

Frequently Asked Questions About Filing A Disability Claim

The following questions and answers will help you file a Disability 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 30 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 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.

How Do I File A Claim?

To file a claim online, go to www.standard.com and click on "File a Claim" to begin the claim process. Instructions will be provided through the entire claim submission process.

To file a paper claim, go to www.standard.com, click on "Find a Form" and select **Long Term Disability Claim Packet (Outside NY)**. The form can be downloaded, completed and printed.

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement
- Attending Physician's Statement (APS)
- Authorization to Obtain and Release Information
- Agreement to Reimburse
- W-4

Please note: The Agreement to Reimburse and W-4 will be provided by your employer.

Where Do I Send The Completed Forms?

Completed forms 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 971.321.8400.

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, Agreement to Reimburse, W-4 and Authorization to Obtain and Release Information, within seven business days, your Benefits Analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions. The employer's statement will be submitted by your employer.

How Much Is The Maximum Amount Of Benefits?

The LTD Plan pays 60% of your Predisability Earnings on a monthly basis with a maximum benefit depending on your plan selection as outlined below:

- a) **If I did not elect the buy-up?** – For both Peace Officer Association Members and all other members, the maximum monthly benefit amount of LTD benefits with the basic plan is \$2,000.00 per month
- b) **If I chose the buy-up?** This would depend on your employee classification as outlined below:
 - Peace Officer Association Members - \$6,020.00 per month
 - All other members - \$5,000.00 per month
 - i. Example: If your base pay is \$4,000 per month the base plan would pay at a maximum of \$2,000 a month. If you chose the buy up your benefit would be \$2,400 per month.

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, LTD benefit payments are paid on the first of the month in arrears following your date of disability. LTD benefit payments are paid on a monthly basis. LTD benefit payments that are payable for retroactive claims will be mailed immediately following claim approval. LTD checks will be mailed directly to your residence.

For example, if your benefit effective date is April 15th, your first LTD benefit payment would be due to you by May 1st to cover April 15th through April 30th. Thereafter, LTD benefit payments would be due to you by the first of the month covering the prior 30 day period.

Will There Be An Explanation Of Benefits With My Payments?

With each monthly benefit payment there will be an accompanying explanation of benefits which details the time period the payment covers as well as any adjustments or deductions applicable to the benefit payment.

What Happens If My Disability Extends Beyond The First 180 Day Self-Funded Period?

If your disability extends beyond the first 180 day self-funded period, you will receive a letter explaining the transition to the insured group policy. The letter will explain the difference in the taxation of your benefits as well as providing you the option to receive your disability checks through Electronic Funds Transfer (EFT). You do not need to file a new application for disability benefits after the first 180 day self-funded period. If additional information is needed on your claim, your Benefits Analyst will contact you.

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, 800.368.1135. If you are looking for general information, please contact your benefits administrator.

When Can I Expect a Return Call?

If you leave a message for your LTD analyst you can expect a return call within four business hours.

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

It is your responsibility to follow the normal County of Clackamas absence reporting procedures by notifying your manager or supervisor of your absence.

¹ If you file online, your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.