Disability Experience Summary Report** – provides views of paid premium and paid claims by subgroup and month. • **Disability Claims Detail Report -** provides utilization at the claimant level. Key Definitions: • **Paid Premium:** the amount of premium to be paid by the 'Premium Due Date' for each benefit within a group and subgroup • **Paid Claims:** the amount paid on the claim after calculating pre-tax offsets and before calculating any post tax "other income" and taxes. It is the gross claim amount to the Payee and does not include any reserves amounts. • **Approved Waiver of Claims:** Amount of the claim that is waiver.
Generating an Experience Report	Follow the steps below to generate an experience report.

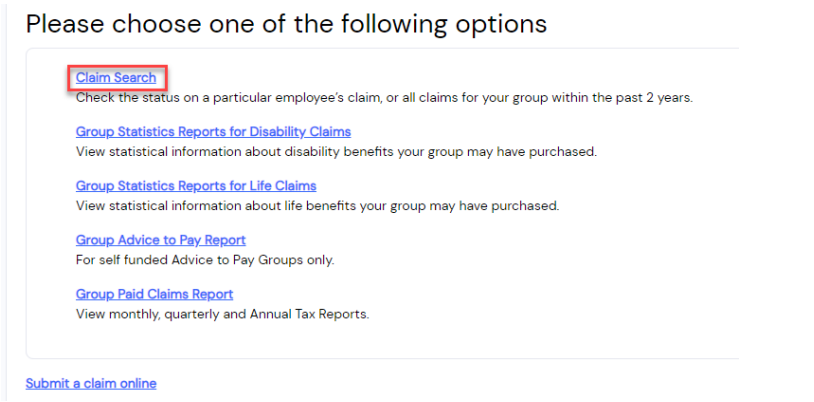
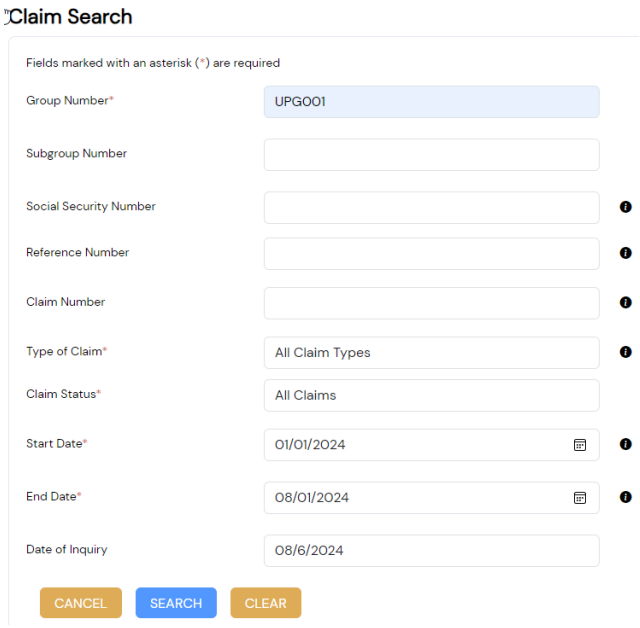
Step	Action
1	Click the **Experience Reporting** icon.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue. 
3	Select the desired report you want to view from the Select Report drop-down.  Result: The reporting data will populate at the bottom of the screen once it is selected.

4	Do you need to update the Time Period? • If ***yes***, Click the Apply Filters button and select the desired option from the Select Time Period drop-down. Click Apply and continue. • If ***no***, continue. Note: There are 3 time period options. 1. Custom: Allows to customize the Start Date and End Date*. 2. Calendar Year to Date: Pulls current Calendar Year to Date. 3. Rolling 12: Goes back 12 months from the date the Report is being pulled.  *If you are looking for a report with a Start Date that is not available in the Custom option, please contact Enrollment & Billing Support at AL-AdminPortalSupp@standard.com.
5	Do you need to filter by a specific Subgroup? • If ***yes***, Click the Apply Filters button and select the desired option from the Subgroup drop-down. Click Apply and continue. • If ***no***, continue. 
6	Do you need to filter the report by Category? • If ***yes***, check the desired category box under the Category drop-down. • If ***no***, continue. 

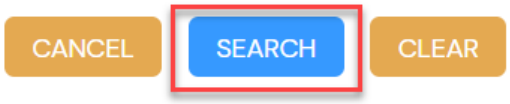
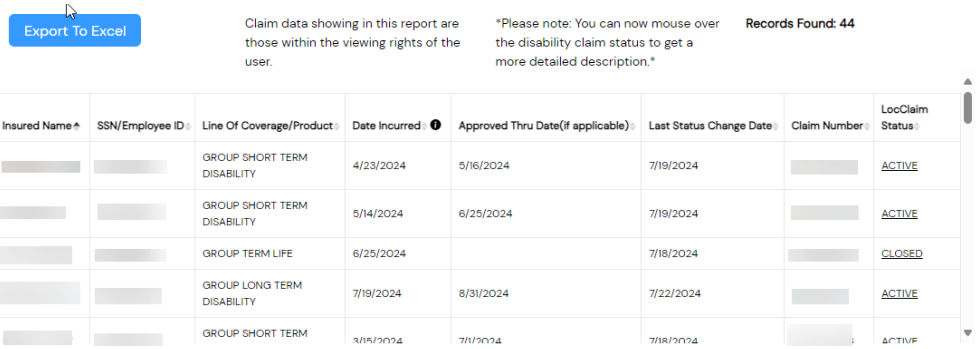
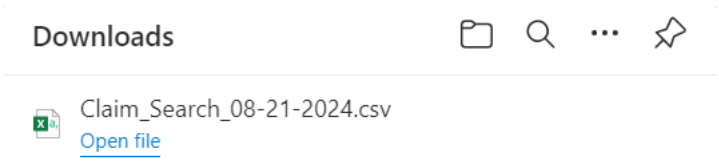
7	Do you need to filter the report by Product Detail? • If **yes**, click the desired product detail box under the Product Details drop-down. • If **no**, continue. 
8	You can view the experience reporting data online or click **Export to Excel** to download the report.  **Note:** When viewing online, click the arrows to view the page for each product.
9	Open the exported excel file from the recent downloads from the internet browser. 

Claim Search

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Claim Search Overview	The Claim Search option under Claims Administration provides the ability to check the status of claims submitted for a particular employee or all employees.
Checking Claim Status	Follow the steps below to check the status of a claim.

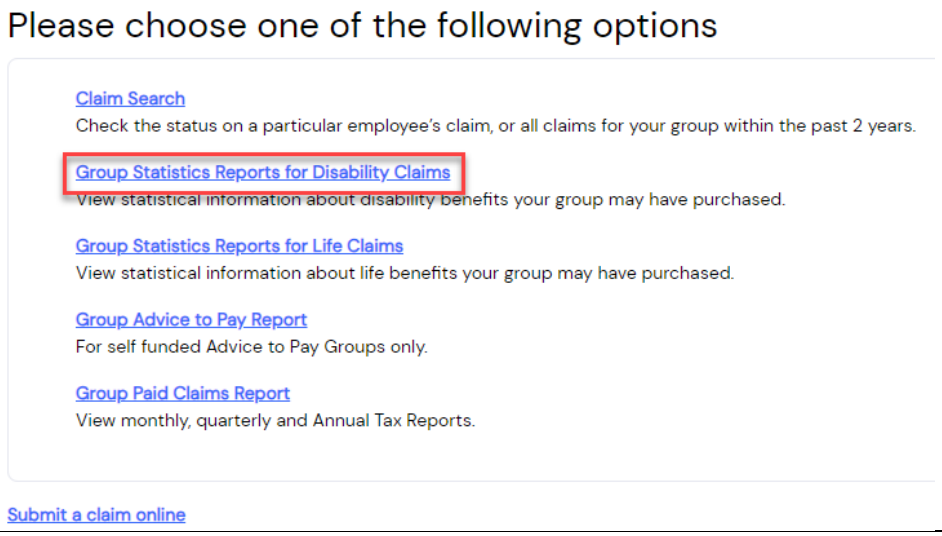
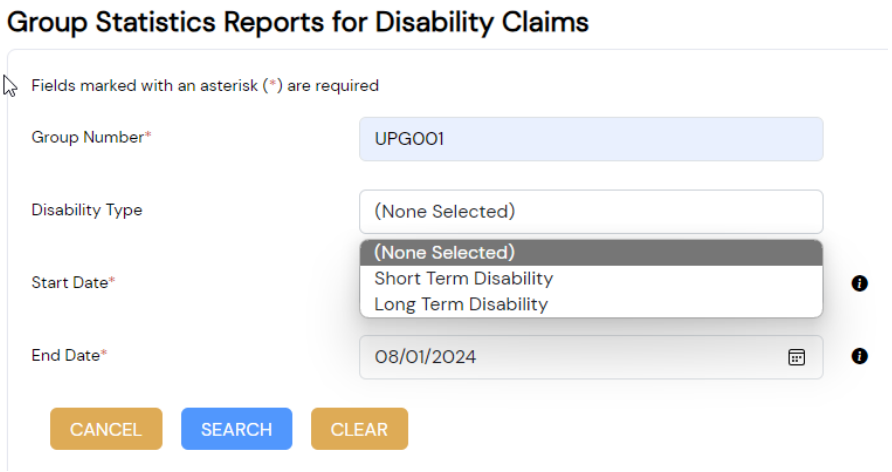
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Claim Search** option. 
3	Enter the search criteria in the applicable fields. The required fields are Group Number, Type of Claim, Claim Status and Date Range information. 

Checking Claim Status, continued

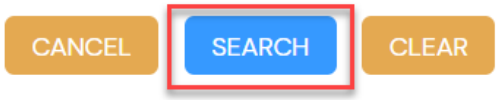
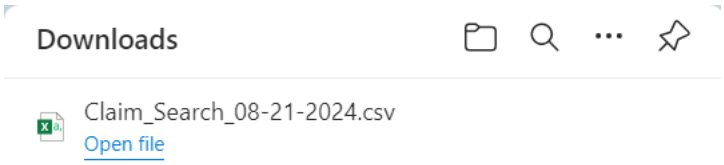
Step	Action
4	Click **Search**. 
5	The claim data will display. You can view the information online or click **Export to Excel** to download.  **Note:** When viewing the information online, you can sort the claims data by each column header by click the arrows. You can hold your mouse over the disability LocClaim Status to get a more detail description.
6	Open the exported excel file from the recent downloads from the internet browser. 

Group Statistics Reports for Disability Claims

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Group Statistics Reports for Disability Claims Overview	The Group Statistics Reports for Disability Claims option under Claims Administration provides the ability to access statistical information about disability benefits.
Accessing the Group Statistics Reports for Disability Claims	Follow the steps below to access the group statistics reports for disability claims.

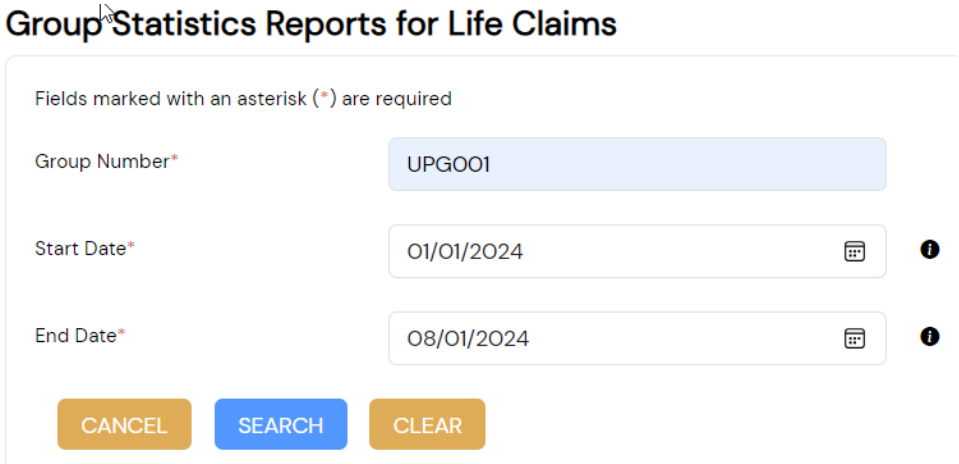
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Group Statistics Reports for Disability Claims** option. 
3	Enter the search criteria in the applicable fields. The required fields are Group Number and Date Range information. 

Accessing the Group Statistics Reports for Disability Claims, continued

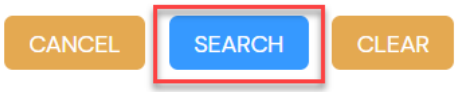
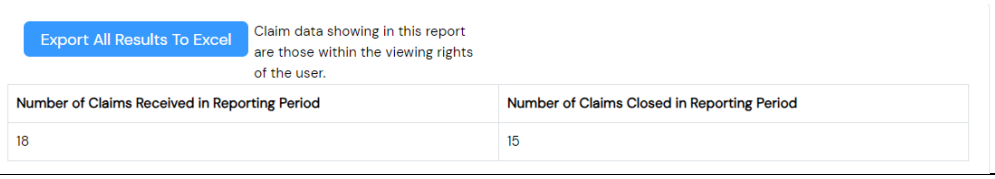
Step	Action
4	Click **Search**. 
5	The disability claim statistics will display. You can view the information online or click **Export All Results to Excel** to download. 
6	Open the exported excel file from the recent downloads from the internet browser. 

Group Statistics Reports for Life Claims

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Group Statistics Reports for Life Claims Overview	The Group Statistics Reports for Life Claims option under Claims Administration provides the ability to access statistical information about life benefits.
Accessing the Group Statistics Reports for Life Claims	Follow the steps below to access the group statistics reports for life claims.

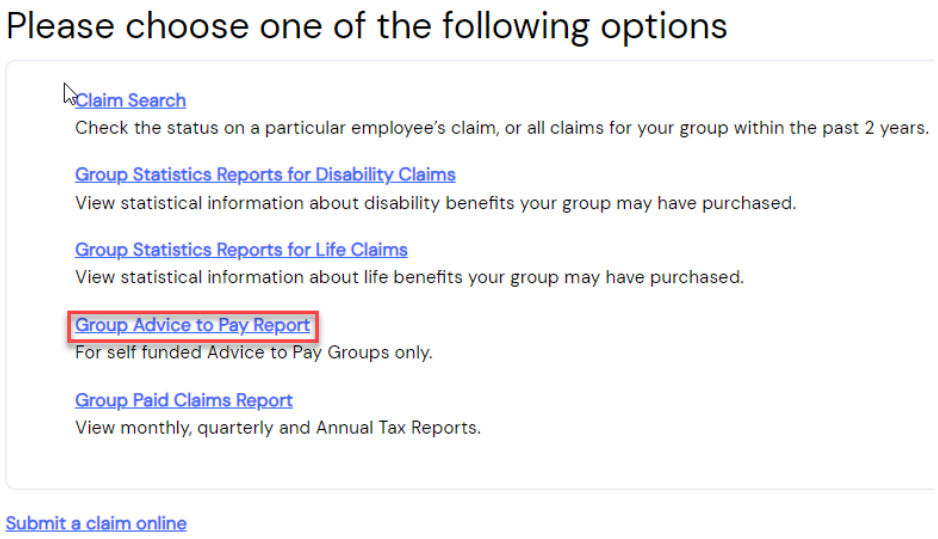
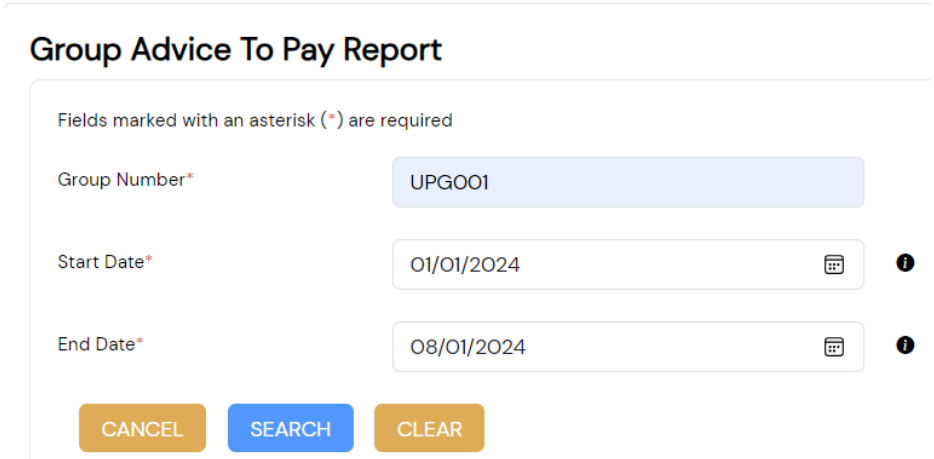
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Group Statistics Reports for Life Claims** option. 
3	Enter the search criteria in the applicable fields. The required fields are Group Number and Date Range information. 

Accessing the Group Statistics Reports for Life Claims, continued

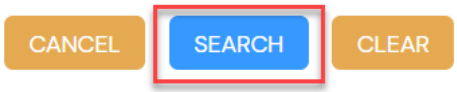
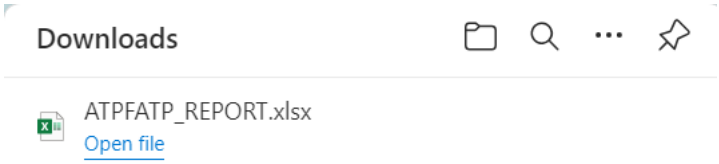
Step	Action
4	Click **Search**. 
5	The life claim statistics will display. You can view the information online or click **Export All Results to Excel** to download. 
6	Open the exported excel file from the recent downloads from the internet browser. 

Group Advice to Pay Report

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Group Advice to Pay Report Overview	The Group Advice to Pay Report option under Claims Administration provides the ability to view self-funded Advice to Pay information.
Accessing the Group Advice to Pay Report	Follow the steps below to access the group advice to pay report.

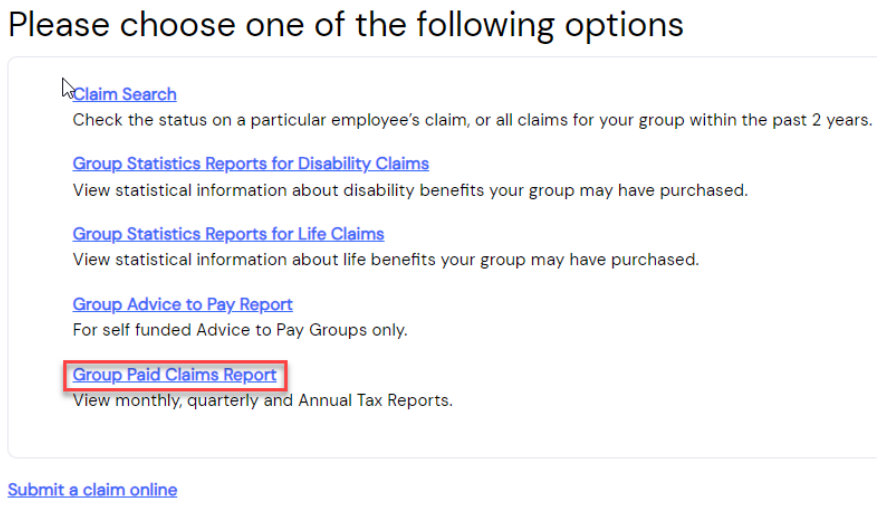
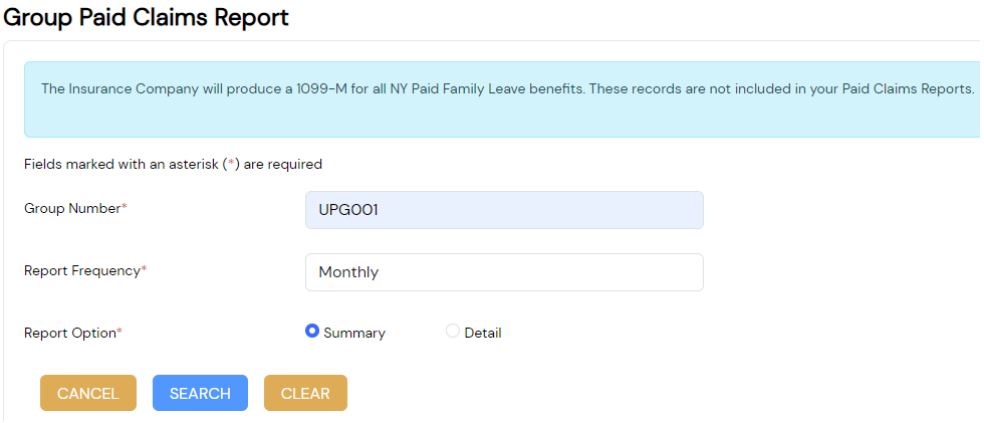
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Group Advice to Pay Report** option. 
3	Enter the search criteria in the applicable fields. The required fields are Group Number and Date Range information. 

Accessing the Group Advice to Pay Report, continued

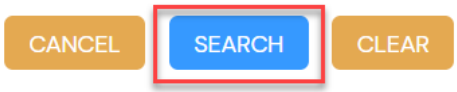
Step	Action
4	Click **Search**. 
5	The claim data will display. You can view the information online or click **Export All Results to Excel** to download. To download individual reports, click **Export Report** under the Excel column. 
6	Open the exported excel file from the recent downloads from the internet browser. 

