

# Hybrid Disability Spring Training

April 23, 2026

April 28, 2026



Virginia  
Retirement  
System®



Devonne Whitfield, Hybrid Disability Specialist

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Stephanie Conyers, Employee Relationship Manager

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Nancy Grasso, Regional Vice President  
Ritter Jonas, Sr. Business Development Executive

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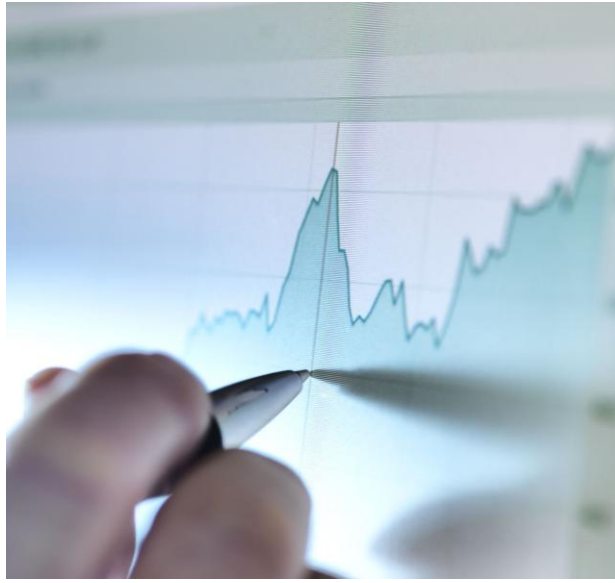


Lori Donato, Account Manager  
Stephen Lovings, Sr. Employee Benefits Consultant

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## Agenda:

- ❖ Emergency Dispatchers with VRS
- ❖ What's New?
- ❖ Top Frequently Asked Questions
- ❖ Counting 125 Work Days
- ❖ Billing & Remittance
- ❖ Contacts & Resources
- ❖ Leave Policies
- ❖ Virginia Paid Family Leave
- ❖ Prizes



# Virginia Retirement System

Stephanie Conyers, Employer Relationship Manager for Political  
Subdivisions

# New VLDP Eligibility for Emergency Dispatchers

- [House Bill 1705](#) effective July 1
  - Covers Plan 1 and Plan 2 full-time dispatchers as defined in [§ 56.484.16:1](#)
  - Does not change the member's plan designation, only their disability coverage.
    - If an emergency dispatcher changes jobs, they will be covered under disability retirement in the new job.
  - Members active on June 30, 2025, and July 1, 2025, had a one-time opportunity to opt-out of VLDP coverage by March 31.
  - Members who did not opt-out will be covered by VLDP (or comparable plan).
  - The bill does not change the VLDP program benefits or requirements.



# VLDP Program Reminders

- Members must satisfy a 12- month waiting period before being eligible for non-work- related STD. Waiting period starts July 1 or actual start date.
- The income replacement schedule is based on the VLDP (or comparable plan) coverage start date.
- If a member changes employers, the waiting period will start over.



# New Reporting Requirements



- Two (2) new job names:
  - Emergency Dispatcher
  - Sheriff's Emergency Dispatcher
    - Only use if your PSAP is in your sheriff's office
  - Job names will be available in VNAV beginning July 1, 2026
  
- Batch filing employers should include the two new job names in batch files.
  
- Job name changes apply to ALL emergency dispatchers (Plan 1, Plan 2, and hybrid).
  
- Make job name updates in VNAV in July. Complete updates before you confirm the July snapshot.

# Employer Responsibilities

- Opt-out Forms Were Due April 17.
- Communicate the change to dispatchers who will default to VLDP on July 1.
- Inform dispatchers moving to VLDP about VRS benefit change letter.
- Budget for additional members covered under VLDP or your comparable plan.
  - Consider any desired changes to gap coverage or leave policies.



