

COVID-19 Response Resource

Frequently Asked Questions

March 26, 2020

Reliance Standard and Matrix Absence Management continue to ensure our clients, customers and business partners can rely on us through the COVID-19 pandemic. The following FAQ is designed to keep you informed and up-to-date with the latest information and resources we have to support you during this unprecedented time.

SUMMARY OF PRODUCT QUESTIONS RELATED TO COVID-19	
Short-Term Disability Insurance	<ul style="list-style-type: none">If a person is diagnosed with COVID-19, a claim for fully-insured STD benefits would likely be payable after the elimination period if the definition of disability has been met. Individuals who are quarantined without a diagnosis would not have a payable claim.
Long-Term Disability Insurance	<ul style="list-style-type: none">If a person is diagnosed with COVID-19, a claim for fully-insured LTD would likely be payable after the elimination period if the definition of disability has been met. As with STD, individuals who are quarantined but not sick generally would not have a payable claim.
Group Term Life Insurance	<ul style="list-style-type: none">A life claim following a COVID-19 diagnosis would likely be payable assuming all other provisions of the policy are met.
Accidental Death & Dismemberment	<ul style="list-style-type: none">A COVID-19 diagnosis is not a covered condition under our Accidental Death & Dismemberment product.
Accident Insurance	<ul style="list-style-type: none">Accident insurance does not provide benefits for the diagnosis or treatment of COVID-19.
Critical Illness Insurance	<ul style="list-style-type: none">COVID-19 is not a covered condition under our Critical Illness product.
Hospital Insurance	<ul style="list-style-type: none">Admission/confinement due to a positive diagnosis of COVID-19 may be considered for eligible benefits provided all other provisions of the policy are met.
Wellness Benefits	<ul style="list-style-type: none">COVID-19 testing is not a covered test under our Wellness Benefit; however, most major medical plans and many government programs provide free COVID-19 testing.
EAP Services	<ul style="list-style-type: none">For any individuals experiencing panic, anxiety or fear, or are in need of community resource referrals for child care or life management needs, an EAP provides work-life referrals that can help. This value-added service is optional on our LTD and Group Life contracts.
Leave/Absence/FMLA	<ul style="list-style-type: none">State and Federal changes to legislation enacted or currently underway related to COVID-19 will influence and evolve our position for this FAQ. We recommend following our Matrix Radar blog for the very latest on the impact of these changes to our product offering.
ADA Services	<ul style="list-style-type: none">Upon diagnosis with COVID-19, we would work to determine if the illness rises to the level of disability under ADA or any state equivalents. Individuals who are quarantined without a diagnosis would not be considered disabled.The Equal Employment Opportunity Council (EEOC) has published guidance for employers related to COVID-19 for more information and our ADA services are designed to ensure compliance specific to workplace protections and rules related to COVID-19.

COVERAGE/ELIGIBILITY QUESTIONS RELATED TO COVID-19

<p>How long can an employee remain covered in the event they are subjected to a temporary reduction in hours, or sent home as a result of a temporary layoff, furlough or facility closure?</p>	<p>For policies <u>without a continuation of coverage provision</u>, including our standard disability policies, we will allow an employee to maintain insurance coverage for 60 consecutive calendar days if an employer temporarily:</p> <ul style="list-style-type: none"> • Reduces an employee’s hours; or, • Sends the employee home as part of a lay-off, furlough or facility closure. <p>For policies with a continuation of coverage provision, including our standard life policies, we will follow the applicable contract provision. In instances where the provision allows coverage to continue for less than 60 consecutive calendar days, we will administratively extend the timeframe to 60 consecutive calendar days.</p> <p>In all instances:</p> <ul style="list-style-type: none"> • The employer must maintain the employee’s same employment status and continue all premium payments. • The 60 calendar days will be counted from the effective date of the change. • On the 61st consecutive calendar day from the effective date of the change, we will consider the change permanent if the employee’s hours continue to be reduced, or the employee continues to be part of a lay off or furlough, or the facility does not reopen. The employee will then need to meet the requirements in the applicable policy to maintain coverage. <p>As the pandemic situation develops, we will evaluate the 60 calendar day time frame to determine if modification is warranted.</p>
<p>How long can an employee remain covered by a <u>voluntary product [Voluntary Accident, Voluntary Critical Illness, Voluntary Hospital Indemnity]</u> in the event they are subjected to a temporary reduction in hours, or sent home as a result of a temporary layoff, furlough or facility closure?</p>	<p>For policies <u>without a continuation of coverage provision</u>, we will allow an employee to maintain insurance coverage for 60 consecutive calendar days if an employer temporarily:</p> <ul style="list-style-type: none"> • Reduces an employee’s hours; or, • Sends the employee home as part of a layoff, furlough or facility closure. <p>For policies with a continuation of coverage provision, we will follow the applicable contract provision. In instances where the provision allows coverage to continue for less than 60 consecutive calendar days, we will administratively extend the timeframe to 60 consecutive calendar days.</p> <p>In all instances:</p> <ul style="list-style-type: none"> • The employer must maintain the employee’s same employment status and continue all premium payments. • The 60 calendar days will be counted from the effective date of the change. • On the 61st consecutive calendar day from the effective date of the change, we will consider the change permanent if the employee’s hours continue to be reduced, or the employee continues to be part of a lay off or furlough, or the facility does not reopen. The employee will then need to meet the requirements in the applicable policy to maintain coverage.

