

Instructions to School: Complete this form to refer a student for assistance to avoid a disability claim and remain safe and productive in their program or to assist a student to return to their program after a leave. The assistance may include case management and accommodations that will be coordinated with the student and school as needed.

Contract No.		Group No. 10111843	Group Name: AMA-sponsored Med Plus Advantage
School/Sponsor Contact Name		School/Sponsor Contact Job Title	
School/Sponsor Contact Email		School/Sponsor Phone including extension	School/Sponsor Fax
Student Name		Student Last 4 digits of Social Security #	Student Date of Birth
Student Home Address	Student Email		Student Cell Phone
Start Date of Student Program		School Name	
School Address		School City / State / ZIP	
Student LTD Coverage Effective Date		Reason for Request	
If student has taken a leave of absence, what was the last day of study/school before leave commenced?			
Number of hours in scheduled classes per week			
Number of hours in scheduled clinicals per week			
Please indicate any resources such as an accommodation office, counseling center, wellness center, etc. that student has worked with or should be referred to.			
Acknowledgement – I certify that the answers I have made to the above questions are complete and true to the best of my knowledge and belief. I acknowledge that I have read the fraud notice on page 2 of this form.			
Signature _____		Date _____	
<input type="checkbox"/> Stay-In-School/Return-To-School Services provided to students who are covered under The Standard's LTD policy. Documents needed for consideration: <ul style="list-style-type: none"> The student will be asked to provide medical records that document the student's diagnosis and treatment, how the condition prevents the student from carrying out the requirements of their program, and the specific accommodations that are recommended, if any. The student must sign the Authorization to Obtain and Release Health Information form to allow the consultant to contact the treating physician to obtain or clarify this medical information if necessary. The consultant will share the student's functional capacity information with the school/sponsor, but not the medical condition or treatment. 			
School: Email completed form to WPP@standard.com or fax to 971-321-5727/855-207-6115			
Once we receive this completed Request for Services, we will contact the student for the required information, if not provided with this form, and discuss his/her situation and provide assistance if the student chooses to participate in the services.			
FOR STANDARD INSURANCE COMPANY ONLY			
Claim number:		Tax ID:	Admin Unit:
These numbers will be assigned by The Standard in order to provide needed services and/or accommodations as a benefit of the disability policy.			

Some states require us to provide the following information to you:

ALABAMA, MARYLAND AND RHODE ISLAND RESIDENTS

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA RESIDENTS

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO RESIDENTS

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA RESIDENTS

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree

NEW JERSEY RESIDENTS

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

PENNSYLVANIA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

ALL OTHER RESIDENTS

Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.