

Employer Long Term Disability (LTD) and Additional Life Insurance (ALF) Guidance

What this training is for

A guide for Benefits Specialists who help employees enroll in LTD and Additional Life coverage and support them when a disability or life claim needs to be filed.



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Before You Get Started

Know your entity's LTD plan selection and where to find the current forms.

Employer Checklist

Confirm your entity's elected waiting period: 30, 60 or 90 days.

Know which employees meet the LTD eligibility requirements.

Use the current NMPSIA/The Standard LTD Claim Packet.

Know who handles payroll deductions and leave reporting.

What Employees Need

- Enrollment access (MyBenefits Portal [Login](#) or Employee Enrollment/Change Form)
- Accurate email address for EOI communication (personal email preferred)
- LTD claim packet when a disability occurs
- Benefit administrator contact information

Employer Mindset

Enroll correctly.

Report changes promptly.

Do not determine whether an employee is medically disabled — The Standard evaluates the claim.

Help keep the process moving.

LTD at a Glance

Long-Term Disability insurance provides income replacement when a covered employee meets the policy definition of disability.

Monthly Benefit

66⅔% of the first \$7,500 of predisability earnings, reduced by deductible income.

Maximum / Minimum

Maximum: \$5,000 per month before deductible income.
Minimum: \$100.

Waiting Period

Employer selects one plan option:
30 days • 60 days • 90 days

Benefit Duration

Maximum benefit period is age-based and may extend to Social Security Normal Retirement Age depending on age when disability begins.

Who Is Eligible for LTD?

Verify eligibility before enrollment.

- Active employee of a participating NMPSIA employer.
- Actively At Work at least the employer-required minimum, but not less than 20 hours per week.
- With a NMPSIA Board-approved Annual Part-Time Resolution: 15 or more hours per week.
- Must meet the policy's Member and Active Work requirements.

Employer Tip

Do not assume that eligibility for another benefit automatically means LTD eligibility. Verify the employee's hours, classification and your entity's requirements.

Electing LTD: New Hire / Newly Eligible (Special Enrollment/QE)

Enrolling within the first 31 days — follow the enrollment path and start premiums one month ahead.

Confirm Eligibility

Verify the employee meets LTD eligibility and Active Work requirements.

Enroll Timely

The employee must apply for coverage through MyBenefits Portal and authorize payroll deductions. Applications received 31 days after becoming a new hire or qualifying event are considered late applications.

Employee Elects Coverage

Employee logs into the [MyBenefits Portal](#) and elects LTD coverage within the 31-day enrollment period.

Employer → EASI Edu → The Standard

Employer reviews eligibility and approves the MyBenefits transaction. The election then goes to EASI Edu for processing and then to The Standard for completion.

Start Premiums One Month Ahead

For a new hire or newly eligible employee, LTD premiums should be deducted one month ahead of the coverage effective date, subject to applicable Active Work requirements.

80% Employer contributions for all Districts/Charters
80-60% Employer contribution for all other entities

Electing LTD After 31 Days

The employee may request coverage, but Evidence of Insurability (EOI) and final approval by The Standard are required.

When is EOI Required

A late application is generally when the employee applies more than 31 days after becoming eligible.

The employee completes the enrollment request on MyBenefits Portal first. It will go to the Employer for approval, and then to EASI Edu for processing. EASI Edu will submit to The Standard and The Standard then sends the employee an email with a link for the Evidence of Insurability (EOI).

EOI may include a medical history statement, authorization to obtain health information, and additional information or examination if required.

Enrollment & Approval Path

- Employee elects LTD in the MyBenefits Portal.
- Employer reviews and approves the request.
- EASI Edu processes the transaction.
- **The Standard completes the EOI review and determines whether coverage is approved.**

Employer Role

- Have the employee process the LTD enrollment request.
- Make sure the employee's email is accurate.
- Approve the transaction on MyBenefits portal.
- Explain that The Standard will communicate directly regarding EOI.
- Do not treat the coverage as approved until approval/effective-date requirements are met.
- Follow the approved effective date and payroll process once notification from The Standard or EASI Edu is received, confirming that the employee was approved.

Premium Rule — Wait for Final Approval

Employer approval moves the request forward — it is **NOT** final approval of LTD coverage.

Do not begin LTD premium deductions while EOI is pending.

Once final approval is received and the effective date is established, begin the appropriate premium deduction.

