# 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.	
ACTION	
When should a claim be filed?	Critical Illness¹  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.
	<ul> <li>Hospital Indemnity</li> <li>After you or a covered dependent have had a hospital stay as the result of a covered illness or injury.</li> <li>After you or a covered dependent receive services performed as a result of a covered illness or injury (if included in the policy).</li> <li>After you or your dependent have undergone a health screening and are eligible for a wellness or health screening benefit.</li> </ul>

## There are (3) ways to file a claim:

#### 1. ONLINE:

- ♦ Visit the online portal at: **TheHartford.com/benefits/myclaim**
- New users must register for access. Here is the information needed:
  - \* Your SSN does **not** need any dashes
  - \* DOB format should be: mm/dd/yyyy
- ♦ We recommend completing your profile before getting started
- ♦ You will need the group # which can be found under the COVERAGE tab, GROUP—towards the bottom listed as Plan Name (eg: VAC-XXXXXX for Accident Coverage)
- Select Complete Your Claim form Online. Wellness Benefit Claim can be submitted here as well (If you a submitting a claim for a dependent, please use the employee information no dashes for the SSN)
- ♦ Complete Claim Form

attach all supporting documentation such as medical records, physician notes, ER/hospital discharge papers, radiology/pathology reports, itemized medical/hospital bills, medical EOBs, toxicology reports, childcare/transportation/lodging receipts or policy reports. Please note to Choose File AND Upload

- ♦ You will get an email confirmation that your claim was submitted successfully!
- ♦ Contact the Claims Service Line at 866-547-4205 with any questions regarding your claim

### 2. FILE A CLAIM OVER THE PHONE:

- ♦ File your claim by calling 866-547-4205
- ♦ Available Monday through Friday, 8:00 am—6:00 pm 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
PO Box 99906
Grapevine, TX
76099

or fax to (469)417-1952.

#### 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 Hospital Indemnity claim, for example, we've got you covered.

Once the claim ha been approved, the standard turnaround time for benefits to be paid is between 3-10 business days. Standard mail times will apply.

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**.

**Claims Service Line:** 

866-547-4205

Hartford.voluntary@webtpa.com

Note: For quicker payment, under the DOCUMENTS tab, you will find an EFT Request Form which you can complete and upload into your claim for Direct Deposit.