

COVID-19 Response Resource

Frequently Asked Questions

September 2, 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 likely 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

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?

For policies without a continuation of coverage provision, including our standard disability policies, we will allow an employee to maintain insurance coverage for 90 consecutive calendar days if, **prior to September 30th, 2020**, an employer **temporarily**:

- Reduces an employee’s hours; or,
- Sends the employee home as part of a lay-off, furlough or facility closure

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 90 consecutive calendar days, we will administratively extend the timeframe to 90 consecutive calendar days if, **prior to September 30th, 2020**, an employer **temporarily**,

- Reduces an employee’s hours; or,
- Sends the employee home as part of a lay-off, furlough or facility closure

In all instances above for policies without or with a continuation provision:

- The employer must maintain the employee’s same employment status and continue all premium payments.
- The 90 calendar days will be counted from the effective date of the change.
- On the 91st 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.
- **The employment action must be effective prior to September 30th, 2020.**

As the pandemic situation develops, we will evaluate the 90 calendar day time frame to determine if modification is warranted.

How long can an employee remain covered by a voluntary product [Voluntary Accident, Voluntary Critical Illness, Voluntary Hospital Indemnity] 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?

For policies without a continuation of coverage provision, we will allow an employee to maintain insurance coverage for 90 consecutive calendar days if, **prior to September 30th, 2020**, an employer **temporarily**:

- Reduces an employee’s hours; or,
- Sends the employee home as part of a layoff, furlough or facility closure.

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 90 consecutive calendar days, we will administratively extend the timeframe to 90 consecutive calendar days. if, **prior to September 30th, 2020**, an employer **temporarily**,

- Reduces an employee’s hours; or,
- Sends the employee home as part of a lay-off, furlough or facility closure

In all instances above for policies without or with a continuation provision:

- The employer must maintain the employee’s same employment status and continue all premium payments.
- The 90 calendar days will be counted from the effective date of the change.
- On the 91st 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.
- **The employment action must be effective prior to September 30th, 2020.**

As the pandemic situation develops, we will evaluate the 90 calendar day time frame to determine if modification is warranted.

<p>In the event of a furlough, lay-off or termination, is coverage continued under a statutory plan?</p>	<p>Coverage may or may not be continued depending on the state. Additionally, if continued, the duration of the continuation and the requirements may also vary. For example:</p> <ul style="list-style-type: none"> • A standard Hawaii TDI plan provides that an employee whose employment with a covered employer is terminated and who, during a period of unemployment within 26 weeks immediately following such termination, becomes ineligible for Unemployment benefits solely because of disability, is entitled to receive disability benefits for each week of disability for which the employee would have received unemployment insurance benefits if the employee were not so disabled. • A standard New Jersey TDB plan provides an extension of coverage following cessation of employment if individuals in covered employment (employment subject to the New Jersey TDB Law) who stop work and subsequently become disabled within 14 calendar days of the employee's last day of work or last day in paid covered employment are covered under the TDB Plan of their last employer. • A standard New York DBL plan provides that every eligible employee shall continue to be eligible for disability benefits for a period of four weeks after such employment terminates regardless of whether the employee performs any work for remuneration or profit in non-covered employment. NY PFL is not continued after termination of employment. <p>Please check your plan as we must comply with all statutory plan language.</p>
<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 90 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 90 calendar days will be counted from the effective date of the change. • On the 91st 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. • The temporary reduction in salary must be effective prior to September 30th, 2020. • All other policy provisions will continue to be followed. <p>As the pandemic situation develops, we will evaluate the 90 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>
<p>What about after the 90 days and the company starts rehiring the employees. Would they have a pre-ex on any plans where it is applicable? For example, on 4/1 XYZ Corp furloughs an employee. On 7/5 they come back full time. Will the employee have a pre-ex?</p>	<p>Our standard disability policies may contain pre-existing provisions. This provision requires that if an employee becomes disabled within a specific timeframe after the insurance is effective [for example, 12 months], disability benefits may be excluded or limited if the disability is based on a medical condition where the employee:</p> <ol style="list-style-type: none"> 1. received treatment for the same or related condition[s] within a specific timeframe prior to the employee's insurance effective date [For example, 3 months] ; and/or 2. was not treatment free for the same or related condition[s] for a specific timeframe [for example, 12 months]. <p>In the scenario provided, if the employee lost his/her insurance coverage and then became insured again, the employee would be subject to a pre-existing condition provision. However, check your policy! Some policies do contain provisions that if an employee is insured, loses coverage and then becomes insured again within a specific timeframe, the employee is not subject to this exclusion/limitation.</p>
<p>Without an official diagnosis of COVID – 19, will RSL approve STD benefits for employees told to be in quarantine and thus are not able to work for only that reason, but are otherwise healthy?</p>	<p>Our standard fully insured STD policies do not require that the insured be diagnosed. They do require that the employee must be under the care of a Health Care Provider certifying his/her disability and the employee must meet the definition of disability in the applicable contract. Assuming this is a standard fully insured contract and not one with non-standard provisions or not a statutory plan, there is no provision that speaks to an employee self-isolating/under quarantine.</p>

