Reporting Absences and Filing For Short Term Disability Benefits

It feels good to be prepared. That's why we've developed the following guide to help you report an absence with Standard Insurance Company. Please use the steps outlined below should you become disabled or need to file for a leave of absence from work. They will enable you to access our in-house Absence Management Service Center (AMSC), online or via telephone.

When Should I Report An Absence?

Contact The Standard if you are absent from work, or know you will be absent from work, for more than 5 calendar days due to the following:

- Your own serious health condition (including pregnancy)
- To care for your newborn child
- The placement of your adopted or foster child
- To provide care for a qualifying family member with a serious health condition
- For your own military service
- To care for a covered service member injured in the line of duty
- For qualifying military exigency, allowing family members to take leave to prepare for or deal with issues that arise as a result of a family member being called to serve in the military
- To request a personal leave of absence

For all other absences, please follow the normal The Children’s Hospital Corporation absence reporting procedures and notify your department head or manager.

How Do I Notify The Standard About An Absence?

- Call the AMSC at 855.758.4767 (interpreter services available) between 7 a.m. – 8 p.m. Eastern Time; or
- Report it online 24 hours per day, 7 days per week:
  - Go to [www.standard.com](http://www.standard.com) and choose Report an Absence from the bottom right area of the home page
  - On the next page, select Log in to Report an Absence; a new window will open to begin the process
  - You will be asked to provide the following information:
    - **Company ID:** The Children’s Hospital Corporation
    - **Username:** Last name followed by last 4 numbers of your Social Security No.
    - **Password:** If this is your first time reporting an absence, you will enter the word “password” as your password.
      You will then be prompted to choose a personal password.

What Do I Do If I Need To Be Absent From Work Intermittently?

Please notify The Standard of your need for an intermittent leave of absence by contacting us online or by phone. When you miss time associated with an intermittent leave, please notify your manager, and contact The Standard by phone to report the intermittent absence.

What Are The Absence Management Service Center Operation Hours?

The AMSC is available Monday through Friday, between 7 a.m. – 8 p.m. Eastern Time.
When I Call To Report My Absence, What Questions Will I Be Asked?

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer Name: The Children’s Hospital Corporation
- Group Policy Number: 649331
- Employee ID number or Social Security number
- Last day you were at work
- Reason leave is requested
- Physician’s contact information (name, address, phone and fax number)

Who Is Responsible For Notifying The Children’s Hospital Corporation Of My Absence?

It is your responsibility to follow the normal The Children’s Hospital Corporation absence reporting procedures and notify your department head or manager of your absence.

Will I Receive Any Notification After I Initiate A Leave Or Claim?

After initiating a request for time off under Family Medical Leave and/or claim for Short Term Disability (STD), The Standard will send you a letter confirming receipt of your leave request. If you are filing for an STD claim, The Standard will fax an Attending Physician’s Statement to your physician to complete; an Authorization to Obtain Information will be mailed to you to sign and return. If you called to request a leave but did not initiate an STD claim, you will receive a Certification of Health Care Provider form. These forms should be returned to The Standard by the due date indicated in your letter.

Where Do I Send The Completed Forms?

If you are required to submit paperwork, please send the completed forms to:

Standard Insurance Company
Employee Benefits Division
PO Box 3877
Portland OR 97208

Or you may fax completed forms to 866.751.5174.

How Long Does It Normally Take For An STD Claim Decision?

It will take approximately one week to make a claim decision (once your completed claim application is received). If we have not made a decision within one week, you will be notified as to why.

What Other Services Are Available To Me?

The Standard offers Health Advocacy Services to The Children’s Hospital Corporation full-time employees through a partnership with Health Advocate. Health Advocate’s services include:

- Health coaching: for help with understanding medical terms, tests, medications and treatments
- Clinical research: for assistance finding the most appropriate specialists and treatment options
- Administrative support: for billing guidance as well as help with claim issues
- Information and resource assistance: for wellness services coordination and eldercare concerns

Health Advocate is available to all employees and their family members including spouses, dependent children, parents and parents-in-law. Employees needing assistance can call 866.695.8622 or email answers@healthadvocate.com to connect with a Personal Health Advocate.
More Questions?

Call The Standard’s Absence Management Service Center at 855.758.4767

1 The policy number is not required if you are not filing a concurrent STD Claim (i.e., Leave only).

2 Within one business day of filing a 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. You will be responsible for providing any necessary authorizations to your doctor to release this information to us. For anticipatory claims, the APS and Employer Notification will be sent on your reported last day of work.

3 Health Advocate, Inc. is an independent company not affiliated with any insurance or third party provider. Health Advocate does not replace health insurance coverage, provide medical care or recommend treatment. Health Advocate is not an insurance product.