

Frequently Asked Questions About Filing A Waiver of Premium or Accelerated Benefit Claim

The following questions and answers will help you file a Waiver of Premium or Accelerated Benefit 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 for Waiver of Premium?

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 to begin its review. If you already have a Short Term Disability claim with The Standard, you do not need to apply. Your Life Waiver will automatically be reviewed.

For Accelerated Benefits, apply as soon as you determine you want to access your Life insurance and you have been diagnosed as terminally ill.

How Do I File A Claim?

To file a claim online, go to <u>www.standard.com</u> and click on "File a Group Insurance Claim" on the lower right side of the screen to begin the claim process. Instructions will be provided through the entire claim submission process.

To file a claim by telephone, contact The Standard's Contact Center at 800.628.8600. Representatives are available 6:00 am – 5:00 pm Pacific Time. Let them know you are calling to file a claim under the County of San Mateo Group Insurance Policy.

To file a paper claim, go to www.standard.com to download, complete and print a claim packet.

A typical application for Waiver of Premium or Accelerated Benefits contains the following documents:

- Employee's Statement
- Employer's Statement (Note: your employer will send their portion of your claim separately.)
- Attending Physician's Statement (APS) You must give this application to your doctor.
- Authorization to Obtain and Release Information

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 888.414.0389, Attention Waiver of Premium Dept.

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 and Authorization to Obtain and Release Information, it will take approximately 30 days to make a Waiver of Premium claim decision. If we have not made a decision within that time, you will be notified with additional details.

Accelerated Benefit claims take approximately one week from the date all information is received.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Waiver of Premium toll-free number, 800.628.8600.