

## HRA/HR Contact – Processing Long Term Disability (LTD) Claims

Group Long Term Disability (LTD) insurance from Standard Insurance Company (The Standard) helps provide financial protection for insured members by paying a monthly benefit in the event of a covered disability. The cost of this insurance is paid by the State of Iowa. If an employee’s medical condition will prevent them from working for more than 90 working days, they may be eligible to receive disability benefits. Typically, the manager or employee will reach out to you for assistance.

Refer to the DAS Website by clicking on: [Long Term Disability \(LTD\)](#) for additional information. If you have questions after reviewing the materials, please contact Danielle Potter (LTD Plan Administrator) at 515-281-8866. Follow these steps when an employee requests an application for LTD.

Step	Action														
	<p>Send the employee an LTD claim packet with the following</p> <ul style="list-style-type: none"> <li>• <a href="#">LTD Cover Letter to Employee</a></li> <li>• <a href="#">Employee’s and Attending Physician’s Statement</a> <ul style="list-style-type: none"> <li>• Pages 1 – 9 are the Employee’s Statement</li> <li>• Pages 10 – 12 are the Attending Physician’s Statement</li> </ul> </li> <li>• <a href="#">Long Term Disability Insurance Certificate</a></li> <li>• <a href="#">Extended Illness Guide</a></li> </ul> <p><b>Note:</b> If the date of disability (or beginning of the employee’s leave) is before <b>12/31/2016</b>, you will use The Hartford’s claim form and instructions. Do not continue to follow these steps.</p>														
	<p>Complete Sections 1-9 of the <a href="#">Employer Statement</a> Give the employee the <a href="#">Employee’s and Attending Physician’s Statement</a></p> <p><b>1. Employee:</b></p> <ul style="list-style-type: none"> <li>• Complete basic employee information – <i>Name, Address, Job Title and Job Classification</i></li> <li>• <i>Insurance Class</i> - check appropriate box</li> <li>• <i>Phone Number, Date Employed</i> (original date of employment) <i>and Social Security Number</i></li> </ul>														
	<p><b>2. Information:</b></p> <ul style="list-style-type: none"> <li>• <i>Date employee’s LTD coverage became effective</i> - date the employee became covered by The Standard. (The Standard contract with the State of Iowa became effective 1/1/2017.)</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the employee...</th> <th style="text-align: center;">then...</th> </tr> </thead> <tbody> <tr> <td>was hired prior January 1, 2017</td> <td>Enter 1/1/2017</td> </tr> <tr> <td>started prior to January 1, 2017</td> <td>Use the actual benefit effective date (30 days of employment and the 1<sup>st</sup> of the month)</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• <i>Work Location</i> – Physical address where employee primarily works</li> <li>• <i>Was the employee given a certificate</i> – Check “yes” if you have given the employee the Group LTD certificate</li> <li>• <i>Was the employee insured under the previous LTD carrier</i> – see table</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the employee...</th> <th style="text-align: center;">then...</th> </tr> </thead> <tbody> <tr> <td>started after January 1, 2017</td> <td>mark no, they were not covered by the prior LTD carrier</td> </tr> <tr> <td>was hired prior to January 1, 2008</td> <td>the effective date is January 1, 2008</td> </tr> <tr> <td>was hired after January 1, 2008</td> <td>Use the actual benefit effective date (30 days of employment and the 1<sup>st</sup> of the month)</td> </tr> </tbody> </table>	If the employee...	then...	was hired prior January 1, 2017	Enter 1/1/2017	started prior to January 1, 2017	Use the actual benefit effective date (30 days of employment and the 1 <sup>st</sup> of the month)	If the employee...	then...	started after January 1, 2017	mark no, they were not covered by the prior LTD carrier	was hired prior to January 1, 2008	the effective date is January 1, 2008	was hired after January 1, 2008	Use the actual benefit effective date (30 days of employment and the 1 <sup>st</sup> of the month)
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- *Employee's status on date disability commenced, Actively at Work* – Check Yes or No
- *Number of hours worked per week* – employee's regular work schedule
- *Last day of work before disability commenced* – the last date that the employee worked
- *Exempt or Non-Exempt* – Check the appropriate box (eligible for overtime, check non-exempt; not eligible for overtime, check exempt)
- *Number of Hours worked on this day* – indicate the number of hours that the employee worked on the last date from above
- *Have you considered allowing the claimant to work*– talk with the manager to confirm if any alternatives were offered to the employee. If offers were made, describe in detail what they were.
- *Is disability caused or contributed to by employment* – Check Yes, No or Undetermined by logging into Via One for confirmation.
- *Has the employee filed a Workers' Compensation claim* – Check Yes, No or Don't Know based on answer from Via One. If you do not have Via One you can skip answering the work comp questions.
- *Claim number and Date of Injury* – If there is a claim, provide the claim number and date of injury.
- *Phone number and Person to Contact* – Contact Sedgwick for the claim representative's name.
- *Is employment now terminated or scheduled for termination* – Check appropriate box. If yes, indicate date and reason for termination on form.

