

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 Standard Benefit Administrators is acting as the claims administrator on behalf of Standard Insurance Company. 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 180 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 Benefit Administrators to begin its review and issue a timely payment if appropriate.

How Do I File A Claim?

Please call the Claim Intake Service Center at 203.432.5552, option #4 to file a claim by telephone.

A typical application for disability benefits contains the following documents:

- Employee's Statement
- Employer's Statement¹
- Attending Physician's Statement (APS)²
- 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: **Yale University**
- Group Policy number: **642971**
- 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**)²

What Are The Hours Of Operation For The Claim Intake Service Center?

The Claim Intake Service Center representatives are available to assist you Monday through Friday 8:00 a.m. through 8:00 p.m., Eastern Time.

Will I Receive A Confirmation After I Initiate A Claim?

After initiating an LTD claim, The Standard Benefit Administrators will send you a letter confirming receipt of your claim. In addition, The Standard Benefit Administrators will include our Attending Physician's Statement, Fraud Notices and an Authorization to Obtain and Release Information form for you to sign and return, where applicable. Completed forms may be mailed to:

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

Or if you prefer, you may fax completed forms to our office at 800.378.8361.

How Long Does It Normally Take For A Claim Decision?

Due to the complexity of LTD claims, once The Standard Benefit Administrators receives a completed claim application, it may take up to 60 calendar days to make a claim decision. If we have not made a decision within that time frame, you will be notified with details.

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 in arrears on a monthly basis based on the date of disability and are mailed by The Standard directly to your residence. LTD benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

Who Should I Call With Questions About My Claim?

Please call the Claim Intake Service Center at 203.432.5552, option #4.

Who Is Responsible For Notifying Yale University Of My Absence?

You are responsible to follow the normal Yale University absence reporting procedures by notifying your manager or supervisor of your absence. If you haven't already, you will also need to submit a request for leave of absence. Please contact the Claim Intake Service Center at 203.432.5552, option #4 with questions and how to apply. If you are eligible for FMLA, such leave time will run concurrently with Long Term Disability.

¹ The Standard Benefit Administrators will contact your Employer to obtain the information necessary on the Employer's Statement.

² It is your responsibility to provide the Attending Physician Statement to your treating physician to complete and fax back to The Standard Benefit Administrators.