



HOW TO SUBMIT A CLAIM FOR CRITICAL ILLNESS, ACCIDENT INSURANCE

Experiencing an illness or accident 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.

ACTION

When should a claim be filed?

Critical Illness*

- After a physician has diagnosed you or a covered dependent with a covered illness.
- After you or your dependent has undergone a health screening and is eligible for a wellness or health screening benefit.

Accident

- After you or your covered dependents receive services performed as a result of an accident.

How and who can start a claim?

You'll need to work directly with The Hartford to file your claim – this process is different from what you're used to with medical or dental insurance.

- Retrieve the form online at [TheHartford.com/benefits/myclaim](https://www.thehartford.com/benefits/myclaim). For assistance in completing this form, contact **(866) 547-4205**.
- You'll only need to fill in the sections specific to the benefit for which you're filing a claim. You may see additional products listed on the form that you do not have through The Hartford.
- If you're incapacitated and are unable to complete claim forms, then your authorized representative can file a claim on your behalf.

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.

In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim – such as: 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 filling out the form and gathering your documentation, we'll be able to better serve you and ensure your claim is processed efficiently.

You may also need to work with your physician to fully prove your claim, but we'll let you know during the claims process if this is necessary.

ACTION	
<p>Where do I submit the claim form?</p>	<p>The form can be completed on your computer and uploaded online. Don't forget to attach any supporting documentation.</p> <p>You can also mail or fax the form and documentation to: The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax Number: 1-469-417-1952</p>
<p>What happens next?</p>	<p>After you submit your claim, a dedicated claims analyst will confirm receipt of 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.</p> <p>In the meantime, you can use the site to monitor your claims status and access additional claims related information.</p>
<p>What if I'm submitting for a wellness or health screening benefit?</p>	<p>If you're filing for a Health Screening Benefit, just give us a call at (866) 547-4205. Have ready the name and date of the test, along with some provider information.</p> <p>Alternatively, you can complete the Health Screening Benefit claim form and submit it online, or via mail or fax. The claim form may be required for certain plans.</p>

To get started, visit [TheHartford.com/benefits/myclaim](https://www.TheHartford.com/benefits/myclaim)
 Or contact our Customer Service Center at **(866) 547-4205** for assistance.



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THE CRITICAL ILLNESS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited health benefit plan (1) does not constitute major medical coverage, and (2) does 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: This policy provides limited benefits health 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.

*Critical Illness is referred to as "Specified Disease" in New York.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Policy Number TBD.

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