

Frequently Asked Questions About Filing An Accident Insurance Claim

The following questions and answers will help you file an Accident Insurance claim with Standard Insurance Company (The Standard).

When Should I File A Claim?

File a claim if you or your covered dependent(s) sustain a covered injury due to an accident. See your Group Certificate for a list of covered injuries under your policy.

How Do I File A Claim?

To file a claim online, go to standard.com, click on the following options:

- “Log in”
- “Don’t have an account? Start here” to create an account and follow the steps
- “Get Started”
- “Start a new Claim”
- “Accident”

To file a paper claim, go to standard.com, choose “File a Claim”, select “Start a Claim” and then click on “Paper Claim Forms” to download a claim form.

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

You will be asked to provide the following information:

- Employer name: **School Board of Brevard County, Florida**
- Group Policy number: **759084**
- Name and Social Security number
- Nature of claim/medical information, including accident/incident reports if applicable
- Scanned copy or physical copy of itemized medical bills
- Physician’s contact information (name, address, phone and fax number)

A typical claim form for accident benefits contains the following documents to complete, sign and date:

- An Employee’s Statement, which may include support documentation
- An Authorization to Obtain and Release Information
- An Attending Physician Statement

The Standard may request medical records from your physician.

If you are filing for a Youth Organized Sports Benefit, please provide a proof of your child’s registration in the organized sport event (i.e. roster of sports team with child’s name listed).

Where Do I Send The Completed Paper Forms?

Mail completed, signed and dated paper forms to:

Standard Insurance Company
P.O. Box 85508
Lincoln, NE 68501-5508

Or if you prefer, you may fax completed forms to our office at 402.328.4031.

How Long Does It Take To Make A Claim Decision?

Once The Standard receives the required completed, signed and dated documents listed above, it will take approximately 5 business days to make a claim decision. If we have not made a decision within 5 business days, you will be notified with additional details.

Who Should I Call With Questions About My Claim?

If you have already filed a claim, please call The Standard's Customer Service toll-free number 866.851.5505. The Standard's Customer Service Center representatives are available to assist you Monday through Friday, 9:00 a.m. through 8:00 p.m., Eastern Time. If you filed your claim online, you can login anytime to check the status of your claim at standard.com.

If you are looking for general information about your coverage or would like to obtain a copy of your Group Certificate of Insurance, contact your benefits administrator.