Submitting a Cancer Claim

Guardian works smarter to keep claims submission easy for you – by offering a simple claims process, you can focus on your recovery. Simply fill out the form, collect your required documentation (listed below) and submit your claim by mail, fax or email. Your claim is processed within 5-7 business days.¹

Step 1: Obtain claim form

Step 2: Complete claim form

Step 3: Required Documents Step 4: Submit

Claim is processed within 5-7 business days1

Get the claim form from your Human Resource department, or via the website at www.GuardianAnytime.com (Form GG-016453).

Complete the claim form. Be sure to complete ALL fields, and sign and date the form.

Collect all required documentation listed below.

Submit the Claim via mail, fax, or website

Cancer Claim Submission

Mail:

Guardian Life Insurance Cancer Claims PO Box 14317 Lexington, KY 40512

Fax:

920-749-6275

Secure E-mail:

www.GuardianAnytime.com click secure channel, select **cru@glic.com**

Required Documents

- Completed Employee claim form
- Employer and Attending Physician Sections (if applicable)
- Documentation identifying services rendered with provider, patient's name, and dates and types of services/treatment. This could include, but is not limited to, copies of the following:
 - Medical bills from the provider(s)
 - Medical records
 - Explanation of Benefits from Medical Carrier
 - ER Report

GUARDIAN* The Guardian Life Insurance			Group Cancer Claim Forn		
end to Guardian Life Insura	nce, Cancer Claims, PO Box 1431 1-7846 Fax: (920) 749-6275	7, Lexingto	n, KY 40512		
ocuments can be returned e	electronically at <u>www.Guardian.An</u>				Guardian Anytime home page.
EMPLOYEE SECTION	To avoid delays, please fill in th	,	•		
Employee's Name:		2. Plan I	lumber:	3. Date of Birth:	4. Social Security #:
S. Gender. 6. Marital 7. Mailing Address: Status: Female					8.Preferred Telephone Number
DEPENDENT SECTION	COMPLETE THIS SECTION IF TH	HE CLAIM I	S FOR A DEPEND	ENT.	
Dependent's Name:			10. Dependent's Telephone nu		11. Dependent's Date of Birth:
12. Gender: 13. Relationship to the employee: ☐ Male ☐ Female				14. Dependent's	Social Security Number:
CLAIM INFORMATION SI	ECTION Continued Claim				
(Internal Canoer is define specific classifications.) Have you been diagnoses: An abnology report of report to you at your clinical evidence that include a copy of you have the doctor come actual charges made. Any other bills pertail included. Transportation and L.	ng questions: with Internal Canoer? Yes d as a Canoer contained within the b with Skin Canoer? Yes agnosing canoer must accompany y agnosing canoer must accompany y request.) If the diagnosis of canoer in themized hospital billing if you were piete the Physician's Statement and	ody. Intern. No our first clai idas made b cancer. e hospitalize attach an it a, chemothe o determine	m for that diagnosi y clinical information d. emized billing show rapy or radiation to what expenses as	is of cancer. (The his instead of patholisming the diagnosis, reatments, ambulan re-covered. Send us	ospital or doctor will furnish this ogical means, please submit the services provided and the ce, lodging, or travel, way be a statement detailing your

Questions about your claim?

Call 1-800-268-2525

1. Provided all required information is received. Guardian's Cancer Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. 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. Policy Form #GP-1-Can-IC-12 et al..



File #2016-24689 Exp. 6/18