



How to File a Disability Claim

If you have elected Short Term Disability and/or Long Term Disability coverage, the following questions and answers will help you file a claim with Standard Insurance Company should you become disabled.

The Short Term Disability (STD) plan is designed to provide income replacement benefits after 7 days or 30 days, depending on which option you selected. Benefits are payable for up to six months. This plan is designed to provide benefits in the event of a minor or serious accident or sickness. Benefits for Short Term Disability are paid weekly.

The Long Term Disability (LTD) plan is designed to provide income replacement benefits after six months. Benefits are payable up to age 65. This plan is designed to provide benefits in the event of a serious disabling condition due to an accident or sickness that lasts longer than six months. Benefits for Long Term Disability are paid monthly.

When should I report a Disability claim?

Report a claim as soon as you believe you will be absent from work for an extended period of time. You may report a claim up to four weeks in advance of a planned disability absence, such as childbirth or scheduled surgery.

How do I initiate the claim process?

The Disability Insurance Claim Packet can be found on the “Frequently Used Forms” section of the GA Breeze website or you may obtain a packet from your employer. Please use this packet to file a STD or LTD claim. It is your responsibility to complete the employee portions and fax or mail to the address provided on the form. Please have your employer complete and submit the Employer Statement and have your treating physician complete and submit the Attending Physician’s Statement.

You may report a STD claim any time online at www.standard.com by selecting “File a Group Insurance Claim” or you may call The Standard’s STD Claim Reporting Service at 800.378.2395 to report your claim telephonically.

What are the hours of operation for the Disability Claim Reporting Service?

The Standard’s claim intake specialists are available Monday through Friday between 8:00 a.m. and 8:00 p.m., Eastern Time. If you call outside these hours, you may leave a detailed voicemail message, including your name and phone number, and a claim intake specialist will call you the following business day. Please identify yourself as an employee of the State of Georgia.

If I report my STD claim telephonically, what questions will I be asked?

You will be asked to provide the following information:

Employer: State of Georgia
Group Number: 642967
Employer HR Contact and Email Address*
Name and Social Security Number
Last Day at Work
Nature of claim/medical information
Physician information (name, address, phone and fax number)**

* *This is normally the Human Resources Representative who can confirm your earnings and cease work record. If you work for Clayton County Schools, your contact will be Robby Purdy (rpurdy@clayton.k12.ga.us) and Brenda Sheffield (bsheffield@clayton.K12.ga.us).*

** *Within one business day of filing a STD claim, The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion. The Standard will make up to three follow up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask their assistance in completing the APS on your behalf. If you are filing a LTD claim, please use the packet on the website or from your employer and provide the APS to your doctor. In either case, you will be responsible for providing any necessary authorizations to your doctor so information can be released.*

Who is responsible for notifying State of Georgia of my absence?

It is your responsibility to follow the normal State of Georgia absence reporting procedures by notifying your manager or supervisor of your absence. The Standard will notify State of Georgia of your intent to file a Disability claim.

Will I receive a confirmation from The Standard after I initiate a claim?

After initiating a claim, The Standard will send you a letter confirming receipt of your claim. In addition, The Standard will include our Attending Physician's Statement (APS), Fraud Notices and an Authorization to Obtain Information form for you to sign and return, where applicable.

Where do I send the completed forms?

Completed forms may be mailed to:

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

Or if you prefer, you may fax completed forms to our office at 800.378.6053.

How long does it normally take for a claim decision?

Once The Standard receives a completed claim application, it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with details.

Whom should I call with questions about my claim?

For general questions about your claim, please call the State of Georgia's toll free helpline at 888.641.7186.