

FAQ: MATERNITY LEAVE BENEFITS

With the excitement of a new arrival, here are answers to frequently asked questions (FAQ) about filing a claim, what's covered, and how your Pacific Life Short-Term Disability benefits apply to maternity leave.

And as a reminder, our innovative Event-Based Claims Intake will automatically consider any related coverages you may have, such as Hospital Indemnity, Critical Illness, and Accident, so your benefit payments are maximized without the need to file additional claims.

Key Dates for Expecting Employees¹

FILE YOUR CLAIM EARLY

- Ideally, submit your claim **30 days** before your expected delivery date, or **as soon as your doctor certifies** your disability due to pregnancy or delivery

DISABILITY STARTS AT DELIVERY

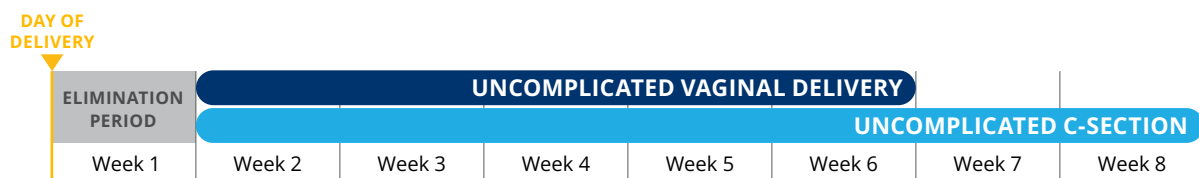
- For most plans, the claim **begins on the day you deliver²**. If complications arise, you may qualify earlier

HOW MANY WEEKS BENEFITS PAY²

- **6 weeks** for an uncomplicated vaginal delivery (includes the Elimination Period)
- **8 weeks** for an uncomplicated C-section (includes the Elimination Period)

ELIMINATION PERIOD MAY APPLY

- Most plans have a **7-day waiting period** before benefits start
- Employees often use vacation or sick time during this period



Q: How soon should I file a claim?

A: You will want to file your claim as soon as your doctor certifies your disability due to pregnancy or delivery. We suggest doing this at least 30 days before your expected date. This helps ensure everything is processed in time, so your benefits are ready when you need them.

For most plans, disability begins on the day you deliver, but claims may be filed earlier if complications arise and your doctor recommends that you stop working before delivery.

[View our Event-Based Claims flyer](#)

[View our Superior Claims Experience](#)

Q: How do I file a claim?

A: You can begin a claim easily in one of two ways:

- **Online Portal:** Visit benefits.pacificlife.com to log in and Submit a Claim.³
- **Phone:** Call the Service Contact Center at (855) 810-3301 for employee services.

Q: Once I file a claim, what happens next?

A: Once you submit a claim, you can trust us to handle the details and keep you informed.

- For Short-Term Disability claims that are set for a future date, we'll hold onto your information until it's closer to the time benefits are needed, and you can move on to what's next, confident that your claim is in good hands.
- For Hospital Indemnity coverage, we proactively pay future-dated claims for delivery, so you will have your benefit ready for that special moment.
- If you have Critical Illness coverage and experience complications during or after delivery, you may be eligible for a benefit for your confinement if your policy includes a Hospitalization Due to Pregnancy Complications benefit.

Regardless of the coverage you have, while the process may look a little different for each, we are here to support you.

Q: How long will I receive benefits?

A: For an uncomplicated vaginal delivery, claims are typically approved for six weeks from the date of delivery, which includes the Elimination Period. For an uncomplicated C-section, claims are typically approved for eight weeks from the date of delivery, also including the Elimination Period.

If you have medical complications before or after delivery, or if your doctor recommends additional recovery time, benefits may be approved with supporting medical documentation. Each claim is evaluated individually based on your medical condition and your employer's plan provisions. If you stop working before your delivery, make sure you let us know.

Q: What is an elimination period?

A: This is an unpaid period of time that you must be disabled and out of work before your benefit payments begin. A typical elimination period is seven (7) days, but short-term disability plans can vary greatly. During the elimination period, most employees use vacation or sick time. Check with your employer to confirm your existing elimination period and what pay options are available. You may also check your Certificate of Coverage, located in your portal.

Q. How much will I be paid?

A. Your benefit amount is determined by your employer's plan benefit percentage and maximum weekly benefit. A common benefit percentage is 60% of your weekly salary, subject to a maximum weekly benefit like \$1,500. Taxes may be withheld if your employer pays for coverage pre-tax. Be sure to check your employer's plan details to understand your coverage amount.

Also, check with your employer to understand if you will receive any additional benefits from either mandatory state benefits, such as Paid Family and Medical Leave (PFML) or your employer's own policies, such as paid parental leave.

Q. How will I be paid?

A. Short-Term Disability benefits are paid weekly, either by paper check or direct deposit, whichever you prefer. At the time of filing your initial claim — whether by phone or within the portal — you can set up direct deposit. If you need to set up direct deposit after filing your claim, you can easily do so through the portal. You may also receive your benefits in a lump sum, if you so choose.

Q. What happens after I deliver?

A. Let us know so we can ensure benefits are paid to you in a timely manner. We'll need to know the date you entered the hospital and delivery type (vaginal or C-section).

(For your convenience, you'll find the Authorization for the Use and/or Disclosure of Information and Authorization for Release of Claim Information available in this document.)

Q. Is my job protected while I am out of work?

A. Short-term disability does not provide job protection; however, while you are out of work, you may be eligible for federal and/or state leaves that may offer job protection. These leaves would typically run at the same time as your short-term disability.

To understand your options and what you may be eligible for, talk with your employer.



I have more questions.

Who can I contact?

You may reach us multiple ways, including:

- **Phone:** 1-855-810-3301
- **Email:** questions.workforcebenefits@pacificlife.com
- **Fax:** 1-949-219-8870

Pacific Life appreciates having you as a member, and we look forward to serving you.

Thank you for choosing Pacific Short-Term Disability Insurance for your added paycheck protection.

¹ Benefit features and availability may vary depending on the employer's state and plan design selection. The Certificate of Coverage includes comprehensive details, including limitations and exclusions.

² Benefits pay after the Elimination Period (or waiting period) ends.

³ If you haven't registered for your online portal account yet, please respond to the email invitation you received with your coverage. If you didn't receive one, call our call center at (855) 810-3301 to request a new invitation.

Hospital Indemnity insurance plans are underwritten by Pacific Life & Annuity Company (Pacific Life).

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Hospital Indemnity Policy Form Series: PLA-HI-POL23, PLA-HI-CERT23. Form numbers, provisions, and availability may vary by state. The state-approved form is the governing document. Hospital Indemnity policy forms issued in Idaho include PLA-HI-POL23-ID and PLA-HI-CERT23-ID.

Critical Illness Policy Form Series: PLA-CI-POL23, PLA-CI-CERT23. Form numbers, provisions, and availability may vary by state. The state-approved form is the governing document. Critical Illness policy forms issued in Idaho include: PLA-CI-POL23-ID and PLA-CI-CERT23-ID.

Short-Term Disability Policy Form Series: ICC23 PLA DISP, ICC23 PLA STDC, PLA DISPOL 24, and PLA STDCERT 24. Form numbers, provisions, and availability may vary by state. The state-approved form is the governing document.

Pacific Life refers to Pacific Life Insurance Company and its subsidiary Pacific Life & Annuity Company.

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