Access a Step-by-Step Guide for The Standard EOI Process here: [EOI Information](#)

EOI Information for Employer & Employees

[Employer EOI Flyer](#)

[Employee EOI
Flyer](#)



Connected EOI™ – Streamlined for Employers

New and improved for a streamlined Evidence of Insurability and medical underwriting experience.

Give your employees the tools they need to easily apply for coverage. The Standard's new Connected EOI radically improves collecting Evidence of Insurability from employees. This means an easier application process, faster underwriting decisions and automated communication to applicants.



You asked, we listened. Connected EOI enables employees to apply for coverage faster and easier than ever before.



See how Connected EOI works here
<https://bcove.video/3usAI1U>

Automated decisions

Eligible applicants may receive automated approvals or declines.

Demographic and data integration

Employees sail through application submissions with prepopulated enrollment data.

Save progress

Employees can start the application, save and return later to complete.

Automatic reminders

Employees who haven't started or haven't finished applications receive scheduled reminders.

Reduced administrative load

Scheduled invitations and reminder communications eliminate extra work for HR.

Questions about Connected EOI?

Contact Andrea Vargas at andrea.vargas@standard.com or 971.321.7192.

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Connected EOI™ Streamlines Applying for Coverage

Apply for coverage with a few clicks of a button.

The Standard's new Connected EOI lets you apply for coverage faster than ever before. Your personal information and elected amounts are seamlessly imported and pre-filled, making the application and medical underwriting process a cinch.

If you elect coverage that requires evidence of insurability, you will receive an invitation to apply message from The Standard at the e-mail address we have on record. Prior to receiving this link, you must submit an enrollment/change form to your Benefits Specialist. There will be a link and log on instructions within the e-mail. Those coverage amounts will be pended until your application is submitted and approved by The Standard.



Connected EOI makes submitting your medical history easy.

What can you expect from Connected EOI?

Improved turnaround time

Faster application processing including some instant approvals.

Progress reminders

Email reminders help keep you on track to start or finish an application.

Auto-filled forms

You don't have to remember the policy number, coverage amount or other information. Connected EOI will have that filled out for you.

Simplified process

Easy-to-understand steps so you don't get lost in the details.

Status tracking

Always know where you are in the underwriting process.

Family applications

Spouse and child applications can be completed together in the same process, saving you time.

Apply anywhere

Fill out all your applications from the comfort of your own home, on your own time.

Questions about Connected EOI? Contact Andrea Vargas at **andrea.vargas@standard.com or 971.321.7192**

Standard Insurance Company | standard.com

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Active Work Requirement- Know before filing a LTD claim

Before moving from enrollment to a claim, confirm the employee actually has coverage in force.

Key Rule

The employee must be capable of Active Work on the scheduled effective date. If the employee is incapable of Active Work because of physical disease, injury, pregnancy or mental disorder, coverage does not become effective until the employee returns to Active Work as an eligible Member.

What is Active Work?

Performing the material duties of the employee's own occupation at the employer's usual place of business.

Employer Tip

If an employee is already out of work when coverage is scheduled to begin, verify the Active Work rule before assuming coverage is effective.

When an Employee Becomes Disabled

Think CLAIM — not just leave.

C • Confirm Coverage

Confirm the employee had LTD coverage in force when disability began.

L • Locate the Packet

Provide the current NMPSIA Long Term Disability Claim Packet. [Long Term Disability Claim Packet](#).

A • Act Promptly

Do not wait until the benefit waiting period is over to begin gathering information.

I • Identify Responsibilities

Employee, physician and employer each have portions to complete.

M • Mail/Email/Submit

Make sure the employee, physician and employer portions are completed and submitted to The Standard as directed in the current claim packet.

EMAIL IS FOR EMPLOYER USE ONLY <mailto:newclm@standard.com>

Filing an LTD Claim

The claim packet has multiple moving parts.

Employee

Completes the Employee's Statement.

Signs required authorization(s).

Provides information about work, condition, other benefits and income sources.

Signs and dates the form.

Physician

Employee completes Part A of the Attending Physician's Statement.

Physician completes Part B.

More than one treating physician may require more than one statement.

Physician sends the form to The Employee.

Employer

Completes the Employer's Statement.

Provides employment, earnings and coverage information requested in the packet.

Submits the employer portion to The Standard as directed in the current claim packet.

The Standard

Receives and evaluates the claim documentation.

