



Frequently Asked Questions

Filing an Accident Insurance Claim

1 | When should I file a claim?

File a claim when you or someone listed on your policy receives treatment due to a covered accident. Claims should be submitted within 90 days of the accident if possible, but no later than one year.

Accident insurance from Standard Insurance Company (The Standard) provides over 70 benefits ranging from minor treatments at an urgent care center to catastrophic injuries. To see a list of benefits offered by your policy, ask your benefits administrator for your Group Certificate of Insurance.

2 | What information will I need to provide?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Description of the accident, including accident/incident reports, if applicable
- Diagnosis for the accident provided by the treating physician
- Physician's contact information (name, address, phone and fax number)

3 | What's in a typical claim form for Accident Benefits?

It usually contains the following documents to complete, sign and date:

- An Employee's Statement, which may include supporting documentation
- An Authorization to Obtain and Release Information
- Documentation that provides the diagnosis and treatment received for the injury (Attending Physician Statement also accepted)

We may request medical records from your physician.

4 | What if I'm filing for a Youth Organized Sports Benefit?

You'll need to provide proof of your child's registration in the organized sport event, such as a roster of the sports team with your child's name listed.

The Standard is not responsible for providing proof of claim.

Standard Insurance Company | 1100 SW Sixth Avenue | Portland OR 97204 | standard.com

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5 | If I file my claim on paper, where do I send the completed forms?

Mail completed, signed and dated paper forms, including medical documentation, to:

Standard Insurance Company
P.O. Box 85508
Lincoln, NE 68501-5508

Or if you prefer, you may fax completed forms to our office at 402.328.4029.

6 | How long does it take to make a decision about my claim?

Once we receive the required completed, signed and dated documents listed on this page, it will take approximately five business days to make a claim decision. If we haven't made a decision within five business days, we'll notify you with additional details.

7 | Who should I call with questions about my claim?

If you've already filed a claim, please call The Standard's Customer Service toll-free number 866.851.5505. Our Customer Service Center representatives are here to assist you Monday through Friday at one of the time zone's below:

- 8 a.m. through 7 p.m., **Central**
- 9 a.m. through 8 p.m., **Eastern**
- 6 a.m. through 5 p.m., **Pacific**
- 7 a.m. through 6 p.m., **Mountain**

8 | Can I check the status of my claim online?

If you filed your claim online, you can log in anytime to check the status at standard.com.

9 | What if I want to know more about my coverage?

If you're looking for general information about your coverage or would like a copy of your Group Certificate of Insurance, contact your benefits administrator.