



Group short-term disability frequently asked questions

Need help understanding your coverage? We're here for you.

These FAQs can help guide you as you review your group Short Term Disability (STD) benefits. Please note that this information is meant for general reference and doesn't guarantee payment. For full details, including any coverage provisions that may apply to you, please check your contract or certificate booklet.

How can I become eligible to receive STD coverage/benefits?

First, you need to be enrolled in the STD plan to receive coverage. For benefits to be payable, you need to be actively working full-time until the disability begins, and meet the plan's definition of disability and all other plan provisions.

How do I submit an STD claim?

Guardian offers several convenient ways to file an STD claim—including online or over the phone. To get started, check with your employer to find out which method they prefer. They'll guide you through the process and help ensure everything goes smoothly.

When should I submit an STD claim?

You should submit your claim once your disability leave has started and it's clear that your time away from work—due to illness or injury—will be long enough to qualify for STD benefits. Keep in mind that each STD plan includes an "elimination period" that must be met before benefits begin.

For maternity leave, you can file your claim before childbirth, and benefit payments will begin according to your plan's guidelines.

What is an elimination period?

An elimination period is the short waiting time before your STD benefits can begin. It starts when your disability begins and lasts for a set number of days, based on your plan. During this time, you won't receive benefit payments. Once this elimination period is complete and you meet your plan's requirements, your benefit payments will begin.

What can be expected after a claim is submitted?

An assigned STD case manager will review all information supplied. If additional information is needed, the case manager will contact you, or your medical care provider to gather details.

How long does it take to reach a decision on a claim?

Each claim is evaluated based on its own merit, and as a result, timeframes for reaching a decision could vary depending on the quality of the information supplied. Most claim decisions are made within 5 to 7 business days, provided all information is supplied in a timely manner and we are successful in obtaining any information that might be lacking.



Contact Guardian if you have questions.

Phone: 800-268-2525

Fax: 610-807-8270

Secure portal:

guardiananytime.com

Email:

absenceforms@glic.com

Regular business hours are Monday through Friday, 8 am to 8 pm ET. When contacting Guardian, be sure to include your name, plan number, claim number, and any contact information.

Is direct deposit for benefit payments available?*

Disability benefits can typically be automatically deposited into either a savings or checking account for quick access to funds and no postal delays. Once the enrollment is complete, you can expect benefit payments in your account approximately two business days after the payment issue date. Enrollment is easy and can be done online or by contacting our Service Center at 800-268-2525.

How are disability benefits extended?

If your disability lasts longer than expected, additional medical information may be needed. As each claim is unique, the medical information needed would vary from claim to claim. In many cases, you'll likely need to share more than a physician statement that you're experiencing a disability.

How are benefits paid for maternity claims?

Maternity claims are handled the same as claims for any other condition or illness, with benefits beginning after the elimination period has been satisfied. The duration of benefits would depend on the type of delivery and recovery period needed. The American Medical Association (AMA) has determined that six weeks is a reasonable recovery period following an uncomplicated vaginal delivery, and eight weeks following an uncomplicated cesarean section.

However, benefits can only be considered during the time we have documentation for medically supported limitations and restrictions preventing you from performing your job duties. If you experience complications before or after delivery, we may require additional medical documentation to substantiate any excessive periods of disability. For uncomplicated maternity claims, benefits may be issued in a lump sum payment.

When do my disability and/or benefits end?

Benefits may end when we determine you're able to perform the major duties of your regular job, even if you choose not to. Benefit payments may also end if you return to work, at the end of the maximum payment period, if you fail to provide continued proof of loss, if you are no longer under a doctor's regular care, or if you pass away.

Do we offset or integrate with other sources of income?

Most STD plans will deduct other sources of income for which you may be entitled. Common ones include: state-mandated disability, Paid Family Medical Leave (PFML), no-fault, Social Security, retirement, and other group disability benefits. You're required to apply for any sources of income you may be entitled to and should advise Guardian immediately of the status of your application.

Which states have mandated state disability programs?

Many states, including (but not limited to) New York, New Jersey, California, Rhode Island, and Hawaii have

state-mandated disability programs. Others have mandated paid family and/or medical leave plans. You should consult with your employer to determine how and where a state disability or paid leave claim should be filed. You should notify Guardian immediately of the status of your application for state disability benefits, as the outcome could have a direct impact on the STD benefit amount.

Are there any benefit exclusions under this plan?*

Yes, exclusions for act of war, self-inflicted injury, among others are included. The exclusions would be specific to the plan in question.

What is a pre-existing condition and how does it affect eligibility for benefits?*

Some STD plans include a pre-existing condition provision. If applicable, disabilities for a condition(s) that is treated within a specified timeframe prior to your STD coverage effective date may be considered pre-existing. We may limit or exclude benefits for disabilities caused by a pre-existing condition(s) unless you were insured for 12 (typically) consecutive months prior to the start of your disability.

What additional services are available with Guardian's STD plan?*

Other services available based on your plan may include:

- Employee Assistance Program (EAP) to provide support and guidance.
- Health and welfare deductions which deducts premium for certain benefits while you're receiving STD benefits from Guardian.
- Wellness services like cancer support, caregiving support, and other programs to support wellness and recovery.

Are disability benefits taxable?***

Disability benefits may be considered taxable and would depend on how the disability premiums are paid. FICA (Social Security and Medicare) tax withholding is required for six months after disability begins. You may also elect to have Federal Income Tax (FIT) withheld. Guardian will not withhold State and Federal Unemployment Tax Act (FUTA) taxes.

How does Guardian communicate the benefit amounts for tax reporting?

An Explanation of Benefits (EOB), which indicates benefit and tax detail, is typically mailed with every check or provided electronically if receiving direct deposit. Guardian provides the employer with both quarterly and year-end tax reports. These reports are also available through Guardian's self-serve portal, Guardian Anytime. Additional tax reporting services are available based on the options selected by your employer.

**The Guardian Life Insurance
Company of America**
guardianlife.com

New York, NY
8671844.1 (1/28)

* Not available on all plan designs.

** Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation.

Guardian's Group Short Term Disability Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Form #GP -1-STD-15.

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