<p>My state has asked all medical professionals to help with the current crisis. If my employer “loans” my services to a local hospital can I still maintain my insurance?</p>	<p>If an insured is a Health Care Provider and, on an effective date prior to September 30th, 2020, the employer allows the insured to provide his/her expertise to a local Health Care Facility, we will allow an employee to maintain insurance coverage as follows:</p> <ul style="list-style-type: none"> • For policies without a continuation of coverage provision, we will allow an employee to maintain insurance coverage for 90 consecutive calendar days. • For policies with a continuation of coverage provision, where the policy allows coverage to continue for less than 90 consecutive calendar days, we will administratively extend the timeframe to 90 consecutive calendar days. <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 employee, being reassigned, does not receive additional disability coverage from the temporary healthcare provider being supported during the reassignment time period • The 90 calendar days will be counted from the effective date of the change • On the 91st day consecutive calendar day from the effective date of the change, we will consider the change permanent if the employee has not returned to his/her regular employment with the policyholder. The employee will then need to meet the requirements in the applicable policy to maintain coverage. • The employment action must be effective prior to September 30th, 2020. <p>As the pandemic situation develops, we will evaluate the 90 calendar day time frame to determine if modification is warranted.</p>
---	---

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>For fully insured contracts, will Reliance Standard file a formal plan amendment or provide an administrative letter to reflect any changes in policy administration?</p>	<p>In response to the current crisis, we have made decisions regarding our policy administration that we feel are an appropriate response to this environment. All of these decisions are posted to our external website. As the pandemic situation develops, we will continue to evaluate these decisions to determine if modification is warranted.</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>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@rsl.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 microsites 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, 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>

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>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>What if I have an employee working part-time, the employee is currently receiving partial disability benefits, and my work location is closed?</p>	<p>If an insured is currently working part-time at the employer; is receiving partial disability benefits from RSL; and the employer is not able to provide any accommodation at this time, the employee should contact his/her assigned Claims Examiner immediately. We will review the employee’s specific circumstances, the medical information available to us and the applicable policy provisions to determine if the employee is eligible for additional benefits.</p>
<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>How Will the new Federal / FFCRA benefits impact STD benefits?</p>	<p>Benefits payable as sick leave under The Families First Coronavirus Response Act (“FFCRA”) will be offset from our standard fully insured Short Term Disability [STD] benefits. This means that if the FFCRA payment is made for the same dates that an insured is eligible to receive STD benefits, the amount paid under the FFCRA will be deducted from the STD benefit payable for that same time period. A minimum weekly STD benefit will be paid if the contract contains a minimum weekly benefit provision. Please check your contract to understand what benefits may or may not be offset from disability benefits paid for the same time period.</p>
<p>If my employee is currently approved for disability benefits and receives a payment under the new Federal Stimulus Package (i.e. the special one-time payments the federal government has approved for adults and children who have prior year income below a certain amount), is that payment deducted from my disability benefits?</p>	<p>Any payment made under a Federal Stimulus Package is not an offset under our disability policies.</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 if my employee is pregnant and leaves work only because she is at a higher risk to contract COVID-19?</p>	<p>Standard RSLI STD and LTD fully insured policies do not have a specific provision that allows benefit payment when an insured is under a quarantine, voluntary self-isolation or within a risk category for the virus.</p> <p>However, we will continue coverage under a fully insured policy if an employee is unable to work from home and:</p> <ul style="list-style-type: none"> • Is diagnosed as pregnant; • Is insured as of the employee’s last date physically at work; • Is absent from work within 30 consecutive calendar days prior to her expected delivery date; • Leaves work solely due to the risk of contracting COVID-19; and, • Maintains her employment status and premium payments (if applicable) for that entire time period. <p>If an employee is absent from work greater than 30 consecutive calendar days prior to her expected delivery date, the employee must meet all policy requirements to be eligible for benefit payments including the Actively At Work and Definition of Disability provisions.</p>
<p>What if a beneficiary cannot obtain a final death certificate and needs to provide one to Reliance for a claim?</p>	<p>We will accept a temporary death certificate issued by the appropriate authorities. However, there may be some instances where, based on the circumstances of the death, we will require that the medical examiner or a law enforcement agency confirm information provided to us.</p>

MATRIX-ADMINISTERED CLAIMS RELATED TO COVID-19

<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>
<p>Can you provide an update on whether Matrix is administering extended FMLA to clients based on COVID-19 Federal Government expanded leave law requirements (FFCRA)?</p>	<p>For private employers with less than 500 employees and those identified as public employers:</p> <ul style="list-style-type: none"> • Emergency Family and Medical Leave Act – Leave to care for a child whose school or daycare is closed due to COVID-19 <ul style="list-style-type: none"> ○ Matrix will administer this expanded reason under FMLA and employees will be able to file for this new FMLA reason as of 4/1/2020 through 12/31/2020. Benefits are not retroactive. ○ Pay will be administered by the employer. ○ The reason for the leave will be reflected on the Absence Radar report, and the client can use this for pay tracking purposes.. ○ eServices will reflect the new leave type ○ This benefit is included in the employees current 12 weeks of leave as covered by the other reasons for FMLA. As a result, the employee must have available FMLA time to take the new leave benefit.