# Resources



- [Recorded webinar](#) for impacted employers
- [Emergency dispatcher disability coverage web page](#)
- [Job Aid for Employers: VLDP vs. Disability Overview](#)
- Questions? [DispatcherVLDP@varetire.org](mailto:DispatcherVLDP@varetire.org)

# What's new?



# Employer Eligibility Form

❖ Effective May 1, 2026

❖ New Question:

8. Is this employee an Emergency Dispatcher: Yes or No

**\*\* Please note: Emergency dispatchers became eligible for the Virginia Local Disability Program and comparable plans starting July 1, 2026 \*\***

# New Field When Submitting a Claim

- ❖ Effective May 1, 2026
- ❖ User will need to enter a group name or group number
- ❖ User will need to enter Employer name in Additional Comments
- ❖ Entry needs to be accurate or it will result in an error
- ❖ How to File a Claim document will be updated

## New Field When Submitting a Claim

Group Name:  
**VACORP**

\* Type of Claim:

Short Term Disability



\* Group Name:

VACORP



Or:

\* Group Policy Number:



\* Type of User:

Employee



## New Field When Submitting a Claim

Group  
Number:  
**AL00006723**

\* Type of Claim:

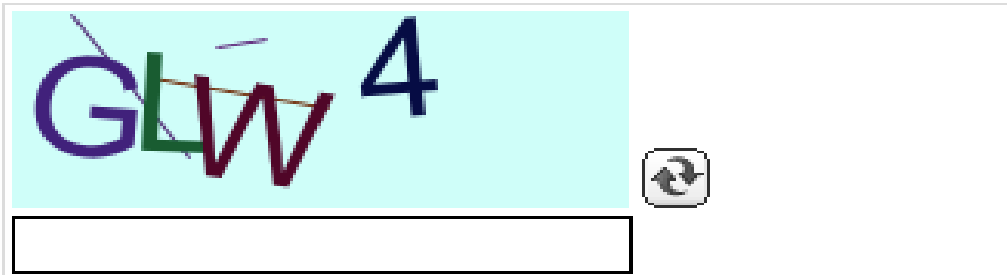
\* Group Name:

Or:

\* **Group Policy Number:**

\* Type of User:

\* Please retype the characters from the picture:



## New Field When Submitting a Claim

## Additional Comments: Enter Employer Name or Bill Group Number

\* This is important so that your group can be identified



### Read and Acknowledge

Fields marked with an asterisk ( \* ) are required

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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.

Texas: 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.

If this is an ASO claim, Standard Insurance Company provides claim processing services only. The plan administrator is solely responsible for determining entitlement to and for payment of all amounts under the plan.

\*  I acknowledge that I have read and agree to the above statement

Additional Comments:

### Email Confirmation

We can send you a copy of this submission. Just enter your email address below and we will send you a confirmation to your email address.

Email Address:

Confirm Email Address:

# New Field When Submitting a Claim

- Incorrect entries will result in an error message

Please use latest Explorer or Google application perform

## Claims Service Center

Claim Type > User Details > Claim Details > Supporting Documents > Review > Confirmation

Welcome to the Claims Entry site. Please enter details below to submit your claim.

Fields marked with an asterisk ( \* ) are required

\* Type of Claim: Life

Is this claim for an Employee or Dependent?  Employee  Dependent

\* Group Name: Johnson and Johnson ⓘ

Or:

\* Group Policy Number: ⓘ

\* Type of User: Employer

\* Please retype the characters from the picture:

KKYX

We are unable to locate your Group Name or Group Policy Number. **please try again.** You can find this information on your policy certificate or through your employer. You may also contact our Customer Contact Center at 232-0113 for assistance.

[Attach file to existing Claim](#)

If you do not have all of the required information, you can call our Customer Service number for Life Claims call: 800-552-2323 or for Disability claims call: 800-813-5682 to see if we may be able to assist you with filing the claim.

