Filing a Disability Claim with The Standard
Lubbock ISD # 760733

When Should I Report/File a claim?

Report a claim as soon as you believe you will be absent from work beyond the waiting period you elected when you enrolled in the disability benefit. If you don't know what you elected, please go to the enrollment tool you used at open enrollment and check. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment if appropriate. **You may report a claim up to four weeks in advance of a planned disability absence such as childbirth or a scheduled surgery.**

How Do I File A Claim?

To file a paper claim, contact your Risk Management department and get the claim packet.
A typical application for disability benefits contains the following documents:

- Employee's Statement – You will need to complete this section
- Employers' Statement – Lubbock ISD will take care of that
- Attending Physicians Statement (APS) – you will need to take that to your treating physician to get that completed and returned.
- Authorization to Obtain and Release Information - You will need to sign the bottom of page 5.

Where Do I Send The Completed Forms?

They can be faxed to the number on the claim packet: 971-321-8400
They can be scanned and emailed to Bobby.Hughey@standard.com
Forms can be mailed to:
Standard Insurance Company
P O Box 2800
Portland OR 97208

What Can I Expect After I Submit The Completed Forms?

Once The Standard receives all completed sections of the required paperwork, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions. PLEASE be sure to watch your ***POSTAL MAIL***, information from your claims analyst will be mailed to you via postal mail.

Standard Insurance Company
10603 West Sam Houston Parkway North - Suite 100
Houston TX 77064
tel 281.517.5760 888.897.9900
fax 281.897.0999

If My Claim for Benefits is Approved, How Long Will It Take To Receive My First Check? (This is for all claims OTHER THAN MATERNITY)

After the Benefit Waiting Period, you elected is served, LTD benefit payments are paid in arrears on a monthly basis based on the date of disability and are mailed directly to your residence.

Maternity Claims

If you filed your claim before knowing the exact delivery date and method of delivery (vaginal birth or C-Section) please call the number on the claim packet (855-757-4717) and advise the benefits team of this information so they can move forward with processing the claim. We will not be able to process the claim until we have that information. After the Benefit Waiting Period, you elected is served and The Standard has received all completed paperwork as outlined above we will pay the full benefit in one payment:

Vaginal birth will be 6 weeks from date of delivery
C-Section will be 8 weeks from date of delivery

If there are complications before or after the delivery date, please reach out to claims or your claims analyst and let us know that information. Additional medical information may be requested.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Disability Benefits toll free number 855-757-4717. If you are looking for general information, please contact Bobby.Hughey@standard.com.

Who Is Responsible For Notifying Lubbock ISD Of My Absence?

It is your responsibility to follow the normal Lubbock ISD reporting procedures by notifying your manager or supervisor of your absence.

Who Is Responsible For Notifying THE STANDARD of your return to work?

Once your claim is approved you will receive a POSTAL LETTER from The Standard with the approval information. It will let you know through what date the claim will be paid. It is your responsibility to advise The Standard should you return to work before the paid through period. Should there be an overpayment it would be up to you to return any over paid funds to The Standard. If you are not able to return to work by the approved through date, please notify The Standard claims team as they will need additional medical information to extend the claim.