

Frequently Asked Questions About The Standard's Maternity Guidelines When Filing a CTA Disability Claim

When should I file a Disability claim as a result of pregnancy or childbirth?

Please file your claim for Disability benefits as soon as you cease working due to your pregnancy or childbirth. You may also report a claim up to four weeks prior to a planned Disability absence, such as childbirth.

How do I file a claim?

You may file a claim by completing the application found at www.cta.org, by calling The Standard (1.800.522.0406) to request a claim packet be e-mailed, mailed, or faxed to you, or by calling us (1.800.522.0406, option 2) to file a claim on the telephone.

When am I considered Disabled as a result of my pregnancy?

You are considered Disabled when, as a result of your pregnancy, you are unable to perform with reasonable continuity the material duties of your Usual Occupation. We have agreed with CTA that the Disability period for a normal and uncomplicated pregnancy begins on the cease work date recommended by your physician, but not earlier than four weeks before the expected date of delivery. Please refer to the Group Policy for the exact Definition of Disability.

Do benefits begin on my first day of Disability?

Benefits become payable once you have served the Benefit Waiting Period. The Benefit Waiting Period means the period you must be continuously Disabled before Disability benefits become payable. No Disability benefits are payable for the Benefit Waiting Period. Please refer to the Group Policy for the length of your Benefit Waiting Period. There is no Benefit Waiting Period for the Daily Hospital Benefit.

How long am I considered Disabled following childbirth?

We have agreed with CTA that you are considered Disabled for six weeks after a vaginal delivery or eight weeks after a caesarian section delivery. You are also considered Disabled for eight weeks after any delivery if you deliver twins or triplets. The Disability periods noted assume there were no complications following childbirth. The Disability period may be extended if complications arise.

What happens if my delivery occurs less than 4 weeks after I first cease work? May I extend my claim by an extra 4 weeks after the birth?

No. Disability Benefits are payable only for the period after delivery that you are unable to perform the duties of your usual occupation.

What happens if my delivery occurs within the Benefit Waiting Period? Do I still receive six weeks of benefits?

Disability benefits are only paid for the period of Disability following the Benefit Waiting Period. For example following an uncomplicated vaginal delivery, you are considered Disabled for six weeks. This means, in some instances when childbirth occurs during the Benefit Waiting Period, benefits will be paid for less than six weeks.

Are Disability Benefits paid for an adoption?

No. While we understand that some people will take time off to be with their recently adopted child, this time does not qualify for Disability Benefits since the parent is not unable to work due to his or her own illness or injury.

What should I do if I have complications following my childbirth?

If complications arise following childbirth that will prevent you from recovering during the normal recovery period, your doctor will need to provide The Standard with written documentation of your specific limitations and restrictions. This documentation may include the completion of an Attending Physician's Statement or Pregnancy Questionnaire, and/or copies of your medical records. Once this information has been received, your claim will be reviewed for a possible extension of Disability benefits.

Are benefits paid for periods of child-parent bonding, breast feeding, or child illness?

Disability benefits are paid only while you are unable to work at your Usual Occupation. The actual amount and length of time benefits are paid is based upon your Group Policy. No benefits are paid for periods of child-parent bonding, breast feeding, or child illness.

How long does it normally take for a claim decision?

Once The Standard receives a completed claim application (Employee's Statement, Employer's Statement, and Attending Physician's Statement), it will take approximately one week to make a claim decision. If we have not made a decision within one week, you will be notified with details.

Are there any benefits payable due to my hospitalization?

If you are insured under the Voluntary or District Paid plans (501000-M or 503000-L), you are entitled to a Daily Hospital Benefit if you are hospitalized during your pregnancy. Please let us know as soon as possible once you are hospitalized, and we will calculate your benefit. You do not need to serve a Benefit Waiting Period in order to be approved for the Daily Hospital Benefit.

Whom should I call with questions about my claim?

For general questions about your claim, please call The Standard's toll-free Disability Benefits number, 800.522.0406. A knowledgeable Customer Experience Specialist will be happy to assist you.