The Standard is a marketing name for Standard Insurance Company (Portland, Oregon), licensed in all states except New York, and The Standard Life Insurance Company, licensed only in New York. Products and availability vary by state and are solely the responsibility of the applicable insurance company. The Standard also admits to no liability for any errors or omissions in this document.





# Frequently Asked Questions



# [AL-Claims@standard.com](mailto:AL-Claims@standard.com)

Use this email to submit:

- Claim forms
- Claim inquiries or questions
- Additional claim-related documents



# Checking the status of an STD claim

- Check the status in Compassi, the employer portal
  - Pending: No decision has been made. Possibly waiting on documentation.
  - Suspended: Is a future dated claim, such as planned surgery or maternity
- Email [al-claims@standard.com](mailto:al-claims@standard.com) and copy your case manager
  - Turnaround time – 3 business days



# Immediate Assistance



[AL-VACORPClaims@standard.com](mailto:AL-VACORPClaims@standard.com)

- For Employers use Only
- Utilized for urgent inquires
- 24 business hour turnaround

	<b><u>Short Term Disability</u></b>	<b><u>Long Term Disability</u></b>
<b>Who pays the benefits</b>	Employer (self-funded)	The Standard (fully-insured)
<b>Elimination Period</b>	7 calendar days	125 work-days
<b>Benefit Percentage</b>	60%-80%-100% based on tenure	60%
<b>Maximum Benefit Period</b>	125 work-days	To Social Security Normal Retirement Age *
<b>Employment</b>	Cannot Terminate	Can Terminate
<b>Health Insurance</b>	Continue	Cancel and offer COBRA
<b>VRS Contributions</b>	Continue	Stop **

<sup>1</sup>If employee becomes disabled between ages 60-64, the max duration is 5 years. If employee becomes disabled between ages 65-68, the max duration is to age 70. If employee becomes disabled at age 69 or older, the max duration is one year.

<sup>2</sup>If employee becomes approved for Social Security Disability Insurance, 1% employer contribution is required.

# Short Term Disability

## Non-work related

Non-work-related disabilities are covered on the day following the completion of 12 months of continuous service.

Months of Continuous Participation	Work days of 100% Replacement of Creditable Compensation	Work days of 80% Replacement of Creditable Compensation	Work days of 60% Replacement of Creditable Compensation
Fewer than 12	0	0	0
13 - 59	0	0	125
60 - 119	25	25	75
120 - 179	25	50	50
180 or more	25	75	25

# Short Term Disability Work-Related

- ❖ Work-related disabilities (compensable under workers' comp) are covered during the first 12 months service and beyond.
- ❖ Disability benefits will be offset by workers' compensation benefits.
- ❖ Employee will not receive STD benefits if workers' comp benefit is greater than STD benefit.
- ❖ Several questions need to be asked in order to determine if a short term disability claim should be filed along with the workers' compensation claim.

<b>Months of Continuous Participation</b>	<b>Work days of 100% Replacement of Creditable Compensation</b>	<b>Work days of 80% Replacement of Creditable Compensation</b>	<b>Work days of 60% Replacement of Creditable Compensation</b>
<b>Fewer than 60</b>	0	0	125
<b>60 - 119</b>	85	25	15
<b>120 or more</b>	85	40	0

# Date of Disability Drives the Claim

- The months of continuous service level that applies on the date of disability will apply for the duration of the STD claim.
- The salary that applies on the date of disability will apply for the duration of the STD claim.
- Non-work related claims requires completion of 12 months of continuous service.



# Outside Employment while on STD

- May be permitted within medical restrictions
- Comparable work may impact eligibility of the claim, resulting in a claim denial
- All outside work must be disclosed. STD is income replacement, and undisclosed work can lead to overpayments or claim denial.
- Earnings are coordinated: if outside/part-time earnings plus STD exceed 100% of pre-disability earnings, the STD benefit is reduced.
- Carrier notification is required so that eligibility can be reassessed. Please inform your Case Manager.