May request additional information.

Determines whether the employee meets policy requirements for LTD benefits.

Employer Statement: Get It Right the First Time

Incomplete or inconsistent information can slow claim review.

- Verify the employee's last full day worked and disability/absence dates.
- Provide accurate job title, duties, work schedule and employment status.
- Provide requested earnings information and confirm the employer's LTD plan/waiting period.
- Report salary continuation, sick leave or other employer-paid income accurately when requested.
- Make sure coverage and premium information match your records.
- Respond promptly if The Standard requests clarification or additional documentation.

Helpful Tip

Before sending the Employer's Statement, compare it to payroll, leave and enrollment records so the dates and earnings are consistent.

Understanding the Benefit Waiting Period

The waiting period is not the same thing as the enrollment waiting period.

30-Day Plan

LTD benefits become potentially payable after the employee has been continuously disabled for the employer-selected 30-day waiting period and all policy requirements are met.

60-Day Plan

LTD benefits become potentially payable after the employee has been continuously disabled for the employer-selected 60-day waiting period and all policy requirements are met.

90-Day Plan

LTD benefits become potentially payable after the employee has been continuously disabled for the employer-selected 90-day waiting period and all policy requirements are met.

Employer action: Do not wait for the waiting period to end before starting the claim. Be proactive and have the claim ready as soon as possible to avoid delays in payment for the employee.

Premiums, Leave & School Breaks

Coverage administration continues to matter while an employee is away from work.

Premium Contributions

LTD is contributory under the policy. Coverage can end when the last period for which a required premium contribution was made ends.

Once LTD benefits are payable, The Standard waives premium for the employee's LTD insurance.

Approved Leave

The certificate contains specific continuation rules for sick leave, employer-approved temporary leave, and state/federal mandated family or medical leave.

Do not assume all leaves are treated the same.

School Breaks

If an employee ceases to be a Member because of a school break or vacation, the certificate provides for continued insurance during that period.

Return to Work & Added LTD Features

LTD is designed to support appropriate return-to-work efforts, not just replace income.

Return to Work

The policy includes a Return to Work Incentive. An employee may serve the benefit waiting period while working if the employee meets the Own Occupation disability definition.

Rehabilitation

The policy includes rehabilitation plan provisions and a reasonable accommodation expense benefit that may support approved return-to-work efforts.

Other Features

- Assisted Living Benefit
- Lifetime Security Benefit
- Survivors Benefit
- Temporary Recovery provision
- Waiver of premium while LTD benefits are payable

Common Employer Errors — and the Fix

Small administrative errors can create big delays.

Waiting too long to start the claim

Provide the packet and begin the employer portion when it appears the absence may extend into the LTD waiting period.

Incomplete Employer's Statement

Complete every applicable field and verify dates/earnings against payroll and leave records.

Assuming EOI = coverage

EOI approval, effective-date rules and Active Work requirements must all be satisfied.

Stopping or changing premiums incorrectly

Review the policy's continuation and waiver-of-premium rules before changing deductions.

Giving a medical eligibility opinion

Explain the process; let The Standard determine whether the employee meets the policy definition of disability.

Employer Scenario

Use the facts — then decide the next administrative step.

Scenario

An employee has LTD coverage and your entity elected a 60-day waiting period. The employee has been out for 35 days following surgery and does not yet have a firm return-to-work date.

What should you do?

- A. Wait until day 6.0
- B. Provide the LTD claim packet now.
- C. Tell the employee LTD is automatically approved.

Best Answer: B

Start the claim process now. The waiting period determines when benefits may become payable; it does not mean everyone should wait until the waiting period ends before submitting the paperwork.

Employer Quick Reference

When in doubt, follow this sequence.

1 VERIFY

Coverage, eligibility, waiting period

2 PROVIDE

Current LTD claim packet

3 COMPLETE

Employer's Statement accurately

4 SUBMIT

Send employer portion promptly

5 RESPOND

Answer follow-up requests from The Standard

6 TRACK

Leave, payroll, premium and return-to-work changes

Employer role = verify coverage, start the claim timely, provide accurate information and follow through. The Standard determines claim eligibility.

Additional Life (ALF) at a Glance

Additional Life is optional life insurance and is separate from Basic Life and LTD.

EMPLOYEE COVERAGE

Employees may elect available Additional Life coverage options through MyBenefits.

