

Frequently asked questions about disability services provided through The Standard

The following questions and answers will help you identify the disability services available through Standard Insurance Company (The Standard) and assist you in making an informed decision if you have a medical condition that is making it difficult to work.

Are worksite accommodations available?

There are two different approaches to the Workplace Possibilities Program which provide worksite accommodations. To be evaluated for potential accommodations you must be an insured member under PEBA's Long Term Disability Plan with The Standard:

- **Stay At Work:** *Employee has a diagnosis and is undergoing treatment for limitations and restrictions that are impacting their ability to perform their essential job functions.*
- **Return To Work:** *Employee is currently on a long term disability claim.*

How is a request for Workplace Possibilities initiated?

Contact your benefits administrator. They will notify The Standard to start the initial process.

What is required for stay-at-work assistance?

The Standard will need medical records that include reference to the specific condition (or diagnosis); objective findings and treatment; and associated limitations and restrictions that impact the employee's ability to perform essential job duties. We will also need contact information for the medical provider(s) treating this condition within the last year. The employee will need to sign an Authorization to Obtain and Release Health Information form so we can contact the medical provider(s) if clarification, additional documentation or approval of accommodations is needed.

If an employee applies for stay-at-work is this considered a disability claim?

No. This is not considered a disability claim.

If equipment is purchased will it be the employee's to keep or to take to another employer?

We encourage you to discuss this directly with your benefits administrator. The Standard does not own or maintain the equipment provided to you through the Reasonable Accommodation Expense provision. However, medical devices and aids such as prosthetic devices, hearing aids, and wheelchairs (Exempted Aids and Devices) are your property. The Standard will not approve duplicative Reasonable Accommodation Expense benefit claims for the same person.

When should I report a long term disability claim?

Report a claim as soon as you believe you will be absent from work beyond 90 calendar days. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest you file your claim. This offers you some peace of mind and allows The Standard to begin its review and issue a timely payment if appropriate.

How do I file a claim?

To file a paper claim, go to www.standard.com/eforms/3379_627284_621144.pdf to download, complete and print a claim packet.

A typical application for disability benefits contains the following documents:

- *Employee's Statement*
- *Employer's Statement*¹
- *Attending Physician's Statement*²
- *Authorization to Obtain and Release Information*

Is there an age limit for filing long term disability claims?

The short answer is no. However, age can have an impact on the length of time you are eligible to receive long term disability benefits, which is known as the maximum benefit period. Both the Basic Long Term Disability and Supplemental Long Term Disability Plans limit the maximum amount of time you can be eligible for benefits depending on your age as of the date you become disabled. The maximum benefit period becomes shorter as initial disability age increases. Contact your benefits administrator for additional details.

When I submit 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:

- Policyholder name: State of South Carolina
- 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)

Where do I send the completed forms?

Mail completed forms to:

Standard Insurance Company
P.O. Box 2800
Portland, OR 97208

Or if you prefer, you may fax completed forms to The Standard at 800.473.0961.

What can I expect after I submit the completed forms?

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*, a benefits analyst from The Standard will contact you to discuss any additional information that may be necessary to process your claim and to answer any of your questions.

¹ It is your responsibility to provide the Employer's Statement to your employer to complete and return to The Standard.

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

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 has passed, long term disability benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence. Long term disability benefit payments payable for retroactive claims will be paid immediately following claim approval.

Who should I call with questions about my claim?

If you have already filed a claim, please call The Standard's disability benefits department at 800.628.9696. If you are looking for general information, please contact your benefits administrator.

Who is responsible for notifying my employer of my absence?

It is your responsibility to follow the normal absence reporting procedures for your specific employer. There are many different employers who participate in this plan with different rules about leaves of absence. It is important to follow your employer's absence procedures.

Are return to work services available through the disability program?

Yes. The disability program includes our Workplace Possibilities program, which is designed to assist disabled employees in returning to work either in their own occupation or an alternate occupation if they are unable to return to their previous employment. If you feel you may benefit from return-to-work services, please contact your long term disability claims analyst or your benefits administrator for additional information about the program.

Can I return to work and continue to receive benefits?

If you return to work, either part-time or full-time, notify us immediately. If you are working while disabled, you may be eligible under the Return to Work Incentive and remain eligible for partial long term disability benefits. With this incentive, only a portion of your work earnings will be considered as deductible income and used to reduce the amount of your long term disability benefit during a gradual return to your regular occupation or while you assume a new job.

If my long term disability claim is approved, will I be required to apply for other benefits or income?

Long term disability benefits are designed to help replace part of your income lost as a result of disability. You may also be eligible to receive other income or benefits such as workers' compensation, disability retirement under the South Carolina Retirement System (SCRS) or Police Officers Retirement System (PORS) or Social Security. The group policy does require that you apply for other forms of income that you may be eligible to receive due to your disability and if you and your dependents receive income from other sources (also known as deductible income), these amounts will be deducted from your long term disability benefit. If your claim is approved, your disability benefits analyst will provide you with information about what is required of you. The Standard can also provide you with Social Security application assistance at no cost to you.

You only have 90 days from your termination date to apply for SCRS or PORS disability benefits, so it is important that you file within that 90 day period. SCRS and PORS disability benefits will be considered deductible income even if you choose not to apply for them, or if you miss the filing deadline.

What other benefits are available under the Supplemental Long Term Disability Plan?

Under the Supplemental Long Term Disability Plan, there is a separate provision called the Lifetime Security Benefit provision. This provision allows benefit payments to continue beyond the end of the normal maximum benefit period if you meet certain requirements. You may be eligible for benefits under this provision if you cannot safely perform two or more activities of daily living *or* require substantial supervision due to severe cognitive impairment.

The Standard sends a letter to those receiving benefits under the Supplemental Long Term Disability Plan when approaching the end of the maximum benefit period. This letter includes a questionnaire that your physician can complete if you want to apply for the Lifetime Security Benefit. If approved, you may be eligible for continued benefits for the remainder of your life.

Are there survivor benefits for my family if I pass away while receiving long term disability benefits?

The Supplemental Long Term Disability Plan includes a survivor benefit that is equal to three times your maximum long term disability benefit. This benefit is payable if you die while long term disability benefits are payable and have an eligible surviving spouse or unmarried child under age 25. If there is an overpayment on your claim at the time of your death, the survivor benefit will first be applied to reduce any overpayment of your claim.