

Employer-paid and Employee-paid

Long-Term Disability (LTD) Insurance

PEBB Administration Manual

for PEBB Benefits Administrators (BAs)



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Introduction

This manual is intended for use as a reference tool only. The purpose of this manual is to assist you in the administration of the LTD benefit plan. If there is inconsistency with this manual and the LTD Plan Booklet, the LTD Plan Booklet takes precedence.

If you have questions about eligibility or enrollment, please contact:

Outreach and Training
1-800-700-1555 | [HCA Support](#)

Benefits are underwritten by The Standard Insurance Company, Portland, OR. For the purposes of this manual, The Standard Insurance Company will be referred to as “Standard.”

Reminders:

- After January 1, 2022, an employee at any time may elect to reduce employee-paid LTD to the 50% coverage plan without Evidence of Insurability (EOI) or fully decline employee-paid LTD. The effective date of the change in coverage will be the first day of the month following the date the employer receives the election.
- An employee who seeks to increase coverage from the 50% coverage plan to the 60% coverage plan, or access previously declined employee-paid LTD, will be subject to EOI. The effective date of the change in coverage will be the day of the month the contracted vendor approves the required form.
- LTD premiums are NOT based on a monthly salary that is over \$16,667. For example, if an employee makes more than \$16,667 a month, they are only able to insure up to \$16,667 of their income on a monthly basis.
- Instructions for keying employee-paid LTD benefits which are effective on or after January 1, 2022 can be found at <https://www.hca.wa.gov/assets/perspay/PAY1-Instructions-for-keying-new-LTD-benefit.pdf>.
- More LTD information & resources can be found at www.hca.wa.gov/perspay.

Plan Reference Information

Policyholder: Washington State Health Care Authority

Group Policy Number: 377661-B

Group Policy Effective Date: July 1, 1992 and as amended

Eligibility or Enrollment: Outreach and Training

Questions: Phone: 1-800-700-1555

Email: [HCA Support](#)

Claims: *Employers will submit paper employer statements. Employees can use one of the methods below to submit a claim.*

 Mail: The Standard Insurance Company

Employee Benefits

PO Box 2800

Portland, OR 97208-2800

Phone: 1-800-368-2860

 Fax: 1-888-878-3686

 Online: www.standard.com

(To file a claim online, go to the above address and click on “File a Group Insurance Claim” on the middle right side of the screen to begin the claim process. Instructions will be provided through the entire claim submission process.)

Forms

Forms are available to download or order from the HCA warehouse at:

www.hca.wa.gov/perspay.

To Download:

From the menu on the left, select Forms and Publications > Download Forms:

Long-Term Disability (LTD) Booklet	SI-14249
<ul style="list-style-type: none">Includes the <i>LTD Enrollment/Change</i> form and the <i>LTD Evidence of Insurability</i> form	
<i>Long-Term Disability Enrollment/Change</i> form	SI-7533D
<i>Long-Term Disability Evidence of Insurability</i> form	SI-9340
Long-Term Disability Claim Packet	SI-3379
Long-Term Disability Correction Form	HCA 50-0881
Long-Term Disability Claim Information Sheet	HCA 50-0624

To Order:

From the menu on the left, select Forms and Publications > Order Materials. When the order form loads, select Long-Term Disability from the menu on the left.

Long-Term Disability Booklet	SI-14249
<ul style="list-style-type: none">Includes the <i>LTD Enrollment/Change</i> form and the <i>LTD Evidence of Insurability</i> form	

Eligibility

All employees eligible for the employer contribution toward PEBB benefits as described in WAC 182-12-114 are eligible for and will be automatically enrolled in Employer-paid LTD insurance and Employee-paid LTD insurance unless the employing agency does not participate in LTD insurance. Employer-paid LTD insurance is paid by the employing agency. Employee-paid LTD insurance is paid by the employee. The employee can reduce or decline Employee-paid LTD insurance at any time.

The following seasonal employees and individuals are only eligible for **Employer-paid LTD insurance** :

- Seasonal employees who work a season that is less than nine months
- Port Commissioners

Seasonal employees and employees on leave or temporarily working reduced hours

Employees who work a season of nine months or more are eligible for the employer contribution for Employer-paid LTD insurance through the off season following each season worked. Seasonal employees (working nine months or more per year) are also eligible for Employee-paid LTD insurance. The employing agency is responsible for collecting the employee premium for Employee-paid LTD insurance during the employee's off season. The Employee-paid LTD insurance premium collected during the off season is based on the employee's monthly base salary during the nine months or more the employee worked.

