

Reporting Family & Medical (FMLA) Absences and Filing for Short Term Disability Benefits

The following guide will help you report an absence with The Standard. Please use the steps outlined below should you need to request Family and Medical leave or become disabled. This will enable you to access our in-house Absence Management Service Center (AMSC), online or via telephone.

What Is Changing?

Effective 1/1/2014 The Standard will be administering FMLA for Pinellas County in addition to the Disability Program. You must follow your department procedures for requesting leave and reporting your absences and contact The Standard by telephone or online to apply for Continuous or Intermittent FMLA and/or short term disability benefits.

Note: You are required to provide your supervisor verbal reports of your status and intent to return to work.

When Should I Report An Absence?

Contact your supervisor and The Standard if you are absent from work, or expect to be absent from work due to incapacity of more than 3 calendar days or to report intermittent absence(s) due to any of the following:

- Your own serious health condition (including pregnancy or Workers' Comp Illness/Injury)
- To care for your newborn child
- The placement of your adopted or foster child within one year of placement
- 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 exigency, 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

The Absences outlined above could qualify for Family Medical Leave (paid or unpaid) and/or short term disability and are subject to the new process. For all other absences please follow the normal Pinellas County Rules and departmental absence reporting procedures and notify your department head or manager.

1. **When advance notice is possible:** In cases where an absence is foreseeable, the employee **MUST** comply with any departmental requirements for giving advance notice. If an employee is requesting FMLA leave because of a birth or placement, or because of planned medical treatment, the leave request must be submitted at least 30 days before the leave begins to avoid denial of the request. In cases where he/she is required to use paid leave, an employee's lack of notice does not prevent required use of paid leave.
2. **When advance notice is not possible:** In cases where advance notice is not possible, whether because of a serious health condition or otherwise, the employee must submit the request as soon as practicable. A family member, health care provider, or any person designated by the employee may notify the supervisor and The Standard if the employee is unable to do so. If requested information or documentation is not timely provided as requested, the request for FMLA may be denied.

NOTE: An employee forfeits the protections provided in the policy if he or she does not give notice of the reason for the leave within two (2) days after his or her return to work. The employee's request for FMLA may be denied and the absence counted as unscheduled under the County's attendance policy.

How Do I Notify The Standard About An Absence?

- Call the AMSC toll free at 1-855-290-9479 or
- Report it online:
 - Go to www.standard.com and choose **Report an Absence** from the bottom right area of the home page
 - On the next page, select **Log in to Report an Absence**; a new window will open to begin the process
 - You will be asked to provide the following information:
Company ID: Pinellas County
Username: This is your last name and last 4 digits of your social security number
Password: If this is your first time reporting an absence, you will enter the word "password" as your password. You will then be prompted to choose a personal password.

****Please note that only the initial filing of an intermittent leave may be filed online. All subsequent time missed (hours) must be called in.**

What Are The Absence Management Service Center Operation Hours?

The AMSC is available Monday through Friday, between 7 a.m. – 8 p.m. Eastern Time.

When I Call To Report My Absence, What Questions Will I Be Asked?

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

- Employer Name: Pinellas County
- Group Policy Number: 648979¹
- Employee ID number or Social Security number
- Last day you were at work
- Reason leave is requested
- Physician's contact information (name, address, phone and fax number) only if applying for STD benefits.
- You will also be asked if you will be using paid time for your absence, and if applicable to supplement your short term disability or workers' compensation benefit. An employee may elect to go without pay if he/she has 40 hours or less accumulated annual leave.

Who Is Responsible For Notifying Pinellas County Of My Absence?

It is your responsibility to follow the normal Pinellas County absence reporting procedures and notify your department head or manager of your absence.

Will I Receive Any Notification After I Initiate A Leave Or Claim?

After initiating a request for time off under Family Medical Leave and/or claim for Short Term Disability (STD), The Standard will send you a letter confirming receipt of your leave request. If you are filing for an STD claim, The Standard will fax an Attending Physician's Statement² to your physician to complete; an Authorization to Obtain Information will be mailed to you to sign and return. If you called to request a leave but did not initiate an STD claim, you will receive a FMLA Certification of Health Care Provider form as applicable. 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

Or you may fax completed forms toll free to 866.751.5174.

How Long Does It Normally Take For An STD Claim Decision?

It will take approximately two weeks to make a claim decision (once your completed claim application is received). If we have not made a decision within two weeks, you will be notified as to why.

More Questions?

Call The Standard's Absence Management Service Center toll free at 855-290-9479 Option 1.

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 (APS) 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 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. For anticipatory claims, the APS and Employer Notification will be sent on your reported last day of work.