

Frequently Asked Questions About Filing A Long Term Disability Claim

The following questions and answers will help you file a Long Term Disability (LTD) 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 the longer of (a) 60 calendar days, or (b) the period you elect to receive paid leave. Members of a Smallpox Response Team whose disability is caused by vaccination of the member for smallpox may report a claim as soon as you believe you will be absent from work beyond 60 calendar days. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. 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.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 855.757.4713.

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 Sonoma
- Group Policy number: 642191
- 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)

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.

Where Do I Send The Completed Forms?

Completed forms, including the Attending Physician Statement and Authorization to Obtain Information, may be mailed to:

Standard Insurance Company
P.O. Box 2800
Portland, OR 97208

Or if you prefer, you may fax completed forms to our office at 800.378.6053.

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.

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

After the Benefit Waiting Period outlined in your group policy is served, LTD benefit payments are paid in arrears on a monthly basis based on your date of disability. LTD Benefit payments that are payable for retroactive claims will be paid immediately following claim approval. Your checks may be mailed directly to the address provided on your Employee's Statement¹ or you may elect Electronic Funds Transfer (EFT) to your bank account. Your Standard Benefits Analyst will provide you additional information regarding this option when you are notified of your claim approval.

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, 855.757.4713. If you are looking for general information, please contact your Payroll Clerk.

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

It is your responsibility to follow the normal County of Sonoma 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 You are responsible for obtaining and returning the completed Attending Physician Statement.