**3. Salary at Time of Disability:**

- *Employee pay is based on* – Check Hourly or Annual Salary. Then check Bi-weekly, Basic Yearly or Basic Hourly Earnings and enter appropriate amounts. **Note:** You only need to select one option.
- *Date of last increase and Earnings prior to increase* – Indicate date and amount of increase from payroll system.
- *Additional income* – If employee received shift differential, longevity pay, subsistence allowance or lead worker pay, check appropriate box.

**4. Compensation for Period After Disability:**

- *Sick Pay/Salary Continuation – Column 1:* Check timesheet for the actual date sick leave will end (not the end of the pay period). *Column 2:* Indicate amount/rate (number of hours of sick leave used on date listed in the first column/current hourly pay). **NOTE:** Do not include vacation time.
- *Wages/salary, earned after disability* – If the employee is working part-time enter the amount. If they are not working, indicate N/A.

**Note:** Employees on paid leave may still receive pay increases

**5. Deductible Income/Benefits from Other Sources:**

You may not be able to answer all of the questions in the table. If you are unable to do so, check the box "Don't know" and move to the next section.

- Social Security
- Workers' Compensation
- Other

	<p><b>6. Life Insurance:</b></p> <p>Respond to the following questions:</p> <ul style="list-style-type: none"> <li>• <i>Was the employee covered by Group Life Insurance with the Standard on the last day worked?</i></li> <li>• <i>Date life insurance became effective:</i></li> <li>• <i>Amount of Basic Life Insurance and Additional/Optional-</i> Basic will be \$20, 000. Refer to Workday for the Additional/Optional amount.</li> </ul>
	<p><b>7. Tax Information:</b></p> <ul style="list-style-type: none"> <li>• <i>If subject to Social Security taxes what are the employee's year to date Social Security wages – This can be found in your payroll system. If you use HRIS, you can find this information under the Warrants section. The wages are under the FICA Earn OASD.</i></li> <li>• <i>Does the employee pay all or a portion of the premium for LTD insurance? Check "no", as the State pays for the benefit. The only exception is Class 3 (Part Time General Assembly). If your employee is in Class 3, you will indicate that the Employer pays 0% and Employee pays 100% with funds that have been taxed.</i></li> </ul>
	<p><b>8. Attachments:</b></p> <p>Assemble the following employee documents:</p> <ul style="list-style-type: none"> <li>• Current copy of essential functions/job description/PDQ</li> <li>• Life insurance enrollment form Workday under Benefits&gt;Basic Life and Supplemental Life</li> <li>• Most recent beneficiary designation from Workday&gt;Benefits&gt;Beneficiaries</li> <li>• Any paperwork workers' compensation or social security paperwork</li> </ul> <p>You are not required to provide an employment application or resume.</p> <p>Note: You will submit this documentation with the Employer Statement</p>
	<p><b>9. Employer Representative Completing this Form:</b></p> <p>The information listed below is required:</p> <ul style="list-style-type: none"> <li>• <i>Phone Number</i></li> <li>• <i>Address</i></li> <li>• <i>Signature</i></li> <li>• <i>Prepared by</i></li> <li>• <i>Title</i></li> <li>• <i>Phone Number, Fax Number</i></li> </ul>
	<p>Send all documents to DAS-HRE, attention LTD Claims.</p> <ul style="list-style-type: none"> <li>• Employer Statement (completed and signed)</li> <li>• All Attachments identified in Section 8 above.</li> </ul> <p><b>NOTE:</b> If the employee has extenuating circumstances occurring and cannot fax or mail the Employee and/or Physician Statements to The Standard, please contact Danielle Potter to request a waiver the employee will sign granting permission for DAS-HRE to submit the Employee and Physician Statement on their behalf.</p>