Group Paid Claims Report

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Group Paid Claims Report Overview	The Group Paid Claims Report option under Claims Administration provides the ability to view monthly, quarterly and annual tax reports.
Accessing the Group Paid Claims Report	Follow the steps below to access the group paid claims report.

Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Group Paid Claims Report** option. 
3	Enter and select the required search criteria for the following fields Group Number, Report Frequency and Report Option. 

Accessing the Group Paid Claims Report, continued

Step	Action
4	Click **Search**. 
5	The claim data will generate. Click **Export Report** link under the Excel column to download and view.  **Note:** If there is no claim activity during the selected time period. No records will display.
6	Open the exported excel file from the recent downloads from the internet browser. 

Submitting a Life Insurance Claim

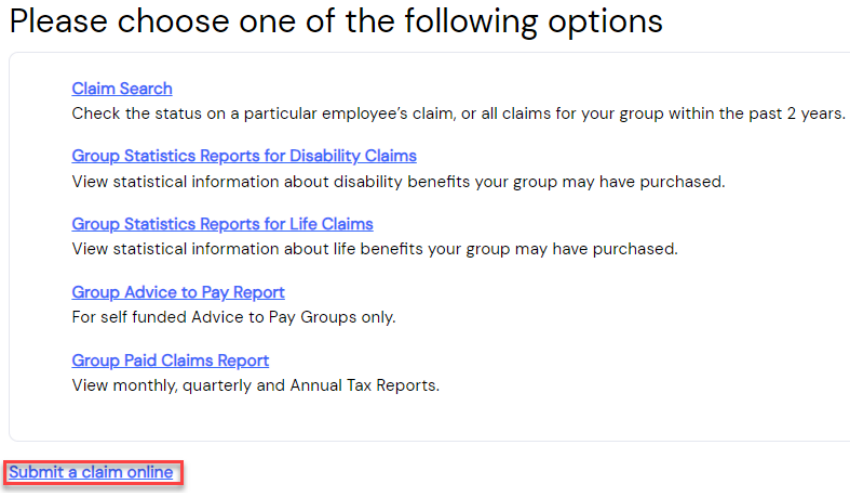
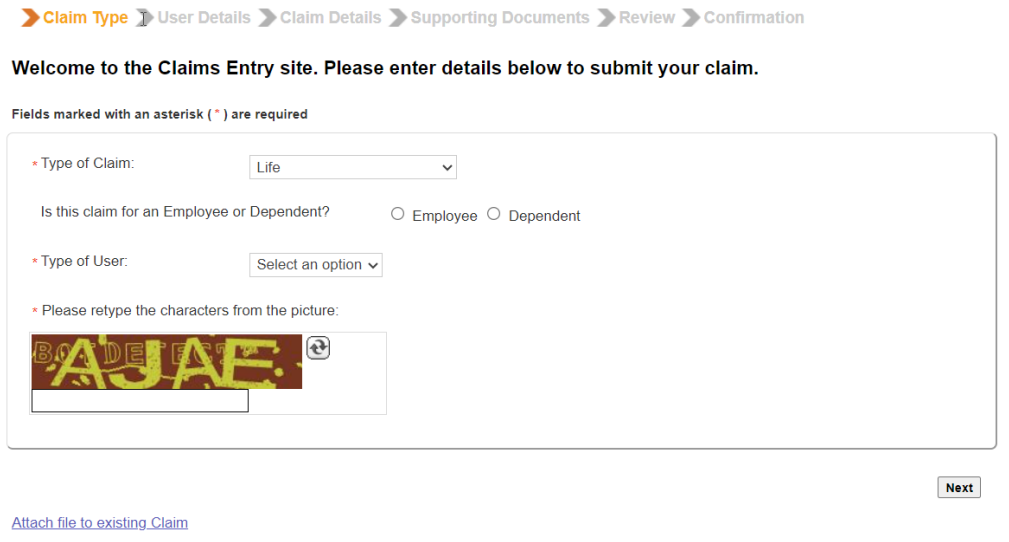
✅ **Full Access**	This section is available to users with full Compassi access.
🔒 **Limited Access**	This section is available to users with limited Compassi access.
Submit a Life Insurance Claim Overview	Compassi allows you to file life insurance claims online but you can also file life insurance claims by mail, email, or fax. • Download the *Life Beneficiary Claim Form* at https://www.standard.com/eforms/24417.pdf • Complete the *Group Policyholder's Statement* in full. Missing or incomplete information can delay processing. • Remember to include a copy of the enrollment form or beneficiary designation form. • Provide the beneficiary with the remaining pages of the package. The beneficiary must complete the *Beneficiary Claim Form* in full and return it to you. • If there is more than one beneficiary, each one must complete a separate form. • If the beneficiary has a funeral home assignment, please have him or her include the assignment with the claim form. • If the claim is being filed by an executor or administrator of an estate, he or she must sign the *Beneficiary Claim form*, enter the estates Tax ID number and include copies of the appointment papers. • The beneficiary must submit a copy of the death certificate. Only one death certificate is needed. We can accept a photocopy of the certificate in most cases. • Send the Group Policyholder's Statement, enrollment form/beneficiary designation, Beneficiary Claim Form(s) and death certificate to: Life Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 You may also fax everything to us at 1-877-305-3901 or send by email to AL-Claims@standard.com Please call the Life Claims Service Center with any questions at 1-800-552-2137. Life Insurance Benefit Payments: • For proceeds of less than $10,000, we will mail a check to the beneficiary. • For proceeds of $10,000 or more, beneficiaries can choose to receive a check or to have their proceeds deposited into an Access Advantage Account draft account. The beneficiary makes the choice on the *Beneficiary Claim Form*. If a beneficiary chooses the Access Advantage Account, we mail to the beneficiary after we approve the claim. This gives the beneficiary access to the funds for immediate needs but relieves them of making important investment decisions during a time of stress. The account begins earning a competitive interest rate starting the date it is opened. Benefits payable to a beneficiary who is a minor child will automatically be paid into an Access Advantage Account. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional

documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim.

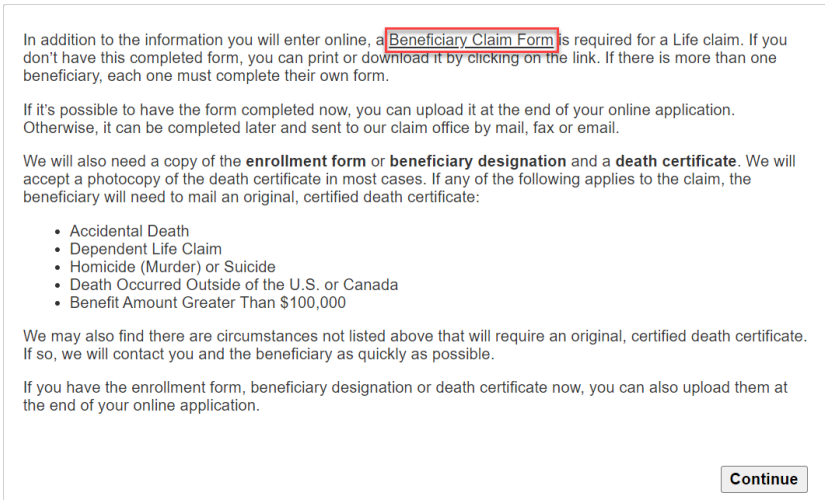
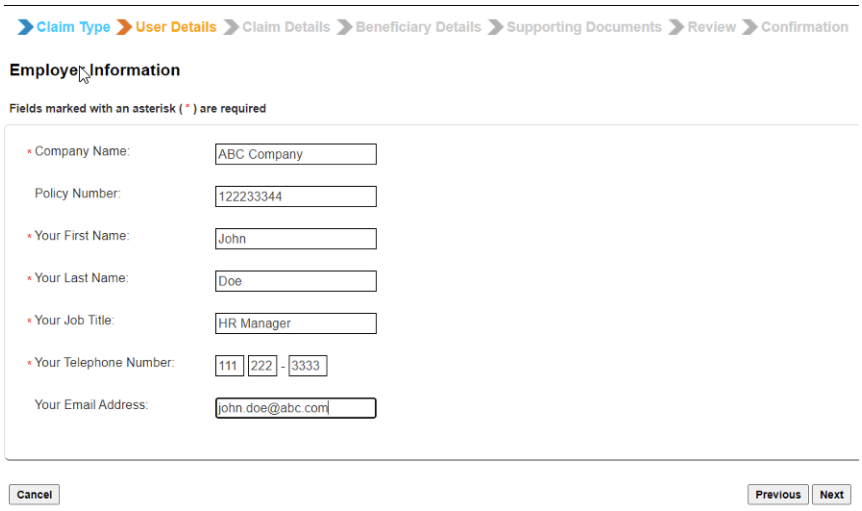
Send appeal letters to:

Life Claims Service Center
Attn: Appeal Coordinator
P.O Box 2717
Portland, OR 97208-9830

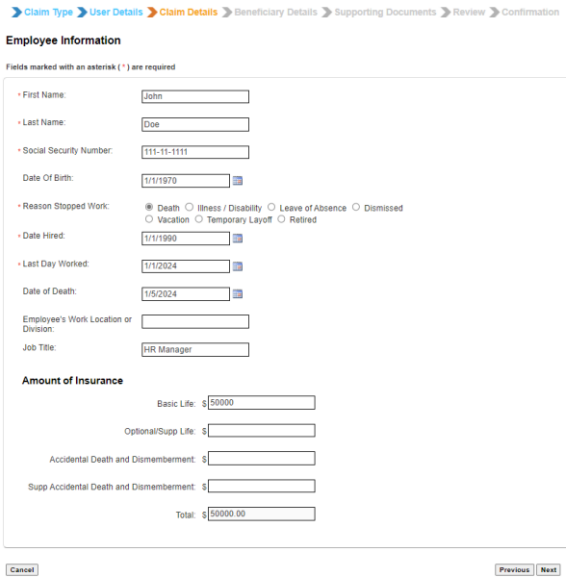
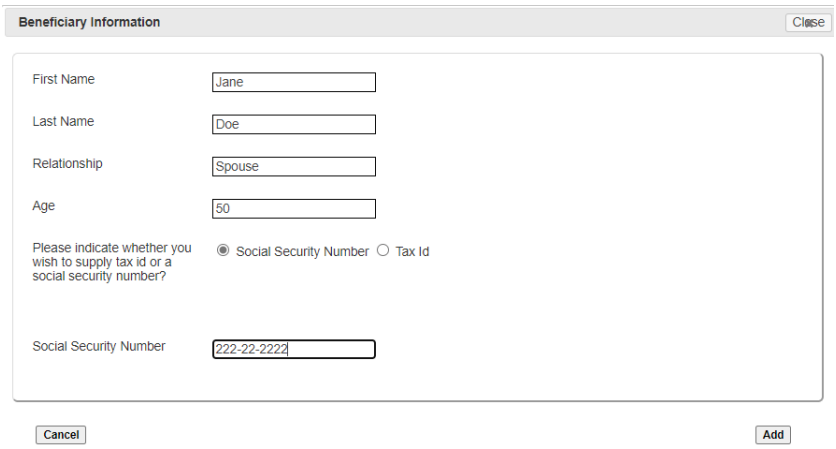
Submitting a Life Insurance Claim

Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Submit a Claim Online** option. 
3	Select Life from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**. 

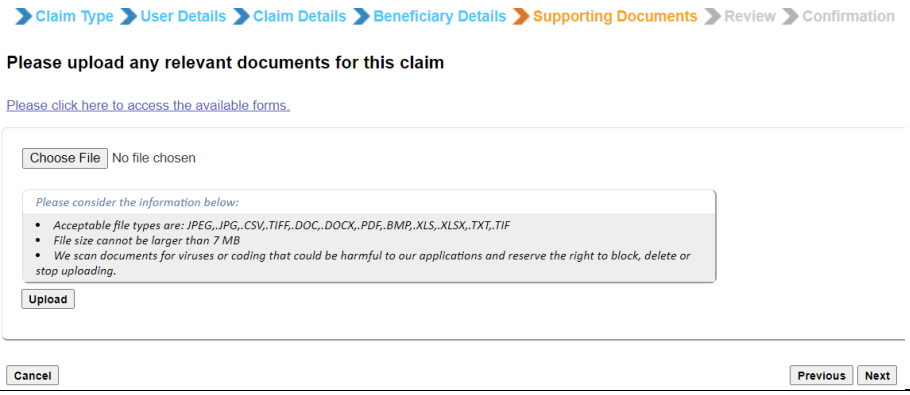
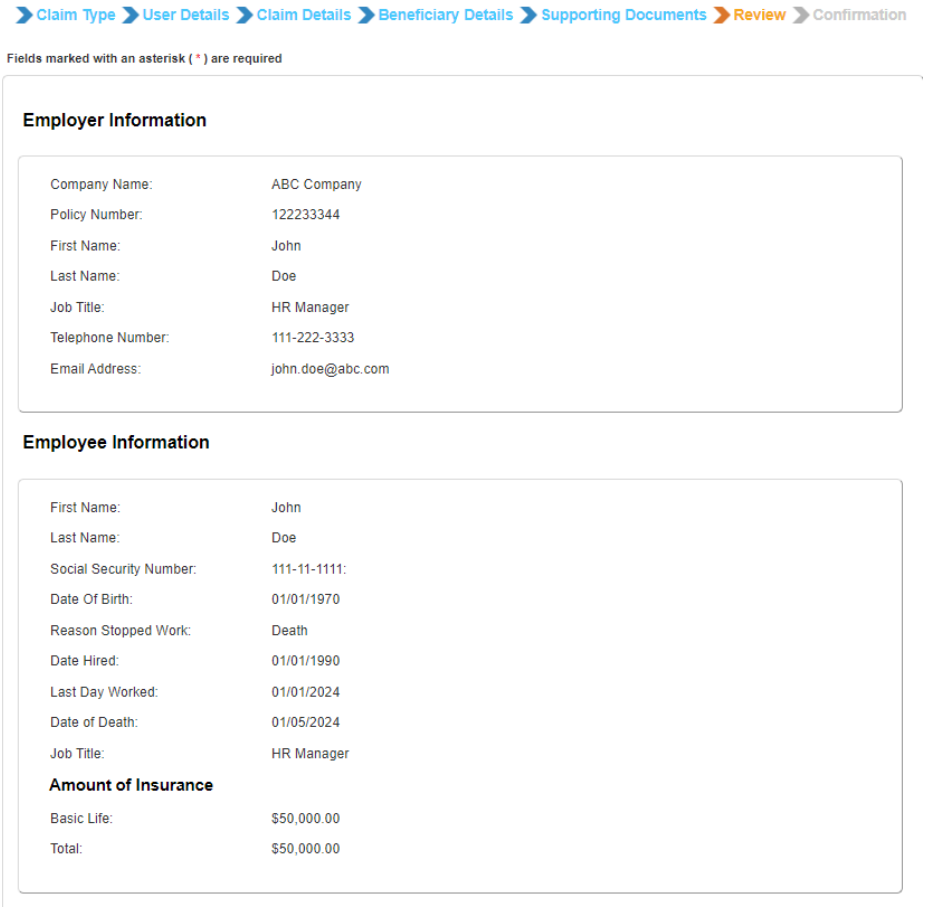
Submitting a Life Insurance Claim, continued

Step	Action
4	Select the *Beneficiary Claim Form* link to access a fillable PDF of the form and click **Continue**. 
5	Enter the employer contact information in the applicable fields and click **Next**.  **Note:** Fields marked with an asterisk (*) are required.

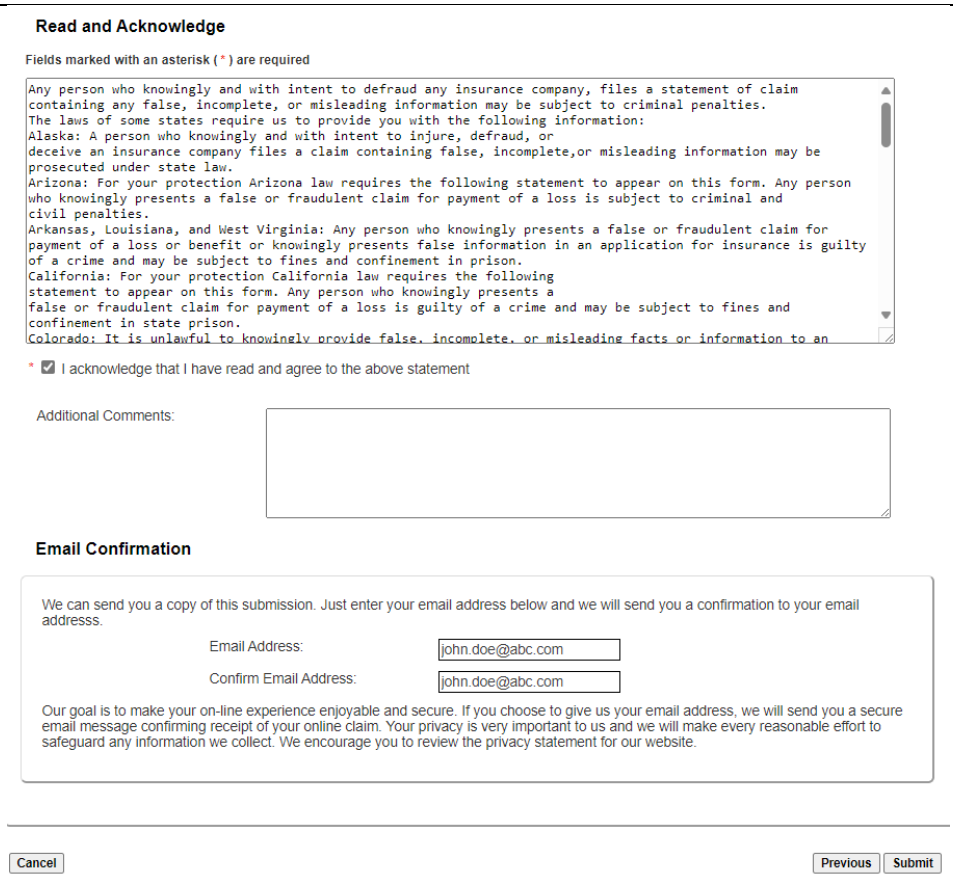
Submitting a Life Insurance Claim, continued

Step	Action
6	Enter the employee information in the applicable fields and click **Next**.  **Note:** Fields marked with an asterisk (*) are required.
7	If you have the beneficiary information, click **Add Beneficiary** and enter the beneficiary information for each on file and click **Next**.  

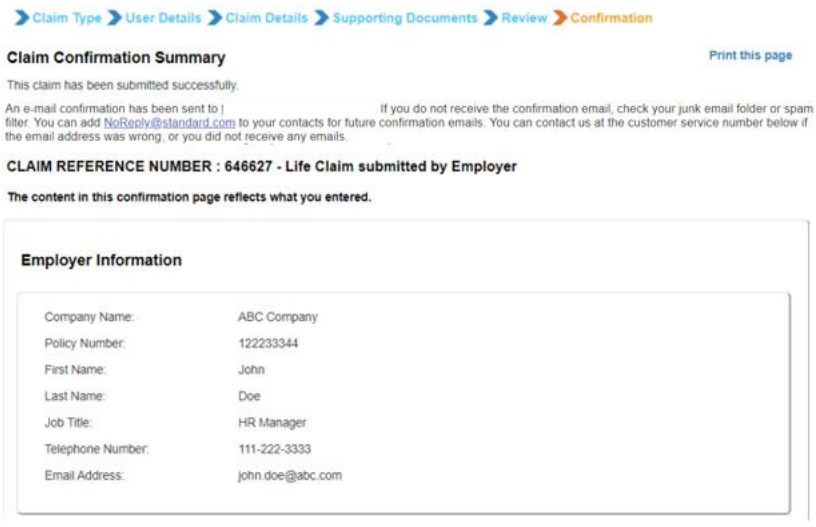
Submitting a Life Insurance Claim, continued

8	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**. 
9	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**. 