The employing agency is also responsible for collecting Employee-paid LTD insurance premiums while an employee is in LWOP status or temporarily working reduced hours provided the employee maintains eligibility for the Employer-paid LTD insurance. The Employee-paid LTD insurance premiums in these circumstances are calculated based on the amount taken in a month in which the employee was in full pay status.

For Employee-paid Insurance: During a leave of absence, providing that the employee maintains eligibility for Employer-paid Insurance, the following will apply:

- During the first 90 days insurance will be continued, and premium payments are waived for Employee-paid Insurance. Premiums for Employer-paid Insurance will continue to be remitted by the Employer.
- Beginning on day 91, insurance will continue providing premium payments are

remitted by the employee to the Employer.

***Note:** For instructions on how to key the 90 day premium waiver, please refer to the [keying employee-paid LTD manual](#).

Application Procedures

EOI approval is not required when:

The employee:

- Submits the *Long-Term Disability Enrollment/Change* form no later than 31 days after the date of initial eligibility; or
- Requests to reduce or decline their Employee-paid LTD insurance.

Employing agency procedures:

1. Review the *LTD Enrollment/Change* form for accuracy. Ensure the employee has completed the appropriate sections and signed and dated the form.
2. Complete Section: *To Be Completed By Payroll or Benefits Office Staff* of the form. Include the following information: Current Agency Hire Date, Employee's Monthly Earnings, Initial Eligibility Date, and the Effective Date of Employee-paid LTD insurance, when no approval is required.
3. Review the A.46 LTD screen in the PAY1 insurance system and update if necessary, with the requested coverage and effective date. Refer to the PAY1 System Manual for instructions.
 - Employer-paid LTD insurance is effective the first of the month following the date of eligibility. If the date of eligibility is the first working day of the month, coverage begins that day.
 - Employee-paid LTD insurance is effective the first of the month following the date of eligibility. If the date of eligibility is the first working day of the month, coverage begins that day. If the employee submits their form after 31 days of gaining eligibility but receives EOI approval, the effective date of the coverage is the day of the month Standard approves the required form.

Note: *Employer groups who do not key in the insurance system must send a copy of the form(s)*

to PEBB Outreach and Training for keying. Keep the originals of all forms for the employee's file.

4. File the original enrollment/change form in the employee's file.

Note: Do not forward the enrollment form to Standard.

EOI approval is required when:

The employee:

- Increases coverage or applies for coverage after previously declining Employee-paid LTD insurance after their first 31 days of initial eligibility

The employee must complete both the *LTD Enrollment/Change* form and the *Evidence of Insurability* form. The *LTD Enrollment/Change* form must be submitted to the employer and the *Evidence of Insurability* form to Standard for approval.

Employing agency procedures:

1. Review the *LTD Enrollment/Change* form for accuracy. Ensure that the employee has completed the appropriate sections and signed and dated the form.
2. Complete Section: *To Be Completed By Payroll or Benefits Office Staff* of the form. Include the following information: Current Agency Hire Date, Employee's Monthly Earnings, Initial Eligibility Date, and the Employee's Current Coverage.
3. Update the A.46 LTD screen with the requested coverage and effective date. Refer to the PAY1 System Manual for instructions. The coverage will pend for approval. If you are unable to key the pending coverage for any reason, please send a message to PEBB Outreach and Training through [HCA Support](#).

Note: Employer groups who do not key in the insurance system must send a copy of the form(s) to PEBB Outreach and Training for keying. Keep the originals of all forms for the employee's file.

4. Remind the employee to send the *Evidence of Insurability (EOI)* form to Standard. If the employee submits the form to you with the enrollment/change form, either request the employee send the *EOI* form to Standard or you can send the form to the carrier.

Note: Standard Insurance Company does not require a copy of the enrollment/change form when EOI is required.

5. File the original enrollment/change form in the employee's file.

After the EOI decision:

1. The employing agency and employee will receive an EOI approval or declination letter from Standard when the underwriting of the application has been completed.
2. Review the letter for accuracy and verify the coverage required approval. Contact Standard if approval was not required.
3. Key the approval, denial, or closure into the PAY1_insurance system. Refer to the PAY1 System Manual for instructions. The effective date of the LTD coverage is the day of the month Standard approves the request and the new LTD premium deduction will begin the first of the month following the effective date of the coverage.