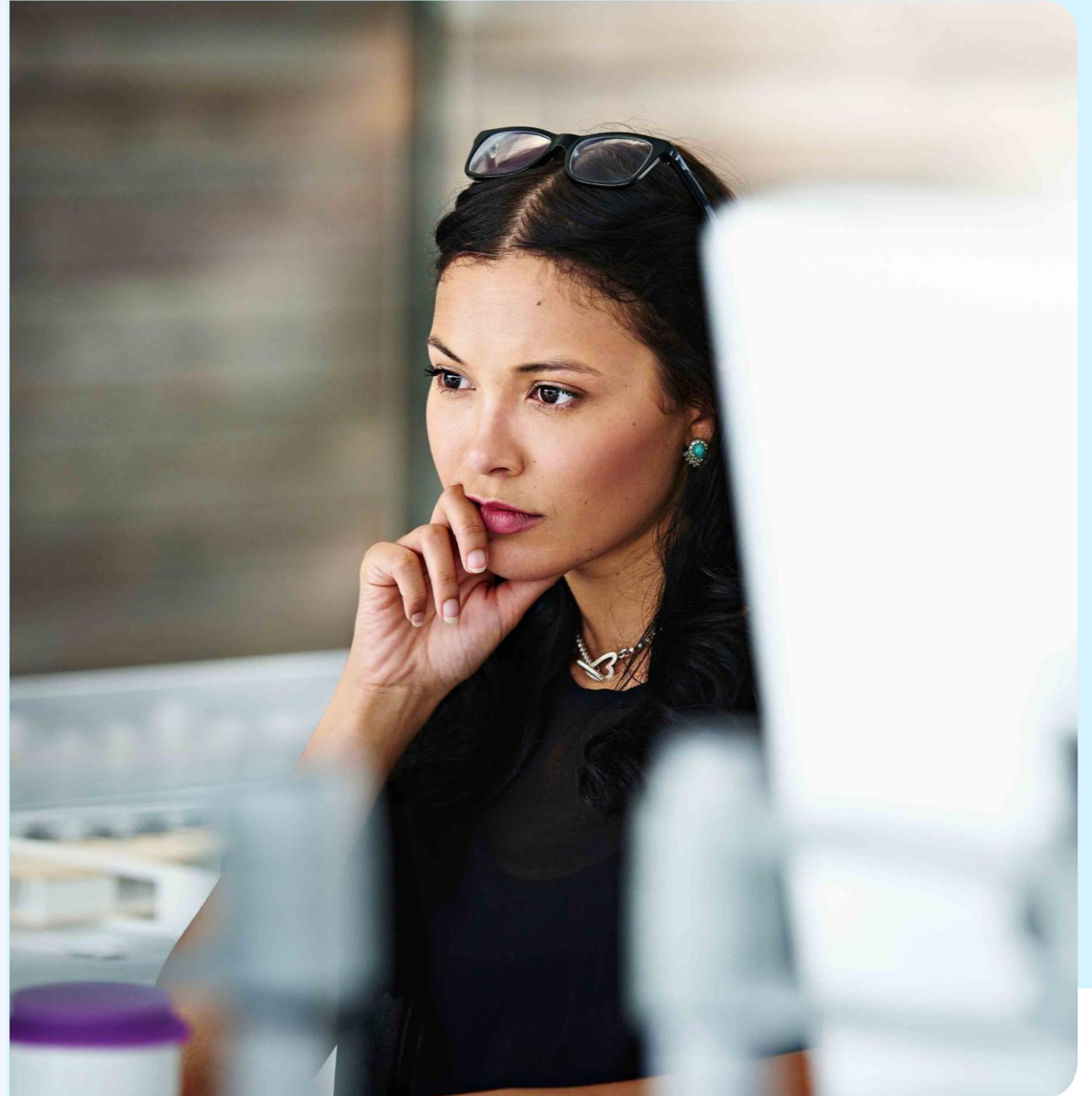
# Important Claims Filing Tips

- Always have your employees use the VAcorp group number: AL00006723
- Employee's accurate phone number and email so case managers can contact them
- Always use [AL-claims@standard.com](mailto:AL-claims@standard.com) to submit documents
- Always use the dedicated VAcorp phone number: 844-404-2111