<p>If we have to temporarily reduce salaries because of COVID-19, are my employees still insured at the same benefit level?</p>	<p>We will allow an employee to maintain the benefits associated with the employee’s salary prior to the temporary reduction for 60 consecutive calendar days following the effective date of the change. In all instances:</p> <ul style="list-style-type: none"> • The employer must maintain the employee’s same employment status and continue all premium payments based on the employee’s earnings prior to the temporary reduction. • The 60 calendar days will be counted from the effective date of the change. • On the 61st consecutive calendar day from the effective date of the change, we will consider the change permanent if the employee’s salary continues to be reduced. The employee’s benefits will then be based on the reduced salary. • All other policy provisions will continue to be followed. <p>As the pandemic situation develops, we will evaluate the 60 calendar day time frame to determine if modification is warranted.</p>
<p>If we have to terminate positions because of COVID-19, are my employees still insured?</p>	<p>Certain policies have specific continuation of coverage provisions, which will be followed.</p> <p>Without such a provision, our standard policies do not allow an employee to maintain insurance coverage once the insured is no longer in an eligible class.</p> <p>Always check your policy or contact your account manager; certain policies may allow extension of coverage in compliance with applicable laws, and if so, that will be specifically listed.</p>
<p>If a new hire has not been able to start work, can my employee still be considered as meeting the eligibility waiting period?</p>	<p>Our standard policies require that an employee be actively at work during the applicable waiting period to be eligible for benefits. At this time, we are unable to extend coverage to employees who have not met the initial eligibility requirements to secure insurance. Always check your policy or contact your account manager; certain policies may allow extension of coverage in compliance with applicable laws, and if so, that will be specifically listed.</p>
<p>What if an employee can medically return to work and we do not have any work available for the employee?</p>	<p>Our standard disability plans require that benefits are paid only when an insured is disabled from his/her occupation. If an employee is medically able to work but the employer is unable to provide work to that employee, the employee will need to discuss with the employer what other non-disability related benefits may be available to him/her.</p>
<p>If we have to close a facility permanently because of COVID-19, are my employees still insured?</p>	<p>If an employer closes a specific location permanently and is unable to provide work for employees at another location or at home, our standard fully insured policies do not allow an employee to maintain insurance coverage once the insured is no longer in an eligible class.</p>

If an employee finishes their New Hire Waiting Period during the period in which they are on furlough, can they enroll in their employer's benefit plan or do they have to wait until the furlough period is over and they return to work?

Our standard policies require "continuous employment" during the waiting period. If the employee is considered in continuous employment during a temporary furlough and meeting all other waiting period related requirements within the applicable contract, the employee can enroll in the employer's benefit plan. However, the employee's insurance will not be effective until the employee returns to work and meets the actively at work provision as well as all other eligibility requirements [For example, the employee returns to work at the number of hours, the position title, employment status required by the policy]. This means that we will comply with all policy provisions regarding a new employee obtaining insurance. At this time, we are unable to extend coverage to employees who have not met the initial eligibility requirements to secure insurance.

