

Frequently Asked Questions About Filing a Long Term Disability Claim



The following questions and answers will help you file a claim with Standard Insurance Company (The Standard) should you become disabled. The steps outlined below will enable you to access our efficient claims services quickly and easily.

When should I report a Long Term Disability (LTD) claim?

Report a claim as soon as you believe your absence from work may extend beyond 60 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 and issue a timely payment if appropriate.

How do I initiate the claim process?

Please initiate the process by contacting your Human Resources Department at 720-561-5022. Upon notification, you will receive a leave packet containing vital information and forms. Please read the instruction sheet completely. The LTD application will contain an Employee's Statement and Authorization to Obtain Information form for you to complete. An Attending Physician's Statement for your doctor to complete and an Employer's Statement for your HR Representative to complete. You are responsible for getting the Employee and Attending Physician portions of the application to The Standard. Human Resources will complete and forward the Employer's Statement to The Standard.

Where do I send the completed forms?

Completed forms may be mailed to:

Standard Insurance Company
Employee Benefits Division
P.O. Box 2800
Portland, OR 97204

Or if you prefer, you may fax completed forms to The Standard. Our toll-free Fax number is 800.368.2859.

What happens next?

Upon receipt of your completed claim (employer, employee and attending physician's statements received) you will receive notice that the claim has been assigned to a Long Term Disability Analyst for review. This notice will include the Analyst's name and contact information. In addition, you will receive a phone call from the assigned analyst to discuss your claim within seven business days from receipt of your completed claim application. Due to the complexity of LTD claims, once The Standard receives a completed claim application, it may take up to 60 calendar days to make a claim decision. You will be notified at regular intervals, at least every 15 days, regarding the status of your claim. You may also contact your assigned benefits analyst with questions during that time.

If my claim for LTD benefits is approved, how long will it take to receive my first check?

LTD benefit payments are paid in arrears on a monthly basis. In most cases, LTD checks are mailed each month on the day of the month that coincides with the date you became disabled. LTD benefit payments that are payable for retroactive claims will be mailed following claim approval. LTD checks will be mailed directly to your residence. You may also choose to have your LTD benefit check deposited directly into your bank account via Electronic Funds Transfer (EFT). This option and details on getting this set up will be provided to you at the time of claim approval.

What other benefits might I be eligible for?

If you have at least five (5) years of PERA earned service credit you may also be eligible for disability payments under the Colorado PERA Disability Program. In order to initiate the application for these payments you need to contact PERA directly at 1.800.221.2627 or obtain the application online at www.copera.org. Please note that any disability payments received under the PERA Disability Program are considered deductible income under your Employer's long term disability plan. Per the group policy you are required to apply for these benefits if you are eligible to receive them.

Who should I call with questions about my claim?

For general questions about your claim, please call The Standard's toll-free Disability Benefits number at 1.800.368.1135.