# Counting 125 Work Days



# STD Max Benefit Period

- ❖ STD maximum benefit period: 125 **paid work** days
- ❖ Include:
  - ❖ Contracted work days
  - ❖ Paid holidays
  - ❖ Paid snow days
- ❖ Exclude:
  - ❖ Non-contract days (such as summer break for teachers)
  - ❖ Non-paid holidays
  - ❖ Non-paid snow days
- ❖ Based on a Monday-Friday work week
- ❖ For nontraditional hours, convert average hours to a 5 day week to count days
- ❖ Exclude the 7-day elimination period from your count



# Summer Break Scenario 1

Benefit is only payable on contract days (no STD benefit during noncontract days)

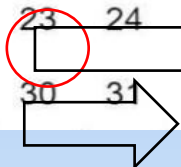
## Scenario:

- Contract ends May 28<sup>th</sup>
- New contract begins August 9<sup>th</sup>
- Date of disability May 3<sup>rd</sup>

## Determination:

- 7 day elimination period begins May 3<sup>rd</sup> and ends May 9<sup>th</sup>
- STD benefit payable May 10<sup>th</sup> – May 28<sup>th</sup> (15 of 125 days used)
- No STD benefit during noncontract days
- STD benefit resumes August 9<sup>th</sup> if still disabled (110 days remaining of 125 day max benefit)

May							June							July							August							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
						1			1	2	3	4	5						1	2	3	1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	
23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31	29	30	31								
30	31																											



# Summer Break Scenario 2

7 day elimination period may be satisfied during the noncontract period

## Scenario:

- Contract ends May 28<sup>th</sup>
- New contract begins August 9<sup>th</sup>
- Date of disability July 2<sup>nd</sup>

## Determination:

- 7 day elimination period begins July 2<sup>nd</sup> and ends July 8<sup>th</sup>
- STD benefit payable beginning August 9<sup>th</sup>
- Begin counting 125 days on August 9<sup>th</sup>

May							June							July							August						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
						1			1	2	3	4	5					1	<del>2</del>	<del>3</del>	1	2	3	4	5	6	7
2	3	4	5	6	7	8	6	7	8	9	10	11	12	<del>4</del>	<del>5</del>	<del>6</del>	<del>7</del>	<del>8</del>	9	10	8	9	10	11	12	13	14
9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
23	24	25	26	27	28	29	27	28	29	30	25	26	27	28	29	30	31	29	30	31							
30	31																										





# Billing & Remittance



# Billing & Remittance

Send the following together in one envelope:

1. Completed Invoice
2. VRS Snapshot(s)
3. Payment

*Include all entities and departments covered under your VRS  
Organization Code (DSS, PSA, etc.)*



# Invoice

## Monthly Invoice for the Hybrid Disability Program



Employer Member #:	123EX
Employer Name:	EXAMPLE
Reporting Period:	April 2025



Short term disability and long term disability for Hybrid Retirement Employees

Payment due to VACORP by 5/15/2025

45	Number of Lives			
\$66,742.99	Monthly Creditable Compensation	0.528 %	\$ 352.40	
			*Adjustment \$ 0.06	
	*Adjustment Description			
	Rounding			
	TOTAL AMOUNT DUE: \$			352.46

Please send this invoice with your check payable to:

Vacorp  
1819 Electric Rd, Suite C  
Roanoke, VA 24018

Payment is due by May 15, 2025. Late fees of 1.5% will be assessed if received more than 30 days after the due date.