Note: Employer groups who do not key in the insurance system must send a copy of the EOI decision to PEBB Outreach and Training for keying. Keep the original of all decisions for the employee's file.

4. Once coverage has been keyed, attach the employing agency copy of the letter to the *LTD Enrollment/Change* form and place in the employee's file.

LTD EOI approval or declination letter

A letter will be issued by Standard when an employee applies to increase or enroll in Employee-paid LTD insurance after their first 31 days of initial eligibility.

The employee must submit an *Evidence of Insurability* form to Standard in both cases. When Standard makes a decision, a letter will be issued to the employer and the employee.

The letter indicates if the coverage is approved, denied, or the request is closed. A request may be closed if Standard does not receive all requested information from the employee in a timely manner. Standard may re-open a closed request when it receives the information.

Below are some special circumstances that may arise upon receiving the letter:

- 1. When EOI is not approved by the carrier, but employee enrolled no later than 31 days after the date of eligibility*.**

When you receive a letter, check the date of eligibility and the date the employee signed the enrollment form. Approval is not required when the employee submits the form no later than 31 days after the date of eligibility. If you receive a letter for an application that did not require approval, call Standard, explain the situation, and request Standard change their records. *Note: Typically, the 31 day eligibility period begins on the employee's first day of work in a benefits-eligible position.*

- 2. Receive a closure or denial letter, then at a later date, receive an approval,**

overturning the previous decision.

Key the new decision into the PAY1 system (as long as it is not on the same day you keyed the previous decision). If you have any questions, contact Standard. If back premiums are due, notify the employee and HCA Accounting and collect the back premiums.

Approved LWOP

Employees leaving work on approved leave

Employees who leave work on approved leave (this does not include FMLA or PFML) and are not using eight hours of pay status (5% of full-time for faculty) each month while on leave are not eligible to continue their LTD insurance. However, the following employees are eligible to self-pay their Employer-paid and Employee-paid LTD insurance while on leave under PEBB Continuation Coverage (Unpaid Leave):

- Employees on approved educational leave, and
- Employees called to active military duty (USERRA leave)

Eligible employees who continue LTD insurance while on approved educational leave or USERRA leave may do so for up to 29 months.

For Employee-paid Insurance: During a leave of absence, providing that the employee maintains eligibility for Employer-paid Insurance, the following will apply:

- During the first 90 days insurance will be continued, and premium payments are waived for Employee-paid Insurance. Premiums for Employer-paid Insurance will continue to be remitted by the Employer.
- Beginning on day 91, insurance will continue providing premium payments are remitted by the employee to the Employer.

Employees Returning from Approved Leave

Employees not eligible to continue their LTD insurance while on leave

When the employee returns from leave, in the PAY1 insurance system:

1. Employer-paid LTD insurance will be effective the first day of the month in which the employee is in pay status 8 or more hours in the month or the first day of the month in

which the quarter or semester begins for faculty who regain eligibility by returning to a faculty position.

2. Reinstate the same Employee-paid LTD insurance the employee had prior to leave, effective the first day of the month in which the employee is in pay status 8 or more hours in the month or the first day of the month in which the quarter or semester begins for faculty who regain eligibility by returning to a faculty position. **Note:** *Employees who maintain their benefit eligibility by using eight hours of pay status (5% of full-time for faculty) each month while on leave are eligible to continue their Employee-paid LTD insurance. Premiums while on leave are based on the employee's salary prior to leave.*

Employees eligible to continue their LTD insurance while on approved educational leave or USERRA leave

When the employee returns from leave:

1. Verify the employee continued LTD insurance by self-paying the premiums to HCA during their leave.
If the employee self-paid their LTD insurance, reinstate Employer-paid and Employee-paid LTD insurance effective the first day of the month in which the employee is in pay status 8 or more hours in the month or the first day of the month in which the quarter or semester begins for faculty who regain eligibility by returning to a faculty position.
2. **If the employee did not self-pay their LTD insurance**, reinstate their Employer-paid LTD insurance effective the first day of the month- in which the employee is in pay status 8 or more hours in the month or the first day of the month in which the quarter or semester begins for faculty who regain eligibility by returning to a faculty position. Advise employee they must submit the *LTD Enrollment/Change* form to their employing agency and an *Evidence of Insurability* form to Standard for approval to re-enroll in Employee-paid LTD insurance. Employee-paid LTD insurance that requires EOI approval is effective the day of the month Standard approves the required form.

