

How To

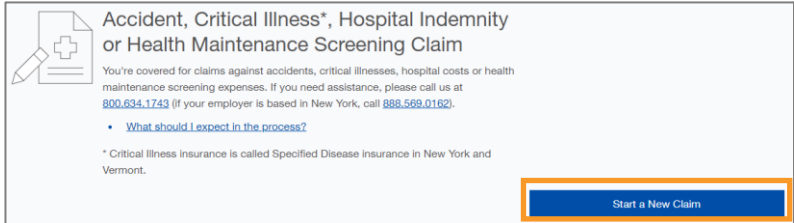
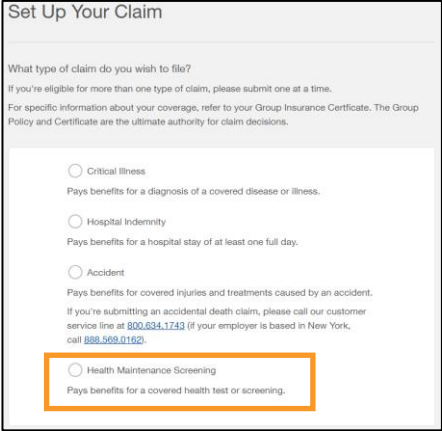
TheStandard®

Get A Health Maintenance Screening Benefit

Providing a Health Maintenance Screening is an easy way for employees to get a cash benefit. Knowing the steps ahead of time can help employees file faster.

This reference tool provides snapshots of what an employee will see (or very close to what an employee will see) when filing a claim. Knowing the straightforward process ahead of time can help employees file faster.

- 1 About You
- 2 About Your Screening
- 3 Review & Sign
- 4 Confirmation and Next Steps
- 5 Done Filing / File for another coverage

	Guide	Reference Photo
Pre-Step 1	<p>After logging into Standard.com, select "Start a New Claim."</p> <p><i>The website will display only the coverages the Employee is insured under</i></p>	 <p>Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim</p> <p>You're covered for claims against accidents, critical illnesses, hospital costs or health maintenance screening expenses. If you need assistance, please call us at 800.634.1743 (if your employer is based in New York, call 888.569.0162).</p> <ul style="list-style-type: none">• What should I expect in the process? <p>* Critical Illness Insurance is called Specified Disease Insurance in New York and Vermont.</p> <p>Start a New Claim</p>
Pre-step 2	<p>Choose Health Maintenance Screening to claim benefits.</p> <p><i>The website will display only the coverages the Employee is insured under</i></p>	 <p>Set Up Your Claim</p> <p>What type of claim do you wish to file? If you're eligible for more than one type of claim, please submit one at a time. For specific information about your coverage, refer to your Group Insurance Certificate. The Group Policy and Certificate are the ultimate authority for claim decisions.</p> <p><input type="radio"/> Critical Illness Pays benefits for a diagnosis of a covered disease or illness.</p> <p><input type="radio"/> Hospital Indemnity Pays benefits for a hospital stay of at least one full day.</p> <p><input type="radio"/> Accident Pays benefits for covered injuries and treatments caused by an accident. If you're submitting an accidental death claim, please call our customer service line at 800.634.1743 (if your employer is based in New York, call 888.569.0162).</p> <p><input type="radio"/> Health Maintenance Screening Pays benefits for a covered health test or screening.</p>

Complete the section: About You

*Most fields are pre-filled for Insureds.
The Social Security number is not editable.
A middle initial is optional.*

Step
1

1 About You

First Name _____ Middle Initial _____ Last Name _____

Sex

Date of Birth _____ Social Security Nu...

Address _____

City _____ State ZIP Code _____

Phone _____ Email _____

Employer _____

Who is the patient?

Insured
 Spouse
 Domestic Partner
 Child

2 About Your Claim

3 Review & Sign

Complete the section: About Your Screening

Step
2

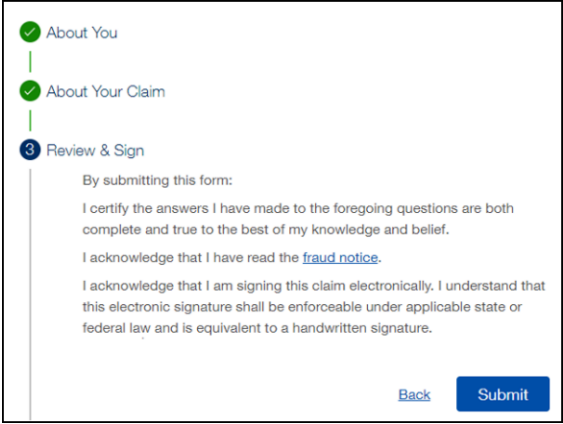
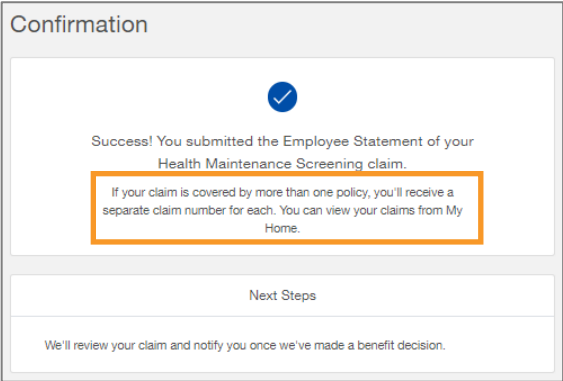
2 About Your Screening

Please check the condition(s) that apply to the patient's health maintenance screening claim.

<input type="checkbox"/> Abnormal Aortic Aneurysm Ultrasound	<input type="checkbox"/> Electrocardiogram (EKG)
<input type="checkbox"/> Ankle Brachial Index Screening for Peripheral Vascular Disease	<input type="checkbox"/> Generally Medically Accepted Cancer Screening Test
<input type="checkbox"/> Biopsy for Cancer	<input type="checkbox"/> Hemocult Stool Analysis
<input type="checkbox"/> Bone Density Screening	<input type="checkbox"/> Hemoglobin A1C
<input type="checkbox"/> Breast Cancer Ultrasound	<input type="checkbox"/> Human Papillomavirus Vaccination (HPV)
<input type="checkbox"/> CA 15-3 (Blood Test for Breast Cancer)	<input checked="" type="checkbox"/> Lipid Panel
<input type="checkbox"/> CA 125 (Blood Test for Ovarian Cancer)	<input type="checkbox"/> Mammography
<input type="checkbox"/> CEA (Blood Test for Colon Cancer)	<input type="checkbox"/> Mental Health Assessment
<input checked="" type="checkbox"/> Colonoscopy	<input type="checkbox"/> Novel Infectious Disease Testing
<input type="checkbox"/> Complete Blood Count (CBC)	<input type="checkbox"/> Pap Smears or Thin Prep Pap Test
<input type="checkbox"/> Comprehensive Metabolic Panel	<input type="checkbox"/> PSA (Blood Test for Prostate Cancer)
	<input type="checkbox"/> Stress Test (Bicycle or Treadmill)

Date of Colonoscopy _____ Date of Lipid Panel _____

3 Review & Sign

<p>Step 3</p>	<p>Review & Submit</p>	
<p>Step 4</p>	<p>Confirmation and Next Steps</p> <p><i>To maximize the cash benefit, employees should file a claim for each applicable coverage.</i></p>	
<p>Step 5</p>	<p>Filing additional claims</p> <p><i>A prompt will show the recently filed Claim(s), with unique Claim Number(s).</i></p>	