Please direct billing inquiries to:  
[billing-hybriddisability@riskprograms.com](mailto:billing-hybriddisability@riskprograms.com)  
or call VAcorp Member Services at (844) 986-2705

- The invoice is a formatted spreadsheet that will automatically calculate the cost when you enter the number of lives and creditable compensation.
- Mistakes affecting the amount paid can be corrected.
- If a deduction was not paid for an employee, correct this by paying the extra amount and reporting as an adjustment the following month. Enter a brief explanation in the Adjustment Description field.
- Refrain from following a pattern of overpaying one month, then using the "credit balance" in subsequent months.

# VRS Snapshot

- › VRS Snapshot corroborates **number of lives** and **creditable compensation**
- › VRS snapshot is found on the Navigator website
  - › Contribution Summary page, under Other Details, select the DC Plan Contributions tab
- › Send snapshot for the same month as the reporting period
- › Schools send two snapshots:
  - › Non-professionals (non-administrative school staff) and Professionals (teachers and administrative staff) even none are enrolled in that period

The screenshot shows the VRS Snapshot web application interface. At the top, there is a 'Welcome' message and a navigation bar with buttons for 'Change agency', 'Refresh', 'Previous', and 'Help'. Below this is a breadcrumb trail: 'The Snapshot'. A main navigation menu includes 'Profile', 'Person', 'Organization', 'Contribution Confirmation', 'Payments', 'Workflow', and 'Report'. On the left side, there are links for 'My Basket', 'Secure Messages', 'Recent Pages', and 'ECM Documents'. The main content area is titled 'The Snapshot' and shows a 'Record displayed' indicator. Below this are buttons for 'Confirm', 'Regenerate Snapshot', and 'Request Snapshot File'. A 'Terms And Conditions' section has a checked box for 'I agree to comply with the security policy.' and a 'Download File' button. The 'Contribution Summary' section displays 'Org Name', 'Contribution Month: July', 'Plan: VRS', and 'Snapshot Generation Date: 7/18/2024 9:48:42 AM'. It also shows 'Confirmation Status: Pending', 'Contribution Year: 2024', 'Org Code', and 'Confirmed Date'. Two tables are present: 'Defined Benefit (DB) Plan Contribution Summary' and 'Defined Benefit (DB) Plan Service Purchase Contribution Summary'. The first table shows a total contribution of \$2,221.92 for VRS. The second table shows a total service purchase contribution of \$0.00 for VRS. Below these is a 'Total : \$2,221.92' label. The 'Other Details' section includes a navigation bar for 'Employment Summary', 'DB Plan Contributions', 'Benefit Contributions', 'DB Plan Adjustments', 'Benefit Adjustments', 'Service Purchase Contributions', and 'Service Purch'. A table below shows details for two plans: 'Virginia Retirement System - Plan 1' and 'Virginia Retirement System - Hybrid'. The table has columns for 'Plan', 'Org Code', 'Active Members', 'Creditable Compensation', 'Employer Contribution', 'Employee Paid', and 'Employee Contribution'. The 'Virginia Retirement System - Hybrid' plan shows 5 active members, \$36,191.41 in creditable compensation, and \$1,447.65 in employee contribution.

Plan	Current Month Contribution	Adjustment Amount	Total
VRS	\$2,221.92	\$0.00	\$2,221.92

Plan	Current Month Service Purchase Contribution	Adjustment Service Purchase Amount	Total
VRS	\$0.00	\$0.00	\$0.00

Benefit	Current Month Contribution	Adjustment Amount	Total
No records to display			

Total : \$2,221.92

Plan	Org Code	Active Members	Creditable Compensation	Employer Contribution	Employee Paid	Employee Contribution
Virginia Retirement System - Plan 1	XXXXX	1	\$15,485.33	\$0.00		\$774.27
Virginia Retirement System - Hybrid	XXXXX	5	\$36,191.41	\$0.00		\$1,447.65

