



Frequently Asked Questions

Filing a Critical Illness 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 illness. Claims should be submitted within 90 days of the critical illness if possible, but no later than one year.

Critical Illness insurance from Standard Insurance Company (The Standard) covers a variety of illnesses, including cancer, heart attack and stroke. To see the list of critical illnesses covered 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
- Date of diagnosis of the covered critical illness (diagnosis date must be after your effective date of coverage)
- Information about your treatment, including all medical providers involved in your care
- Physician's contact information (name, address, phone and fax number)

3 | What's in a typical claim form for Critical Illness 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
- An Attending Physician Statement

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 402.328.4031.

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.

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

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