

Basic and Optional

# Long-Term Disability Insurance

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Administration Manual  
*for Washington State Personnel/Payroll/Benefits Staff*



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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 processing of the Long-Term Disability (LTD) insurance benefit. If there is inconsistency with the LTD Plan Certificate of Coverage, the Certificate of Coverage takes precedence.

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

PEBB Outreach and Training  
1-800-700-1555 | email [FUZE](#)

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.”

## 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 Questions: PEBB Outreach and Training

Phone: 1-800-700-1555

Email: [FUZE](mailto:FUZE)

Claims: *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](http://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](http://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"><li>Includes the <i>LTD Enrollment/Change</i> form and the <i>LTD Evidence of Insurability</i> form</li></ul>	
<i>Long-Term Disability Enrollment/Change</i> form	SI-7533D
<i>Long-Term Disability Evidence of Insurability</i> form	SI-9340
Long-Term Disability Employee's Statement	SI-3379
Long-Term Disability Employer Statement	SI-3381

### 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"><li>Includes the <i>LTD Enrollment/Change</i> form and the <i>LTD Evidence of Insurability</i> form</li></ul>	
Long-Term Disability Employee's Statement	SI-3379
Long-Term Disability Employer Statement	SI-3381
Long-Term Disability Evidence of Insurability form	SI-9340
Long-Term Disability Claim Packet	PKT-LTD
<ul style="list-style-type: none"><li>Includes: LTD Booklet, Employer's Statement, and Employee's Statement</li></ul>	

## Eligibility

All employees eligible to enroll as a subscriber in PEBB benefits as defined in WAC 182-12-114 are eligible for basic LTD, unless the employer does not participate in LTD. Basic LTD is paid by the employer. Most employees are also eligible to enroll in optional LTD coverage, which is paid by the employee.

Employees eligible for **basic LTD only** include:

- 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 basic LTD through the off season following each season worked. Seasonal employees (working nine months or more per year) are also eligible for optional LTD coverage. The employer is responsible for collecting the employee premium for basic and optional LTD during the employee's off season. The optional LTD 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 employer is also responsible for collecting optional LTD premiums while an employee is in LWOP status or temporarily working reduced hours. The optional LTD premiums in these circumstances are calculated based on the amount taken in a month in which the employee was in full pay status.

## Application Procedures

### *Carrier 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 increase the waiting period for their optional coverage.

### *Employer 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 4: Agency/Carrier Information* of the form. Include the following information: Current Agency Hire Date, Employee's Monthly Earnings, Initial Eligibility Date, Employee's Current Coverage, and the Effective Date of Optional Coverage, when no approval is required.
3. Update the A.46 LTD screen in the PAY1 insurance system with the requested coverage and effective date. Refer to the PAY1 System Manual for instructions.
  - Basic LTD coverage 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.
  - Optional LTD coverage is effective the first of the month following the *signature date* on the form. If the employee submits their form after 31 days of gaining eligibility but receives carrier approval, the effective date is the first of the month following the approval date.

*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.*

### *Carrier approval is required when:*

The employee:

- Applies for coverage after the first 31 days of initial eligibility; or
- The employee requests to decrease the waiting period.

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 employee's agency and the *Evidence of Insurability* form to Standard for approval.

### *Employer 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 4: Agency/Carrier Information* 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 FUZE.

*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* form to Standard. If the employee submitted the form to you with the enrollment/change form, send the *Evidence of Insurability* form to the carrier.

*Note: Standard Insurance Company no longer requires a copy of the enrollment/change form when carrier approval is required.*

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

#### *After the carrier decision:*

1. The employer and employee will receive a Final Action Notice (FAN) from Standard when the underwriting of the application has been completed.
2. Review the FAN for accuracy and verify the coverage required approval. Verify the approved waiting period matches the waiting period on the employee's enrollment/change form and the pending waiting period keyed into the PAY1 insurance system. Contact Standard if approval was not required or if the waiting period is incorrect.
3. Key the approval, denial, or closure into the PAY1 insurance system. Refer to the PAY1 System Manual for instructions. The effective date is the first day of the month following the approval date.

*Note: Employer groups who do not key in the insurance system must send a copy of the carrier 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 employer copy of the FAN to the *LTD Enrollment/Change* form and place in the employee's file.



## LTD Final Action Notices (FAN)

A FAN will be issued by Standard when:

- An employee requests optional LTD after the initial period of eligibility, or
- An employee chooses to decrease the waiting period.

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

The FAN 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 FAN:

**1. LTD coverage was declined, but employee enrolled no later than 31 days after the date of eligibility\*.**

When you receive a FAN, check the hire date 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 FAN for an application that did not require approval, call Standard, explain the situation, and request Standard change their records. If the waiting period has not been keyed, key the coverage with an effective date of the first day of the month following the signature date on the form. If back premiums are due, notify the employee and HCA Accounting. Collect the back premiums.

