



Frequently Asked Questions About Filing a Short Term Disability Claim

The following questions and answers will guide you in assisting your members in filing a claim with Standard Insurance Company (The Standard) should they become disabled. The steps outlined below will enable your members to access our efficient claims services quickly and easily.

When should the member report a Short Term Disability (STD) claim?

Members may report the claim as soon as they believe their absence from work may extend beyond seven calendar days or the end of their sick leave under your Employer's sick leave program. Members may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or a scheduled surgery.

How does a member initiate the claim process?

After the member contacts you, provide the STD claim packet to the member to complete. Instructions on how to complete the packet are found on page one of the packet. You may access the customized Transport Workers Union of America (TWU) STD claim packet within AdminEASESM or at www.standard.com/eforms/2047rco_646888.pdf

Does the Employer have to provide information?

Yes. The Employer's Statement should be completed and mailed or faxed to The Standard Benefit Administrators, before giving the claim packet to the member.

What part of the claim packet does the member complete?

The member is responsible for completing and signing the Employee Statement and Authorization. The member is also responsible for having the treating physician complete the Attending Physician's Statement. The physician may return the completed form to the member to send to The Standard with the other completed forms, or the physician may mail or fax the completed form to us directly.

What documentation does the member have to provide?

If the member receives overtime pay, they will need to provide The Standard with copies of their payroll documentation from the 52 weeks prior to the disability date. This documentation is necessary to calculate the STD benefit payment.

Where do members send the completed STD claim packet?

Completed forms may be mailed to:

The Standard Benefit Administrators
P.O. Box 5031
White Plains NY 10602-5031

You may also fax completed forms to our office. Our toll-free fax number is 800-378-8361.

How long does it normally take for a claim decision?

Once The Standard receives a completed claim application, it will take approximately one week to make a claim decision. If we have not made a decision within one week, the member will be notified with details.

If the STD claim for benefits is approved, how long will it take for members to receive their first check?

STD benefit payments are paid in arrears on a weekly basis. In most cases, STD 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 the member's residence.

Whom should members call with questions about my claim?

For general questions about a claim, please call The Standard's toll-free Disability Benefits number, 800-426-4332. A knowledgeable customer service benefits examiner will be happy to assist you.

Where can members get additional information about the STD plan?

If members would like additional information regarding your STD Insurance plan please email them the following links:

Short Term Disability Benefit Coverage Highlights
www.standard.com/eforms/12503_646888.pdf

Group Voluntary STD Insurance Booklet:
www.standard.com/eforms/10388_646888.pdf