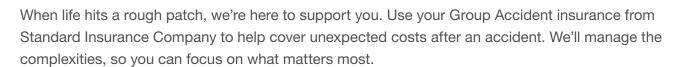
Utilize Your Accident Benefits

Essential Information to Help You File Your Accident Claim



Depending on the type of accident and the care received, more than one benefit may be payable. And if payable, supporting proof may be required. For some types of accidents, we can issue payments automatically without additional proof of loss. We will evaluate all potential benefits payable to you.

Use this guide and helpful information to make the claims process as easy as possible for you. If any of these benefits are payable, the corresponding documentation may be required.

	Available Benefits	Required Form	Form Needed to:
Emergency Care Benefits	Ambulance/Air Ambulance	Ambulance bill	Provide proof that ambulance was used
	Blood, Plasma, Platelets	Itemized hospital bill or UB-04 bill (uniform bill)	Provide record of blood transfusion
	Emergency Room Benefit	Itemized hospital bill or UB-04 bill	Determine if diagnosis and treatment were performed in emergency room (not in a clinic or urgent care)
	Initial Physician's Office or Urgent Care	Attending Physician Statement, or APS ²	Provide proof of treatment within 72 hours
	Major Diagnostic Exam	Itemized hospital bill or UB-04 bill	Provide proof that exam was performed for accident
	X-Ray	Itemized hospital bill or UB-04 bill	Provide proof that X-ray was performed for accident

Most Common Available Benefits and Required Forms¹

1 These forms should provide proof of service; diagnosis and treatment of your injury; dates of injury and services and time spent in a medical facility. This information may be found on multiple documents or notes and may suffice for processing your claim.

2 If you have access to your medical portal or discharge document from your medical visit, you may be able to provide these items instead of an APS.

The Standard

	Available Benefits	Required Form	Form Needed to:
Surgical Benefits	Abdominal/Thoracic	Operative report	Provide proof of surgery
	Knee Cartilage	Operative report	Provide proof of surgery
	Ligaments: Tendons, Knee or Rotator Cuff	Operative report	Provide proof of surgery
	Surgical Facility	Operative report	Provide proof of surgery
Specific Injury Benefits	Burns	Hospital medical records	Determine burn degree and body surface area
	Concussion	Hospital medical records and neurologist's statement	Provide proof of neurological deficits within benefit time frames
	Eye Injury	Operative or procedure report after surgery	Provide proof that injury meets the treatment of a covered accident
	Lacerations	Operative or procedure report after surgery	Provide proof of length of laceration and repair
	Nonsurgical Dislocations/ Surgical Dislocations	APS	Determine location and number of fractured bones
	Nonsurgical Fractures/ Surgical Fractures	Medical records or operative report	Provide proof dislocation was reduced by a physician
Hospital Benefits	Critical Care Unit Admission	Itemized hospital bill or UB-04 bill	Determine number of days that were critical or not critical and room and board
	Daily Critical Care Unit Confinement	Itemized hospital bill or UB-04 bill	Determine number of days that were critical or not critical and room and board
	Daily Hospital Confinement	Itemized hospital bill or UB-04 bill	Determine number of days that were critical or not critical and room and board
	Daily Rehabilitation Facility	Itemized hospital bill or UB-04 bill	Determine number of days that were critical or not critical and room and board
	Hospital Admissions	Itemized hospital bill or UB-04 bill	Determine number of days that were critical or not critical and room and board

	Available Benefits	Required Form	Form Needed to:
Follow-Up Care	Accident Follow-Up Treatment	APS	Provide proof of treatment of a covered accident
	Appliance	Itemized hospital bill or UB-04 bill	Provide proof that an appliance was provided
	Chiropractic Care	Medical records	Provide diagnosis of structural imbalance because of a covered accident
	Therapy Services	Physical therapy notes	Provide proof of treatment of a covered accident
Additional Benefits	Lodging	Itemized accommodation receipt	Provide proof of room and board
	Transportation	Hospital medical records	Determine the distance between residence and medical facility
	Youth Organized Sports	Child registration in the organized sport event	Provide proof child participated in an organized sport

Ready to file a claim?

If you have any questions or trouble obtaining the required forms, please let us know. <u>File your claim</u> and we will assist you with the documentation needed.



This is a limited benefit policy. Not all benefits are available in all states.

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