Claim Procedures

LTD claims should be filed as soon as the employee's last day (physically) on the job is known. Do not wait for the waiting period or leave to be exhausted to file the claim. Standard does not require that the employee exhaust their leave; however, leave balances are verified for purposes of determining when the benefit payment period begins.

Employers will submit paper employer statements. Employees have three options to file a claim:

- Telephone
- Online
- Paper

Employing agency procedures:

Employers that key in the insurance system

1. Complete the *State of Washington Long-Term Disability Claim Employer's Statement*.
 - **Section 1** – Enter the employee's personal information. Include the employee's job title and job classification. The job classification information should include whether the employee is full-time, part-time, permanent, temporary, etc.
 - **Section 2** – Include all benefit and work information.
 - **Section 3** – Enter the employee's salary information—current salary, previous salary, and the effective date of the last increase. Salary information may be entered as weekly, hourly, monthly, or an annual rate.
 - **Section 4** – Include all banked sick leave, shared leave, and annual leave.
 - **Section 5** – Answer all questions.
 - **Section 6** – Answer “No” to the first question. HCA does not purchase the employee life insurance through Standard.
 - **Section 8** – Complete the agency information.
2. Send the completed *Long-Term Disability Employer's Statement* to Standard. Include copies of the requested documentation in section 7 of the Employer's Statement.

Standard now has the following minimum requirements for documenting Pre-Disability Earnings (PDE):

- Payroll documentation is **not** required if the employee's PDE is less than \$5,000 per month.
- If the employee's PDE is from \$5,000 to \$8,999 per month payroll documentation is required from the employee's last day worked and the three calendar months prior to the date of disability.
- If the employee's PDE is \$9,000 and above payroll documentation is required from the 12 months prior to the last day worked and continuing to the most recent day paid plus a copy of the employee's prior year W2.

Payroll information is defined as payroll records, pay stubs, or other documents produced via a payroll software system. Payroll information must include year-to-date information wherever available.

3. Long-Term Disability Employer Claim Submission Options:

- Mail to Standard Insurance Company at PO Box 2800, Portland OR, 97208-2800.
- Fax the forms to 1-888-878-3686.

4. Send the *Employee's Statement* to the employee.

- **Employee's Statement** - The employee should complete and return this form to Standard with attached copies of requested documents. (See the instructions on the first page of form). Included in the Employee's Statement are:
 - **Authorization to Obtain Information** - Employee must sign and date this form and return with the Employee's Statement
 - **Authorization to Obtain Psychotherapy Notes** - Employee must sign and date this form and return with the Employee's Statement
 - **Attending Physician's Statement** - Part A is completed by the employee. Part B is completed by the employee's physician. The physician must return this to Standard.

5. Key the pending premium waiver (W) into the insurance system, effective the first day of the month following the last day worked. Refer to the PAY1 System Manual for instructions.

Note: Employer groups who do not key updates must send a copy of the form(s) to PEBB Outreach and Training. Keep the originals of all forms for the employee's file.

6. Continue to collect the Employee-paid LTD insurance premiums until you receive Standard's decision.

After the EOI decision:

1. Standard will send the coverage letter to the employing agency and employee. If approved, the employee will receive payment with the EOB.
2. Key the approval, denial, or closure into the PAY1 insurance system. Refer to the PAY1 System Manual for instructions.

Note: Employer groups who do not key updates must send a copy of the form(s) to PEBB Outreach and Training. Keep the originals of all forms for the employee's file.

3. If approved and the employee is still active, the employer will refund any premiums to the employee. If the employee is in self-pay status or no longer employed, HCA Accounting will refund the premiums. Notify HCA Accounting through [HCA Support](#) in this situation.

Return to work:

The employer must notify Standard any time there is a change in work status of the employee.

- If the employee returns to work part-time
- If the employee returns to work part-time, then returns to full-time
- If the employee returns directly to full-time

When the employee returns to work full-time, regular duties, the employing agency will reinstate Employee-paid LTD insurance, effective the first day of the month following the day the employee returns to work. Refer to the PAY1 System Manual for instructions. If coverage is not re-keyed, premiums will not be deducted, and coverage will not be reinstated.