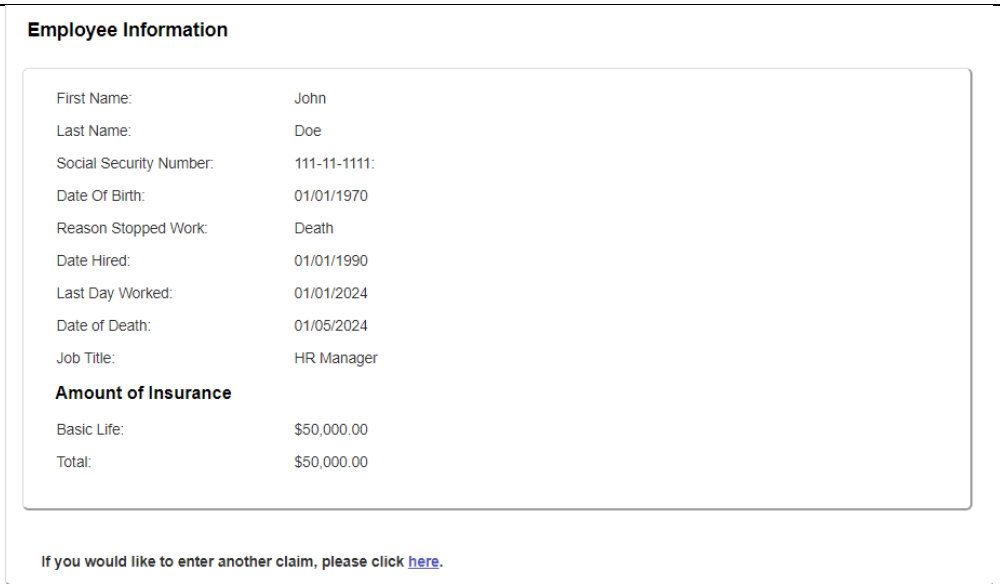
Submitting a Life Insurance Claim, continued



10 After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.



Submitting a Life Insurance Claim, continued

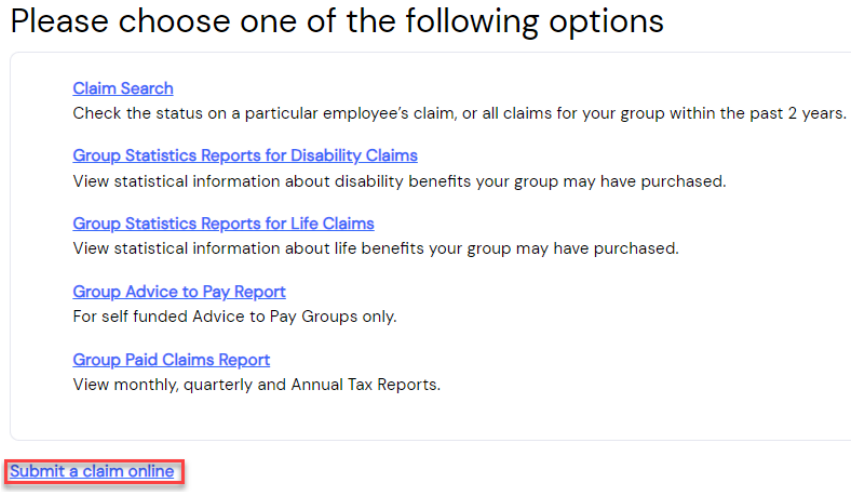
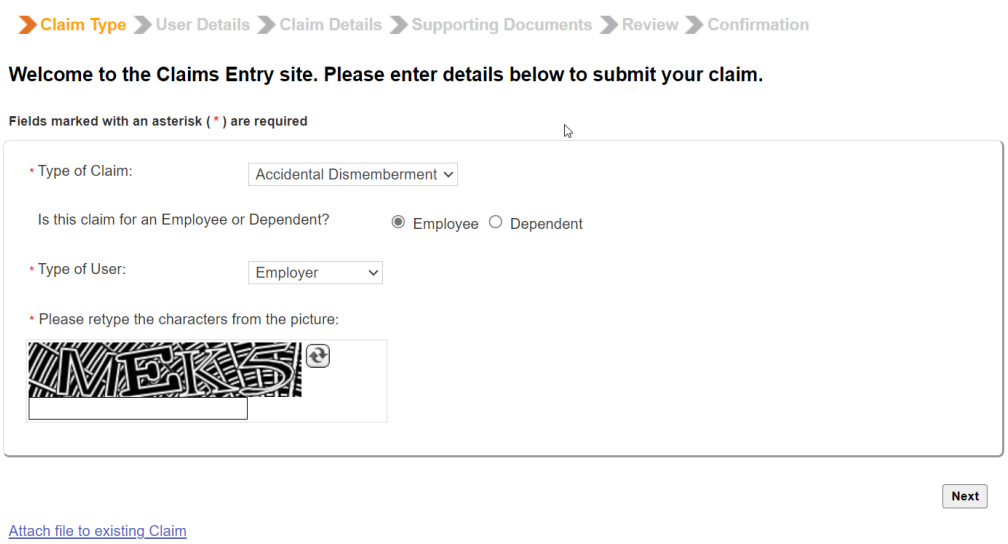
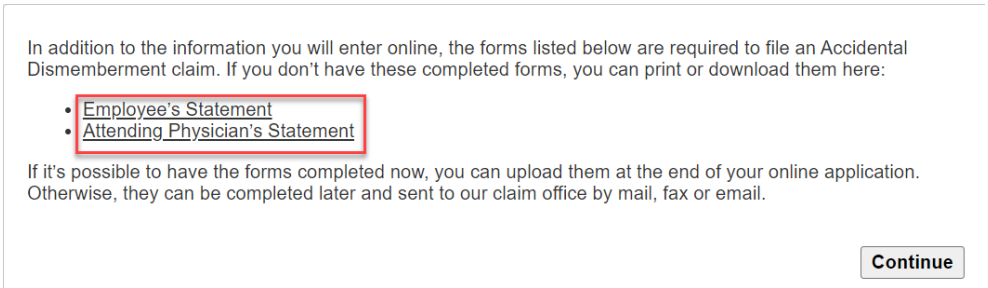


Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

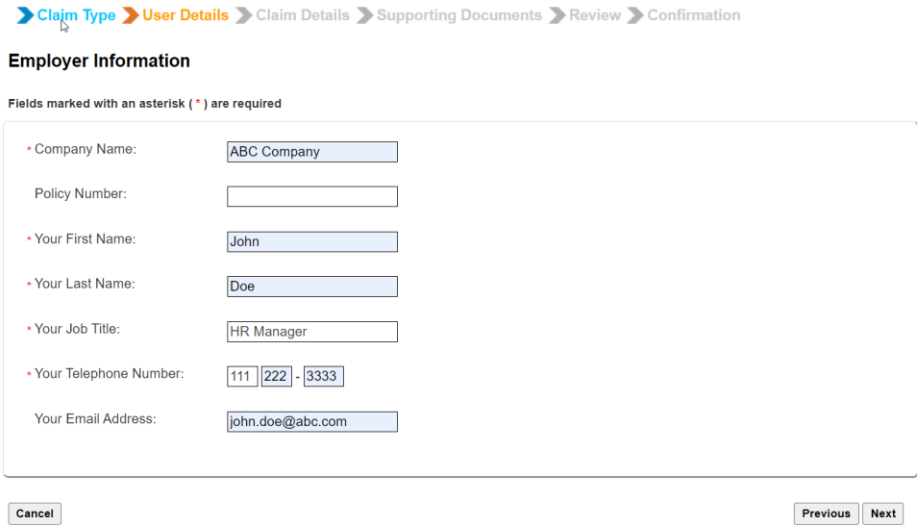
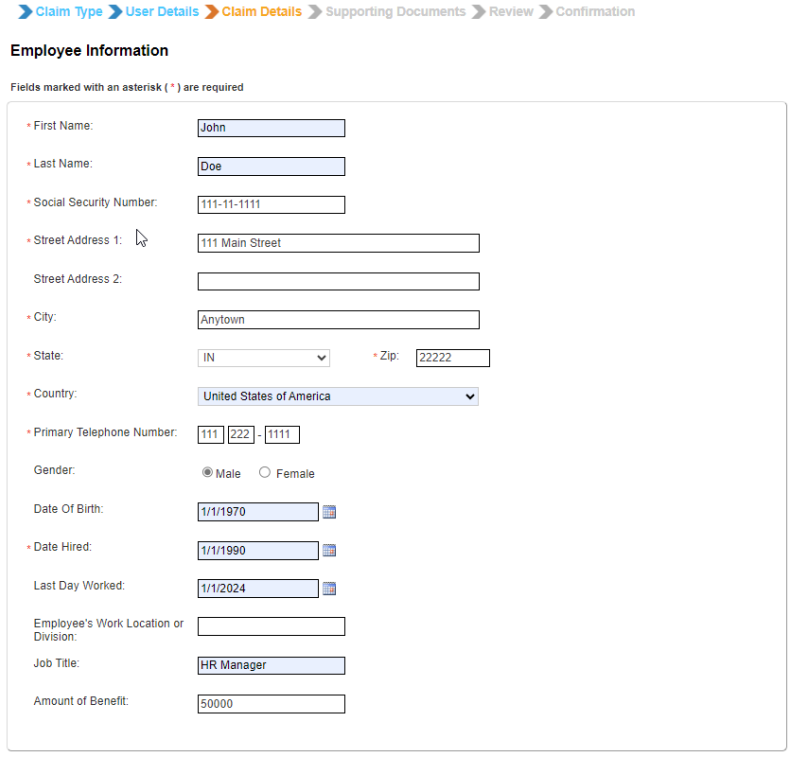
Submitting an Accidental Dismemberment Insurance Claim

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Submit an Accidental Dismemberment Insurance Claim Overview	Compassi allows you to file accidental dismemberment insurance claims online but you can also file claims by mail, email, or fax as soon as you learn that an insured person suffered any loss covered under the accidental dismemberment benefit. • Complete the *Employer Statement* section of the *Accidental Dismemberment or Loss of Sight Claim form* at https://www.standard.com/eforms/24264.pdf • Send the completed *Attending Physicians Statement.* • Send the Employees enrollment form. Benefits are paid by check directly to the employee. Send all information to: Life Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 You may also fax everything to us at 1-877-305-3901 or send by email to AL-Claims@standard.com Please call the Life Claims Service Center with any questions at 1-888-868-7046. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim. Send appeal letters to: Life Claims Service Center Attn: Appeal Coordinator P.O Box 2717 Portland, OR 97208-9830
Submitting an Accidental Dismemberment Insurance Claim	Follow the steps below to submit an Accidental Dismemberment claim online. **Step** / **Action** 1 — Click the **Claims Administration** icon.

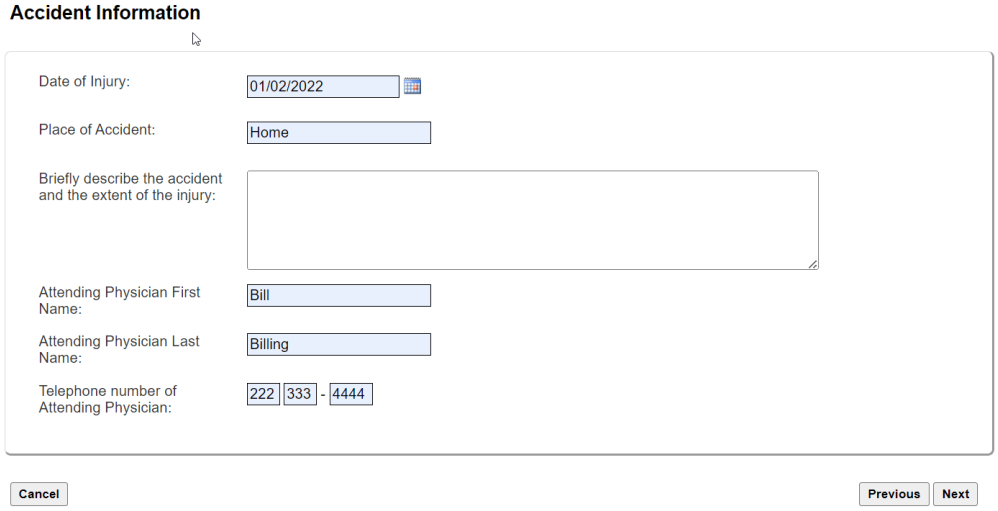
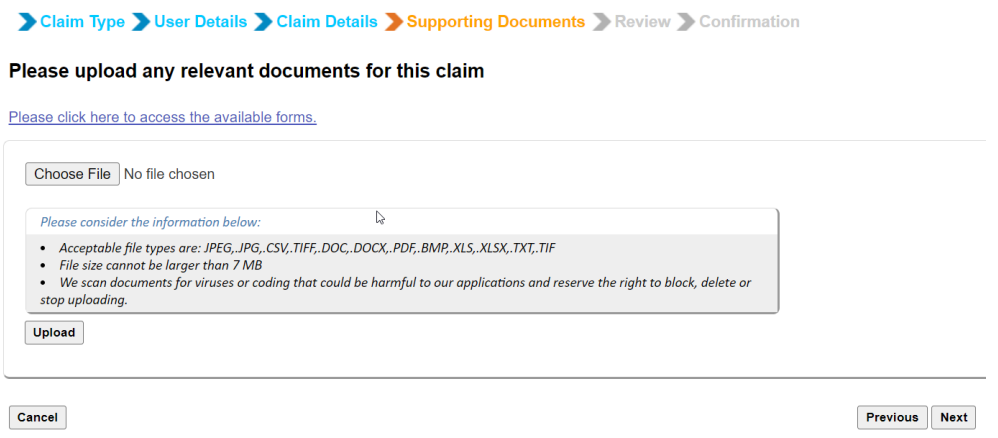
Submitting an Accidental Dismemberment Insurance Claim, continued

Step	Action
2	Click the **Submit a Claim Online** option. 
3	Select Accidental Dismemberment from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**. 
4	Select the *Employee's Statement* and *Attending Physician's Statement* links to get access to the fillable PDFs of the forms and click **Continue**. 

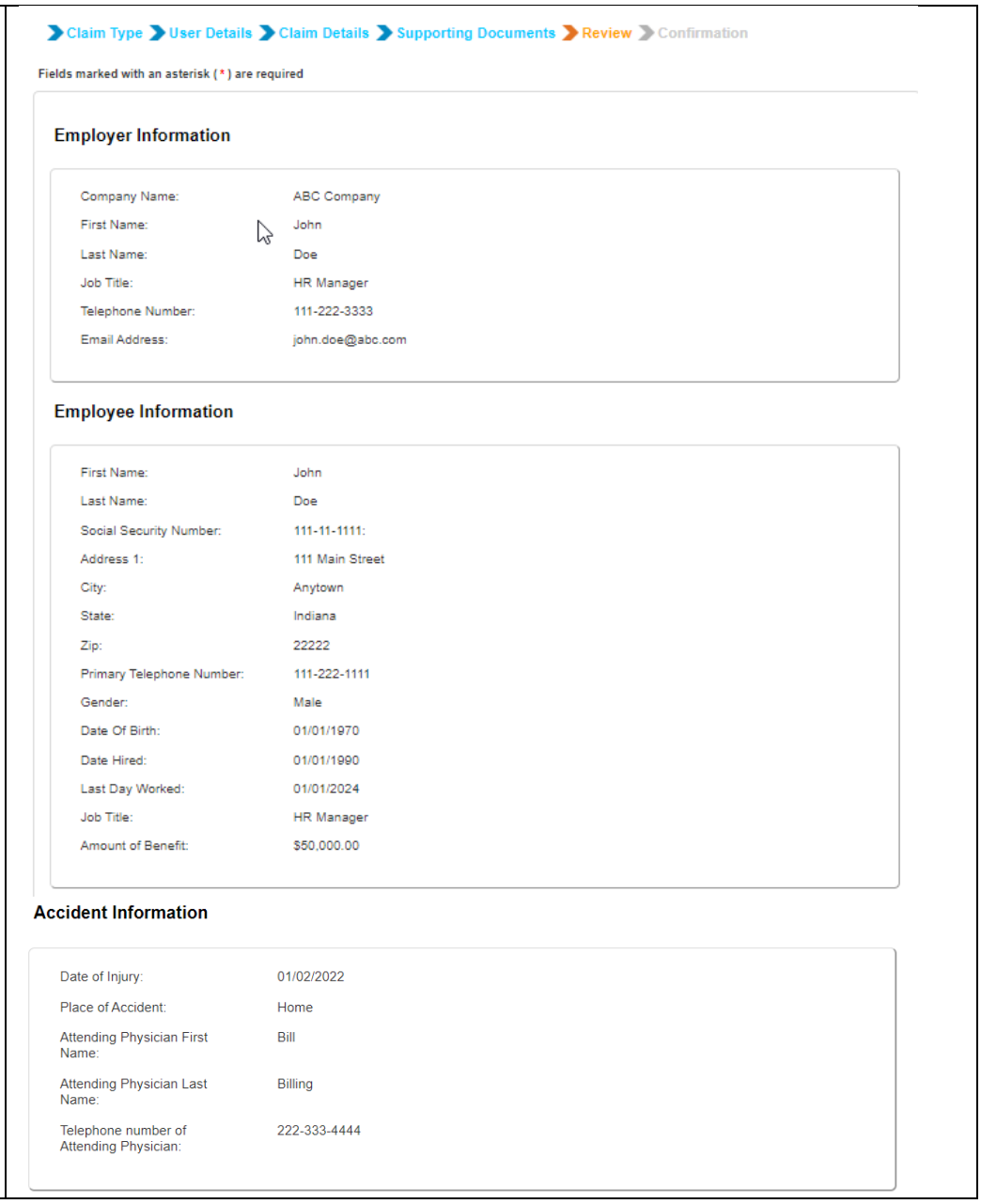
Submitting an Accidental Dismemberment Insurance Claim, continued

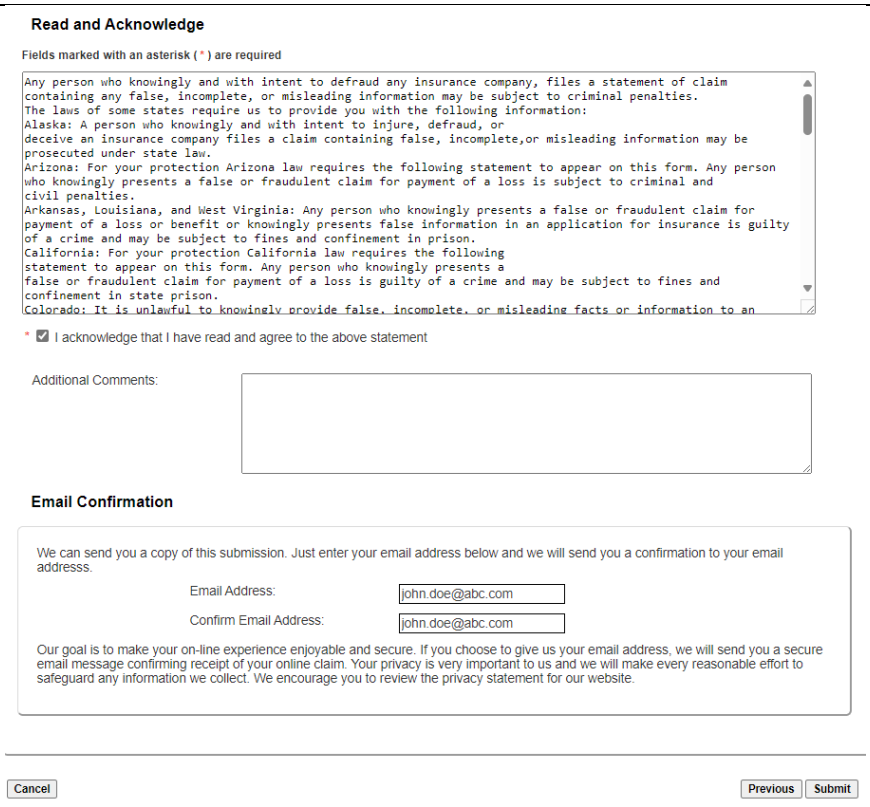
Step	Action
5	Enter the employer contact information in the applicable fields and click **Next**.  **Note:** Fields marked with an asterisk (*) are required.
6	Enter the employee information in the applicable fields.  **Note:** Fields marked with an asterisk (*) are required.

Submitting an Accidental Dismemberment Insurance Claim, continued

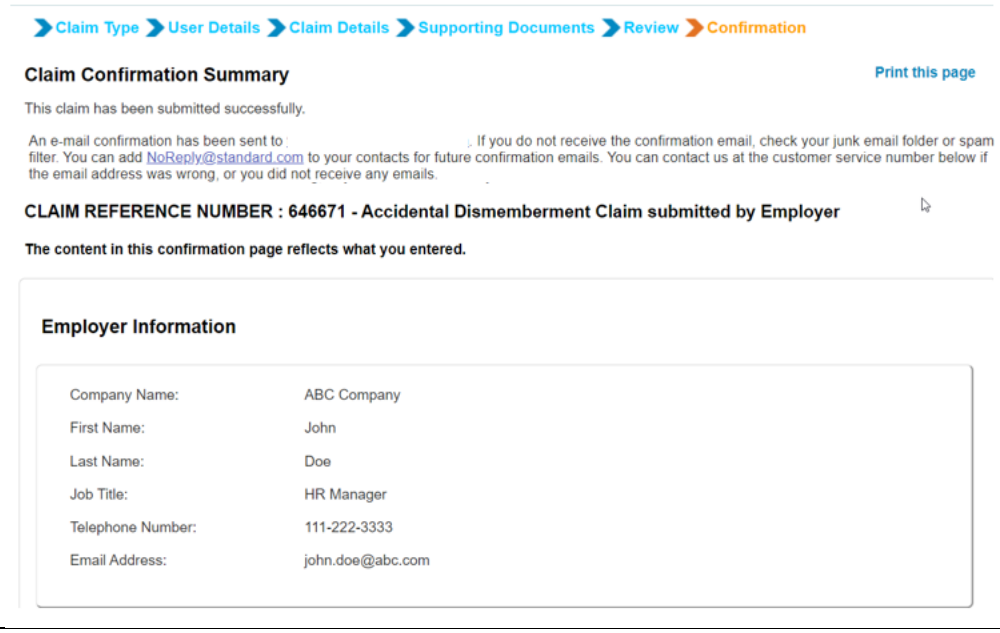
Step	Action
7	Enter the Accident Information and click **Next**. 
8	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**. 
9	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**.

