

Exclusions

Subject to state variations, an employee is not covered for a disability caused or contributed by any of the following:

- Committing or attempting to commit an assault or felony, or active participation in a violent disorder or riot.
- An intentionally self-inflicted injury, while sane or insane.
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature).
- The loss of the employee's professional or occupational license or certification.
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date the employee becomes disabled, he or she has been continuously insured under the group policy for the exclusion period and he or she has been actively at work for at least one full day after the end of the exclusion period.

When Benefits End

Disability benefits end automatically on the date any of the following occur:

- The employee is no longer disabled.
- The employee's maximum benefit period ends.
- Long term disability benefits become payable to the employee under a LTD plan (applicable to STD only).
- The employee fails to provide proof of continued disability and entitlement to benefits.
- The employee dies.

When Disability Coverage Ends

An employee's disability coverage ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid.
- The date the group policy (or the employer's coverage under the group policy) terminates.
- The date the employee ceases to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances).

Group Insurance Certificate

If coverage becomes effective, and the employee becomes insured, he/she will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be the group policy. The information presented in this summary does not modify the group policy, certificate or the insurance coverage in any way.

Filing Claims

The following information will help employees file a Disability claim with Standard Insurance Company (The Standard).

Reporting a Claim

Employees should report a claim as soon as they believe they will be absent from work beyond 14 calendar days. If an employee is uncertain about how long he/she will be absent or whether he/she should file a claim or not, they should go ahead and file a claim to give them some peace of mind and give The Standard time to begin its review and issue a timely payment if appropriate.

How to File a Claim

Here are instructions to provide employees who want to file a claim.

To File a Claim By	Contact
Telephone	Call The Standard's Claim Intake Service Center at 833-878-8858 .
Online	Go to standard.com and click on "File a Claim" to begin the claim process. Instructions will be provided through the entire claim submission process. Note: If you submit your claim online, the claim submission system will indicate a requirement for a Disability Insurance Employer's Statement to be received before a decision may be made on your claim. Although this is a requirement, you do not need to take this to your employer. Upon receipt of your Employee Statement, The Standard will reach out to your employer to obtain the necessary information needed for your claim.
Paper claim	Your Health Benefits Representative

A typical application for disability benefits contains the following documents:

- Employee's Statement¹
- Employer's Statement²
- Attending Physician's Statement (APS)³
- Authorization to Obtain and Release Information

¹ If the employee files online or by telephone, the submission serves as the Employee's Statement and The Standard will instruct the employee if any other documents need to be completed.

² The Standard will contact the Employer to obtain the information necessary on the Employer's Statement.

³ It is the employee's responsibility to ensure the Attending Physician Statement is completed and faxed back to The Standard.

Frequently Asked Questions About the Claims Process

Here are some questions that employees may ask about disability claims.

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

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: State of North Carolina / NCFlex.
- Group Policy number: 758162.
- Name and Social Security number.
- Last day you were at work.
- Nature of claim/medical information.
- Physician's contact information (name, address, phone and fax number).

What Are the Hours of Operation for the Claim Intake Service Center?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 8:00 a.m. through 8:00 p.m., Eastern Time.

Where Do I Send the Completed Forms? Completed forms may be mailed to:

Standard Insurance Company
P.O. Box 2800
Portland, OR 97208

Or if you prefer, you may fax completed forms to The Standard at **800-378-6053**.

What Can I Expect After I Submit the Completed Forms? Once The Standard receives the required paperwork, which includes the Employee's Statement, Employer's Statement, Attending Physician's Statement and Authorization to Obtain and Release Information, your benefits analyst will contact you to discuss any additional information that may be necessary to complete the processing of your claim and to answer any of your questions.

If My Claim for Benefits Is Approved, How Long Will It Take to Receive My First Check? After the Benefit Waiting Period as outlined in your group policy is completed, benefit payments are paid in arrears on a weekly (STD) or monthly (LTD) basis based on the date of disability and are mailed directly to your residence.

For LTD claims, direct deposit may be established. Benefit payments that are payable for retroactive claims will be paid immediately following claim approval.

Who Should I Call with Questions About My Claim? If you have already filed a claim, please call The Standard's Disability Benefits toll-free number, **833-878-8858** or email your question to ncflex@standard.com. If you are looking for general information, please contact your benefit administrator.

Who Is Responsible for Notifying My Employer of My Absence? It is your responsibility to follow the normal absence reporting procedures by notifying your manager or supervisor of your absence.

Disability Benefits for Participants in TSERS

State of NC employees who participate in the Teachers' and State Employees' Retirement System (TSERS), may qualify for disability benefits under the Disability Income Plan of North Carolina (DIP-NC). This section provides details about the DIP-NC disability benefits.

Eligibility

Whether an employee qualifies for STD or LTD benefits depends on how many years of creditable service he/she has as a participant in TSERS. In addition, disability benefits may be limited if an employee has fewer than five years of creditable service.

If an employee is eligible for STD coverage, after having been disabled for 60 days, the STD plan begins paying a monthly disability benefit for up to a year. After a year, if the employee remains disabled and is eligible for LTD coverage, the LTD plan pays a monthly benefit for as long as the employee qualifies as disabled. (See **"Employees Can Supplement Basic STD/LTD through the NCFlex Voluntary Disability Plan"** section on [page 49](#).)

STD Coverage through DIP-NC

If an employee has at least one year of contributing membership service in TSERS (earned within the 36 calendar months preceding the disability) and meets all plan requirements, the STD plan will pay a benefit due to a qualified disabling illness or injury after a 60-day waiting period.

The STD plan pays a monthly benefit equal to 50% of the employee's monthly salary, up to a maximum of \$3,000 per month. The plan continues to pay this benefit until the employee is no longer disabled, or 365 days have passed since the beginning of the disability, whichever comes first.