DATE

EMPLOYEE NAME

EMPLOYEE ADDRESS

CITY, STATE, ZIP

RE: Standard Long Term Disability Application

Policy #: 754414

Dear EMPLOYEE NAME:

The State of Iowa's Long Term Disability (LTD) insurance plan provides monthly benefits if you have an illness or injury that prevents you from performing your own occupation. In recent review of your leave, we have attached the Employee Statement and Physician Statement of the long term disability application.

LTD applications can now be submitted in the following ways:

* Online: To file a claim online, go to [www.standard.com](http://www.standard.com/) and click on “File a Claim” to begin the claim process.
* Phone: To file a claim by telephone, contact The Standard’s Claim Intake Service Center at 844.480.5547.
* Mail/Fax: To file a claim by paper application please complete the required sections on the paperwork included in this mailing and submit.

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| --- | --- |
| Mail | Standard Insurance Company-Employee Benefits Department  PO Box 2800 Portland, OR 97208 |
| Fax | 971-321-8400 |

* Page 1-9, Employee Statement. Please read, complete and sign.
* Page 10-12, Physician Statement. Please give to your physician to read, complete and sign.

Please keep a copy for your records. Once The Standard receives both the Employee and Physician Statements, they will contact the State of Iowa to submit an Employer Statement.

Please also review the enclosed Extended Illness Guide and the Long Term Disability Insurance Certificate.

DAS-HRE will send you a letter notifying you once the Employer Statement has been submitted to The Standard. This letter will include additional information regarding benefits.

If you have any questions, please contact me.

Sincerely,

HRA NAME

HRA TITLE

HRA AGENCY

HRA ADDRESS

CITY, STATE, ZIP

HRA PHONE NUMBER

HRA EMAIL ADDRESS