



## Frequently Asked Questions About Filing An Accident Insurance Claim

The following questions and answers will help you file an Accident Insurance claim with Standard Insurance Company (The Standard).

### When Should I File A Claim?

File a claim if you or your covered dependent(s) sustain a covered injury due to an accident. See your Group Certificate for a list of covered injuries under your policy.

### How Do I File A Claim?

To file a claim online, go to [standard.com](http://standard.com), click on the following options:

- “Log in”
- “Don’t have an account? Start here” to create an account and follow the steps
- “Get Started”
- “Start a new Claim”
- “Accident”

To file a paper claim, go to [standard.com](http://standard.com), choose “File a Claim”, select “Start a Claim” and then click on “Paper Claim Forms” to download a claim form.

### When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information:

- Employer name : **Rockwall ISD**
- Group Policy number : **648105**
- Name and Social Security number
- Nature of claim/medical information, including accident/incident reports if applicable
- Scanned copy or physical copy of itemized medical bills
- Physician’s contact information (name, address, phone and fax number)

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A typical claim form for accident benefits contains the following documents to complete, sign and date:

- An Employee’s Statement, which may include support documentation
- An Authorization to Obtain and Release Information
- An Attending Physician Statement

The Standard may request medical records from your physician.

If you are filing for a Youth Organized Sports Benefit, please provide a proof of your child’s registration in the organized sport event (i.e. roster of sports team with child’s name listed)

### **Where Do I Send The Completed Paper Forms?**

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Mail completed, signed and dated paper forms 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.

### **How Long Does It Take To Make A Claim Decision?**

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Once The Standard receives the required completed, signed and dated documents listed above, it will take approximately 5 business days to make a claim decision. If we have not made a decision within 5 business days, you will be notified with additional details.

### **Who Should I Call With Questions About My Claim?**

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If you have already filed a claim, please call The Standard's Customer Service toll-free number 866.851.5505. The Standard's Customer Service Center representatives are available to assist you Monday through Friday at one of the time zone's below depending on your geographical location:

- 8:00 a.m. through 7:00 p.m., Central Time
- 6:00 a.m. through 5:00 p.m., Pacific Time
- 9:00 a.m. through 8:00 p.m., Eastern Time
- 7:00 a.m. through 6:00 p.m., Mountain Time

If you filed your claim online, you can login anytime to check the status of your claim at [standard.com](http://standard.com).

If you are looking for general information about your coverage or would like to obtain a copy of your Group Certificate of Insurance, contact your benefits administrator.