Submitting an Accidental Dismemberment Insurance Claim, continued

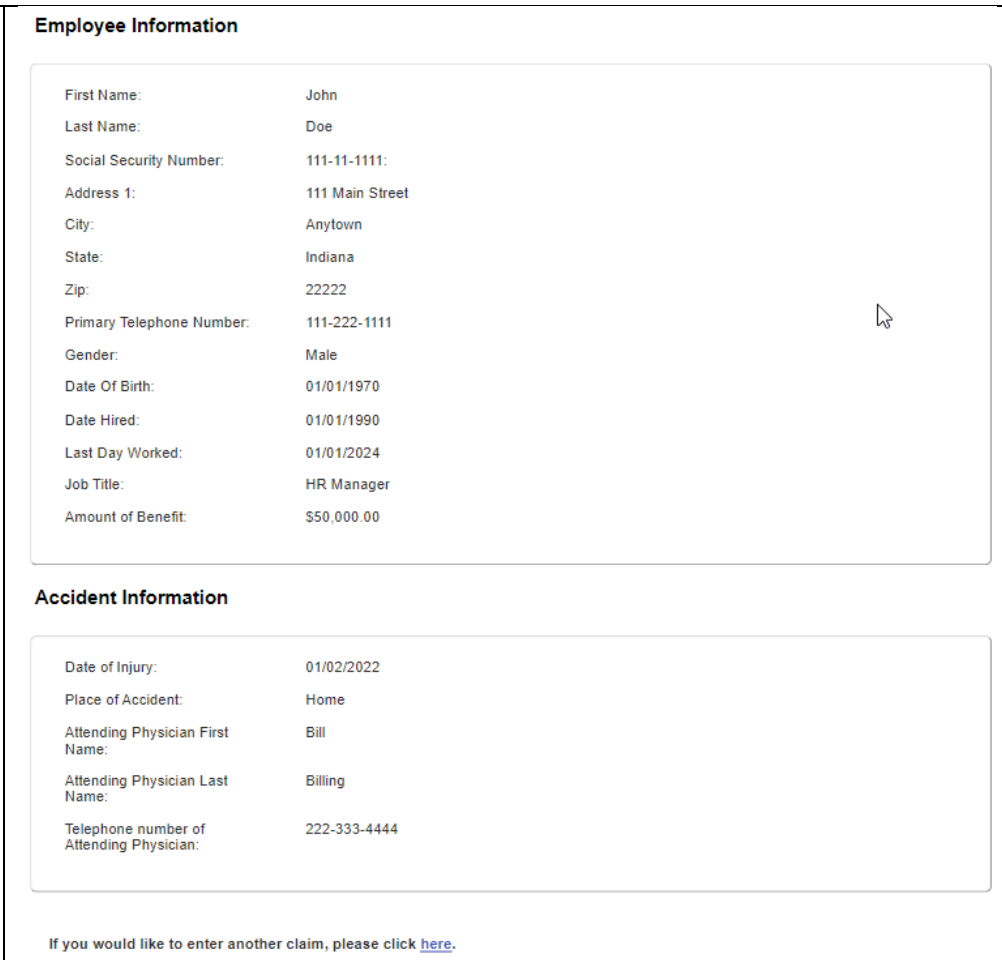




10 After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.



Submitting an Accidental Dismemberment Insurance Claim, continued



Employee Information

First Name:	John
Last Name:	Doe
Social Security Number:	111-11-1111:
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
Primary Telephone Number:	111-222-1111
Gender:	Male
Date Of Birth:	01/01/1970
Date Hired:	01/01/1990
Last Day Worked:	01/01/2024
Job Title:	HR Manager
Amount of Benefit:	$50,000.00

Accident Information

Date of Injury:	01/02/2022
Place of Accident:	Home
Attending Physician First Name:	Bill
Attending Physician Last Name:	Billing
Telephone number of Attending Physician:	222-333-4444

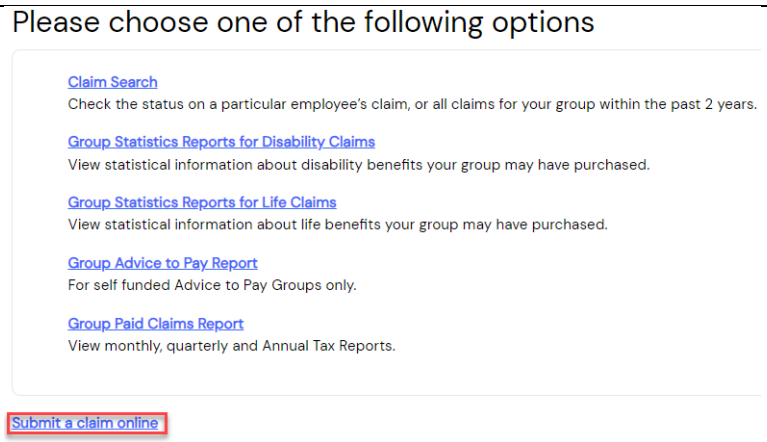
If you would like to enter another claim, please click here.

Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

Submitting a Living Benefit Insurance Claim

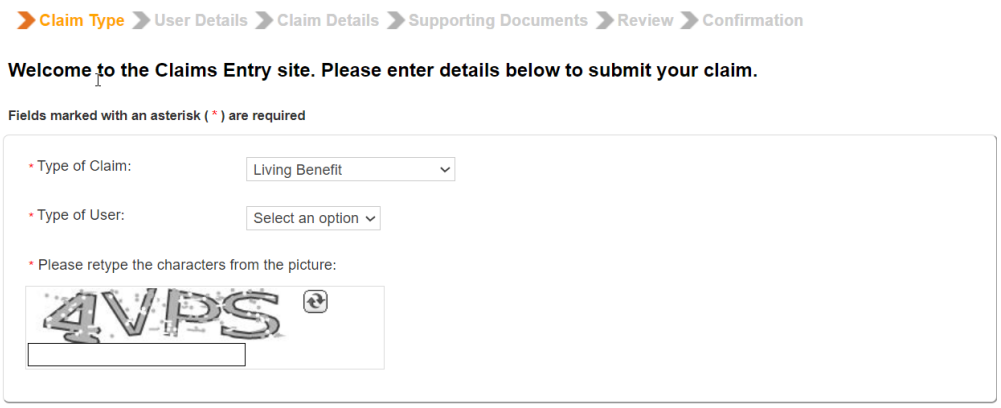
✅ **Full Access** 🔒 **Limited Access**	This section is available to users with full Compassi access. This section is available to users with limited Compassi access.
Submit a Living Benefit Insurance Claim Overview	Compassi allows you to file living benefit/accelerated death insurance claims online but you can also file claims by mail, email, or fax. • Download the *Living Benefit Claim Form* at https://www.standard.com/eforms/24262.pdf • Complete the Employer section then have the employee and the employee's physician complete their sections. Send all information to: Life Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 You may also fax everything to us at 1-877-305-3901 or send by email to AL-Claims@standard.com. Please call the Life Claims Service Center with any questions at 1-800-552-2137. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim. Send appeal letters to: Life Claims Service Center Attn: Appeal Coordinator P.O Box 2717 Portland, OR 97208-9830
Submitting a Living Benefit Insurance Claim	Follow the steps below to submit a Living Benefit claim online.

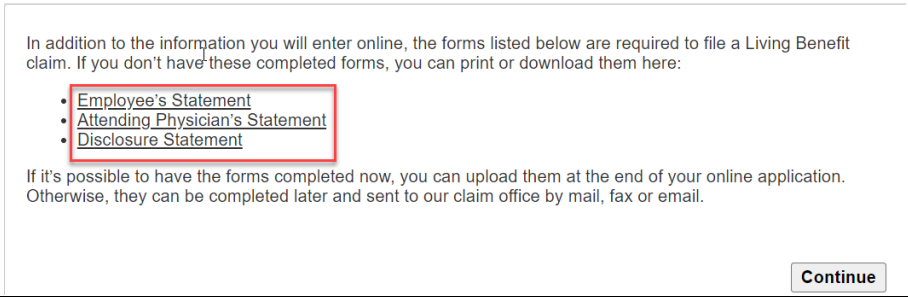
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Submit a Claim Online** option.

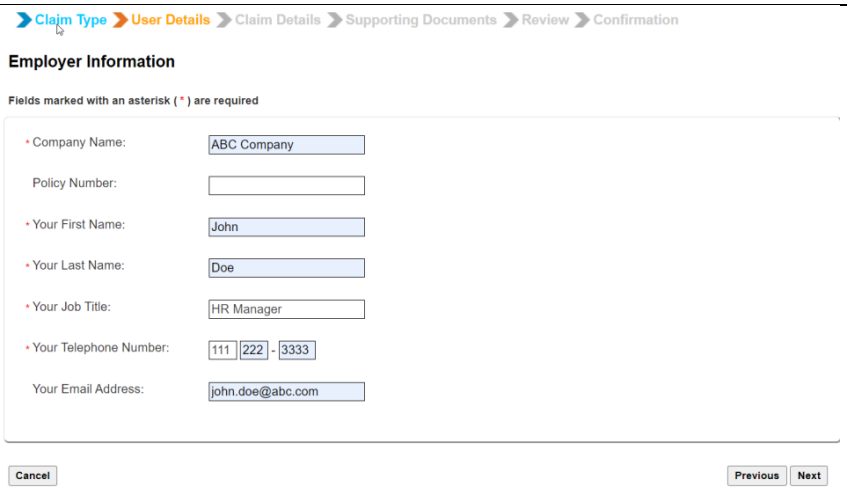


Submitting a Living Benefit Insurance Claim, continued

Step	Action
3	Select Living Benefit from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**.
4	Select the *Employee's Statement, Attending Physician's Statement* and *Disclosure Statement* links to get access to the fillable PDFs of the forms and click **Continue**.
5	Enter the employer contact information in the applicable fields and click **Next**.



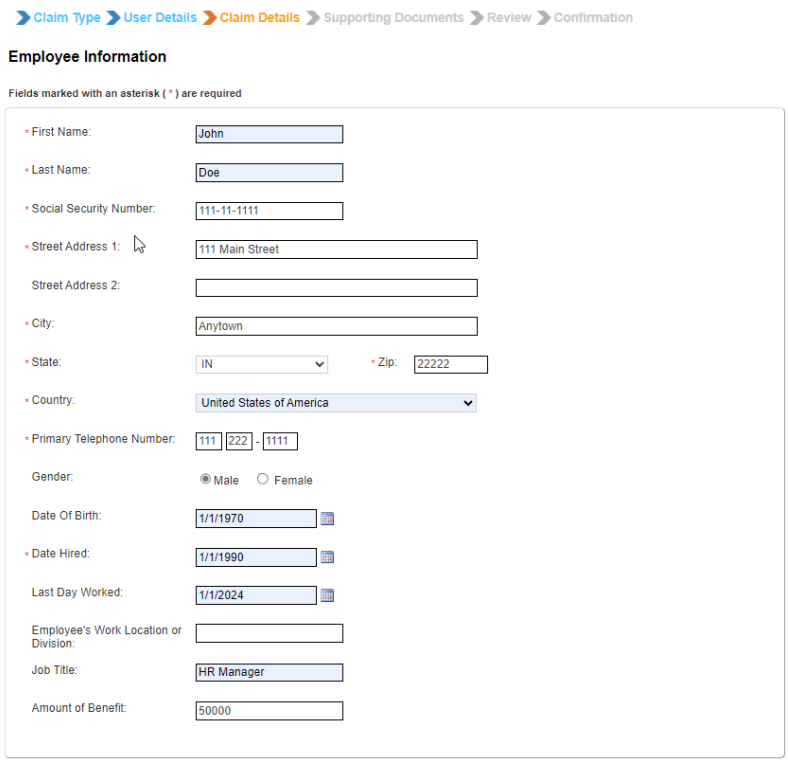




Note: Fields marked with an asterisk (*) are required.

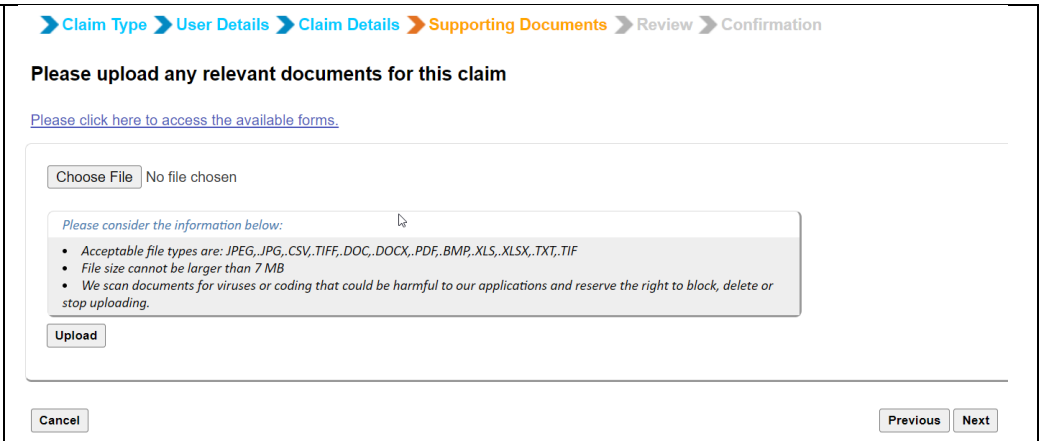
Submitting a Living Benefit Insurance Claim, continued

Step	Action
6	Enter the employee information in the applicable fields.



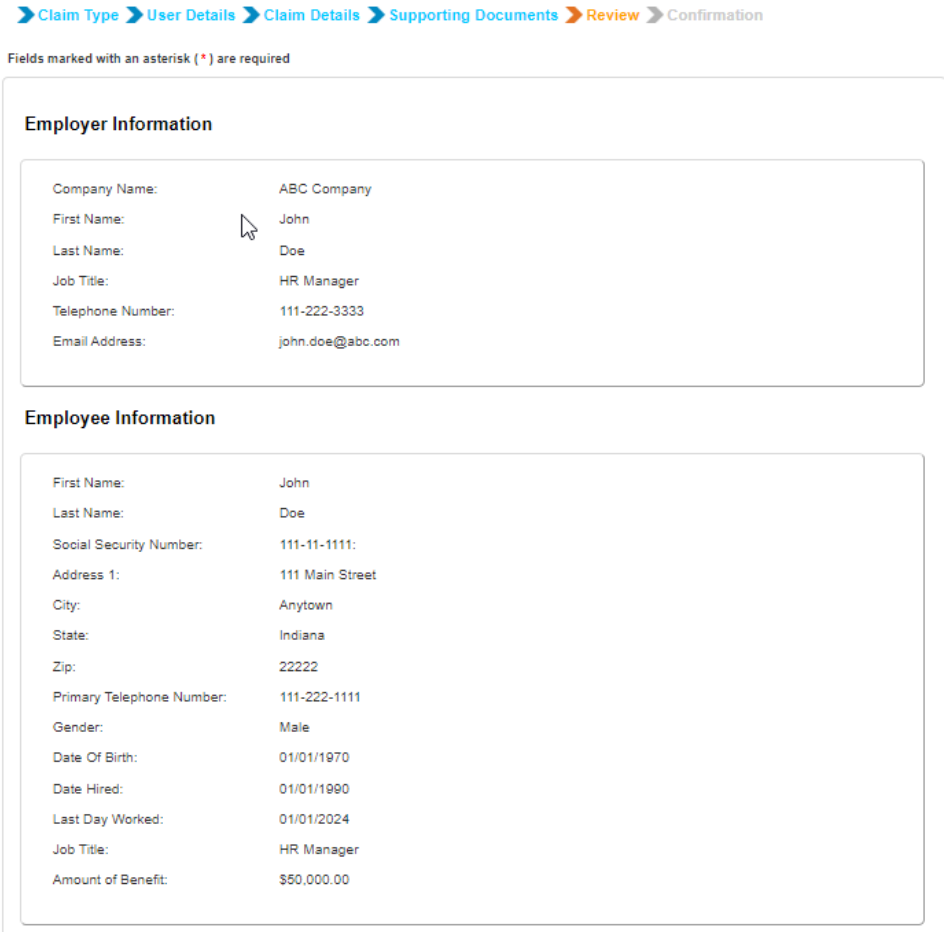
Note: Fields marked with an asterisk (*) are required.

7	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**.

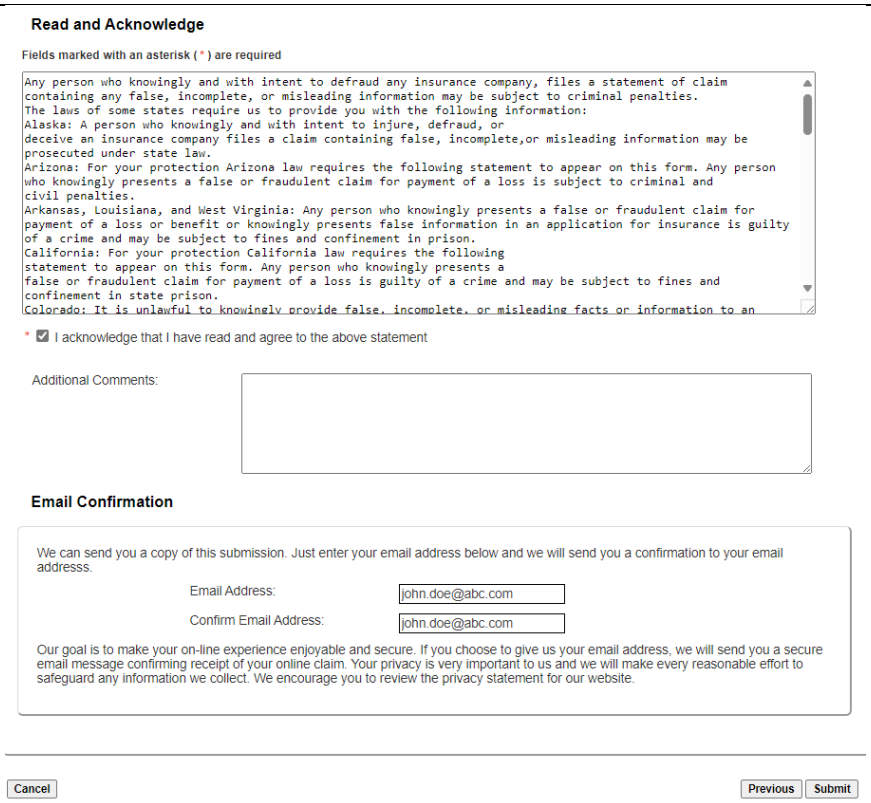


Submitting a Living Benefit Insurance Claim, continued

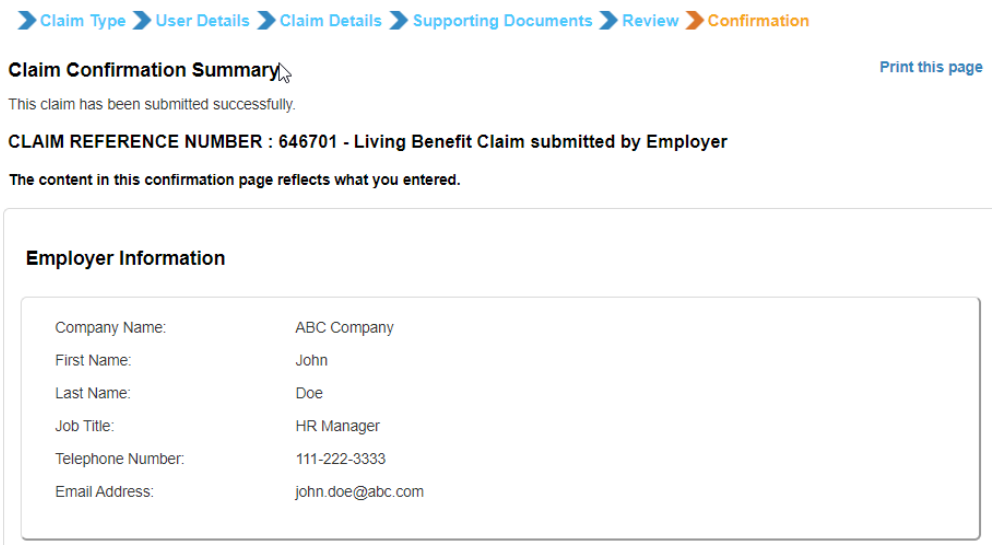
Step	Action
8	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**.



