HOW TO SUBMIT A CLAIM FOR CRITICAL ILLNESS, ACCIDENT AND HOSPITAL INDEMNITY INSURANCE

Experiencing an illness, accident and/or a hospital stay can be challenging. Now you need to file a claim, and the process may seem overwhelming. But The Hartford is here to make this as easy as possible.

REFERENCE THE ACTION STEPS AND RESOURCES BELOW TO HELP YOU WITH YOUR CLAIM.

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When should a claim be filed?	**Critical Illness**[1] • After a physician has diagnosed you or a covered dependent with a covered illness. • After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
	Accident • After you or your covered dependents receive services performed as a result of an accident. • After you or a covered dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
	Hospital Indemnity • After you or a covered dependent have had a hospital stay as the result of a covered illness or injury. • After you or a covered dependent receive services performed as a result of a covered illness or injury (if included in the policy). • After you or your dependent have undergone a health screening and are eligible for a wellness or health screening benefit.
Who can file a claim and how?	Anyone insured under the policy, or an authorized representative, can file a claim at any time, from anywhere. You can file your claim in different ways depending on what's most convenient to you: **1. ONLINE** • Visit the Supplemental Insurance Claims Portal at TheHartford.com/benefits/myclaim. • Register for access if you have not done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.) • Log in to the portal. • Click on **"Complete Your Claim Form Online"** under the Quick Links section. • Follow the prompts to complete and submit a claim. **2. FILE A CLAIM OVER THE PHONE** (Applicable to Health Screening Benefit/Accident Protection Benefit Only) • File your claim by calling **866-547-4205**. • Available Monday through Friday, 8:00 a.m. – 6:00 p.m. EST. **3. SUBMIT A CLAIM VIA MAIL OR FAX** • Download a claim form at **TheHartford.com/benefits/myclaim**. • Complete the form and mail or fax it to: The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax Number: 469-417-1952 For assistance filing your claim, call **866-547-4205**.

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What information will you need to provide when submitting your claim?	• The form will ask you to provide some information about you, and if you're filing the claim for a dependent, their information as well. • Then, select which type of claim you're filing. Continue through the form, only filling out the relevant sections. • In the Benefit Information section, check off each box that applies to the event or services you received as a result of your covered illness and/or accident and/or hospital stay. • Be sure you sign the Authorization to Obtain and Disclose Information (which helps us obtain information for the claim from medical providers, if needed) and sign the claim form itself. In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim. **Examples of documents include:** ER, urgent care, physician visit or hospital discharge papers; exam, lab or test results/reports; physician notes; Explanation of Benefits (EOBs) from your health insurance provider; itemized medical or hospital bills; or medical records. Please call us for guidance with your claim submission – we're happy to help you understand how to complete the claim successfully. By thoroughly completing the form and gathering your documentation, we'll be able to better serve you and ensure your claim is processed as quickly as possible. We may also need to work with medical providers to fully prove your claim, but we'll let you know during the claims process if this is necessary.
What happens next?	After you submit your claim, our dedicated claims team will review the claim and contact you with any questions or to request additional information needed for your claim. Our goal is to ensure you receive all benefits you're entitled to, as quickly as possible. We will review your total voluntary benefits coverage with The Hartford to determine if you might be eligible for additional benefits based on other insurance policies you've purchased. If you are filing a Critical Illness claim and forgot to tell us about a hospital stay for a Hospital Indemnity claim, for example, we've got you covered. Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.[2] Standard mail times will apply (if applicable). In the meantime, if you filed your claim online, you can use the site to monitor your claim status and access additional claims-related information at **TheHartford.com/benefits/myclaim**. For all claims, you are welcome to call 866-547-4205 for claims status or questions.

TO GET STARTED,

visit **TheHartford.com/benefits/myclaim**

Or contact our Customer Service Center at **866-547-4205** for assistance.

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THESE POLICIES PROVIDE LIMITED BENEFITS. These limited benefit plans (1) do not constitute major medical coverage, and (2) do not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: The Hospital Indemnity and Critical Illness policies provide limited benefits health insurance only. The Accident policy provides ACCIDENT insurance only. IMPORTANT NOTICE — THE ACCIDENT POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. These policies do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

[1] Critical Illness is referred to as "Specified Disease" in New York.

[2] Based on average claims turnaround time.

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