An *LTD Employee Enrollment/Change* form is not required when the employee returns to work. Enroll the employee in the same coverage as before the claim. If the employee would like to change coverage, refer to the *Application Procedures* section earlier in this manual.

Employers that do not key in the insurance system

1. Complete the *Long-Term Disability (LTD) Claim Information Sheet* on the [forms page](#) of the PersPay website.
2. Send the completed form through [HCA Support](#).
3. Include in the HCA Support message the amount of sick leave, shared leave (if any), and annual leave the employee has.

Standard now has the following minimum requirements for documenting PDE:

- Payroll documentation is **not** required if the employee's PDE is less than \$5,000 per month.
- If the employee's PDE is from \$5,000 to \$8,999 per month payroll documentation is required from the employee's last day worked and the three calendar months prior to the date of disability.
- If the employee's PDE is \$9,000 and above payroll documentation is required from the 12 months prior to the last day worked and continuing to the most recent day paid plus a copy of the employee's prior year W2.

Payroll information is defined as payroll records, pay stubs, or other documents produced via a payroll software system. Payroll information needs to include year-to-date information wherever available.

4. Send the *Employee's Statement* to the employee.
 - **Employee's Statement** - The employee should complete and return this form to Standard with attached copies of requested documents. (See the instructions on the first page of form). Included in the Employee's Statement are:
 - **Authorization to Obtain Information** - Employee must sign and date this form and return with the Employee's Statement.
 - **Authorization to Obtain Psychotherapy Notes** - Employee must sign and date this form and return with the Employee's Statement.
 - **Attending Physician's Statement** - Part A is completed by the employee. Part B is completed by the employee's physician. The physician must return the form to Standard.

After the EOI decision:

1. Standard Insurance Company will send the coverage letter to the employing agency and employee. If approved, the employee will receive payment with the EOB.
2. Send a copy of the coverage letter to PEBB Outreach and Training for processing.
3. File the original in the employee's file.

Return to work:

The employing agency must notify Standard and send an [HCA Support](#) message to PEBB Outreach and Training anytime there is a change in work status of the employee.

- If the employee returns to work part-time
- If the employee returns to work part-time, then returns to full-time
- If the employee returns directly to full-time

When the employee returns to work full-time, regular duties, the employer will reinstate Employee-paid LTD insurance, effective the first of the month following the day the employee returns to work. Refer to the PAY1 System Manual for instructions. If coverage is not re-keyed, premiums will not be deducted, and coverage will not be reinstated.

An *LTD Employee Enrollment/Change* form is not required when the employee returns to work. If

the employee would like to *change* coverage, refer to the [Application Procedures](#) section earlier in this manual.

Employee-paid LTD billing:

The process for employee-paid LTD billing has not changed. Please refer to the accounting manual that applies to your organization on the [PersPay](#) website.

Employee-Paid LTD Enrollment Report in PEBB My Account:

Employers can use the on-demand Employee-Paid LTD Enrollment Report in PEBB My Account to obtain a list of which LTD plan employees are enrolled in. Please note that the Employee-Paid LTD Enrollment report is a real-time report, with the latest LTD enrollment changes. Individuals that have provisioned access as an admin for their organization should have access to this report. If you do not have access to this report, please submit an [HCA Support](#) message.

Below is a sample of the Employee-Paid LTD Enrollment Report:

Washington State Health Care Authority Public Employees Benefits Board						
PEBB MY ACCOUNT - EMPLOYEE PAID LTD ENROLLMENT REPORT						
OLYMPIC COLLEGE 662						
Report Run Date: 11/29/2021						
Agency/Sub	First Name	Last Name	SSN4	Election	Effective Date	
662	JANE	DOE	9272	60 percent	1/1/2022	
	JOHN	SMITH	9750	50 percent	1/1/2022	

Appendix

Employee Enrollment/Change form sample

WA Health Care Authority
Public Employees Benefits Board (PEBB) Program
Long Term Disability (LTD) Insurance
Enrollment and Change Form

Standard Insurance Company

To Be Completed By Employee Applying for Coverage Making a Change

Return completed form to your payroll or benefits office.