Submitting a Living Benefit Insurance Claim, continued



9 After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.



Submitting a Living Benefit Insurance Claim, continued

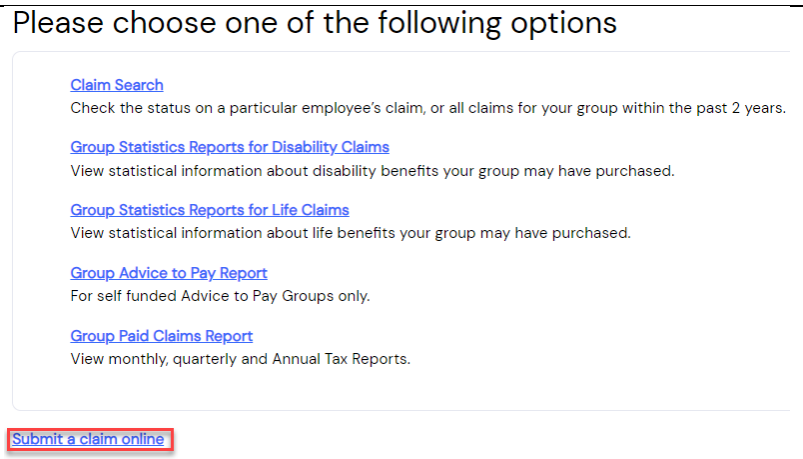
Employee Information

First Name:	John
Last Name:	Doe
Social Security Number:	111-11-1111:
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
Primary Telephone Number:	111-222-1111
Gender:	Male
Date Of Birth:	01/01/1970
Date Hired:	01/01/1990
Last Day Worked:	01/01/2024
Job Title:	HR Manager
Amount of Benefit:	$50,000.00

Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

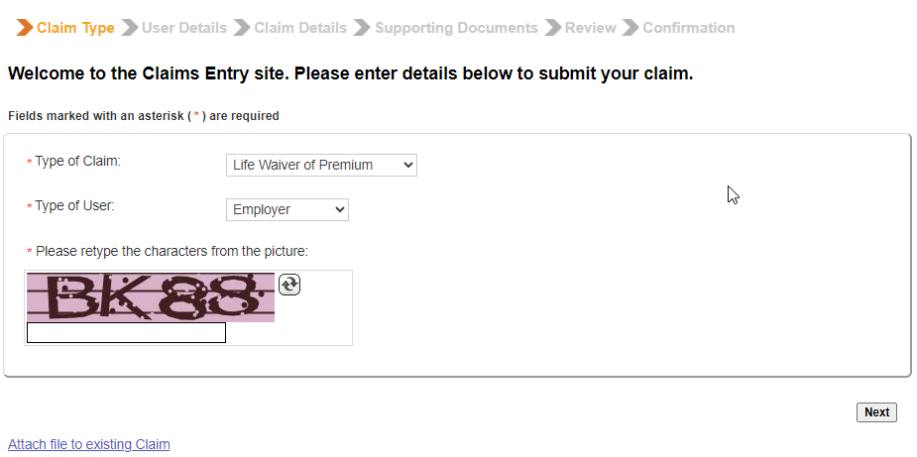
Submitting a Life Waiver of Premium Insurance Claim

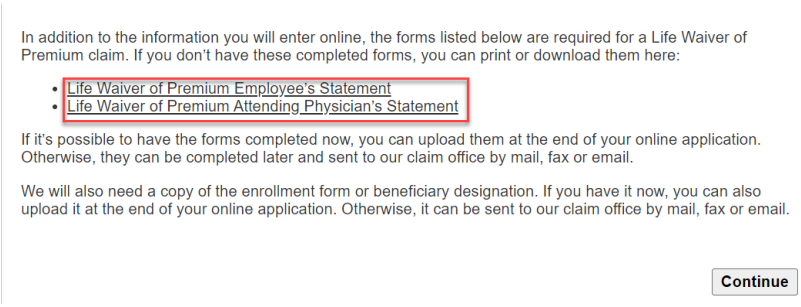
Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Submit a Life Waiver of Premium Insurance Claim Overview	Compassi allows you to file life waiver of premium insurance claims online but you can also file claims by mail, email, or fax. • Download the *Life Waiver Claim Form* at https://www.standard.com/eforms/24272.pdf • Complete the Employer section then have the employee and the employee's physician complete their sections. Send all information within 12 months of the date of disability to: Life Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 You may also fax everything to us at 1-877-305-3901 or send by email to AL-Claims@standard.com. Please call the Life Claims Service Center with any questions at 1-800-552-2137. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim. Send appeal letters to: Life Claims Service Center Attn: Appeal Coordinator P.O Box 2717 Portland, OR 97208-9830
Submitting a Life Waiver of Premium Insurance Claim	Follow the steps below to submit a Life Waiver of Premium Insurance claim online. **Step** / **Action** 1 — Click the **Claims Administration** icon. 2 — Click the **Submit a Claim Online** option.

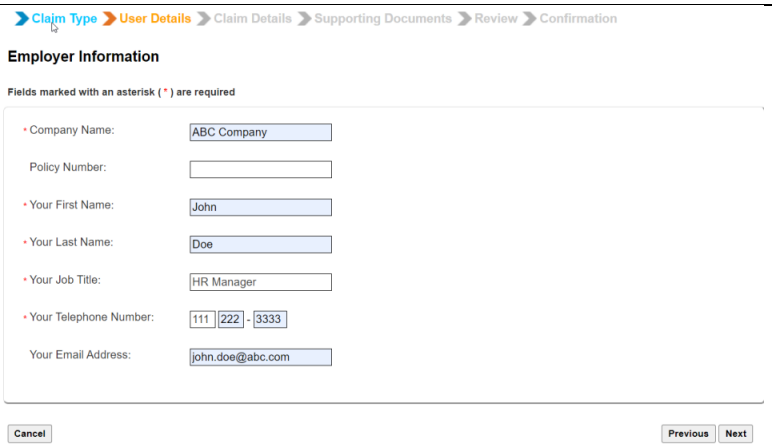


Submitting a Life Waiver of Premium Insurance Claim, continued

Step	Action
3	Select Life Waiver of Premium from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**.
4	Select the *Life Waiver of Premium Employee's Statement* and *Life Waiver of Premium Attending Physician's Statement* links to get access to the fillable PDFs of the forms and click **Continue**.
5	Enter the employer contact information in the applicable fields and click **Next**.



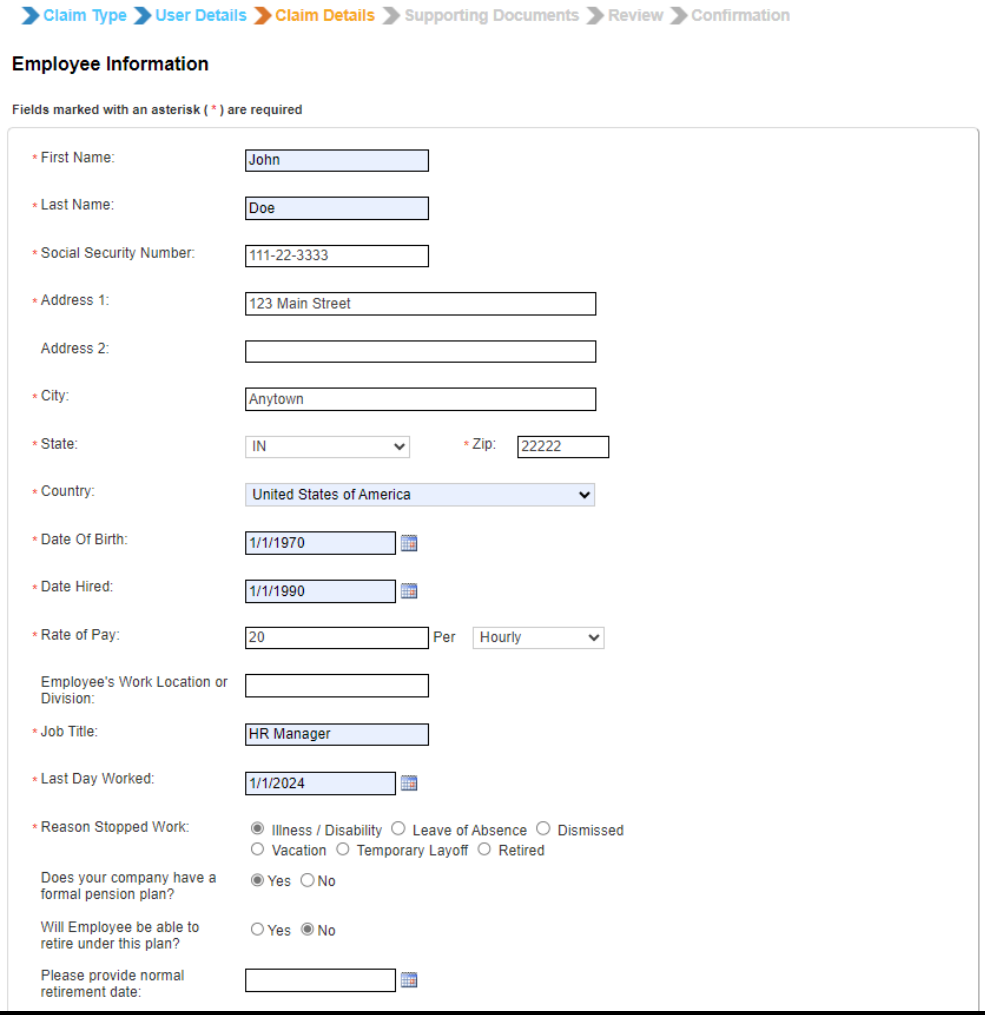


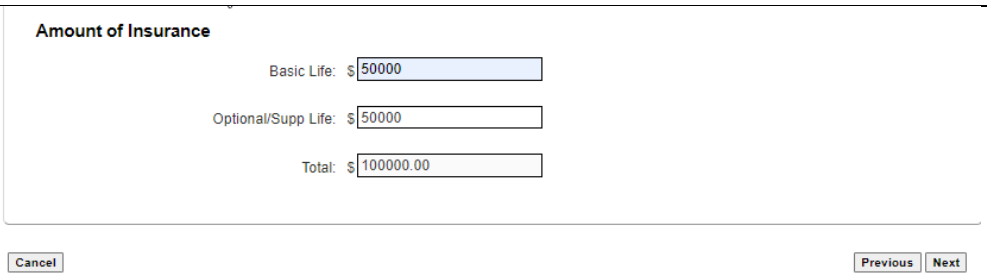


Note: Fields marked with an asterisk (*) are required.

Submitting a Life Waiver of Premium Insurance Claim, continued

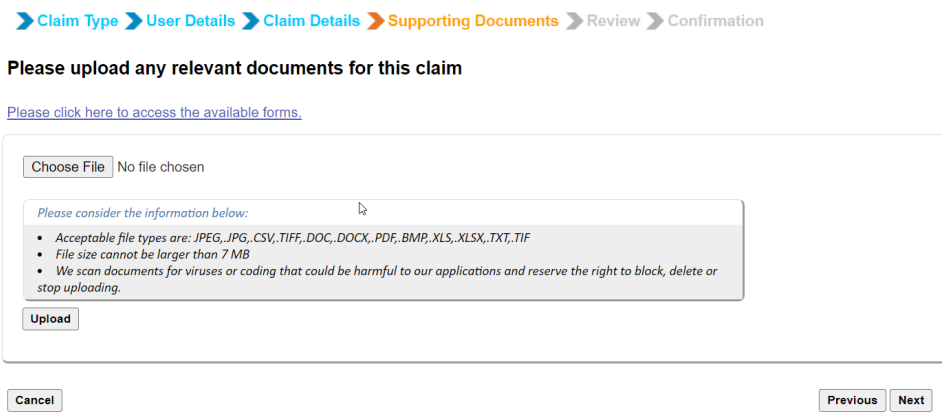
Step	Action
6	Enter the employee information in the applicable fields.



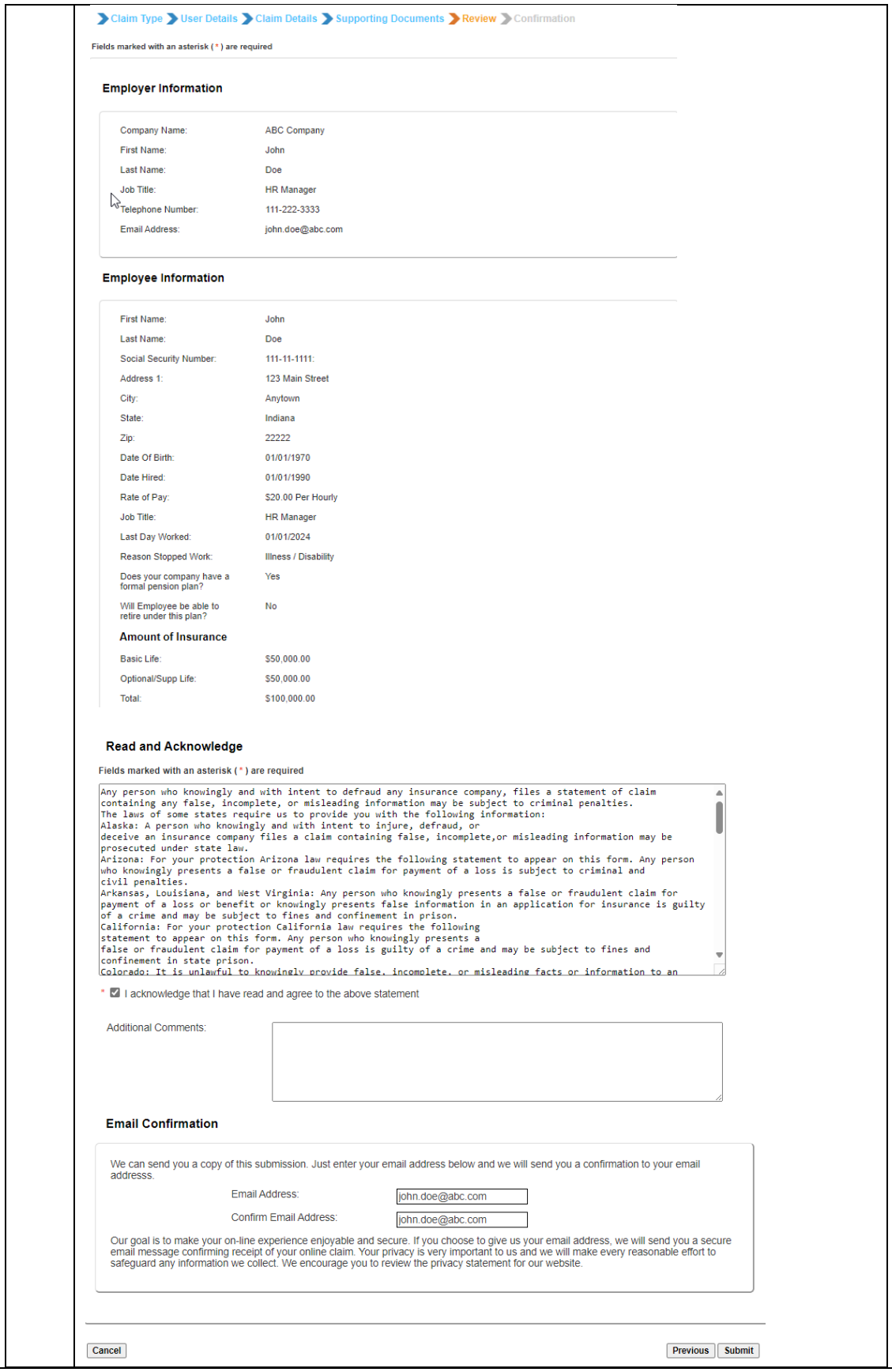


Note: Fields marked with an asterisk (*) are required.

Submitting a Life Waiver of Premium Insurance Claim, continued

Step	Action
7	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**. 
8	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**.

Submitting a Life Waiver of Premium Insurance Claim, continued



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Fields marked with an asterisk (*) are required

Employer Information

Company Name:	ABC Company
First Name:	John
Last Name:	Doe
Job Title:	HR Manager
Telephone Number:	111-222-3333
Email Address:	john.doe@abc.com

Employee Information

First Name:	John
Last Name:	Doe
Social Security Number:	111-11-1111:
Address 1:	123 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
Date Of Birth:	01/01/1970
Date Hired:	01/01/1990
Rate of Pay:	$20.00 Per Hourly
Job Title:	HR Manager
Last Day Worked:	01/01/2024
Reason Stopped Work:	Illness / Disability
Does your company have a formal pension plan?	Yes
Will Employee be able to retire under this plan?	No

Amount of Insurance

Basic Life:	$50,000.00
Optional/Supp Life:	$50,000.00
Total:	$100,000.00

Read and Acknowledge

Fields marked with an asterisk (*) are required

Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal penalties.
The laws of some states require us to provide you with the following information:
Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete,or misleading information may be prosecuted under state law.
Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana, and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an

* ☑ I acknowledge that I have read and agree to the above statement

Additional Comments:

Email Confirmation

We can send you a copy of this submission. Just enter your email address below and we will send you a confirmation to your email addresss.

Email Address: john.doe@abc.com

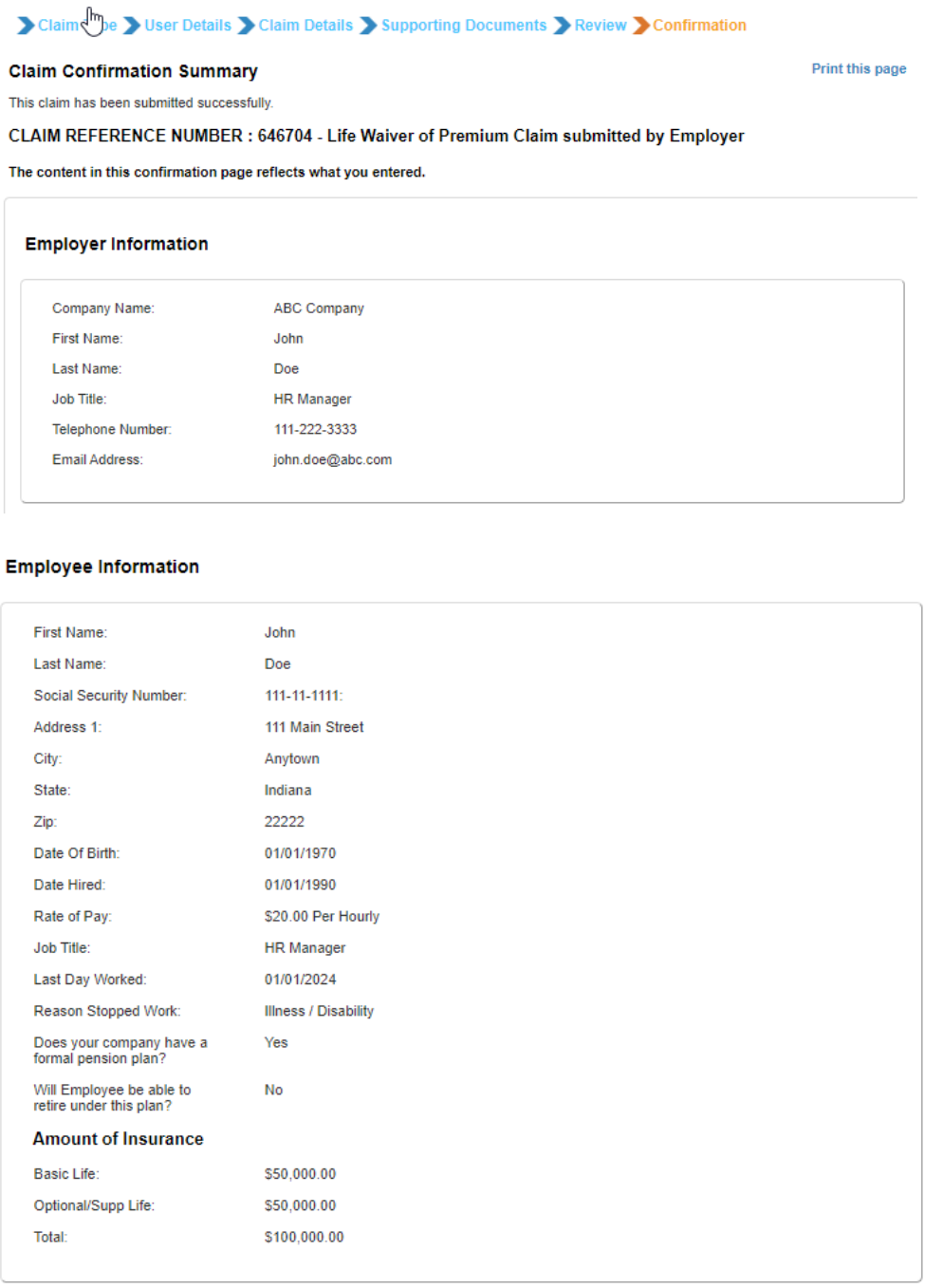
Confirm Email Address: john.doe@abc.com

Our goal is to make your on-line experience enjoyable and secure. If you choose to give us your email address, we will send you a secure email message confirming receipt of your online claim. Your privacy is very important to us and we will make every reasonable effort to safeguard any information we collect. We encourage you to review the privacy statement for our website.

