

Frequently Asked Questions About Filing A Claim for Oregon Paid Family and Medical Leave

The following questions and answers will help you file a Oregon Paid Family and Medical Leave (OR PFML) claim with Standard Insurance Company (The Standard). The steps outlined below will enable you to access our efficient claims services quickly and easily.

When Should I Report A Claim?

To report a foreseeable event like a birth or planned surgery, you should provide your employer with a 30-day notice of intent to use OR PFML Benefits. You may take OR PFML as an intermittent leave, or on a reduced schedule. If you are uncertain about how long you will be absent or whether you should file a claim or not, we suggest that you file your claim. This offers you some peace of mind and allows for The Standard to begin its review and issue a timely payment. If the need for leave is not foreseeable, you should file your claim as soon as is reasonably possible.

How Do I File A Claim?

To file a claim by telephone, contact The Standard's Claim Intake Service Center at 800.242.1888.

To file a paper claim, go to www.standard.com, click on "Find a Form" and select the correct OR PFML Packet that is right for you. The form can be downloaded, completed and printed. Completed forms can be mailed or faxed to The Standard using the contact information at the top of the claim packet.

A typical application for OR PFML benefits contains the following documents:

- OR PFML Checklist
- Employee and Employer Statement (OR PFML-1)^{1,2}
- Release of Information Authorization (OR PFML-3 or 6)
- Certification of Leave (OR PFML-2, 4, or 7)

When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information — in addition to other questions about your absence:

- Employer name: **Southern Oregon University**
- Group Policy number: **762198**
- Name and Social Security number
- Last day you were at work
- Reason for leave
- Length of planned leave

What Are The Hours Of Operation For The Claim Intake Service Center?

If you choose to submit your claim by telephone, The Standard's Claim Intake Service Center representatives are available to assist you Monday through Friday, 5:00 a.m. through 5:00 p.m., Pacific Time.

How Long Does It Normally Take To Make A Claim Decision?

Once The Standard receives the required paperwork (OR PFML-1) and the applicable Certification of Leave, it will take approximately one week to make a claim decision. Detailed claim communications will be sent to you by mail. If we have not made a decision within one week, you will be notified with additional details.

If My Claim For Benefits Is Approved, How Long Will It Take To Receive My First Check?

OR PFML benefit payments are paid in arrears on a weekly basis. If you file in advance for an upcoming leave, benefits will not be payable until after your leave begins and the date of leave is confirmed. OR PFML benefit payments that are payable for retroactive claims will be mailed following claim approval. OR PFML benefit checks will be mailed directly to your residence or to your employer.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Benefits toll-free number, 800.242.1888. If you are looking for general information, please contact your benefits administrator.

Who Is Responsible For Notifying My Employer Of My Absence?

It is your responsibility to follow your employer's normal absence reporting procedures by notifying your manager or supervisor of your absence.

- ¹ If you file by telephone your submission serves as the Employee's Statement and we will instruct you on which other documents need to be completed.
- ² The Standard will contact your Employer to obtain the information necessary on the Employer's Statement.