Short Term Disability Claims Process

This document provides information regarding the Short-Term Disability Claims Process. Please refer to the Leave Administration Handbook for additional information.

The Short-Term Disability claims process consists of the following steps:

- Notifying appropriate office of off-the-job injury or illness.
- Charging sick accruals.
- Sending employee required forms.
- Completing and submitting required forms.
- Paying the employee.

Each step is described in the sections that follow.

Notification of Illness or Injury

An employee must notify their supervisor or the human resources office of an off-the-job injury or illness that results in time away from work in order to receive Short-Term Disability Benefits (DBL) and/or Voluntary Short-Term Disability (VSTD) benefits.

The operating location will verify the employee's eligibility status (for DBL) and/or enrollment status (for VSTD) and check their sick accrual status.

Charging Sick Accruals

Operating locations must charge a disabled employee's sick accruals as follows, once a determination of leave and/or income-replacement benefit availability has been made:

If the employee...	then...
has sick accruals	charge sick accruals until they are exhausted. Provide the employee with required forms at the appropriate time. Refer to the "Required Forms" section in this document.
does not have sick accruals	provide the employee with required forms when the disability exceeds seven days.

Required Forms

The following forms must be sent to employees at the beginning of their disability:

- Statement of Rights (DB-271S)
- Notice and Proof of Claim for Disability Benefits (DB-450)

When to Send the Forms

The forms must be sent once the disability exceeds seven days.

Forms are available in the “Required Forms” section above.

The following sections provide detailed information on each of the forms.

Statement of Rights

The "Statement of Rights" (DB-271S) provides information on an employee’s eligibility for disability benefits and must be sent to an employee at the start of a disability along with the disability claim form.

Notice and Proof of Claim

A "Notice and Proof of Claim for Disability Benefits" (DB-450) form includes our policy number, indicated in the chart below.

When Claim Form Must Be Filed

The "Statement of Rights" indicates that a claim form must be filed within 30 days (but not more than 26 weeks) from the date the disability begins.

Completing and Submitting Forms

The following table shows the steps that are taken after an employee receives the disability claim forms from the operating location:

Step	Who Does It	Action
1	Employee	Completes and signs Part I, the Initial Statement of Claim, of form DB-450, and the Authorization for Use in Obtaining Information form and submits the form to their health care provider.
2	Health Care Provider	Completes and signs Part III of form DB-450,Medical Provider’s Statement, and returns the form to the employee or the operating location office responsible for administering NYS Disability benefits. This serves as a certification of the disability.
3	Employee	If the form has not been returned to the operating location by the health care provider, submits completed claim form (DB-450) to the operating location office responsible for administering NYS Disability benefits.
4	Operating Location	Conducts the following review: • Verify employee’s eligibility for DBL coverage. • Verify employee's enrollment in VSTD coverage. • Verify that the disability claim form is accurate and complete. • Complete Employer's Section (Part II) on DB-450. • Statement of Earnings reflection VSTD deduction • In some cases, provide job description
5	Operating Location	E-mails the DB-450 form to The Standard Life Insurance Company of New York at: Email: SecureSTDForms@standard.com Policy: 762055

6	The Carrier	Tracks Short-Term Disability Claims for potential continuation into long-term status.
7	Operating Location	Sends a copy of the DB-450 form to RF Central Office of Human Resources, Benefits Services Unit. Central Office will ensure that Oracle records reflect benefits continuation if the employee is eligible.

Payment

The carrier reviews the claim and makes the disability determination. If the claim is approved, payment will be made directly to the employee via check or Direct Deposit, if provided, after sick accruals have been exhausted.

Monitoring Claims

The RF Central Office of Human Resources, Benefits Services Unit, is responsible for monitoring claims to ensure that the carrier processes the claim and provides payment to the employee.

Additional Information Requirement

The carrier may request additional medical records or an independent medical examination at no cost to the employee if there is unclear or conflicting medical information or if the carrier feels the length of the disability is inconsistent with the diagnosis. A medical practitioner certified by the Workers' Compensation Board and working in the employee's home area is selected by an outside agency. The agency will make any necessary arrangements with the medical practitioner. The carrier may also request payroll records to verify earnings and VSTD coverage.

When a Claim is Denied

If the claim is denied, the carrier notifies the:

- Employee directly
- Campus, if the claim was scanned and submitted via e-mail, with a response indicating denial.
- Central Office by sending a copy of the denial. (Central Office will also notify the campus benefits administrator.)
- Attending Physician's Statement and Authorization for Use in Obtaining Information

Note: Long-term disability claims can be initially approved, and subsequently denied, during any of the claim's periodic reviews.

The employee has the right to appeal if denied. Instructions for appealing are included in the denial letter sent from the carrier.