Cancel Previous Submit

Submitting a Life Waiver of Premium Insurance Claim, continued

9 After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.

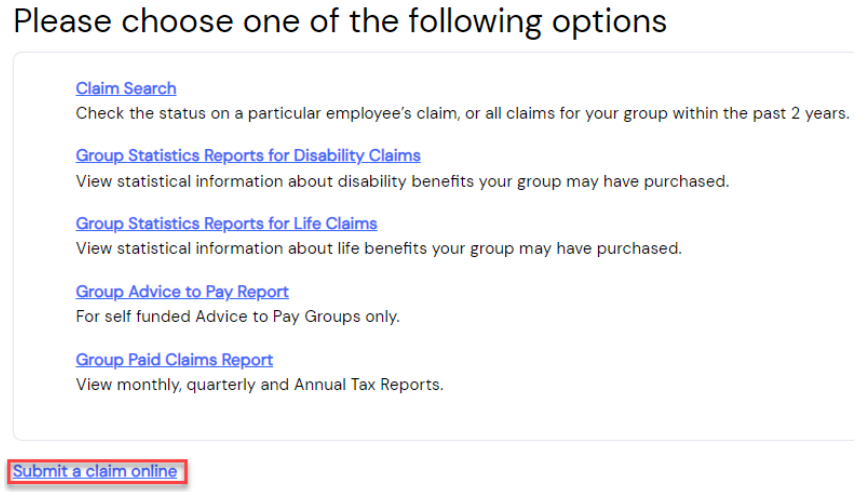
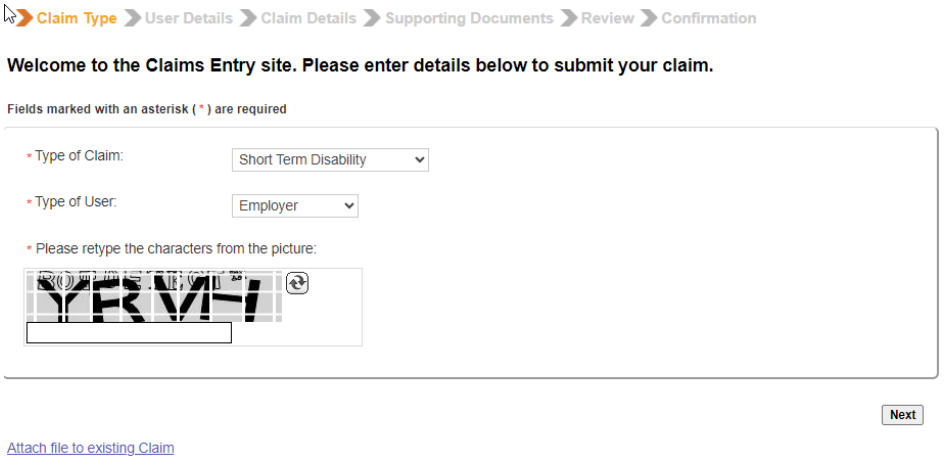


Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

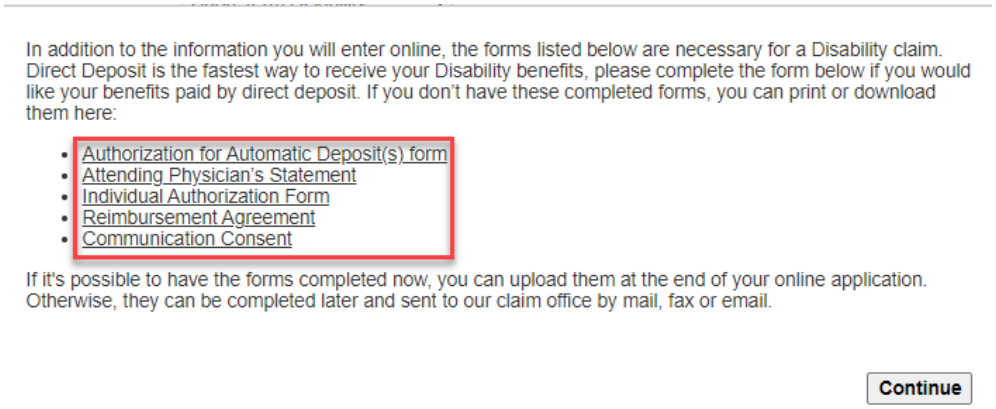
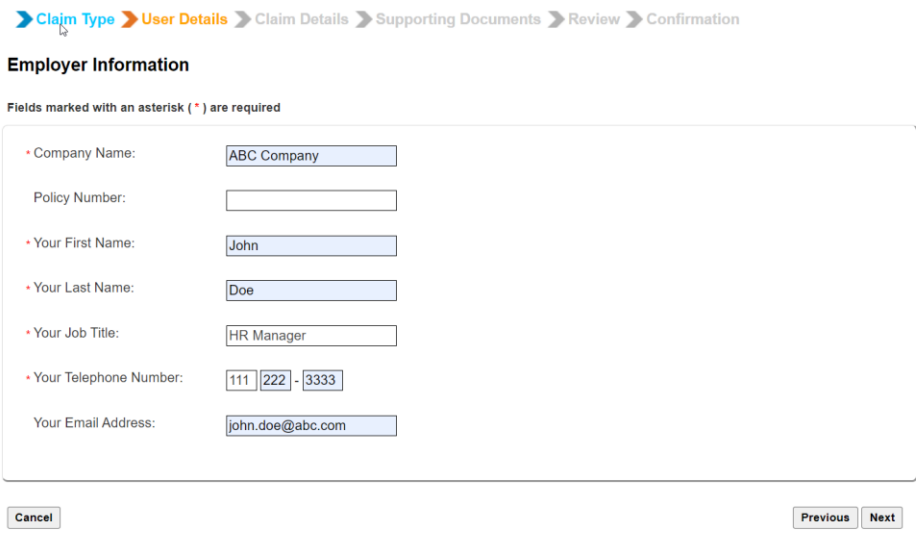
Submitting a Short-Term Disability Insurance Claim

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Submit a Short-Term Disability Insurance Claim Overview	Compassi allows you to file short-term disability insurance claims online but you can also file claims by mail, email, or fax. • Download the *Short-Term Disability Claim Form* at https://www.standard.com/eforms/24278.pdf • Complete the Employer section then have the employee and the employee's physician complete their sections. Send all information to: Disability Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 Employees can call 1-800-232-0113 to initiate their short-term disability claim. You may also fax everything to us at 1-800-850-0017 or send by email to AL-Claims@standard.com. Please call the Disability Claims Service Center with any questions at 1-800-232-0113. Short-term disability claims are paid weekly unless the employer request an alternative payment schedule. Checks are mailed to the employee. If you have FML Administration and/or New York DBL PFL Administration, this section does not apply. See your Leave Claims Manual for instructions on how to file claims for both Leave and Short-Term Disability. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim. Send appeal letters to: Disability Claims Service Center Attn: Appeal Coordinator P.O Box 2717 Portland, OR 97208-9830
Submitting a Short-Term Disability Insurance Claim	Follow the steps below to submit a Short-Term Disability claim online. **Step** | **Action** 1 | Click the **Claims Administration** icon.

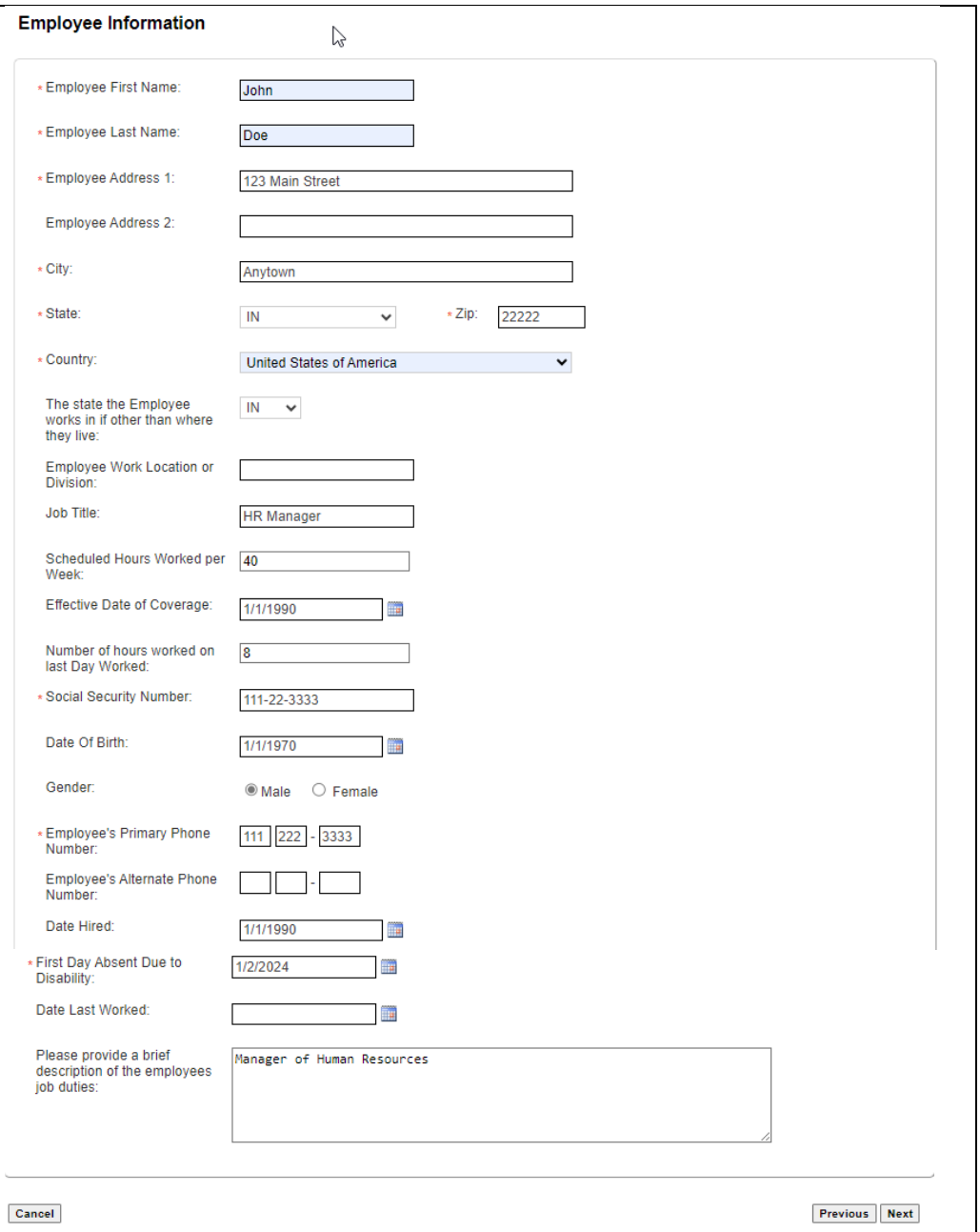
Submitting a Short-Term Disability Insurance Claim, continued

Step	Action
2	Click the **Submit a Claim Online** option. 
3	Select Short-Term Disability from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**. 

Submitting a Short-Term Disability Insurance Claim, continued

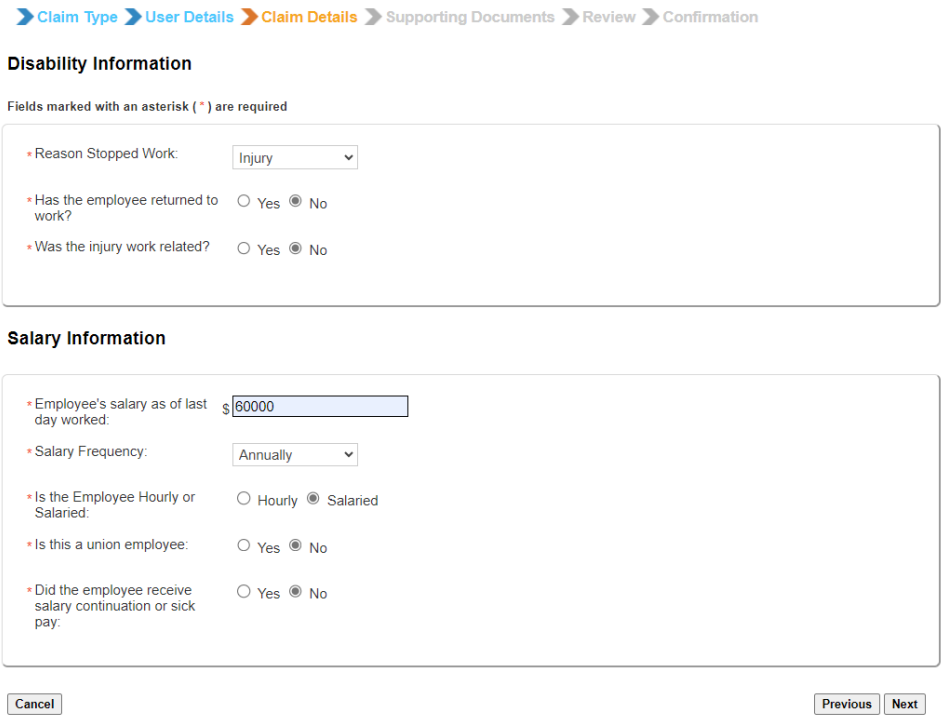
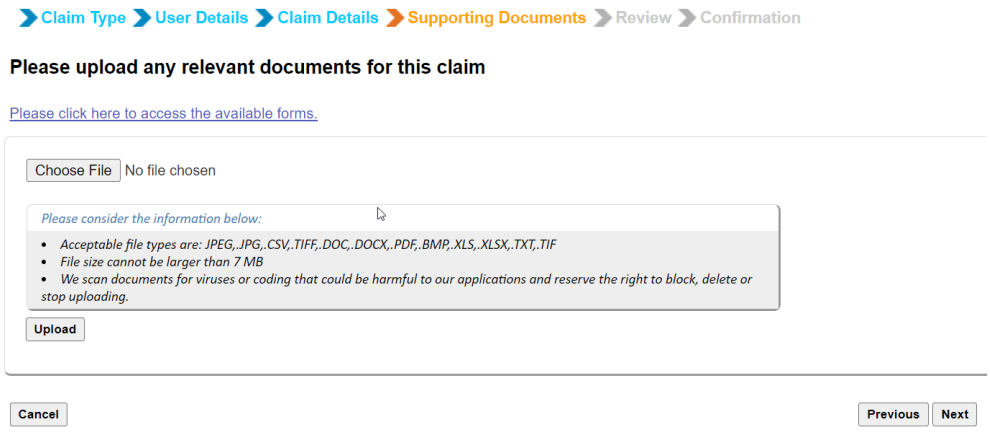
Step	Action
4	Select the *Authorization for Automatic Deposit(s) Form, Attending Physician's Statement, Individual Authorization Form, Reimbursement Agreement* and *Communication Consent* to get access to the fillable PDFs of the forms and click **Continue**. 
5	Enter the employer and employee contact information in the applicable fields and click **Next**. 

Submitting a Short-Term Disability Insurance Claim, continued

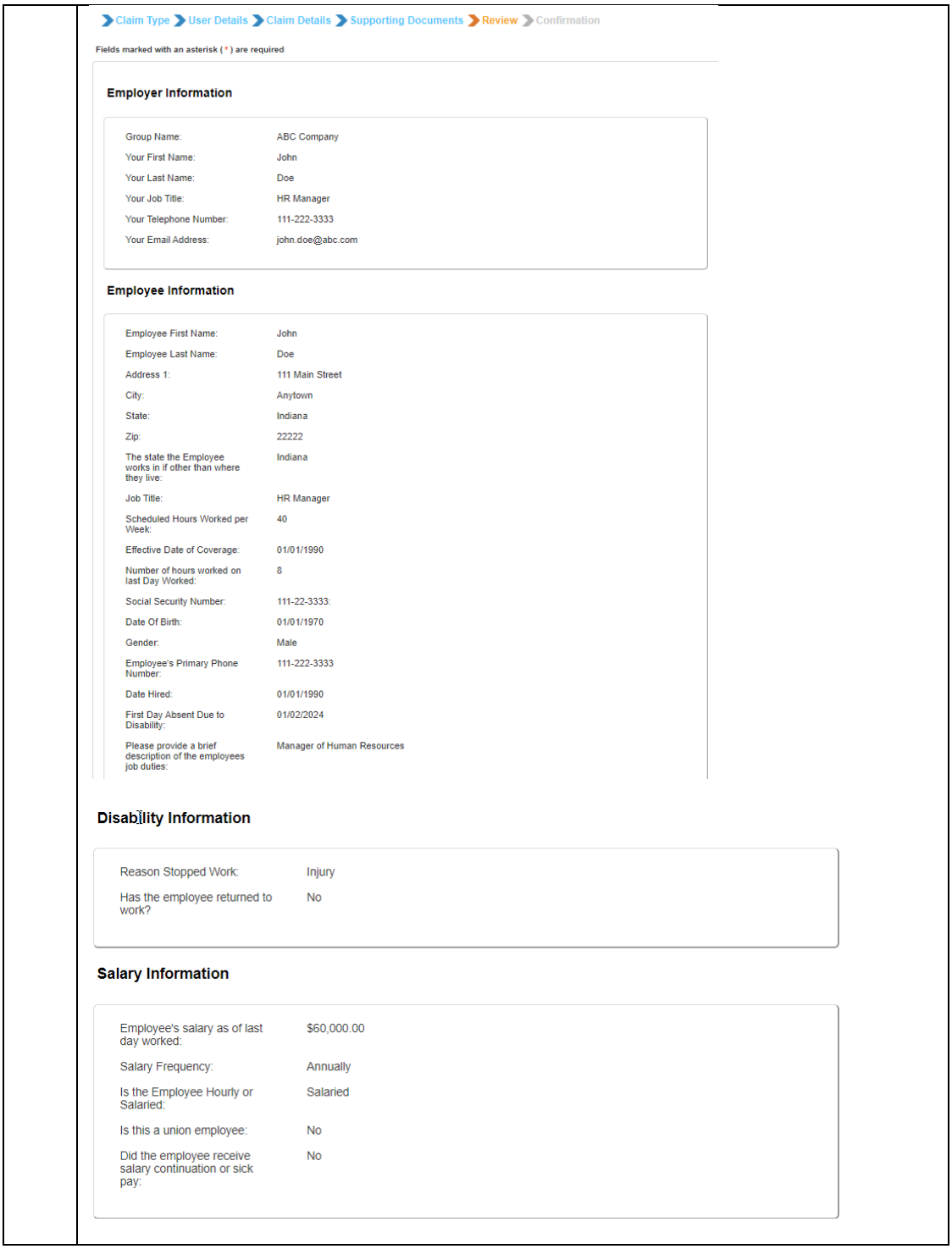


Note: Fields marked with an asterisk (*) are required.

Submitting a Short-Term Disability Insurance Claim, continued

Step	Action
6	Enter the disability information in the applicable fields.  **Note:** Fields marked with an asterisk (*) are required.
7	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**. 
8	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**.