# Monthly Payment

- › Ensure the amount paid matches the total amount on the invoice.
  - › Amounts off by a few cents due to rounding are acceptable.
  - › If the amounts differ by more than a couple of dollars or persistent invoice adjustments are required, then something is wrong and needs to be corrected.
- › If payment is made by another department or through a bill pay service, email your documents to [billing-hybriddisability@riskprograms.com](mailto:billing-hybriddisability@riskprograms.com) and we will match when payment arrives.
- › ACH payments are accepted. Contact [billing-hybriddisability@riskprograms.com](mailto:billing-hybriddisability@riskprograms.com) for information.
  - › When paying by ACH, provide notice of payment by email to [billing-hybriddisability@riskprograms.com](mailto:billing-hybriddisability@riskprograms.com), include date and amount to assure account is properly credited.
- › Do not include Hybrid Disability premium on the same check paying for other lines of coverage with VAcorp.

# HYBRID DISABILITY ACH PAYMENT INFORMATION

PLEASE DO NOT USE FOR  
VAcorp Premium Payments

## **Account Name and Mailing Address:**

VAcorp Hybrid Disability  
1819 Electric Rd, Suite C  
Roanoke, VA 24018

## **Bank Name and Address:**

Pinnacle Bank  
150 Third Avenue South, Suite 900  
Nashville, TN 37201

## **Banking Information:**

ABA Routing Number: 064008637  
Account Number: 130900023313

## **Remittance Contact and Email:**

Contact: Devonne Whitfield  
Phone: 540-986-2702  
Email: [billing-hybriddisability@riskprograms.com](mailto:billing-hybriddisability@riskprograms.com)



# Contacts & Resources



# There are several ways to submit an STD claim

ONLINE: *\*preferred method\**

Employee:

[app.standard.com/benefits/employee/soc/](https://app.standard.com/benefits/employee/soc/)

Employer:

<https://app.standard.com/benefits/employer/compassi>

PHONE: *\*preferred method\**

844-404-2111

EMAIL: [AL-Claims@standard.com](mailto:AL-Claims@standard.com)

FAX: 800-850-0017

POSTAL MAIL:

Disability Claims Service Center

P.O. Box 2717

Portland, OR 97208-9830



# VAcorp Hybrid Disability Website

## VAcorp Hybrid Disability Website:

- <https://www.vacorp.org/coverage/hybrid-disability/>
- Website is always kept up-to-date
- Best location to access documents and plan information
- Training and Webinar documents/presentations
- Contact list





