

Frequently Asked Questions About Filing A Short Term Disability Claim

The following questions and answers will help you file a Short Term Disability (STD) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

When Should I Report A Claim?

Report a claim as soon as you believe you will be absent from work beyond 7 calendar days due to sickness, or right away if the claim is for an accident. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you proceed with filing a claim right away. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

When Should I Report Catastrophic Leave?

During the life of your claim, please remember that it is your responsibility to notify The Standard if you have applied for, plan to apply for, or are receiving Catastrophic Leave from the County of Orange.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 833.786.5639.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement²
- Attending Physician's Statement (APS)³
- Authorization to Obtain and Release Information

When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: **County of Orange**
- Group Policy number: **639024**
- Name and Social Security number
- Last day you were at work
- Nature of claim/medical information
- Physician's contact information (**name, address, phone and fax number**)³

What Are The Hours Of Operation For The Claim Intake Service Center?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 5:00 a.m. through 5:00 p.m., Pacific Time.

How Long Does It Normally Take To Make A Claim Decision?

Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with additional details.

How Will I Be Notified When There Is A Decision On My Claim?

Detailed claim communications will be sent to you by mail. You will also have the option to sign up to receive text message alerts. If you sign up, you will receive one-way text messages when The Standard receives key documents and when there are certain changes to your claim status.

How Do I Sign Up To Receive Text Messages?

Text STATUS to 53284 and you will be enrolled.

Frequency and number of messages will vary based on the claim. Message and data rates may apply. Please visit www.standard.com/SMS for our terms and conditions and to review our Privacy Notice. You can text STOP to 53284 at any time to unsubscribe.

If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Check?

After the Benefit Waiting Period as outlined in your group policy is served, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, 833.786.5639. If you are looking for general information, please contact your benefits administrator.

Who Is Responsible For Notifying County of Orange Of My Absence?

It is your responsibility to follow your employer's absence reporting procedures by notifying your manager or supervisor of your absence.

- ¹ If you file by telephone your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.
- ² The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.
- ³ The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion and will make up to three follow up attempts to obtain a completed APS from your doctor. We encourage you to contact your doctor and ask for their assistance in completing the APS on your behalf.