Submitting a Short-Term Disability Insurance Claim, continued



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Fields marked with an asterisk (*) are required

Employer Information

Group Name:	ABC Company
Your First Name:	John
Your Last Name:	Doe
Your Job Title:	HR Manager
Your Telephone Number:	111-222-3333
Your Email Address:	john.doe@abc.com

Employee Information

Employee First Name:	John
Employee Last Name:	Doe
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
The state the Employee works in if other than where they live:	Indiana
Job Title:	HR Manager
Scheduled Hours Worked per Week:	40
Effective Date of Coverage:	01/01/1990
Number of hours worked on last Day Worked:	8
Social Security Number:	111-22-3333:
Date Of Birth:	01/01/1970
Gender:	Male
Employee's Primary Phone Number:	111-222-3333
Date Hired:	01/01/1990
First Day Absent Due to Disability:	01/02/2024
Please provide a brief description of the employees job duties:	Manager of Human Resources

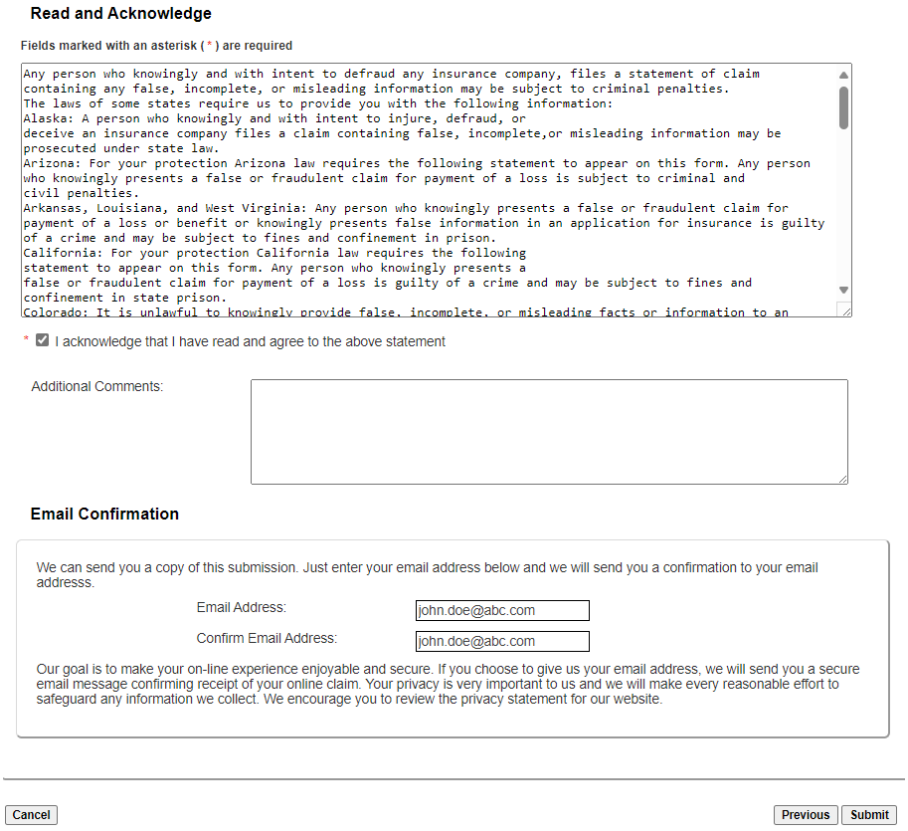
Disability Information

Reason Stopped Work:	Injury
Has the employee returned to work?	No

Salary Information

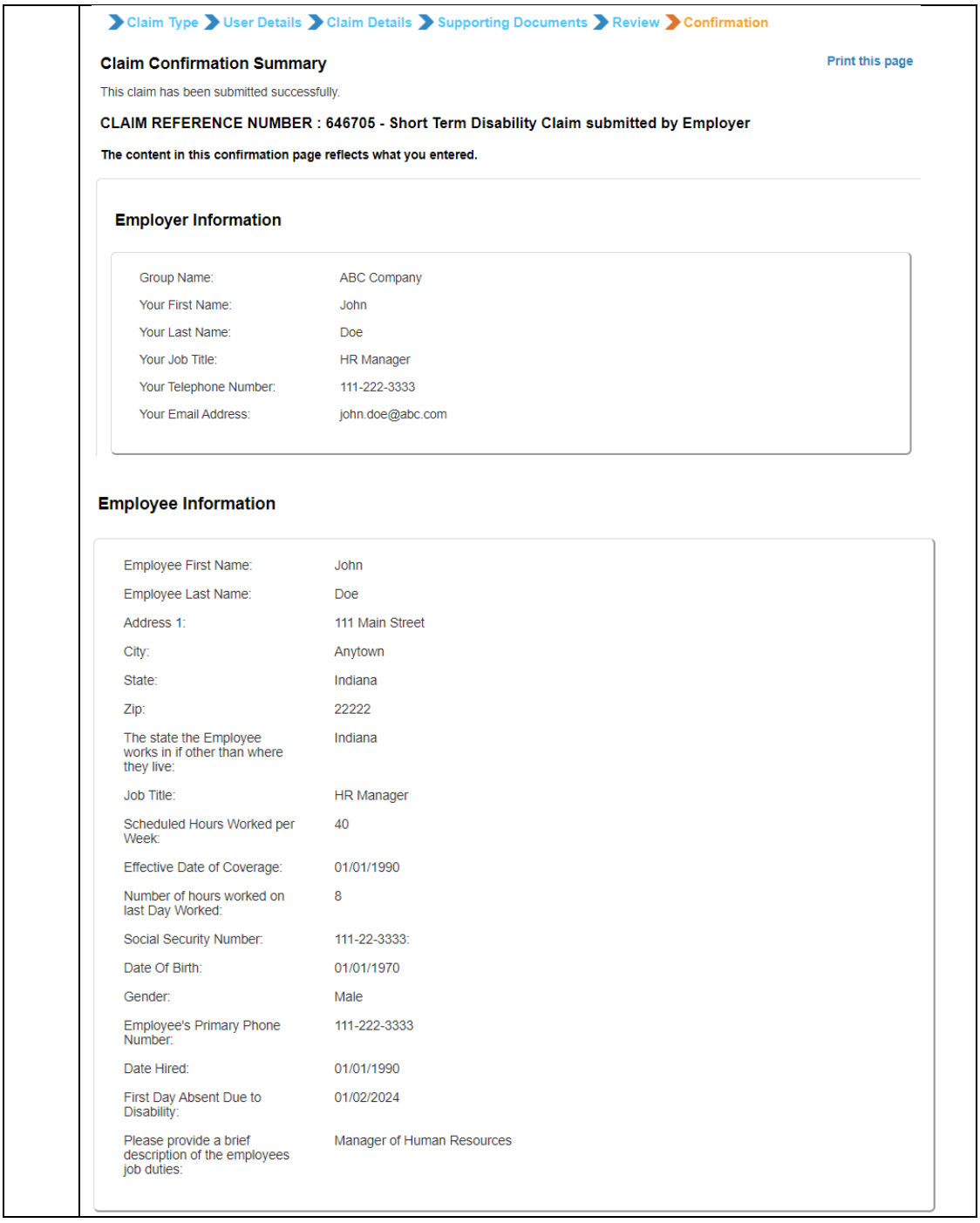
Employee's salary as of last day worked:	$60,000.00
Salary Frequency:	Annually
Is the Employee Hourly or Salaried:	Salaried
Is this a union employee:	No
Did the employee receive salary continuation or sick pay:	No

Submitting a Short-Term Disability Insurance Claim, continued



9	After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.

Submitting a Short-Term Disability Insurance Claim, continued



Claim Type > User Details > Claim Details > Supporting Documents > Review > Confirmation

Claim Confirmation Summary

Print this page

This claim has been submitted successfully.

CLAIM REFERENCE NUMBER : 646705 - Short Term Disability Claim submitted by Employer

The content in this confirmation page reflects what you entered.

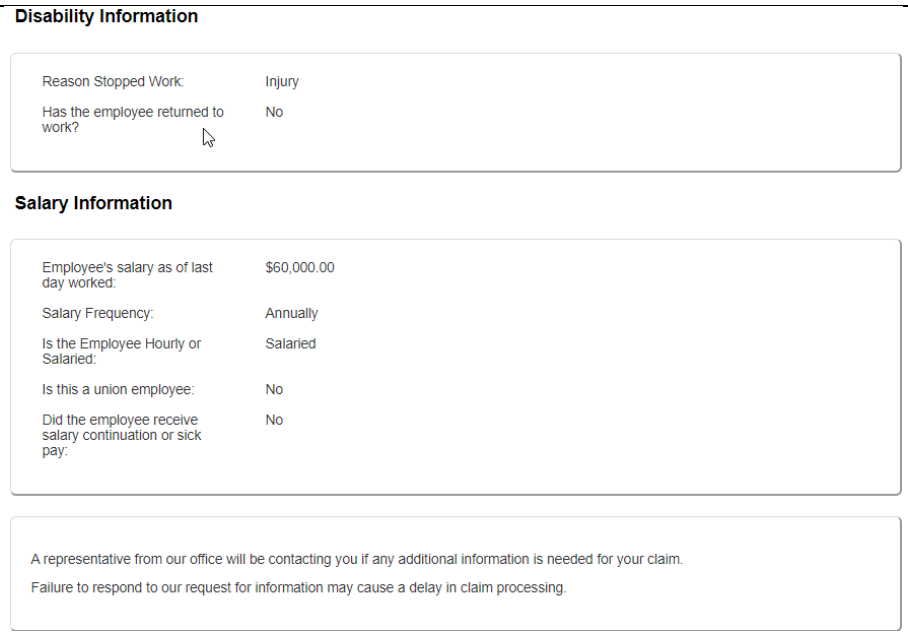
Employer Information

Group Name:	ABC Company
Your First Name:	John
Your Last Name:	Doe
Your Job Title:	HR Manager
Your Telephone Number:	111-222-3333
Your Email Address:	john.doe@abc.com

Employee Information

Employee First Name:	John
Employee Last Name:	Doe
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
The state the Employee works in if other than where they live:	Indiana
Job Title:	HR Manager
Scheduled Hours Worked per Week:	40
Effective Date of Coverage:	01/01/1990
Number of hours worked on last Day Worked:	8
Social Security Number:	111-22-3333:
Date Of Birth:	01/01/1970
Gender:	Male
Employee's Primary Phone Number:	111-222-3333
Date Hired:	01/01/1990
First Day Absent Due to Disability:	01/02/2024
Please provide a brief description of the employees job duties:	Manager of Human Resources

Submitting a Short-Term Disability Insurance Claim, continued

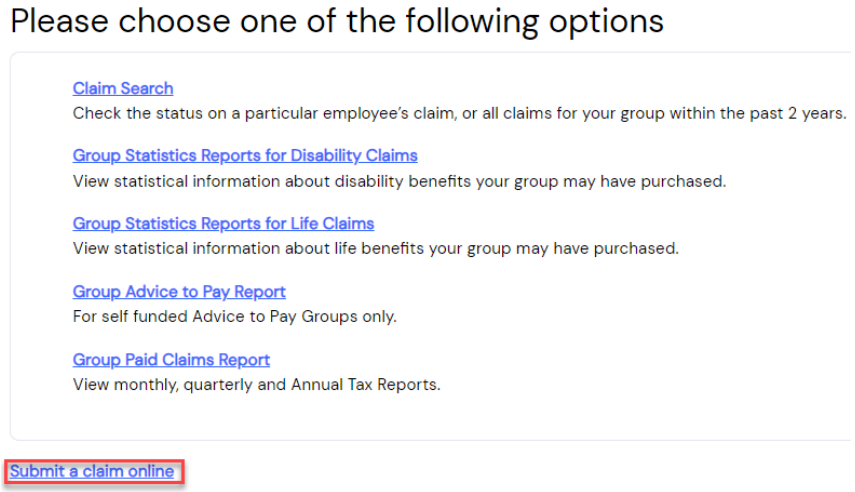
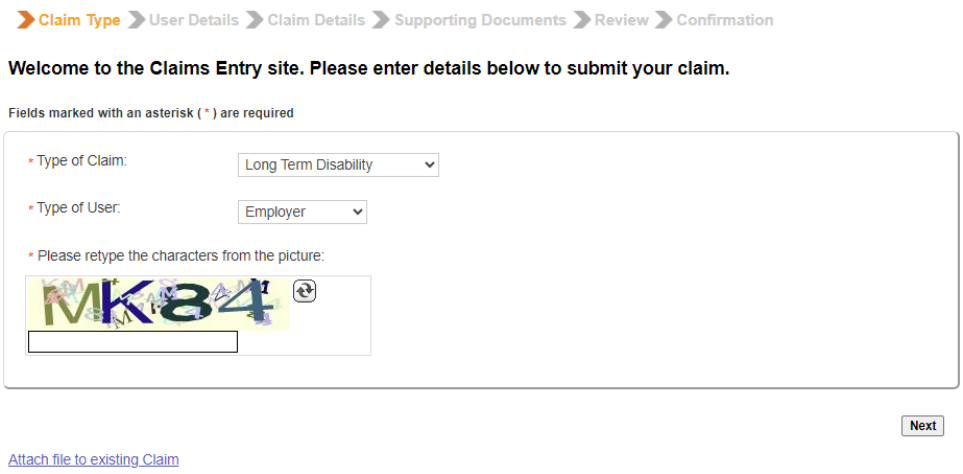


Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

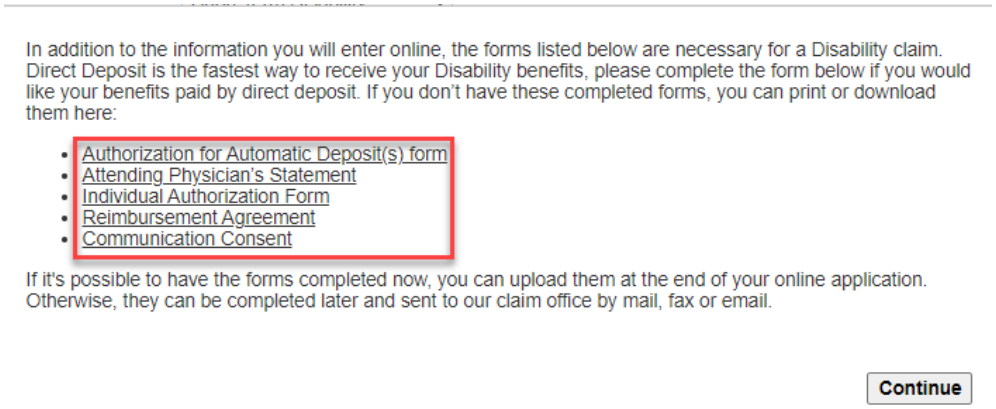
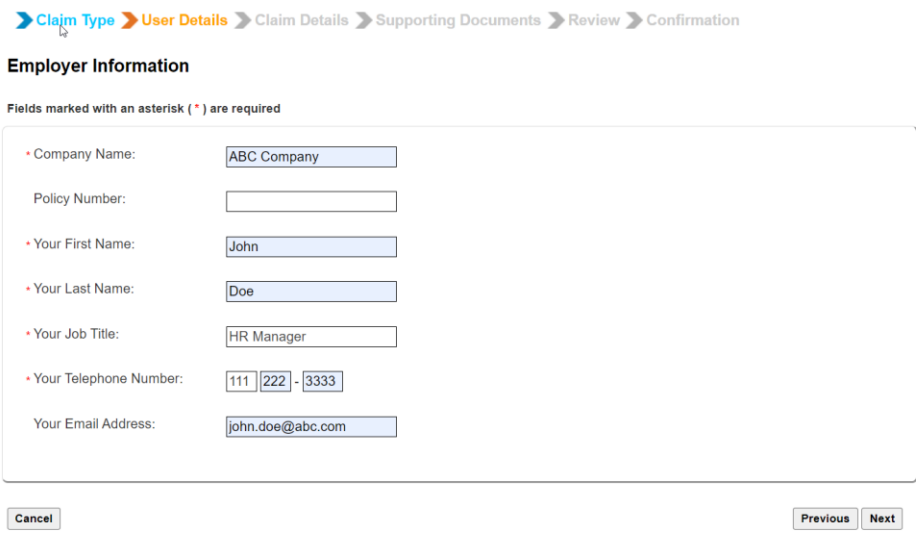
Submitting a Long-Term Disability Insurance Claim

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Submit a Long-Term Disability Insurance Claim Overview	Compassi allows you to file long-term disability insurance claims online but you can also file claims by mail, email, or fax. • Download the *Long-Term Disability Claim Form* at https://www.standard.com/eforms/24274.pdf • Complete the Employer section then have the employee and the employee's physician complete their sections. If the claimant has more than one treating physician, give the claimant extra forms to complete. Send all information to: Disability Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 Employees can call 1-800-232-0113 to initiate their long-term disability claim. You may also fax everything to us at 1-800-850-0017 or send by email to AL-Claims@standard.com. Please call the Disability Claims Service Center with any questions at 1-800-232-0113. Approved long-term disability claims are paid monthly unless the employer requests an alternative payment schedule. Checks are mailed to the employee. We will ask for evidence of continued disability to determine ongoing eligibility for benefits. If we deny a claim, the claimant/beneficiary, or someone acting on his or her behalf, can appeal the decision. Appeals must be submitted in writing and include the reason we should reconsider the claim decision. The person asking for the appeal also can submit additional documents or information relevant to the claim. For some benefit types, there may be a limit to the time allowed for filing an appeal. See the contract for important details on appealing a denied claim. Send appeal letters to: Disability Claims Service Center Attn: Appeal Coordinator P.O Box 2717 Portland, OR 97208-9830
Submitting a Long-Term Disability Insurance Claim	Follow the steps below to submit a Long-Term Disability claim online. **Step** | **Action** 1 | Click the **Claims Administration** icon.

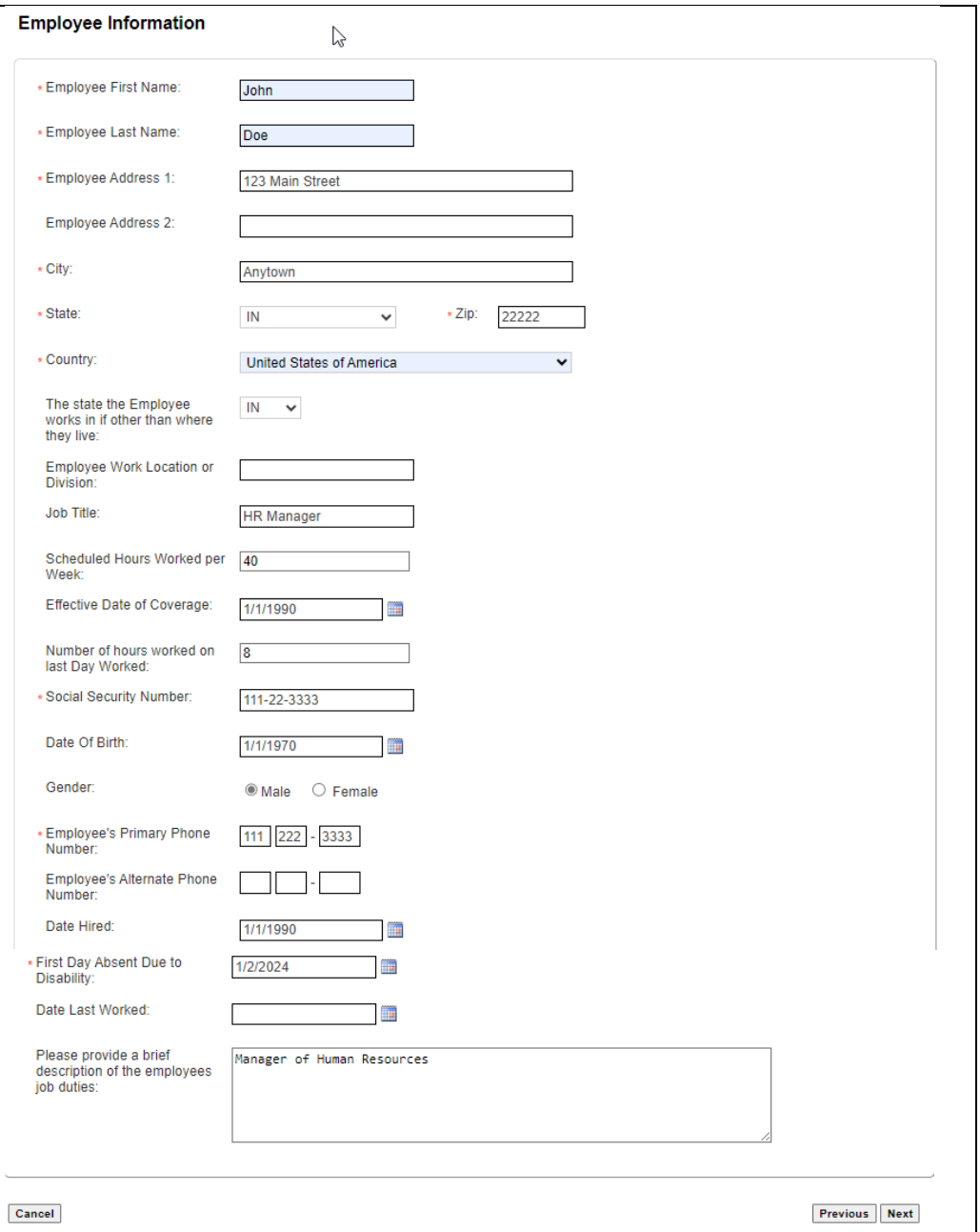
Submitting a Long-Term Disability Insurance Claim, continued

Step	Action
2	Click the **Submit a Claim Online** option. 
3	Select Long-Term Disability from the **Type of Claim** drop-down menu and enter the required information in each field and click **Next**. 

Submitting a Long-Term Disability Insurance Claim, continued

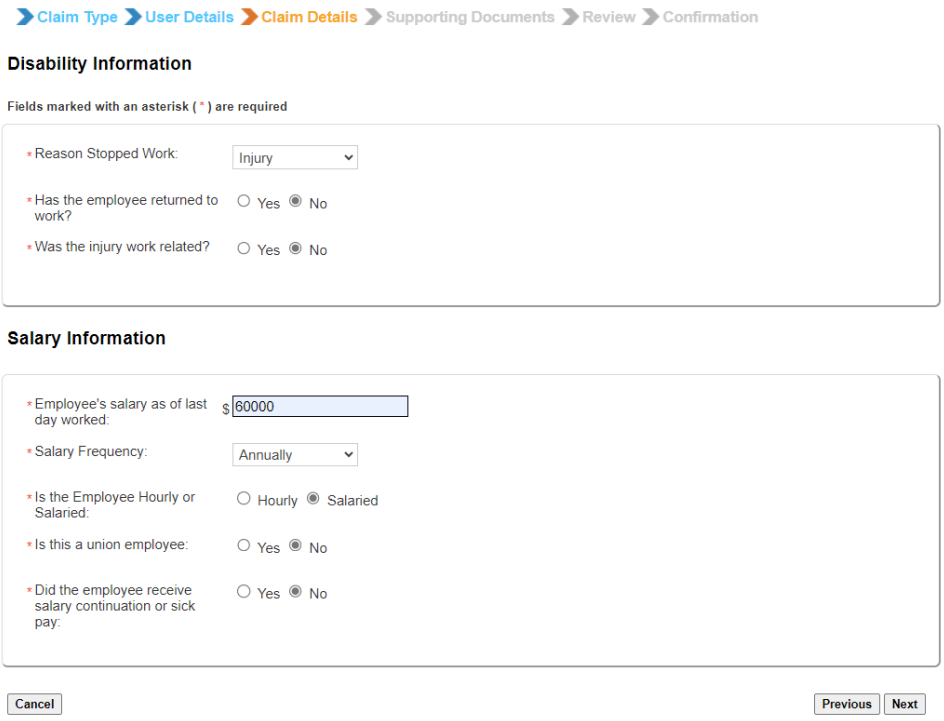
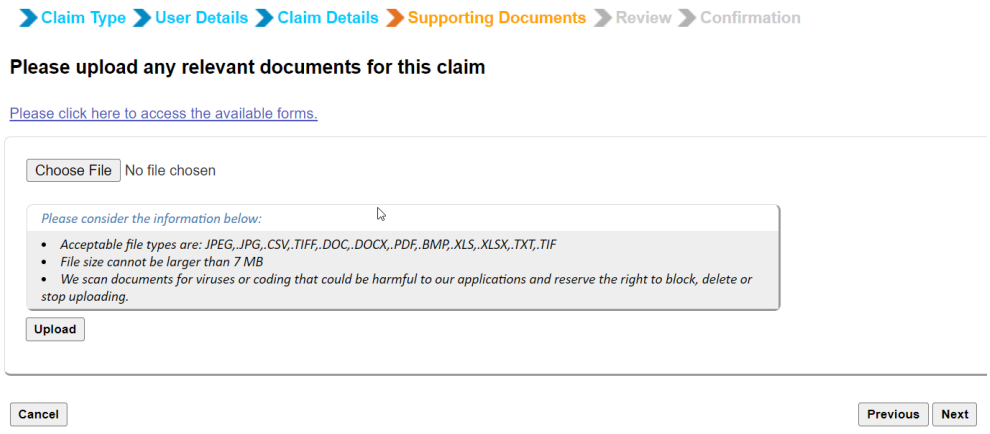
Step	Action
4	Select the *Authorization for Automatic Deposit(s) Form, Attending Physician's Statement, Individual Authorization Form, Reimbursement Agreement* and *Communication Consent* to get access to the fillable PDFs of the forms and click **Continue**. 
5	Enter the employer and employee contact information in the applicable fields and click **Next**. 

