



Frequently Asked Questions

Filing a Hospital Indemnity Insurance Claim

1 | When should I file a claim?

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

Hospital Indemnity insurance from Standard Insurance Company (The Standard) covers hospitalization due to childbirth, injury or illness — including COVID-19 and mental health. To see the list of benefits your policy offers, 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
- Information about your hospitalization, including the name and address of the hospital and admittance and discharge dates
- Physician's contact information (name, address, phone and fax number)

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

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

- An Employee's Statement, which may include supporting documentation
- For an accident-related injury requiring hospitalization, documentation that provides diagnosis and treatment received
- For hospitalization due to an illness, an Attending Physician Statement
- An Authorization to Obtain and Release Information

We may request medical records from your physician.

4 | 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.

5 | 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.

6 | 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**

7 | 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](https://www.standard.com).

8 | 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.

The Standard is not responsible for providing proof of claim.

Standard Insurance Company | 1100 SW Sixth Avenue | Portland OR 97204 | [standard.com](https://www.standard.com)

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