



Frequently Asked Questions

Filing an Accident Insurance Claim

1 | When should I file a claim?

File a claim when you or someone listed on your policy receives treatment due to a covered accident. Claims should be submitted within 90 days of the accident if possible, but no later than one year.

Accident insurance from Standard Insurance Company (The Standard) provides over 70 benefits ranging from minor treatments at an urgent care center to catastrophic injuries. To see a list of benefits offered by your policy, ask your benefits administrator for your Group Certificate of Insurance.

2 | What information will I need to provide?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Description of the accident, including accident/incident reports, if applicable
- Diagnosis for the accident provided by the treating physician
- Physician's contact information (name, address, phone and fax number)

3 | What's in a typical claim form for Accident Benefits?

It usually contains the following documents to complete, sign and date:

- An Employee's Statement, which may include supporting documentation
- An Authorization to Obtain and Release Information
- Documentation that provides the diagnosis and treatment received for the injury (Attending Physician Statement also accepted)

We may request medical records from your physician.

4 | What if I'm filing for a Youth Organized Sports Benefit?

You'll need to provide proof of your child's registration in the organized sport event, such as a roster of the sports team with your child's name listed.

The Standard is not responsible for providing proof of claim.

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