



Underwritten by: American Heritage Life Insurance Company

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Group Critical Illness Insurance



Frequently Asked Questions

Coverage and Benefits

Q. How does Critical Illness Insurance work?

A. Your coverage pays you a lump-sum benefit per occurrence if you or a covered dependent is diagnosed with a covered critical illness or condition.

Q. Are there medical questions to answer to enroll in this coverage?

A. No. Coverage is offered on a Guaranteed Issue basis. Coverage may, however, be subject to a Pre-Existing Condition Limitation. You must meet the "Actively at Work" requirement to be eligible. Although Guaranteed Issue is available, all exclusions and limitations will still apply to the coverage issued.

Q. When does Critical Illness coverage begin for me and my covered dependents?

A. Coverage typically begins on the first day of the month when payroll deductions begin. Your coverage effective date will be listed in your certificate.

Dependent Coverage

Q. Who may I elect to cover?

A. You, your spouse or domestic partner*, and your dependent children are eligible for coverage, subject to your employer's policy.

*Domestic partner coverage will depend on state availability.

Q. When is a spouse or domestic partner covered?

A. A spouse or domestic partner is covered from the coverage effective date until a valid decree of divorce, the termination of the domestic partnership, or your death. Coverage may continue for your spouse or domestic partner subject to spouse portability requirements.

Q. When does coverage for my children end?

A. Your dependent children are covered from birth to age 26. Coverage for children age 26 and above may be continued as long as the child is disabled and dependent on you for support, and they:

- Are incapable of self-sustaining employment by reason of mental or physical incapacity
- Became incapacitated prior to age 26
- Are chiefly dependent on you for support and maintenance

Continuation of Coverage

Q. If I leave my employer for any reason, can I keep my coverage?

A. Active coverage may be continued as long as premium payments are made directly to The Standard.

Q. If I am placed on a leave of absence or laid off from my job, can I continue my coverage?

A. Active coverage may be continued for you and your covered dependents, as allowed by state and federal regulations and your employer.

Q. I plan on retiring soon. Can I enroll in coverage and take it with me when I retire?

A. Yes, assuming the coverage effective date is before you retire. If your premiums are paid through payroll deduction, your first premium payment must be remitted by your employer. After your first payroll deduction, you can take your coverage with you and make payments directly to The Standard. If your premiums are paid through ACH or direct bill, you will continue making payments directly to The Standard after retirement.

Claims

Q. Who may submit a claim?

A. You and your covered family members can submit claims for processing.

Q. When can I submit my claim?

A. You can submit claims for covered benefits any time after the coverage effective date.

Q. How do I submit a claim?

A. After enrollment, register at standard.com/ahl/mybenefits to view your coverage information and file claims. Claim forms are also available at standard.com/ahl/resources-and-forms. You can mail or fax your completed claim form using the contact information provided on the form. For assistance with your claim, call The Standard Customer Care Center at **866.828.8501**.

Q. When my claim is approved, who receives the benefit payment?

A. Claim payments are sent to you unless otherwise assigned to someone else. There are no restrictions on how you spend your benefit payment—the choice is yours.

To assign your benefits to your medical provider, complete the **Assignment of Benefits Form** at standard.com/ahl/resources-and-forms and return it to us using the contact information provided on the form. You can also register with MyBenefits at standard.com/ahl/mybenefits and upload your completed form.

Q. Can I receive a benefit for a covered condition that was previously diagnosed before the coverage effective date?

A. For any benefit to be paid on a covered condition, the initial diagnosis must take place after the coverage effective date. If the covered person was diagnosed with invasive cancer or carcinoma in situ before the effective date of coverage, the person must be symptom- and treatment-free when diagnosed after the coverage effective date.

Q. What happens if I have a recurrence of a previously covered condition, such as a second heart attack?

A. A recurrence of a previously covered condition may be covered if it occurs six months or more after the first occurrence. See your coverage certificate for conditions that may include the recurrence benefit and for elimination period details.

Q. What happens if I or one of my covered dependents is diagnosed with a covered condition and does not seek treatment?

A. Benefits are payable at the time of diagnosis or recommendation for treatment regardless of whether you or your covered dependents seek further treatment.

Tobacco Use

Q. I don't use tobacco products, but my spouse or domestic partner does. Do I pay tobacco or non-tobacco premiums?

A. If your spouse, domestic partner, or any covered dependent uses tobacco products, coverage will be issued with the tobacco rates for all covered persons.

Q. If I've stopped using tobacco products, do I qualify for the non-tobacco rate?

A. After you've remained tobacco-free for 12 months, you can request to have your policy changed to a non-tobacco rated policy. You can do so by filling out the **Non-Smoker Statement** form, which can be obtained from the The Standard website at standard.com/ahl/resources-and-forms.

Q. I don't smoke cigarettes, but I do use other tobacco products. Do I qualify for the non-tobacco rate?

A. No. If you or any covered dependent uses any form of tobacco, the tobacco rates apply.

Age

Q. Do benefits decrease as I get older?

A. No. Benefits will not decrease due to age.

Q. My spouse/domestic partner and I are in different age brackets. Which premium amount do I pay?

A. Premiums are determined by your age, not by your spouse or domestic partner's age.



For questions regarding coverage, benefits or claims, call our Customer Care Center at 866.828.8501, Monday through Friday, 8 a.m. – 8 p.m. ET.

This coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

This material is valid as long as information remains current, but in no event later than April 1, 2029. The coverage provided is limited benefit supplemental insurance, policy form GCIC5 or state variations thereof. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations and may vary by state. Contact your representative of The Standard for costs and full details. The Standard is the marketing name used for American Heritage Life Insurance Company, Home Office, Jacksonville, Florida, a wholly owned subsidiary of StanCorp Financial Group, Inc.



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