

How To

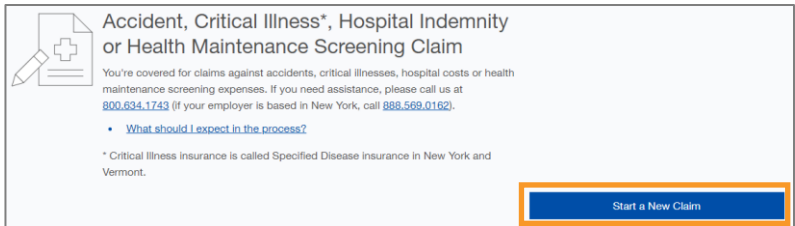
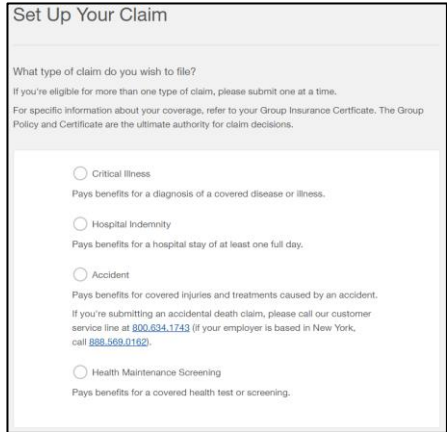
TheStandard®

File A Claim: Accident, Hospital Indemnity, or Critical Illness*

Filing a claim with The Standard is a straightforward process. Knowing the steps ahead of time can help employees file claims 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.

**Critical Illness insurance is called Specified Disease insurance in New York and Vermont.*

- 1 About You
- 2 About Your Claim
- 2b About Your Physician (*Critical Illness only*)
- 2c Additional Benefits (*Critical Illness & Accident only*)
- 3 Review & Sign
- 4 Confirmation and Next Steps
- Done Filing

	Guide	Reference Photo
Pre-Step 1	After logging into Standard.com, select “Start a New Claim.” <i>The website will display only the coverages the Employee is insured under</i>	 Accident, Critical Illness*, Hospital Indemnity or Health Maintenance Screening Claim 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). • What should I expect in the process? * Critical Illness insurance is called Specified Disease insurance in New York and Vermont. Start a New Claim
Pre-step 2	Choose a coverage to claim benefits. <i>The website will display only the coverages the Employee is insured under</i>	 Set Up Your Claim 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. ☐ Critical Illness Pays benefits for a diagnosis of a covered disease or illness. ☐ Hospital Indemnity Pays benefits for a hospital stay of at least one full day. ☐ 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). ☐ Health Maintenance Screening Pays benefits for a covered health test or screening.

Step
1

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
2

Complete the section:
About Your Claim

To see a full list of questions please
download the appropriate claim packet.

Non-New York	New York
Accident	Accident
Hospital Indemnity	Hospital Indemnity
Critical Illness	Specified Disease

Accident

Hospital Indemnity

Critical Illness

Step
2b

Complete the section:
About the Physician

*This step is required for Critical
Illness claims only.*

✓ About You
✓ About Your Claim
3 About the Physician

Primary Care Physician

Primary Care Physician _____

Specialty _____ Date of First Visit _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____

Treating Physician

Phone _____ Fax _____

[+ Add Another Treating Physician](#)

Hospital

Hospital _____

Admission Date _____ Discharge Date _____

Address _____

City _____ State _____ Postal Code _____

Step
2c

Complete the section:
Additional Benefits

*This step is required for Accident &
Critical Illness claims only.*

✓ About You
✓ About Your Claim
✓ About the Physician
4 Additional Benefits

Are you able to claim a Lodging Benefit?

ⓘ

Are you able to claim a Transportation Benefit?

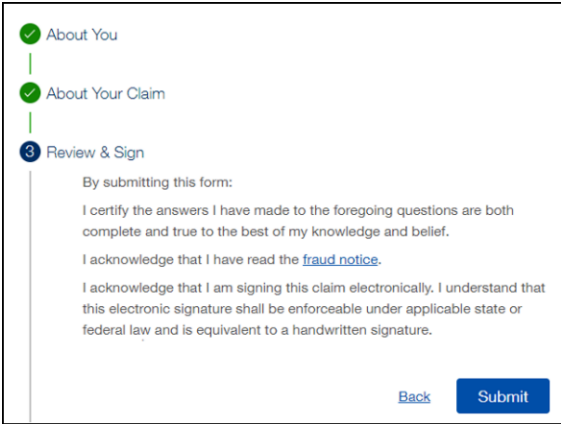
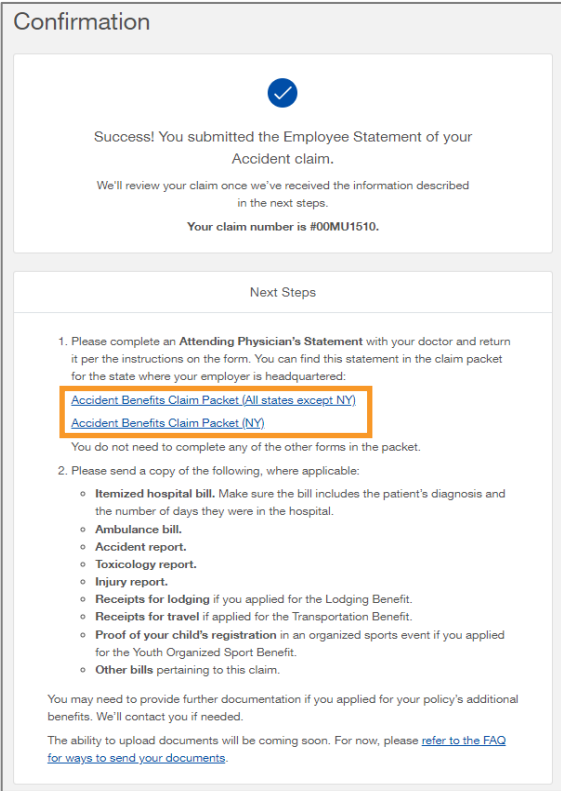
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Provide mileage if traveled by personal car:

Mileage _____

[Back](#)

5 Review & Sign

Step 3	Review & Submit	
Step 4	Confirmation and Next Steps <i>An Attending Physician Statement or additional documentation may be needed.</i> <i>The Standard will soon be accepting uploaded documents. When this is available this document will be revised.</i>	
	Filing additional claims <i>A prompt will show the recently filed Claim and Claim Number. Employees can file additional claims, if applicable.</i>	