PORTABILITY

<p>Is Portability available and when can an employee port coverage?</p>	<p>Our portability eligibility provisions vary by product, as follows:</p> <p>Basic and Supplemental Group Life and Voluntary Critical Illness:</p> <ul style="list-style-type: none"> • The policy may or may not contain a portability provision. • If the policy does contain a portability provision, an employee who ceases to be an Eligible Person, as defined by the policy, may apply for coverage. • Portability is not available if the employee ceases to be Eligible Person due to the policy terminating or the insured’s retirement. • Portability is not available for Dependent coverage if the Dependent has reached the maximum age as defined in the applicable policy. <p>Voluntary Group Life:</p> <ul style="list-style-type: none"> • The policy should contain a portability provision unless applicable state laws require that the policy is held by the employee. • If the policy does contain a portability provision, an employee who ceases to be an Eligible Person, as defined by the policy, may apply for coverage. • The application for coverage will be reviewed for all other applicable policy requirements. <p>Voluntary Accident:</p> <ul style="list-style-type: none"> • The policy may or may not contain a portability provision. • If the policy does contain a portability provision, an employee who ceases to be an Eligible Person, as defined by the policy, may apply for coverage. • The application for coverage will be reviewed for all other applicable policy requirements. <p>Voluntary Hospital Indemnity and All Disability [Short Term Disability; Long Term Disability]:</p> <ul style="list-style-type: none"> • The policy does not contain a portability provision. <p>The above information is a general guideline. Please refer to your policy to understand what coverages may or may not be portable. Portability applications are located on our website, www.reliancestandard.com: Look for the “commonly used forms” link, or click Customer Care.</p>
<p>How are employees notified of the possibility of electing portability in situations such as these?</p>	<p>Our standard process requires that:</p> <ul style="list-style-type: none"> • An employer advise their employees of Portability options. • An employer provide employees with the appropriate Portability application. • The Portability application be completed by both the employer and the employee. • The Portability application must be submitted to us within 31 days of the date the employee’s insurance terminated. <p>The above information is a general guideline. Please refer to your policy to understand what coverages may or may not be portable. Portability applications are located on our website, www.reliancestandard.com: Look for the “commonly used forms” link, or click Customer Care.</p>

ADMINISTRATION & PAYMENTS QUESTIONS RELATED TO COVID-19

<p>Are you offering premium grace period extensions to avoid unintentional lapse/cancellation of coverage?</p>	<p>We follow all applicable directives related to billing grace periods in all states that have released specific guidelines tied to the COVID-19 pandemic.</p> <p>For States that have not provided directives for premium collection, each of our standard policies contain a grace period which allows for continued insurance coverage for a defined period of time. We are adhering to grace periods outlined in each client-specific policy at this time and will continue to monitor market changes as appropriate.</p> <p>After a grace period ends, Reliance Standard will communicate and work with clients before coverage might lapse to better understand ability to remit premium ongoing.</p>
<p>We typically submit claims via paper, what are our options?</p>	<p>To ensure the health and safety of our employees while still providing timely benefit payments, we are asking your support in leveraging and promoting our online and telephonic claim submission process:</p> <ul style="list-style-type: none"> • All new claims may be submitted securely online (and even on mobile devices) by either the employee or you, the employer, at RSLClaims.com. This includes all Reliance Standard products: Disability, Life, Critical Illness, Accident, Hospital Indemnity and Wellness and Waiver of Premium. Matrix-administered programs should continue to use Matrix online, mobile and telephonic claims options. • Live intake specialists are available to speak with your employees on weekdays from 9 AM to 9 PM Eastern. The toll-free number is (855) RSL Claims (855-775-2524).
<p>I'm unable to go to the office to receive my bill. Can I get it electronically?</p>	<p>Yes, contact your account manager and he/she can assist you. You can also contact one of our Customer Care specialists toll-free at (800)351-7500, weekdays from 8 AM to 7 PM Eastern.</p>
<p>Will an employee currently receiving paper checks still receive benefit payments?</p>	<p>At this time, all approved claim payments are continuing to be issued without interruption. If an insured is currently receiving paper check benefit payments, we do offer the ability to transfer those benefits electronically (direct deposit or ACH) where able to do so.</p> <p>An employee should contact his/her assigned Claims Examiner to determine how to update the benefit payment method.</p>
<p>If I'm a broker and currently receive paper commission checks, can I move to direct deposit?</p>	<p>Yes! The process is quick and easy. Just complete this form, include a voided check, and email back to commissions@rsli.com. We will handle the rest and begin sending your commission payments through direct deposit.</p>
<p>Will you still provide printed enrollment materials?</p>	<p>At this time, we are suspending printing of enrollment materials for an indefinite period of time. We will continue to provide all materials electronically.</p> <p>Clients and brokers can always print our materials at their location and we remain able to assemble client-facing microsities on which clients can host their enrollment materials.</p>

