



Frequently Asked Questions

Filing an Accident Insurance Claim

1 | When should I file a claim?

File a claim when you or someone listed on your policy receives treatment due to a covered accident. Claims should be submitted within 90 days of the accident if possible, but no later than one year.

Accident insurance from Standard Insurance Company provides over 70 benefits ranging from minor treatments at an urgent care center to catastrophic injuries. To see a list of benefits offered by your policy, ask your benefits administrator for your Group Certificate of Insurance.

2 | What information will I need to provide?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Description of the accident, including accident/incident reports, if applicable
- Diagnosis for the accident provided by the treating physician
- Physician's contact information (name, address, phone and fax number)
- If automobile accident, please provide Motor Vehicle Accident or Crash Report

3 | What's in a typical claim form for Accident Benefits?

It may contain multiple required forms and statements. These are in addition to a completed claim form.

- An Employee's Statement, which may include supporting documentation
- An authorization to Obtain and Release Information
- Documentation that provides proof of service, diagnosis and treatment received for the injury, and date of injury, including:
 - An itemized hospital bill or UB-04 form
 - An Attending Physician Statement
 - Operative Reports

We may also request medical records from your physician. If you have questions, we'll review your claim and provide you with what documents are required, or request records on your behalf.

The Standard is not responsible for providing proof of claim.

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4 | What if I'm filing for a Youth Organized Sports Benefit?

You'll need to provide proof of your child's registration in the organized sport event, such as a roster of the sports team with your child's name listed.

5 | Who do I contact if I have questions about my accidental death claim?

If you're submitting an accidental death claim, please call our customer service line at 800.634.1743.

6 | How long does it take to make a decision about my claim?

Once we receive the required completed, signed and dated documents listed on this page, it will take approximately five business days to make a claim decision. If we haven't made a decision within five business days, we'll notify you with additional details.

7 | Who should I call with questions about my claim?

If you've already filed a claim, please call The Standard's Customer Service toll-free number 800.634.1743. Our Customer Service Center representatives are here to assist you Monday through Friday at one of the time zones below:

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

8 | How can I spend my money?

You can use the money for medical costs like copays and deductibles. You can also put it toward everyday living expenses such as child care, groceries and rent or mortgage payments.

9 | What if I want to know more about my coverage?

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