**2. The waiting period that Standard approved does not match the waiting period keyed into PAY1.**

Refer back to the employee's enrollment/change form. Verify waiting period with Standard. If the waiting period keyed into the system is incorrect, correct the waiting period when you key the approval. If the waiting period on the FAN is incorrect, explain the situation to Standard and request a new FAN.

**3. Receive the FAN and a copy of the enrollment/change form, or only receive a copy of the enrollment/change form.**

A checkmark indicating approval, denial, or pending is located in the bottom right-hand corner of the enrollment/change form (in the Standard Insurance Company Box). If a decision is pending, it means there is incomplete information. Key the decision the same as you would a FAN. If you receive the FAN at a later date, verify the decision was keyed and place the FAN in the employee's file.

**4. Receive a closure or denial. 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.

**\*First 31 days of eligibility** – The 31 days begins on the employee’s first day of work in a benefits-eligible position. *For example, if an employee is hired on July 1, their LTD form must be submitted by July 31. Basic coverage would begin July 1 and optional coverage would begin August 1.*

## Approved LWOP

### *Employees leaving work on approved leave*

Employees who leave work on approved leave 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 coverage. However, the following employees are eligible to self-pay their basic and optional LTD coverage while on leave:

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

If the employee does not continue their LTD while on educational or USERRA leave, the employee will be required to submit an *Evidence of Insurability* form for carrier approval in order to reinstate their optional LTD coverage when they return.

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

## Employees Returning from Approved Leave

### *Employees not eligible to continue their LTD coverage while on leave*

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

1. Reinstate basic LTD effective the first day of the month in which the employee is in pay status 8 or more hours in the month.
2. Reinstate the same optional waiting period the employee had prior to leave effective the first day of the month following the month in which the employee is in pay status 8 or

more hours in the month. **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 basic and optional LTD coverage Premiums while on leave are based on the employee's salary prior to leave.*

### *Employees eligible to continue their LTD coverage while on approved educational leave or USERRA leave*

When the employee returns from leave:

1. Verify the employee continued LTD by self-paying the premiums to HCA during their leave.  
**If the employee self-paid their LTD coverage**, reinstate basic and optional LTD effective the first day of the month in which the employee is in pay status 8 or more hours in the month.
2. **If the employee did not self-pay their LTD coverage**, reinstate their basic LTD effective the first day of the month following the month in which the employee is in pay status 8 or more hours in the month. Advise employee they must submit the *LTD Enrollment/Change* form to their agency and an *Evidence of Insurability* form to Standard for approval to re-enroll in optional LTD coverage. Optional LTD coverage that requires carrier approval is effective the first day of the month following approval from the carrier.

## 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.

### *Employer procedures:*

### *Agencies 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 employee’s *LTD Enrollment/Change* form, and the requested documentation in section 7 of the Employer’s Statement.

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 must include year-to-date information wherever available.

3. Long-Term Disability Claim Submission Options:

- Mail to Standard Insurance Company at PO Box 2800, Portland OR, 97208-2800.
- Fax the forms to 1-888-878-3686.
- Utilize Web Intake. This allows you to submit claims via Standard's website. You will need to create an account with a login and submit the claim to [www.standard.com](http://www.standard.com). To file a claim online, 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.

For assistance with the electronic claim submission options, please call Standard at 1-800-368-1135.

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 waiver (W) into the insurance system. The effective date is 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 optional premiums until you receive Standard's decision.

*After the carrier decision:*

1. Standard will send a copy of the Explanation of Benefits (EOB) to the employer and employee. If approved, the employee will receive payment with the EOB. If the employee has both basic and optional coverage, two letters will be issued explaining the benefits.
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 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 [FUZE](#) 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 employer will reinstate optional coverage, 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.

### *Agencies 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 [FUZE](#).
3. Include in the FUZE 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 carrier decision:*

1. Standard Insurance Company will send a copy of the Explanation of Benefits (EOB) to the employer and employee. If approved, the employee will receive payment with the EOB. If the employee has both basic and optional coverage, two letters will be issued explaining the benefits.
2. Send a copy of the Explanation of Benefits (EOB) to PEBB Outreach and Training for processing.
3. File the original in the employee's file.

*Return to work:*

The employer must notify Standard and send a FUZE 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 optional coverage, 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.