Submitting a Long-Term Disability Insurance Claim, continued

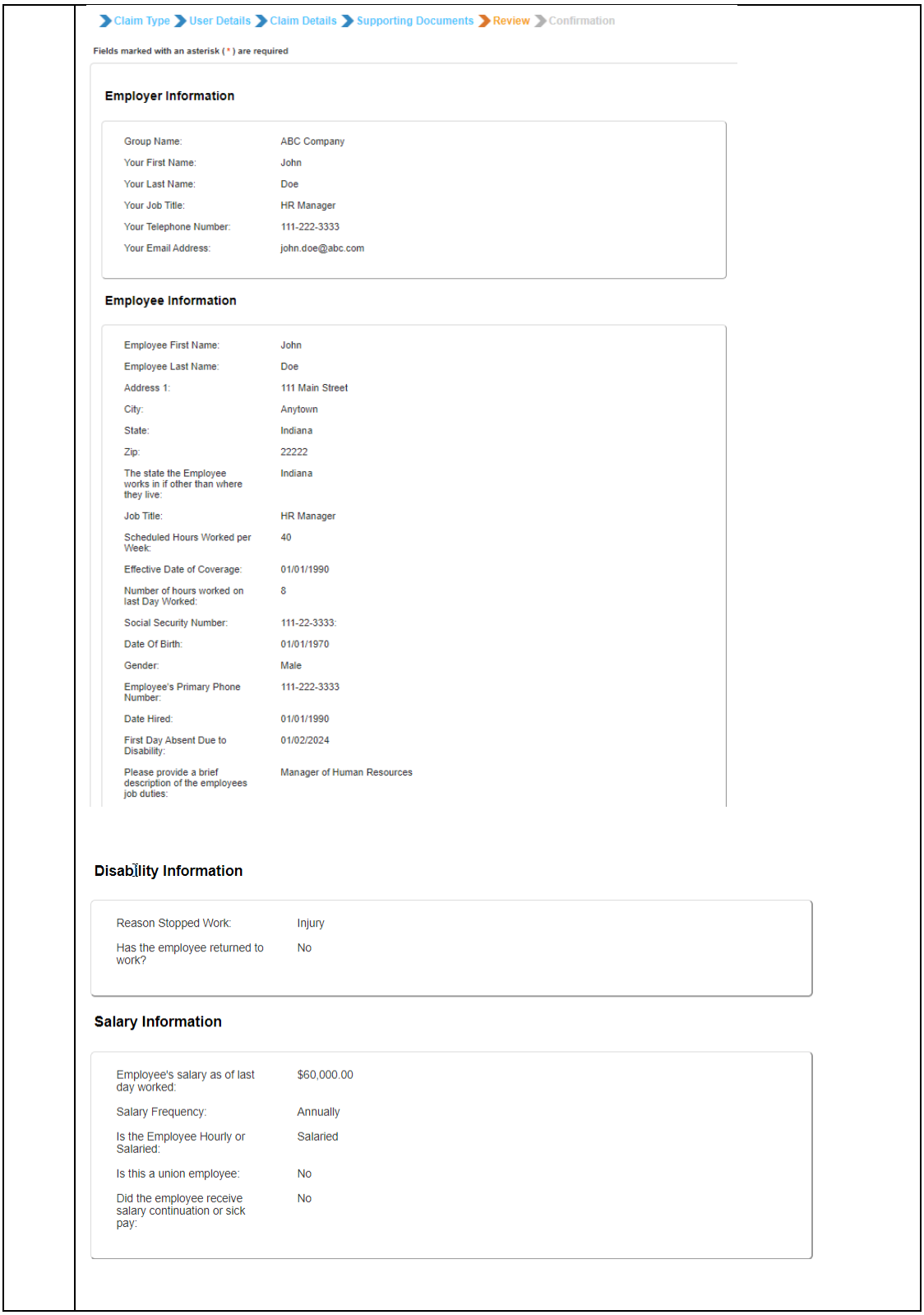


Note: Fields marked with an asterisk (*) are required.

Submitting a Long-Term Disability Insurance Claim, continued

Step	Action
6	Enter the disability information in the applicable fields.  Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation **Disability Information** Fields marked with an asterisk (*) are required * Reason Stopped Work: Injury * Has the employee returned to work? Yes No * Was the injury work related? Yes No **Salary Information** * Employee's salary as of last day worked: $ 60000 * Salary Frequency: Annually * Is the Employee Hourly or Salaried: Hourly Salaried * Is this a union employee: Yes No * Did the employee receive salary continuation or sick pay: Yes No Cancel Previous Next **Note:** Fields marked with an asterisk (*) are required.
7	If you have completed forms, click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Next**.  Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation **Please upload any relevant documents for this claim** Please click here to access the available forms. Choose File No file chosen *Please consider the information below:* • *Acceptable file types are: JPEG,.JPG,.CSV,.TIFF,.DOC,.DOCX,.PDF,.BMP,.XLS,.XLSX,.TXT,.TIF* • *File size cannot be larger than 7 MB* • *We scan documents for viruses or coding that could be harmful to our applications and reserve the right to block, delete or stop uploading.* Upload Cancel Previous Next
8	Review the information you entered and check the box to acknowledge that you have read and agree to the legal statement. If you want to receive a confirmation email, enter your email address in the applicable fields and click **Submit**.

Submitting a Long-Term Disability Insurance Claim, continued



Claim Type › User Details › Claim Details › Supporting Documents › Review › Confirmation

Fields marked with an asterisk (*) are required

Employer Information

Group Name:	ABC Company
Your First Name:	John
Your Last Name:	Doe
Your Job Title:	HR Manager
Your Telephone Number:	111-222-3333
Your Email Address:	john.doe@abc.com

Employee Information

Employee First Name:	John
Employee Last Name:	Doe
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
The state the Employee works in if other than where they live:	Indiana
Job Title:	HR Manager
Scheduled Hours Worked per Week:	40
Effective Date of Coverage:	01/01/1990
Number of hours worked on last Day Worked:	8
Social Security Number:	111-22-3333:
Date Of Birth:	01/01/1970
Gender:	Male
Employee's Primary Phone Number:	111-222-3333
Date Hired:	01/01/1990
First Day Absent Due to Disability:	01/02/2024
Please provide a brief description of the employees job duties:	Manager of Human Resources

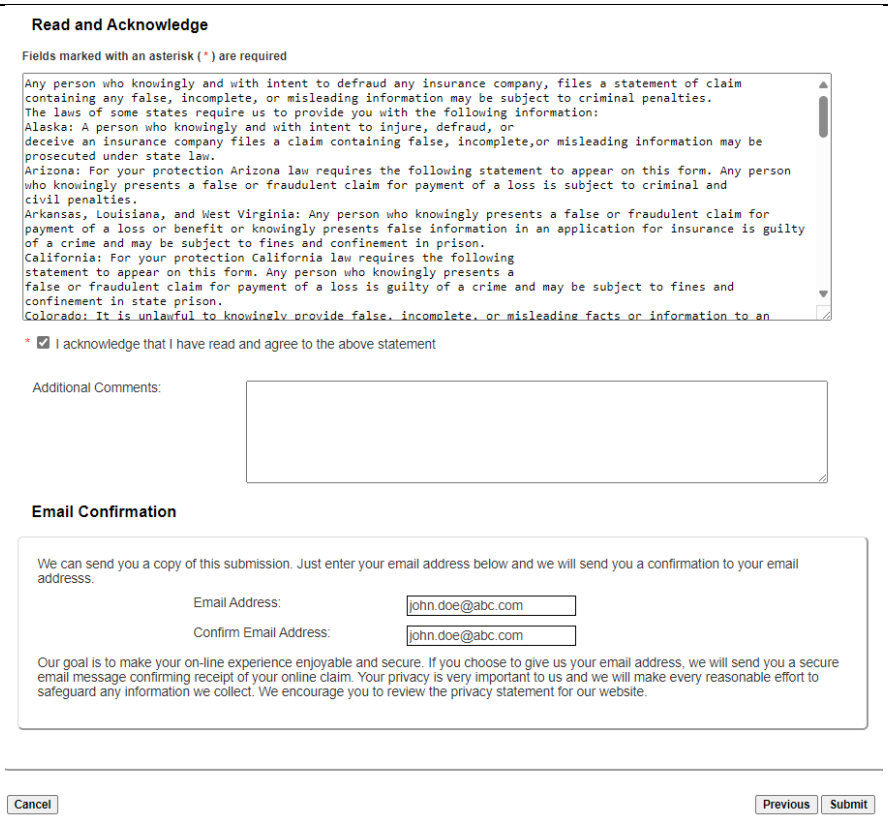
Disability Information

Reason Stopped Work:	Injury
Has the employee returned to work?	No

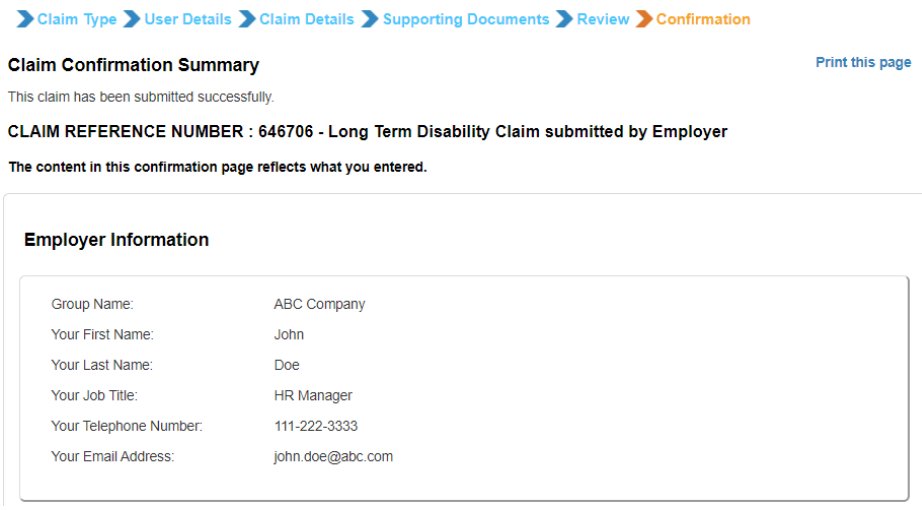
Salary Information

Employee's salary as of last day worked:	$60,000.00
Salary Frequency:	Annually
Is the Employee Hourly or Salaried:	Salaried
Is this a union employee:	No
Did the employee receive salary continuation or sick pay:	No

Submitting a Long-Term Disability Insurance Claim, continued



9 After the claim has been submitted, you'll receive a confirmation summary showing all the information entered.



Submitting a Long-Term Disability Insurance Claim, continued

Employee Information

Employee First Name:	John
Employee Last Name:	Doe
Address 1:	111 Main Street
City:	Anytown
State:	Indiana
Zip:	22222
The state the Employee works in if other than where they live:	Indiana
Job Title:	HR Manager
Scheduled Hours Worked per Week:	40
Effective Date of Coverage:	01/01/1990
Number of hours worked on last Day Worked:	8
Social Security Number:	111-22-3333:
Date Of Birth:	01/01/1970
Gender:	Male
Employee's Primary Phone Number:	111-222-3333
Date Hired:	01/01/1990
First Day Absent Due to Disability:	01/02/2024
Please provide a brief description of the employees job duties:	Manager of Human Resources

Disability Information

Reason Stopped Work:	Injury
Has the employee returned to work?	No

Salary Information

Employee's salary as of last day worked:	$60,000.00
Salary Frequency:	Annually
Is the Employee Hourly or Salaried:	Salaried
Is this a union employee:	No
Did the employee receive salary continuation or sick pay:	No

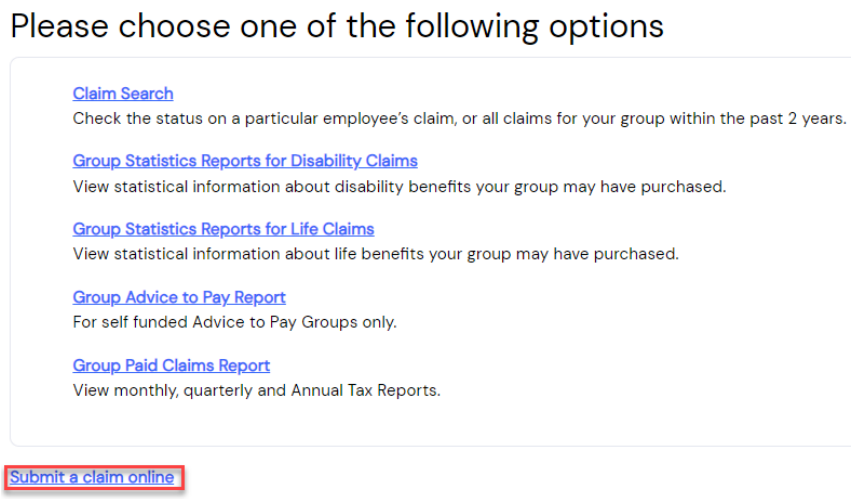
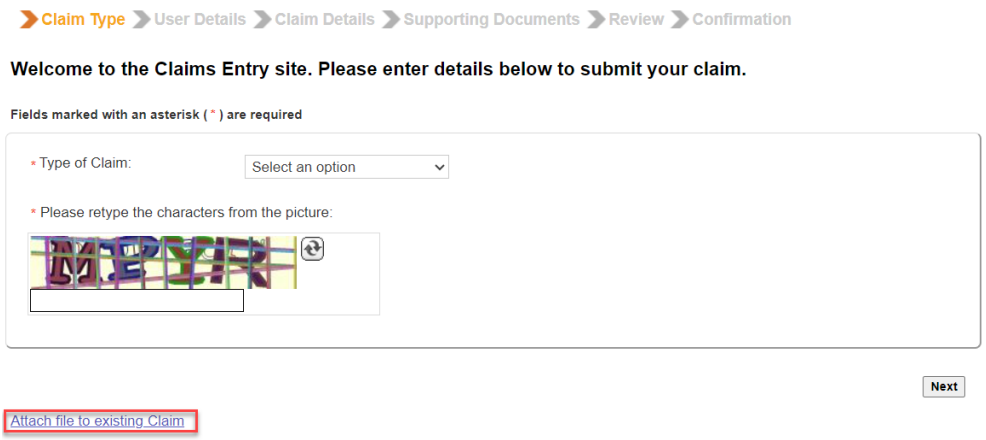
A representative from our office will be contacting you if any additional information is needed for your claim.

Failure to respond to our request for information may cause a delay in claim processing.

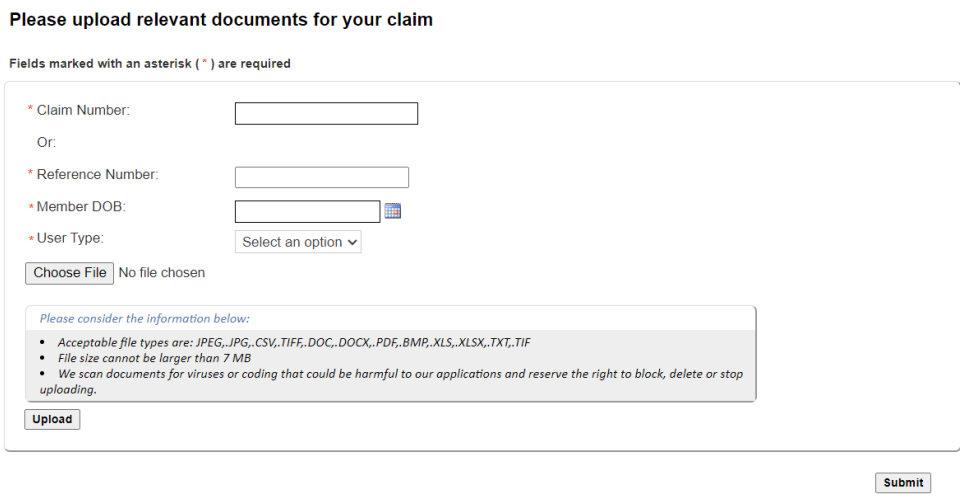
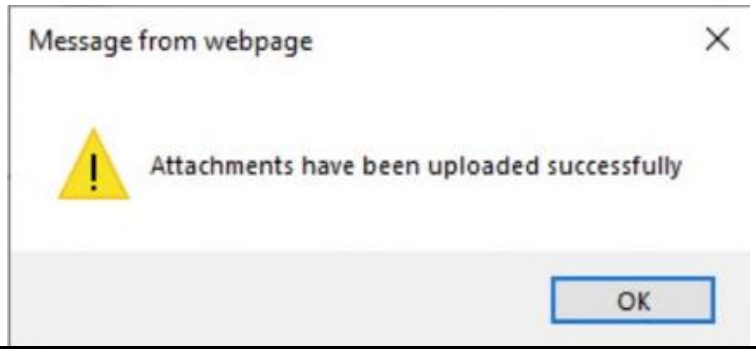
Note: If you entered an email address on the previous screen, you'll also receive a confirmation summary by email.

Attaching Documents to an Existing Online Insurance Claim

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Attaching Documents to an Existing Online Insurance Claim Overview	Compassi allows you to add additional information to an existing claim that's been filed. You must wait 24 hours after you submitted the claim online to attach additional documents.
Attaching Documents to an Existing Online Insurance Claim	Follow the steps below to attach documents to an existing online claim.

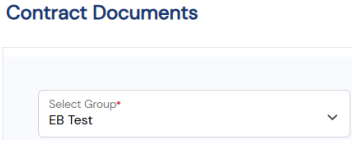
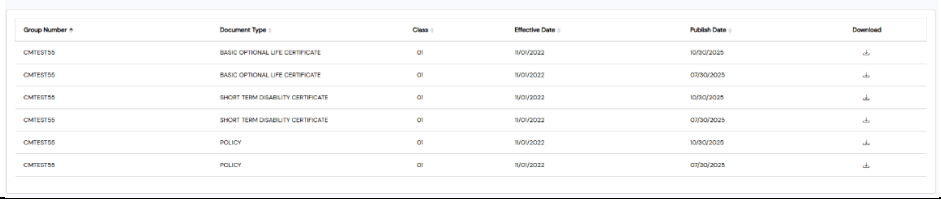
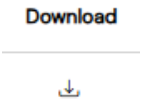
Step	Action
1	Click the **Claims Administration** icon.
2	Click the **Submit a Claim Online** option. 
3	Click **Attach file to existing Claim**. 

Attaching Documents to an Existing Online Insurance Claim, continued

4	Enter the applicable search criteria and select the User Type. Click **Choose File** to locate the document and click **Upload**. Once the documents have been attached, click **Submit**.  **Note:** Fields marked with an asterisk (*) are required.
5	You will receive confirmation that the documents were uploaded successfully. Click **OK**. 

Contract Documents

Full Access	This section is available to users with full Compassi access.
Limited Access	This section is available to users with limited Compassi access.
Contract Documents Overview	The Contract Documents section provides the ability to download copies of policies and certificates. If you are unable to locate a specific policy or certificate for download or if you notice a discrepancy, please submit your request to the Client Success Team at ClientSuccessTeam@standard.com.
Downloading Policies and Certificates	Follow the steps below to locate copies of policies and certificates.

Step	Action
1	Click the **Contract Documents** icon.
2	Do you have access to multiple groups? • If ***yes***, select the desired group from the Select Group drop-down and continue. • If ***no***, continue.  **Result**: The Contract Documents screen will display the policies and certificates available for download. 
3	Select the desired policy/certificate you want to download and click the **Download** icon. 
4	Open the exported document from the recent downloads from the internet browser. 