

Absence Management

Frequently Asked Questions

City of Newport News



Reporting FMLA absences and filing for Short Term Disability

It feels good to be prepared. That's why we've developed the following guide to help you report an FMLA related absence with Standard Insurance Company (The Standard[®]). Follow the steps outlined below if you need to report an FMLA absence or file a disability claim. This will enable you to access our Absence Management Service Center online or by phone.

When should I report an FMLA absence?

Contact The Standard if you are or will be absent from work for any of the following FMLA qualifying reasons:

- Your own serious health condition (including pregnancy)
- To care for your newborn child
- The placement of your adopted or foster child
- To provide care for a qualifying family member with a serious health condition
- To care for a covered service member injured in the line of duty
- For qualifying military need, allowing family members to take leave to prepare for or deal with issues that arise as a result of a family member being called to serve in the military

For all other absences, please contact your direct supervisor and follow your department's normal call-in procedures.

How do I notify The Standard about an FMLA absence and disability?

- Call the Absence Management Service Center at 833-571-1200.

— OR —

- Log in at standard.com/absence.

Note: First-time users will need to create an account. The webpage has a step-by-step guide on how to do this.

What are the Absence Management Service Center's operation hours?

The Absence Management Service Center is available Monday through Friday between 8 a.m. and 8 p.m. EST

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When I call to report my FMLA absence, what questions will I be asked?

Besides answering other questions about your FMLA absence, you will be asked to provide the following information:

- Employer name: City of Newport News
- Group Policy number:¹ 758991-A
- Employee ID number
- Last day you were at work
- Reason you are requesting leave
- Physician's contact information (*name, address, phone and fax number*)

Will I receive any notifications after I initiate an FMLA leave request or Disability claim?

After you start a request for time off due to FMLA and/or filing a Short Term Disability claim, The Standard will send you a letter confirming receipt of your FMLA leave request.

If you are filing for a Short Term Disability claim, The Standard will fax an Attending Physician's Statement to your physician to complete.² An Authorization to Obtain Information will be mailed to you to sign and return.

If you called to request FMLA leave but did not initiate a Short Term Disability claim, you will receive a Certification of Health Care Provider form. These forms should be returned to The Standard by the due date indicated in your letter.

Where do I send the completed forms?

If you are required to submit paperwork, please send the completed forms to:

Standard Insurance Company
Employee Benefits Division
PO Box 3877
Portland, OR 97208

You can also fax completed forms to 866.751.5174.

How long does a Short Term Disability claim decision normally take?

It will take approximately one week to make a claim decision once we receive your completed claim application. If we have not made a decision within one week, you will be notified as to why.

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If my claim for disability benefits is approved, how long will it take to receive my first check?

Legacy Plan; After you serve the benefit waiting period (as outlined in your group policy), Short Term Disability benefit payments are paid in arrears on a weekly basis. In most cases, we mail checks on Wednesday of each week. Short Term Disability benefit payments that are payable for retroactive claims will be mailed following claim approval. We mail Short Term Disability checks directly to your residence.

Hybrid Plan; Your employer will pay Short Term Disability benefit payments through your normal payroll cycle. Your benefits administrator can explain the type of plan you have and specifically how your benefits will be paid.

What are FMLA intermittent and reduced leave schedule leaves?

Federal and state leaves may be taken intermittently or on a reduced leave schedule under certain circumstances.

Intermittent leave is Federal and state leaves taken in separate blocks of time due to a single qualifying reason.

A **reduced leave schedule** decreases an employee's usual number of working hours per workweek or per workday. A reduced leave schedule is a change in the employee's schedule for a period of time, normally from full time to part time.

How do I report an intermittent FMLA absence?

When you miss time associated with an approved FMLA intermittent leave, you can quickly and easily report absences through The Standard's self-service phone system or the absence management self-service portal. These services are available anytime.

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Follow these steps to use the self-service phone system:

- Say “report an absence” when prompted and you can report your time off without needing to speak to a representative.
- Provide the following information:
 - Your leave number, which you can find on the correspondence we sent you after we approved your intermittent FMLA leave
 - Your date of birth
 - The date of the absence

Note: You may report multiple absences during one call. Dates can be today, or in the past or future. However, each absence will be a separate entry during the same call.

 - The type of absence

Note: You'll need to let the system know if your absence relates to your condition or is to attend a medical appointment.

 - The number of hours you were scheduled to work and the number of hours of leave taken for each day you are reporting
 - A phone number where we can reach you in case we need to contact you for further information
- Once the automated intake is complete, you will receive a confirmation number to let you know that your absence report has been successfully submitted.

You can also report intermittent FMLA absences through The Standard's absence management self-service web portal, which you can access from your computer, smartphone or tablet. Log in at standard.com/absence.

First-time users will need to create an account. The website has a step-by-step guide on how to do this.

The website lets you:

- Report an absence for yourself
- View leave information and status

More questions?

Call The Standard's Absence Management Service Center at **833-571-1200**.

Don't Forget:

For all absences, notify your direct supervisor and follow your department's normal call-in procedures.

¹ The policy number is not required if you are not filing a concurrent STD claim (i.e., leave only).

² Within one business day of filing a claim, The Standard will fax an Attending Physician's Statement to your doctor for completion. The Standard will make up to three follow-up attempts to obtain a completed APS from your doctor. Although The Standard will be following up with your doctor, we encourage you to contact your doctor and ask for their assistance in completing the APS on your behalf. You will be responsible for providing any necessary authorizations to your doctor to release this information to us.

The information provided in this FAQ is for informational purposes only and is not intended to provide, and should not be relied upon for legal or other professional advice.

[Standard Insurance Company | 1100 SW Sixth Avenue, Portland OR 97204 | standard.com](http://standard.com)

‡ The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company