Coverage amounts, maximums and any underwriting requirements are governed by the current plan documents.

DEPENDENT COVERAGE

Spouse and dependent child coverage may be available based on the employee's election and current plan provisions.

PREMIUMS

ALF is 100% employee-paid. Verify the approved coverage amount, effective date and appropriate payroll deduction using current rates.

Electing ALF Through MyBenefits

Use the same online enrollment path used for current employee benefit elections.

1 • EMPLOYEE

Logs into MyBenefits and elects available Additional Life coverage.

2 • EMPLOYER

Reviews eligibility, election details and the MyBenefits transaction.

3 • EASI EDU

Processes the approved transaction through the current administrative workflow.

4 • THE STANDARD

Completes applicable coverage requirements, including EOI when required.

For new hires/newly eligible employees, emphasize the applicable 31-day enrollment opportunity.

ALF After the Initial Enrollment Opportunity

Late elections or certain coverage requests may require Evidence of Insurability (EOI).

ENROLLMENT & EOI PATH

Employee submits the ALF request in MyBenefits.

Employer reviews and approves the transaction.

EASI Edu processes the request.

The Standard communicates directly with the employee regarding EOI when required and determines approval.

EMPLOYER APPROVAL ≠ FINAL APPROVAL

Do not treat ALF coverage requiring EOI as approved simply because the employer approved the MyBenefits transaction.

PREMIUM RULE

Do not begin deductions for coverage pending EOI. Start the appropriate deduction after final approval and the effective date are confirmed.

ALF Premiums & Beneficiaries

Coverage administration continues after enrollment.

PREMIUMS

- Verify the approved ALF coverage amount.
- Use the current rate information/premium calculator.
- Confirm payroll deductions match the approved coverage and effective date.
- Research discrepancies promptly.

BENEFICIARIES

- Remind employees to maintain current beneficiary designations.
- Direct employees to the current beneficiary process/tutorial when changes are needed.
- Beneficiary administration is separate from electing the amount of ALF coverage.

When an ALF Life Claim Is Needed

ALF uses a life claim process — not the LTD disability claim packet.

1 • VERIFY COVERAGE

Confirm the employee or dependent had applicable Additional Life coverage in force.

2 • USE THE CURRENT LIFE CLAIM PACKET

Obtain and follow The Standard's current life claim instructions.

3 • PROVIDE ACCURATE INFORMATION

Complete the employer portion and provide requested employment and coverage information.

4 • Submit Claim

Make sure the employee and employer portions are completed and submitted to The Standard as directed in the current claim packet.

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5 • RESPOND & FOLLOW THROUGH

Direct beneficiaries to the appropriate instructions and respond promptly to The Standard.

The Standard evaluates the claim under the applicable policy terms. Do not promise approval or a payment amount.

LTD vs. ALF — Know the Difference

The enrollment pathway may look similar, but the coverage and claims are very different.

LONG-TERM DISABILITY (LTD)

- Income replacement coverage
- Employer selects a 30/60/90-day waiting period
- Late enrollment may require EOI
- Use the LTD Claim Packet when disability occurs
- Start a potential LTD claim early — do not wait for the waiting period to end

ADDITIONAL LIFE (ALF)

- Optional life insurance coverage
- Employee elects available coverage options
- EOI may apply to late or certain coverage elections
- Maintain beneficiary information
- Use the current Life Claim Packet when a covered death occurs

LTD & ALF Employer Quick Reference

When in doubt, verify the coverage first and follow the correct process.

1 • VERIFY

Eligibility, coverage, effective date and applicable plan requirements.

2 • REVIEW

MyBenefits election, EOI status when applicable and payroll deductions.

3 • USE THE RIGHT CLAIM

LTD disability claim packet vs. ALF life claim packet.

4 • RESPOND

Provide accurate employer information and answer follow-up requests.

5 • TRACK

Coverage, premiums, leave/RTW for LTD and beneficiary information for ALF.

6 • ASK

Use current NMPSIA/The Standard guidance when something does not line up.

QUESTIONS OR NEED ASSISTANCE?

The Standard

1-888-609-9763

For LTD claims, EOI, claim status, medical documentation, and disability determinations.

NMPSIA Benefits Team

1-800-548-3724

Claims Issues, Eligibility Issues, Employer Guidance
Questions or Concerns

EASI Edu Inc.

1-800-233-3164

We're here to help with
eligibility, enrollment,
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