# Leave Policies



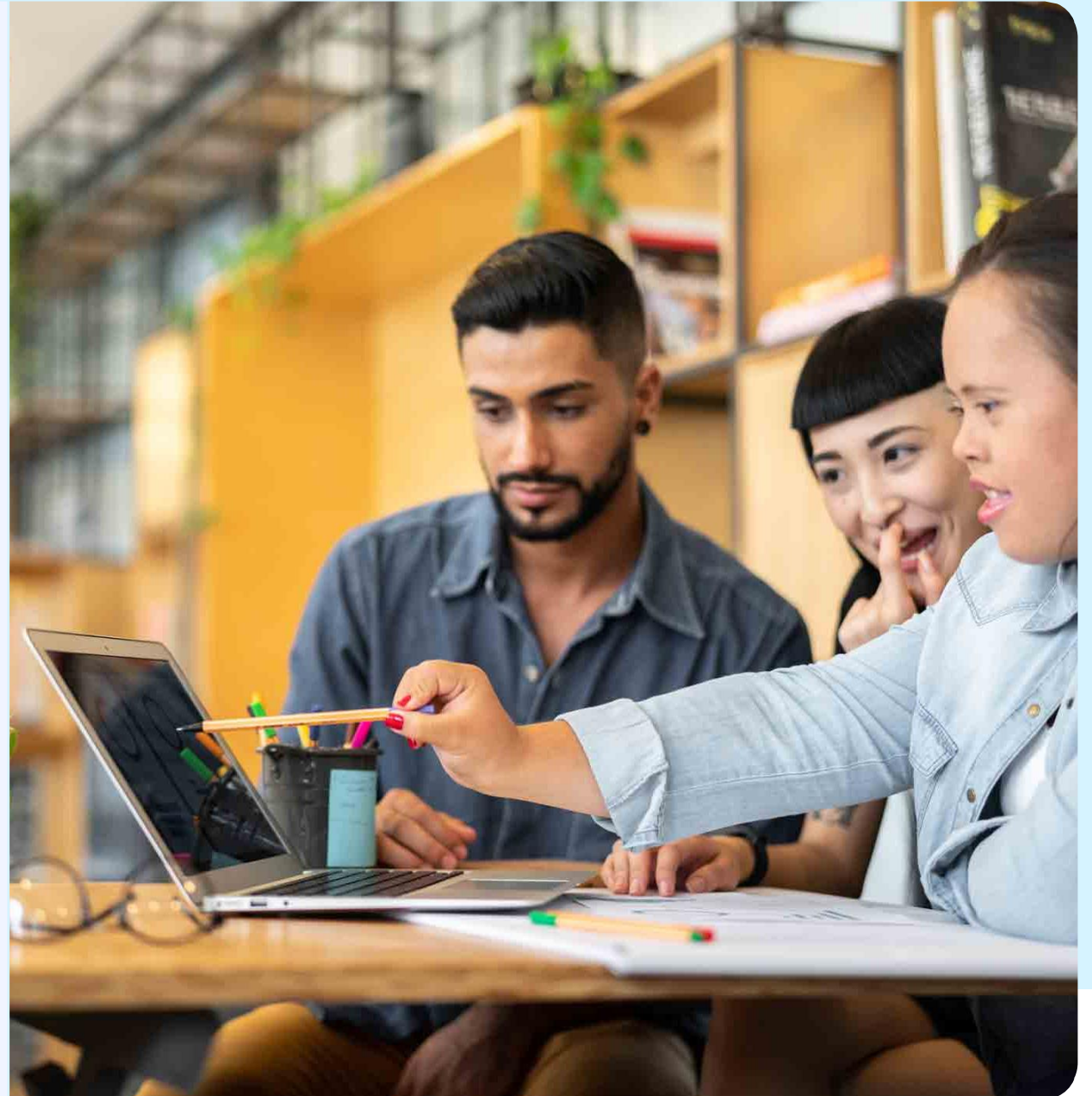
# Why offer a disability plan to all employees?

- › Leave policy considerations – Hybrid vs. Legacy (Plan 1 & 2)
  - › Have you made modifications since 2014?
  - › Do you have a sick bank?
- › How to address discrepancy in in benefits between Hybrid and Legacy employees?
- › Are you managing leave appropriately with new FML laws and regulations?
- › Current Legacy policy holders
- › Legacy pool potential





# Virginia Paid Family Leave





# Virginia Paid Family Leave Preview-

HB1207 & SB 2

- Bill has passed both houses with amendments by the Governor
- Program to be established by VEC similar to workers comp law
- Groups may select a private carrier instead of state with equal or better benefits
- Pre Funding starts 4/1/28 with Benefits payable 12/1/28
  - Employers can avoid pre- funding with a private carrier
- Key Elements of the Proposed Legislation today:
  - Any covered individual who is authorized to work in the US
  - No waiting period (Most states have 7 day WP)
  - 80% of the Average weekly wage in Virginia
  - Benefit payments every 2 weeks
  - Up to 12 weeks per year
  - Leave runs concurrent with FMLA
  - Disability and Leave plans will offset PFML
  - 50/50 Employer/Employee shared contribution
- What's Next:
  - Business as usual until 2028 at this point
  - Await Final legislation and Guidance
  - The Standard offers PFML option in each approved state

# Drawing for Prizes



**Thank you for  
your time!**