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	Employee I.D. Number	
Your Address		City	State	Zip Code
Former Name (Last, First, Middle) <i>Complete only if you are reporting a name change</i>		Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Job Title/Occupation				
Long Term Disability (LTD) Insurance Coverage				
I wish to:				
<input checked="" type="checkbox"/> Enroll in Employer-Paid LTD				
<input type="checkbox"/> Enroll in the 60% income replacement Employee-Paid LTD				
<input type="checkbox"/> Enroll in the 50% income replacement Employee-Paid LTD				
<input type="checkbox"/> Decline/cancel Employee-Paid LTD				
<p>If you wish to enroll or increase your Employee-Paid LTD coverage more than 31-days after becoming eligible for PEBB Program benefits, you must also complete the LTD Evidence of Insurability form available at hca.wa.gov/pebb under <i>Forms and publications</i>. You may request a paper form from your employer. Note: Send the Evidence of Insurability form to Standard Insurance Company (The Standard) at 900 SW 5th, Portland, OR 97204-1282 or call The Standard at 1-800-368-2860. The Enrollment and Change Forms are maintained by the PEBB employer and should not be sent to The Standard.</p>				

Signature I wish to make the changes selected on this form. If electing coverage, I authorize deductions from my wages to cover the cost of my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. If declining or canceling Employee-Paid LTD coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined/canceled above.

This form replaces all previous forms and submissions I have made for the PEBB Program's Long Term Disability coverage.

Employee Signature Required _____ Date (Mo/Day/Yr) _____

Return completed form to your payroll or benefits office.

To Be Completed By Payroll or Benefits Office Staff

Employer Name WA Health Care Authority Public Employees Benefits Board (PEBB) Program	Group Number 377661	Effective Date of Coverage <i>(if no approval required)</i>
Agency Name	Agency Code	
Current Agency Hire Date	Initial Eligibility Date for PEBB Benefits	
Hours Worked Per Week	Earnings: \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

EOI approval or declination letter sample



October 9, 2008

Wendy Addams
107 – Health Care Authority
PO Box 42682
Olympia, WA 98504-2682

NOTICE OF APPROVAL GROUP INSURANCE COVERAGE

POLICY OWNER: State of Washington

GROUP POLICY NUMBER: 377661

APPLICANT: John Doe

MEMBER IDENTIFICATION: John Doe
999990001

COVERAGE APPROVED / AMOUNT OF COVERAGE:
Long Term Disability / 60 day BWP

**DATE EVIDENCE OF
INSURABILITY APPROVED:** October 8, 2008

The applicant named above has been approved for group coverage with Standard Insurance Company.

This approval notice is subject to all terms and conditions of the group policy and state limitations. Premiums should be deducted in accordance with the provisions of the group policy.

If you have questions regarding this letter, please write to the address below or call (800) 378-1613.

Sincerely

Amanda Seidel
Associate Medical Underwriter
Employee Benefits Division

Employer's statement sample

Reset

Standard Insurance Company
 Employee Benefits 800.368.2860 Tel
 PO Box 2800 Portland OR 97208-2800

State of Washington
 Long Term Disability Benefits
 Employer's Statement

1. EMPLOYEE

Name of Employee: <u>John Doe</u>		Social Security No.: <u>999-99-0000</u>		Phone No.: (<u>360</u>) <u>555-1111</u>	
Address: <u>123 Main Street</u>		City: <u>Olympia</u>		State: <u>WA</u> Zip Code: <u>98504</u>	
Job Title (please attach a copy of Job description): <u>Engineer</u>				Date Employed: <u>1/9/1999</u>	
If applicable, please give job classification: <u>Permanent full-time</u>					
<input type="checkbox"/> K-12 Member <input type="checkbox"/> Higher Ed. Academic Retirement Plan Member <input checked="" type="checkbox"/> Other Covered Member					
Employee's work location (agency/institution): <u>Olympia WA</u>					

