

Frequently Asked Questions About The Standard's Maternity Guidelines When Filing a Short Term Disability (STD) Claim

The following questions and answers will help guide you through the claim filing process with Standard Insurance Company (The Standard) should you become disabled as result of pregnancy or childbirth.

When Should I File a Short Term Disability (STD) Claim as Result of a Pregnancy or Childbirth?

Please file your claim for STD benefits as soon as you cease working due to your pregnancy or childbirth. You may also report a claim up to four weeks in advance of a planned disability (expected delivery date or childbirth).

When Am I Considered Disabled as Result of My Pregnancy?

You are considered disabled when, as result of your pregnancy, you are unable to perform with reasonable continuity the material duties of your own job. If your pregnancy is normal and uncomplicated, the disability period begins on the cease work date but not earlier than between two and twenty weeks (depending on your type of occupation) before the expected date of delivery. Please refer to the Group Policy for the exact Definition of Disability.

Do Benefits Begin on the First Day of Disability?

Benefits become payable once you have served the benefit waiting period. The benefit waiting period means the period you must be continuously disabled before STD benefits become payable. No STD benefits are payable for the benefit waiting period. Please refer to the Group Policy for the length of your benefit waiting period.

If My Claim for Benefits is Approved, How Long Will it Take to Receive My First Payment?

If benefits become payable, The Standard may issue a lump sum payment for the expected disability period. When a lump sum payment cannot be issued, STD payments are paid by check in arrears on a weekly basis and mailed on Wednesday.

How Long Am I Considered Disabled Following Childbirth?

For all occupations you are considered disabled for six weeks after an uncomplicated vaginal delivery or eight weeks after a caesarian delivery. Disability periods assume there are no complications following childbirth. The disability period may be extended if complications arise.

What Happens if My Delivery Occurs Within the Benefit Waiting Period? Do I Still Receive Six Weeks of Benefits?

STD benefits are only payable for the period of disability following the benefit waiting period. Following an uncomplicated vaginal delivery, you are considered disabled for six weeks. This means in some instances when childbirth occurs during the benefit waiting period, benefits will be paid for less than six weeks.

Should I Contact The Standard if I Filed My Claim Before Childbirth?

If your claim was filed prior to your delivery date, please call us to report actual delivery date and type of delivery.

What Should I Do if I Have Complications Following My Childbirth?

If complications arise following childbirth preventing you from recovering during the normal recovery period, your doctor will need to provide us with written documentation of your specific limitations and restrictions. This documentation may include the completion of an attending physician's statement or pregnancy questionnaire, and/or copies of your medical records. You will receive an attending physician statement or pregnancy questionnaire, for you to take to your doctor, with the letter notifying you of our claim decision. If you did not receive a form, please contact us at 800.368.2859 to request one or send copies of your medical records. Once this information has been received, your claim will be reviewed for an extension of STD benefits.

Are Benefits Paid for Periods of Child-Parent Bonding, Breast Feeding, or Child Illness?

Disability benefits are paid only while you are unable to work at your own job due to childbirth. The actual amount and length benefits are paid is based on your Group Policy. No benefits are paid for periods of child-parent bonding, breast feeding, or child illness.

How Long Does It Normally Take for a Claim Decision?

Generally, once we receive a completed claim application, it will take approximately one week to make a claim decision. If a decision is not made within a week, you will be notified with details.

Who Should I Call with Questions About My Claim?

For general questions about your claim, please call The Standard's Disability Benefits toll-free number, 800.368.2859. A knowledgeable Customer Service Representative will be happy to assist you