

Short Term Disability Claim Filing

New Claims Submission		Mail / Email / Text
URL:	STD Claim Form	Standard Insurance Company
FAX:	800.378.6053	Employee Benefits Department
Phone:	800.368.2859	PO Box 2800 Portland, OR 97208
Email Submission Options:		STDForms@standard.com (unsecured email)
		SecureSTDForms@standard.com (secured email)
Employer statement may be submitted online:		https://login.standard.com
Claim Status Text Alerts (outgoing only):		Get text alerts on the status of your claim or leave. Text STATUS to 53284 to Opt In.
Personal Health Advocate (assistance with your healthcare needs):		Health Advocate Select Flyer

STD Process

Intake:

1. **Employee** - Completes Employee's Statement provided by employer, or files claim online at Standard.com, submits forms to The Standard then receives confirmation and provides Attending Physician's Statement to the doctor treating them.
Employee is encouraged to sign up for text alerts.
2. **Employer** - Completes the Employer's Statement via paper claim form or online and can check claim status online on Reports Online
3. **Doctor** - Completes and submits Attending Physician's Statement form received from the employee

Review: Once all relevant information is received, a qualitative review is performed within 1 day and decision typically within 3-5 days, in total. The STD Benefits Analyst will review the Employer's Statement, Employee Statement, Attending Physician's Statement and other documentation related to the claim. Our clinical team of Nurse Case Managers and Vocational Case Managers are available to assist the Claims Examiner in determining a claim's complexity and making the appropriate decision. The Examiner may contact the relevant party to request additional medical information or documents such as a detailed job description before a claim decision is made.

Communicate: Our goal is to keep everyone well-informed throughout the process.

1. **Employer** - Claim decision status and payment information available electronically through Reports Online and the employer will also receive written correspondence with an explanation of the claim decision.
2. **Employee** - The Standard will send a letter with the claim decision, approved through dates and a customized explanation. Employees can also opt-in to receive updates by text message.

Value-Added Service

Health Advocacy Select (available to employees who are out on an STD claim with Standard) <https://www.standard.com/eforms/18390.pdf>

When employees are receiving disability benefits, we can help them navigate the health care system with Health Advocacy Select, a service provided through a partnership with Health Advocate, a leading health assistance and support company. This highly personalized service offers employees a dedicated personal health advocate who can assist with a wide range of health care issues, from medical paperwork to scheduling appointments and getting second opinions.

Long Term Disability Claim Filing

New Claims Submission		US Mail / Text
URL:	LTD Claim Form	Standard Insurance Company Employee Benefits Department PO Box 2800 Portland, OR 97208
FAX:	971.321.8400	
Phone:	800.368.1135	
Employer statement may be submitted online:		https://login.standard.com
Claim Status Text Alerts (outgoing only):		Get text alerts on the status of your claim or leave. Text STATUS to 53284 to Opt In.
Workplace Possibilities (return to work assistance):		Workplace Possibilities Flyer

LTD Process

Once our LTD Intake team receives the claim, an analyst will be assigned. The LTD Benefits Analyst will conduct a thorough review within 7 days of assignment to make a decision to approve, deny or pend. Behavioral Health claims are sent directly to a Behavioral Health Case Manager.

Review - The LTD Benefits Analyst will review the Employer's Statement, Employee Statement, Attending Physician's Statement and medical records along with any other documentation related to the claim. Our clinical team of Nurse Case Managers and Vocational Case Managers is available to assist the LTD Analyst in determining functional capacity of the employee, whether additional medical information is needed and reach out to treating providers. The LTD Analyst may contact the relevant party to request additional medical information or documents such as a detailed job description before a claim decision is made.

Communicate - Our goal is to keep everyone well-informed throughout the process.

- If Pended - Needed information requested directly by The Standard and status letters sent to the employee every 15 days.
- If Approved - Employee is notified by letter and by phone and Employer is notified by letter and via Reports Online. Claim management plan is based on expected outcome and validated using our proprietary claim analytics application. If the employee has Life Insurance with Standard, Life Waiver of Premium claim process automatically initiated.
- If Denied - Employee is notified by detailed letter, including process for requesting a review, and Employer is notified by letter and via Reports Online of general reason for denial.

Ongoing Claim Management - We use a predictive claim analytics tool to ensure that we apply resources to the right claims to facilitate a quicker return to work.

- Recovery Expected - We help employees stay motivated and on track to return to work.
- Recovery with Assistance - We focus on how we can assist employees who are motivated to return with accommodations.
- Recovery Not Expected - We offer compassionate support – including assistance with Social Security application – for those transitioning out of the workforce.

Value Added Services

WorkPlace Possibilities (available to employees enrolled in LTD coverage)

Our Workplace Possibilities Program can provide assistance to your covered employees who are struggling to perform essential job duties because of a medical condition to avoid disability, or to employees who are off work on a medical leave or disability claim and need help to return to work.

Your policy includes the Reasonable Accommodation Expense benefit of up to \$25,000. This provision funds the services of a consultant (a medical or vocational professional) to evaluate and help overcome the barriers caused by the medical limitations. It also allows us to provide adaptive equipment the employee might need in order to work productively and safely.

Here are links to the forms you will use to refer employees to WorkPlace Possibilities for assistance:

1. Click [here](#) for the Stay at Work referral form. Send this to WPP@Standard.com to request services. If in doubt about whether to refer, go ahead and refer. We will investigate and determine if services are appropriate.
2. Click [here](#) for the Stay-At-Work Medical Information Request. You will give this to the employee to fill out the top part and give to their medical provider, who fills out the rest and faxes to us.
3. Click [here](#) for the Authorization to Obtain and Release Health Information form that you will give to the employee to sign and fax to us. We use this to obtain additional information as needed.

Once WPP receives the forms, they will review the medical information to make sure they have what is needed, reach out to the employee and keep you updated.

Learn more about our Workplace Possibilities Program [here](#).

Employee Assistance Program (available to employees enrolled in LTD coverage and their immediate family members) <http://www.standard.com/eforms/17201.pdf>

The Employee Assistance Program (EAP) can help employees and managers resolve personal and workplace issues. The EAP provides 24/7 support from masters-degreed clinicians by phone, online, live chat, email and text. Employees and family members can receive referrals to support groups, a network counselor, community resources and face-to-face counseling sessions. EAP services can help with depression, family issues, life improvement, addictions, financial concerns, workplace conflicts and more. The EAP can also be connected to your health plan and other benefits you offer. This service is offered through a vendor not affiliated with The Standard.

Life Claim Filing

Here is the [Life claim packet](#) with sections for the employer and beneficiary to complete. You'll find the Life claims phone number and address on the top of the first page along with application instructions. Other key contact information:

Fax number: 971.321.5836 | Email: lifepro@standard.com.

You can send items separately, and we will accept a certified copy of the death certificate.

Please also see the [Life Services Toolkit](#), which assists with the loss of a loved one. Please share this with the beneficiary and family.