

# Common Questions About Maternity-related Disability Claims



## When should I file a disability claim as a result of pregnancy or childbirth?

You may report a claim for disability benefits up to four weeks prior to a planned disability absence, such as childbirth. To ensure that your benefits request is processed as quickly as possible, we ask that you file your claim no later than the date you stop working due to your pregnancy or childbirth.

## How do I file a claim?

You may file a claim over the phone by calling us at 800.522.0406 and selecting option 2. You can also call 800.522.0406 to request a claim packet be sent to you via fax, mail or email. Finally, CTA members can file claims online by logging in at [www.CTAMemberBenefits.org/disability](http://www.CTAMemberBenefits.org/disability).

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

Once The Standard receives a completed claim application (Employee's Statement, Employer's Statement, and Attending Physician's Statement), it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with details.

## When am I considered disabled as a result of my pregnancy?

You are considered disabled when, as a result of your pregnancy, you are unable to perform with reasonable continuity the main functions of your occupation. The disability period for a normal and uncomplicated pregnancy begins on the cease work date recommended by your physician, but not earlier than four weeks before the expected date of delivery. Please refer to your certificate and summary plan description for a more detailed definition of disability.

## Do benefits begin on my first day of disability?

Benefits become payable once you have served the benefit waiting period. The benefit waiting period means the period you must be continuously disabled before disability benefits become payable. No disability benefits are payable for the benefit waiting period. Please refer to your certificate and summary plan description for the length of your benefit waiting period. There is no benefit waiting period for the daily hospital benefit.

## How long am I considered disabled following childbirth?

While every case is different, typically you will be considered disabled for six weeks after a vaginal delivery or eight weeks after a caesarean section delivery. You are also considered disabled for eight weeks after any delivery if you deliver twins or triplets. The disability periods noted assume there are no complications following childbirth. The disability period may be extended if complications arise.



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## **What happens if I want to take more time off work than my approved disability period after giving birth?**

Many women opt to take an extended leave of absence after having a child. If you choose to take additional time off, it's important to understand that, unless your leave of absence is approved under a federal or state-mandated family or medical leave law and you continue to pay premium, your disability coverage will end. When you return to work after an extended leave of absence, you will need to reinstate your disability coverage. Simply contact our dedicated CTA Customer Service Department at 800.522.0406, Monday through Friday from 7:00 a.m. to 6:00 p.m. Pacific time as soon as you know the date you will return to work. We will send you a reinstatement form to complete and return to our office. If we receive your completed form within 120 days of your return to work and you continue to meet all of the eligibility requirements for coverage, your coverage will be reinstated.

## **What happens if my delivery occurs less than 4 weeks after I first cease work? May I extend my claim by an extra 4 weeks after the birth?**

A claim will not be extended solely based on an early delivery date. Once the benefit waiting period has been satisfied, disability benefits are payable only for the period during which you are unable to perform with reasonable continuity the main functions of your occupation.

## **What happens if my delivery occurs within the benefit waiting period or during a school break? Do I still receive 6 weeks of benefits?**

Disability benefits are only paid for regular days of required attendance that are missed due to disability after the benefit waiting period has been satisfied. This means an uncomplicated vaginal delivery that takes place during the benefit waiting period and/or during a time when you are not scheduled to work can result in less than six weeks of benefits being paid.

## **What should I do if I have complications following my childbirth?**

If complications arise following childbirth that will prevent you from recovering during the normal recovery period, you should immediately notify The Standard by calling 800.522.0406 to request an extension of disability benefits. To process this request, we will contact your physician for additional information. Your doctor will need to provide The Standard with written documentation of your specific limitations and restrictions. This documentation may include the completion of an Attending Physician's Statement or Pregnancy Questionnaire, and/or copies of your medical records. Once this information has been received, your claim will be reviewed for a possible extension of disability benefits.

## **Are disability benefits paid for an adoption?**

No. While we understand that some people will take time off to be with their recently adopted child, this time does not qualify for disability benefits since the parent is not unable to work due to his or her own illness or injury.

## **Are benefits paid for periods of child-parent bonding, breast feeding or child illness?**

No benefits are paid for periods of child-parenting bonding, breast feeding, or child illness since the parent is not unable to work due to his or her own illness or injury.

## **Are there any benefits payable due to my hospitalization?**

If you are insured under the plans 501000-M or 503000-L, you are entitled to a daily hospital\* benefit if you are hospitalized during your pregnancy. Please let us know as soon as possible once you are hospitalized and we will calculate your benefit. You do not need to serve a benefit waiting period in order to be approved for the daily hospital benefit.

## **Whom should I call with questions about my claim?**

For questions about your claim, please call The Standard's toll-free disability benefits number, 800.522.0406. A knowledgeable Customer Experience Specialist will be happy to assist you.

\* Note: The term "hospital" does not refer to extended care facilities, nursing homes or convalescent homes.

The information described in this document is subject to all terms and provisions of the group policies. For costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the policies may be continued in force, please contact Standard Insurance Company at 800.522.0406.