2. INFORMATION

Date employee's coverage became effective: Basic <u>2/1/1999</u>		Optional <u>3/1/1999</u>		Benefit Waiting Period for optional: <u>90 Days</u>	
Is this employee subject to Social Security taxes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was employee given a Certificate of Insurance/Long Term Disability Plan booklet? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know					
Was employee insured under previous LTD Carrier? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Effective Date: _____					
Employee's Medical Insurance carrier: <u>Uniform Medical Plan Classic</u>					
Phone No.: (<u>360</u>) <u>555-1112</u>					
Employee's status on date disability commenced:					
Actively at Work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		if no, reason: _____		Number of hours worked per week: <u>40</u>	
Pay status: <input type="checkbox"/> Yes <input type="checkbox"/> No		if yes, what type of pay? _____			
Last day of work before disability commenced: <u>1/6/2012</u>					
Number of hours worked this day: <u>6</u>		Date employee returned to work after disability ended: _____			
Have you considered allowing the claimant to work in another occupation, or modify or alter the job duties of the claimant's occupation, how the job is done (i.e., work schedule), or worksite? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, what alternatives were offered to the claimant? _____					
Is disability caused or contributed to by employment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined					
Has employee filed a Workers' Compensation claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't know					
Is employment now terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reason: _____					
Is employment scheduled for termination? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of termination: _____					
Reason: _____					

3. SALARY AT TIME OF DISABILITY *Please check only one box.*

<input checked="" type="checkbox"/> Basic Monthly Earnings	Monthly rate \$ <u>3631.00</u>	<input type="checkbox"/> Basic Weekly Earnings	Weekly rate \$ _____
<input type="checkbox"/> Basic Yearly Earnings	Annual rate \$ _____	<input type="checkbox"/> Basic Hourly Earnings	Hourly rate \$ _____
<input type="checkbox"/> Basic Contract Earnings	Contract amount \$ _____	Length of contract: _____	
<input type="checkbox"/> Commissions (Please attach list of commissions paid for the period specified in your Group Policy.)			
<input type="checkbox"/> Shift Differential <input type="checkbox"/> Bonuses			
Date of last increase: <u>1/2008</u>		Earnings prior to increase: \$ <u>3549.00</u> per <u>month</u> Effective date: <u>1/2007</u>	

4. COMPENSATION FOR PERIOD AFTER DISABILITY

Type	Last date through which paid or payable	Amount/Rate
Sick Pay		(banked sick, vacation, and shared leave)
Self-Insured Short Term Disability		
Salary Continuation		
Wages/salary earned after disability		
Vacation Annual Pay		

SI 8881-377881 1 of 3 (3/11)

Standard Insurance Company

Employee Benefits 800.368.2860 Tel
PO Box 2800 Portland OR 97208-2800

State of Washington
Long Term Disability Benefits
Employer's Statement

5. DEDUCTIBLE INCOME

Is employee covered by or now receiving benefits from the following?	Covered		Receiving			Date of Application	Amount		Effective Date
	Yes	No	Yes	No	Don't Know		Weekly	Monthly	
a. Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
b. Labor & Industries: Claim No. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
c. Retirement or Pension (PERS, WSTRG) Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
d. Higher Ed. Academic Retirement Plan Account No. _____ <input type="checkbox"/> TIAA/CREF% Employer Contributions _____ % <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
e. Other: (e.g., unemployment or union benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

6. LIFE INSURANCE

Was employee covered by group life insurance? Yes No

If yes, list policy number(s): _____

Date life insurance became effective: _____

Please attach original enrollment card.

Amount of Basic life insurance \$ _____ Additional \$ _____ Supplemental \$ _____ AD&D \$ _____

Dependent's coverage? Yes No

IMPORTANT: Please continue payment of premiums until otherwise notified.

7. ATTACHMENTS

Please attach copies of the following:

- a. Job Description
- b. Employment Application or Resume
- c. Enrollment Form for Long Term Disability Insurance
- d. Income From Other Sources (Deductible Benefits) Documents (Social Security, Workers' Compensation, PERS, TIAA/CREF, WSTRG, etc.)

8. EMPLOYER REPRESENTATIVE COMPLETING THIS FORM

Employer: WA State Department of Natural Resources Phone No.: (360) 555-1212

Address: 111 Washington Street City: Olympia State: WA Zip Code: 98501

Acknowledgement

I hereby certify that the answers I have made to the foregoing questions are both complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 3 of this form.

