



What to Expect With Your Short Term Disability Claim

Here's a quick overview of how to start a Short Term Disability claim with The Standard[‡] and what you can expect. Review the steps below to make sure you're providing all the right documents. You'll also see answers to questions you may have.

Submit Your Claim

What You Should Know

To begin our claim review, we'll need the three completed documents below. Depending on your employer's policy with us, we may reach out to your employer or doctor to gather them. However, you are responsible for making sure we receive all three completed forms.

1. **Employee Statement** — Your description of why you're unable to work and physician information.
2. **Employer's Statement** — Your employer provides required information for your claim, including financial, Short Term Disability insurance coverage information and relevant dates.
3. **Doctor's Statement (Attending Physician's Statement)** — Asks your physician to provide summary medical information to support medical reasons why you're unable to work. Your doctor can be your general physician, surgeon, psychiatrist, etc. If more than one doctor is needed to support your disabling condition(s), each physician must complete a form.

Our Evaluation and Decision

What to Expect

- Once we receive the completed claim forms, you can expect us to send a letter within five business days to let you know a decision on your claim or if more time or information is needed to complete our review.
- We'll contact you if we need more information.
- We'll communicate claim decisions in a letter via regular mail. You'll also get a text status alert for an approved claim.

[‡] The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of White Plains, New York.



Q&A

Q. Which of my doctors should complete the Attending Physician's Statement?

A. Talk to your doctors about who is best to complete the claim form. If more than one doctor is treating you for disabling conditions, we may need a completed form for each condition.

Q. Do I need to send the Employer's Statement to my employer?

A. No, your employer already has a copy of the Employer's Statement to complete. Make sure to let your employer know you are applying for benefits, so they know to submit the Employer's Statement to us. Depending on your employer's process with us, we may reach out to them for needed information.

Q. What number can my doctor fax information to?

A. Physicians may fax or mail information to the number and address at the top of the Attending Physician's Statement. Or they can return completed forms to you to send us with your other forms.

Q. Can I email my Employee Statement or other information to The Standard?

A. No. You can only send forms or other documents to us by fax or mail.



Benefit Payment

What You Should Know

- Short Term Disability payments are paid weekly. We print checks on Tuesdays and mail them on Wednesdays, for the prior week. When retroactive funds are due, they are typically issued the next business day. Postal Service holiday closures may delay mailing of some checks.
- Checks may be prorated based on the number of days disabled in a weekly period.

Close or Extend

What to Expect

- You'll receive a letter after every claim decision explaining your claim closure date.
- Our letter will include instructions on how to request a claim extension if you remain disabled after this closure date and the maximum benefit period has not been met.
- You may receive a text message five days before your claim closure date.
- You'll get a text status alert when we receive updated documents and your extension request is approved.

Need more help? Please check with your human resources department. Or you can contact The Standard's claims team at the number on the claim forms.

Q&A

Q. How will I know if The Standard received the required information or has an update on my claim?

A. You'll get periodic text status updates to let you know what information is still needed for your claim and when we have all three required forms. You will also receive status letters from us. And you can call our automated 24-hour customer support center.

Q. Can you review my claim before I stop work?

A. We can accept your reported claim anytime but recommend filing no more than four weeks in advance of date of disability. Please let us know when you're unable to work and we'll begin the review process.

What if my check doesn't match the weekly benefit amount?

If you have questions on the amount of your weekly benefit, review the Explanation of Benefits provided for each benefit payment.

Standard Insurance Company
The Standard Life Insurance Company of New York
standard.com

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