## Submitting a Critical Illness 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.<sup>1</sup>

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-016218).

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

## Critical Illness Claim Submission

Mail:

Guardian Life Insurance Critical Illness Claims PO Box 14334 Lexington, KY 40512

Fax:

610-807-2999

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

14334, Lexington, KY 40512 com. Click on "Secure Channel" on the Gu	Customer Service: (8	ical Illness Claim Form 00) 268-2525 Fax: (610) 807-2999
com. Click on "Secure Channel" on the Gu	Customer Service: (8 lardian Anytime home page.	00) 268-2525 Fax: (610) 807-2999
se fill in the identifying claim inf	ormation on each page.	
2. Plan Number:	3. Date of Birth:	Social Security #:
		8.Preferred Telephone Number:
TON IF THE CLAIM IS FOR A DE		
	10. Dependent's	Preferred Telephone Number:
13. Marital Status:	14. Social Security Number:	
'	'	
a benefit (see page 2).	16. On what date did the	symptoms first appear?
e attach a separate sheet of page		
lization, if applicable:		18. Insured's date of death, if applicable:
	Discharged://	applicable.
ers of family physician:		
mbers of physicians and hospitals	that treated the insured for	this illness or injury:
	10N IF THE CLAIM IS FOR A DE  13. Marital Status:  13. Marital Status:  15. Marital Status:	10N IF THE CLAIM IS FOR A DEPENDENT.  13. Marital Status:  14. Social Security Secur

Questions about your claim?

Call 1-800-268-2525

1. Provided all required information is received. Guardian's Critical Illness 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 #GC-C1-11, et al.



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