Signature: _____ Date: _____

Prepared by: Sue Manager Title: HR Manager

Phone No.: (360) 555-1212 Fax No.: (360) 555-2222

Employer-paid coverage sample



Standard Insurance Company
Benefits Department
PO Box 2800
Portland, Oregon 97208-2800

TO: John Doe	MBR ID: 999-99-0001	GROUP ID: 10008244
GROUP POLICYOWNER: State of Washington		POLICY: 377661
DATE: 08/15/2008		CLAIM: 00JD1234

We are pleased to inform you that your claim for long-term disability (LTD) benefits has been APPROVED. This notice explains how your benefits have been calculated.

LTD Benefits have been computed using the benefit formula described in your group policy. Your LTD benefits are reduced by any Deductible Income that you or your dependents are eligible to receive as a result of your disability or retirement (including, but not limited to, sick leave or salary continuation, Social Security, Workers Compensation, Unemployment benefits, rehabilitation wages, and/or retirement benefits).

If you are presently receiving Deductible Income which is not shown below, please forward a copy of any official statement you have received about the amount of this income and the period it covers. In some cases, a minimum LTD benefit may be payable if your Deductible Income exceeds a specified amount.

If you are awarded a future benefit, please notify our office immediately to minimize possible overpayment of your claim. Your monthly LTD benefit is:

Maximum Benefit Payable.....	\$	240.00
Minimum Benefit Payable.....	\$	50.00

Deductible Income used in calculation of the first check*:
NONE USED FOR THIS CHECK

Below is the first check calculation. The first line indicates the dates the benefit Waiting Period began and ended. As you can see, no benefits are payable during the Benefit Waiting Period.

Waiting Period in Days: 90		
05/07/2008 THRU 08/07/2008.....	\$	0.00
Adjusted Net Benefit 08/08/2008 THRU 08/31/2008.....	\$	201.29
Less Social security Tax	\$	-12.48
Less Medicare Tax	\$	-2.92
FIRST CHECK DUE: 09/01/2008 TOTAL	\$	185.89

If you are eligible for additional LTD Benefits, you will receive them on the 1st of the month.

We hope that the above information helps you understand your first benefit check from STANDARD. If you have any questions about your coverage under your group policy, please refer to your Certificate of Insurance or contact:

John Smith – LTD (555) 555-1212

MONTHLY RATE: *Deductible Income received for less than a one-month period is converted to an equivalent monthly rate.

DAILY RATE: A Daily Rate is used when your LTD benefit or your Deductible Income applies for only a partial month. The Daily Rate is calculated by dividing the monthly rate by the number of days in that particular month.

Employee-paid coverage letter sample



Standard Insurance Company
Benefits Department
PO Box 2800
Portland, Oregon 97208-2800

TO: John Doe	MBR ID: 999-99-0001	GROUP ID: 10008244
GROUP POLICYOWNER: State of Washington		POLICY: 377661
DATE: 08/15/2008		CLAIM: 00JD1234

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If you are presently receiving Deductible Income which is not shown below, please forward a copy of any official statement you have received about the amount of this income and the period it covers. In some cases, a minimum LTD benefit may be payable if your Deductible Income exceeds a specified amount.

If you are awarded Deductible Income in the future or you return to work or recover from your disability, please notify our office immediately to minimize possible overpayment of your claim. Your monthly LTD benefit is:

Maximum Benefit Payable.....	\$	1540.40
Minimum Benefit Payable.....	\$	50.00

Deductible Income used in calculation of the first check*:
 SALARY CONTINUATION 05/01/2008 TO 05/31/2008 \$ 2734.00

Below is the first check calculation. The first line indicates the dates the benefit Waiting Period began and ended. As you can see, no benefits are payable during the Benefit Waiting Period.

Waiting Period in Days: 60		
	05/07/2008 THRU 08/07/2008.....	\$ 0.00
Adjusted Net Benefit	07/08/2008 THRU 07/31/2008.....	\$ 43.11
FIRST CHECK DUE: 07/11/2008	TOTAL	\$ 43.11

If you are eligible for additional LTD Benefits, you will receive them on the 1st of the month.

We hope that the above information helps you understand your first benefit check from STANDARD. If you have any questions about your coverage under your group policy, please refer to your Certificate of Insurance or contact:

John Smith – LTD (555) 555-1212

MONTHLY RATE: **Deductible Income received for less than a one-month period is converted to an equivalent monthly rate.*

DAILY RATE: *A Daily Rate is used when your LTD benefit or your Deductible Income applies for only a partial month. The Daily Rate is calculated by dividing the monthly rate by the number of days in that particular month.*