

Employee Benefits



Group Name – Hays Consolidated Independent School District

Policy No. 762054

Supplemental Contact Center: 800.634.1743

Form Name	URL
Benefit Summaries	
Accident Insurance	standard.com/eforms/17615d_tx_762054.pdf
Accident Insurance – Spanish	standard.com/eforms/17615d_tx_762054spu.pdf
Helpful Videos	
The Need for Accident Insurance Video	bit.ly/3DpUgsg
How to File a Supplemental Claim Video	bit.ly/3KxTcqt
Accident Flyers	
Enrollment Flyer	standard.com/eforms/21176.pdf
Enrollment Flyer – Spanish	standard.com/eforms/21176spu.pdf
Employee Choices Accident Insurance	standard.com/eforms/22431.pdf
Frequently Asked Questions Document	
Accident Insurance	standard.com/eforms/23346.pdf
Claim Forms & Information	
Accident Insurance Claim Form	standard.com/eforms/23218.pdf
Accident Benefits Explanation and Steps	standard.com/eforms/23378.pdf
Health Maintenance Screening Benefit Covered Exams	standard.com/eforms/23390.pdf
Health Maintenance Screening Benefit Claim Form	standard.com/eforms/23219.pdf
Claims Email	SupplementalNewClaim@Standard.com
Portability	standard.com/eforms/23398.pdf