

## Reporting Absences and Filing for Short Term Disability

It feels good to be prepared. That's why we've developed the following guide to help you report an absence with The Standard Insurance Company. Follow the steps outlined below if you need to report a leave of absence or file a disability claim. This will enable you to access our Absence Management Service Center online or via telephone.

### When should I report an absence?

Contact The Standard if you are or will be absent from work due to any of the following reasons:

- Your own serious health condition (including pregnancy)
- To care for your newborn child
- The placement of your adopted or foster child
- To provide care for a qualifying family member with a serious health condition
- To care for a covered service member injured in the line of duty
- For qualifying military exigency, allowing family members to take leave to prepare for or deal with issues that arise as a result of a family member being called to serve in the military
- For leave due to your own military service

For all other absences or requests for educational leaves or personal leaves, please follow the normal Prisma Health absence reporting procedures and notify your department leader.

### How do I notify The Standard about an absence/disability?

- Call the Absence Management Service Center at 833-229-4171; or
- Login at [www.standard.com/absence](http://www.standard.com/absence)  
*Note:* First-time users will need to create an account. A step-by-step guide on how to do this is available on the webpage.

### What are the Absence Management Service Center's operation hours?

The Absence Management Service Center is available Monday through Friday between 8:00 a.m. and 8:00 p.m. Eastern Time.

### When I call to report my absence, what questions will I be asked?

In addition to answering other questions about your absence, you will be asked to provide the following information:

- Employer Name: Prisma Health
- Group Policy Number: 753544<sup>1</sup>
- Social Security Number
- Last day you were at work
- Reason leave is requested
- Physician's contact information (name, address, phone and fax number)

## Who is responsible for notifying Prisma Health of my absence?

It is your responsibility to follow the normal Prisma Health absence reporting procedures and notify your department leader of your absence.

## Will I receive any notification after I initiate a leave or claim?

After initiating a request for time off and/or filing a Short Term Disability (STD) claim, The Standard will send you a letter confirming receipt of your leave request. If you are filing for a STD claim, The Standard will fax an Attending Physician's Statement<sup>2</sup> to your physician to complete; an Authorization to Obtain Information will be mailed to you to sign and return. This can also be emailed to you as long as you provide an email address. If you called to request a leave but did not initiate a STD claim, you will receive a Certification of Health Care Provider form. These forms should be returned to The Standard by the due date indicated in your letter.

## Where do I send the completed forms?

If you are required to submit paperwork, please send the completed forms to:

Standard Insurance Company  
Employee Benefits Division  
PO Box 3877  
Portland OR 97208

Or you may fax completed forms to 866.751.5174.

## How long does it normally take for a STD claim decision?

It will take approximately one week to make a claim decision once your completed claim application is received. If we have not made a decision within one week, you will be notified as to why.

## If my claim for benefits is approved, how long will it take to receive my first check?

After the Benefit Waiting Period of 7 calendar days is served, STD benefit payments are paid in arrears on a weekly basis. In most cases, checks are mailed on Wednesday of each week. STD benefit payments that are payable for retroactive claims will be mailed following claim approval. STD checks will be mailed directly to your residence. It is important that you have a current address on file with Prisma Health.

## Will I have to use PTO while on leave?

Unless you are receiving Workers' Compensation benefits or Prisma Health sponsored disability benefits while on an approved Family Medical Leave, or are on a military leave of absence, you must use accrued Paid Time Off (PTO) concurrent with your leave until PTO is exhausted. PTO usage is based on your FTE minus any benefits paid to you while on leave and is capped so not to exceed

100% of your base pay. Upon exhaustion of PTO, the remainder of the leave will be unpaid unless receiving one of the above mentioned paid benefits.

## What are intermittent and reduced leave schedule leaves?

FMLA may be taken intermittently or on a reduced leave schedule under certain circumstances.

**Intermittent leave** is FMLA leave taken in separate blocks of time due to a single qualifying reason.

A **reduced leave schedule** decreases an employee's usual number of working hours per workweek or per workday. A reduced leave schedule is a change in the team member's schedule for a period of time, normally from full-time to part-time.

## How do I report an intermittent absence?

First, you must contact your department Leader and follow your departmental call-in procedures to avoid attendance policy violations. Second, you must contact The Standard within 3 calendar days. You can quickly and easily report absences through The Standard's self-service phone system or the absence management self-service portal. These services are available anytime.

### Reporting an Absence Using the Self-Service Phone System:

- Say "Report an absence" when prompted, and you can report your time off without needing to speak to a representative
- Provide the following information:
  - Your **leave number**, which can be found on the correspondence we sent you after we approved your intermittent leave
  - Your **date of birth**
  - The **date of the absence**  
*Note:* You may report multiple absences during one call. Dates can be today, or in the past or future, however each absence will be a separate entry during the same call.
  - The type of absence  
*Note:* You will need to let the system know if your absence is related to your condition or is to attend a medical appointment.
  - The number of hours you were scheduled to work, and the number of hours of leave taken for each day you are reporting
  - A phone number where you can be reached in case we need to contact you for further information
- Once the automated intake is complete, you will receive a confirmation number to let you know that your absence report has been successfully submitted

### Reporting an Absence through The Standard's Absence Management Self-Service Web Portal (It can be accessed from your computer, smartphone or tablet).

- Log in and follow the steps below:
  - Click on **Absence Claims**
  - Find and click on your open intermittent leave claim
  - Click **Add Time**

## Frequently Asked Questions for Team Members



- On the following screen, provide the date(s) of your intermittent absence, the number of scheduled work hours/minutes missed and whether your absence was due to your condition or to attend a medical appointment
- Click **Save**

Don't forget to notify your leader and follow your Prisma Health's normal absence reporting process. All reported absences to The Standard will be reviewed and should not be considered automatically approved.

### More questions?

Call The Standard's Absence Management Service Center at 833-229-4171.

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1 The policy number is not required if you are not filing a concurrent STD claim (i.e., Leave only)

2 Within one business day of filing a claim, The Standard will fax an Attending Physician's Statement (APS) to your doctor for completion. The Standard will make up to three follow-up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask for their assistance in completing the APS on your behalf. You will be responsible for providing any necessary authorizations to your doctor to release this information to us. For anticipatory claims, the APS and Employer Notification will be sent on your reported last day of work.