# Appendix

## Employee Enrollment/Change form sample

Public Employees Benefits Board (PEBB) Program  
Underwritten by Standard Insurance Company

### Long Term Disability (LTD) Enrollment/Change Form

<b>Employees</b> <ul style="list-style-type: none"> <li>Type or print clearly in ink.</li> <li>If you do not wish to enroll in optional LTD coverage, complete Sections 1 &amp; 2.</li> <li>If you wish to enroll in or change optional LTD coverage, complete Sections 1 &amp; 3. Your personnel, payroll, or benefits office will automatically enroll you in Part A (Basic) LTD coverage.</li> <li>Return this form to your personnel, payroll, or benefits office.</li> <li>If you're requesting optional coverage that requires prior approval, you must also complete the <i>LTD Evidence of Insurability Form</i> and send it to Standard Insurance Company.</li> </ul>	<b>Personnel, payroll, or benefits office staff</b> <ul style="list-style-type: none"> <li>Review Sections 1 – 3 for completeness and accuracy, and complete Section 4.</li> <li>Do not send the form to Standard Insurance Company or the PEBB Program.</li> </ul>
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**SECTION 1: PERSONAL INFORMATION**      Employee completes this section.

Social Security Number <b>000-00-1234</b>	Employee I.D. Number <b>12345678</b>	Last Name <b>Doe</b>	First Name <b>John</b>	Middle Initial <b>A.</b>
Street Address <b>123 Main Street</b>	Apartment Number	City <b>Olympia</b>	State <b>WA</b>	ZIP Code + 4 <b>98506</b>
Mailing Address (if different from above)	Apartment Number	City	State	ZIP Code + 4
Agency Name <b>Health Care Authority</b>	Agency Code <b>107</b>	Date of Birth <b>06/01/75</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number – Daytime <b>360-123-4567</b> Phone Number – Evening <b>360-987-6543</b>

**SECTION 2: BASIC LTD COVERAGE ONLY**      Employee completes this section.

Your employer pays for Plan A (Basic) LTD coverage. Your personnel, payroll, or benefits office will enroll you in this coverage at no cost to you.

If you wish to enroll in Plan A (Basic) LTD coverage, you must also complete the *LTD Evidence of Insurability Form*, sign and date below.

I hereby reject my opportunity to enroll in optional LTD coverage. By signing this form, I declare that the information I have provided is true, complete, and correct, and that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of insurance benefits.

This form replaces all previous forms and submissions I have made for PEBB long term disability coverage.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: BASIC AND OPTIONAL LTD COVERAGE**      Employee completes this section.

<p>I wish to:</p> <p><input checked="" type="checkbox"/> Enroll in optional LTD coverage; choose a waiting period.</p> <p><input type="checkbox"/> Increase the waiting period for my LTD coverage; choose a waiting period.</p> <p><input type="checkbox"/> Decrease the waiting period for optional LTD coverage; choose a waiting period.</p> <p><input type="checkbox"/> Cancel my optional LTD coverage.</p> <p>If you wish to enroll in optional LTD coverage after 31 days of becoming newly eligible for PEBB coverage, or decrease the waiting period for your optional LTD coverage, you must also complete the <i>LTD Evidence of Insurability Form</i>.</p> <p>By signing this form, I declare that the information I have provided is true, complete, and correct. I understand that knowingly providing false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company is a crime, and can result in imprisonment, fines, and denial of insurance benefits.</p> <p>I allow my employer to deduct money from my earnings to pay for any optional insurance I requested and approved by Standard Insurance Company. This form replaces all previous forms and submissions I have made for PEBB long term disability insurance.</p> <p>Employee's signature _____ Date _____</p>	<p>Choose a waiting period:</p> <p><input type="checkbox"/> 30 days</p> <p><input type="checkbox"/> 60 days</p> <p><input checked="" type="checkbox"/> 90 days</p> <p><input type="checkbox"/> 120 days</p> <p><input type="checkbox"/> 180 days</p> <p><input type="checkbox"/> 240 days</p> <p><input type="checkbox"/> 300 days</p> <p><input type="checkbox"/> 360 days</p>
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**SECTION 4: AGENCY/CARRIER INFORMATION**      Personnel, payroll, or benefits office completes this section.

Current Agency Hire Date	Initial Eligibility Date for PEBB Benefits	Effective Date of Optional Coverage <i>(if no approval required)</i>	Standard Insurance Company has: <input type="checkbox"/> Approved Effective date _____
Employee's Monthly Earnings \$ _____	Employee's Current Coverage <input type="checkbox"/> Basic LTD only <input type="checkbox"/> Optional LTD—waiting period _____ days	<input type="checkbox"/> Declined <input type="checkbox"/> Pending—information incomplete	

**PEBB LONG TERM DISABILITY INSURANCE CONTRACTOR**  
Standard Insurance Company, Attn: Medical Underwriting Department, 900 SW 5<sup>th</sup>, Portland, OR 97204-1282  
Phone: 1-800-368-2860

SI 7533D-377661      1 of 1      (11/13)



*Final Action Notice (FAN) 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

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**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		

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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

Explanation of benefits samples

Basic 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

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 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.....\$ 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 1<sup>st</sup> 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.