<p>For Voluntary/Employee-Paid lines of coverage, can RSL accept payments directly from the employee, who may now be at home, if the employer is no longer accommodating payroll deduction?</p>	<p>Reliance Standard can only accept payments made directly from the insured's employer. We cannot accept personal checks and/or money orders. This means an employee's premium payments, if no longer able to be obtained through payroll deduction, should be sent to the employer to be consolidated into one remittance to RSL.</p>
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DISABILITY CLAIMS ADMINISTRATION QUESTIONS RELATED TO COVID-19	
<p>Will a disability claim be approved for an individual who is under a quarantine?</p>	<p>It is possible. Every situation is unique and we will review every claim based on the disability policy language and the unique facts of the employee's situation, including factors such as the diagnosis and medical certification; the progress of the virus/condition; the specific quarantine that the insured is subject to; and the insured's ability to work remotely, among others.</p>
<p>What is required to submit a disability claim based on an incidence of COVID-19?</p>	<p>Claims submitted listing a diagnosis of COVID-19 will be processed in compliance with all applicable contract provisions. To be eligible to receive benefits, an insured must provide proof that he/she is:</p> <ul style="list-style-type: none"> • Under the care of a Health Care Provider who is certifying the insured's disability; and • Unable to perform his/her occupation in the work place or at home via remote access.
<p>How can an employee submit a disability claim if they don't have a formal doctor's note; or if, because they are at home, are not under the care of a PCP? What if an employee is not able to obtain the records from a Health Care Provider? Will RSL accept doctors' notes from a Tele-Health visit as approved documentation?</p>	<p>An employee may submit a claim without a formal doctor's note. However, to be eligible to receive benefits, an insured must provide proof that he/she is under the care of a Health Care Provider who is certifying the insured's disability and unable to perform his/her occupation in the work place or at home via remote access.</p> <p>We will accept medical documentation from a Tele-Health visit. Additionally, if an employee has been asked to provide medical information to support a claim for benefits and is unable to do so based on their current situation, we will work with the employee and the Health Care Provider to obtain what is needed appropriate to the employee's specific circumstances, the facts of the claim and the Health Care Provider's ability to provide needed information to us.</p> <p>Please understand that our plans do require information to support a claim determination. We will be as flexible as possible based upon the facts of each claim and the applicable policy provisions.</p>
<p>What if an employee filed a claim, but the employee has not received a decision yet?</p>	<p>Our claims teams are currently operating across the United States. We continue to process all filed claims and are processing benefit decisions as quickly as possible.</p>

<p>What if an employee was asked to attend an Independent Medical Exam?</p>	<p>If an employee has been asked to attend an Independent Medical Exam and is unable to do so based on the current situation, he/she should contact us and we will work with the employee and the Health Care Provider to reschedule the exam to a date appropriate to the specific circumstances, the facts of the claim, and the Health Care Provider’s availability.</p>
<p>If it is determined an employee is not eligible for disability benefits, can the employee still file an appeal?</p>	<p>If a determination was made that an employee was not eligible for benefit payments in accordance with the applicable policy provisions, our standard disability plans allow up to 180 days to file an appeal of that adverse benefit decision. Our appeal team members are continuing to process all filed claim appeals as quickly as possible.</p>
<p>What about Matrix administered disability claims?</p>	<p>Matrix Absence Management administers both self-insured and fully insured disability programs for hundreds of employers and millions of insured employees. Each claim is administered according to the terms of the disability plan. This means claims filed under a:</p> <ul style="list-style-type: none"> • Self-insured disability client’s plan will adhere to the terms of that plan and/or the specific administrative direction of the plan sponsor • Reliance Standard fully insured policy will adhere to the applicable policy provisions and comply with any business decisions we have communicated to our customers as a result of this pandemic via this FAQ and/or on www.RelianceStandard.com.
<p>Can self-insured Matrix clients change their plan to accommodate COVID-19?</p>	<p>Self-Insured STD clients using Matrix administrative services may modify their plan designs to incorporate the following provisions, contingent on a) using plan provision language supplied by Matrix; b) executing explicit written approval of said action and language by an authorized party; and c) agreeing to any commensurate charges. Expanded COVID-19 provisions are as follows:</p> <ul style="list-style-type: none"> • Waiver of the disability policy elimination period for communicable disease quarantine or diagnosis only • Waiver of the burden of medical documentation for communicable disease diagnosis only • Expansion of quarantine provision to include both written government health agency order and quarantine imposed or authorized by the employer <p>Otherwise, Matrix will administer clients’ self-insured STD plans according to their terms. Clients wishing to modify their self-insured STD plan should speak with their account manager.</p>