



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

Experiencing an illness, accident or 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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| ACTION                                                                      | CRITICAL ILLNESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ACCIDENT                                                                                    | HOSPITAL INDEMNITY                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| When should a claim be filed?                                               | <ul style="list-style-type: none"><li>After a physician has diagnosed you or a covered dependent with a covered illness, or</li><li>After you or your dependent has undergone a health screening and is eligible for a wellness or health screening benefit (if included in the policy).</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | After you or your covered dependents receive services performed as a result of an accident. | <ul style="list-style-type: none"><li>After you or a covered dependent have had a hospital stay as the result of a covered illness or injury, or</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), or</li><li>After you or your dependent has undergone a health screening and is eligible for a wellness or health screening benefit (if included in the policy).</li></ul> |
| How and who can start a claim?                                              | <p>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.</p> <ul style="list-style-type: none"><li>Retrieve the form online at <a href="https://www.thehartford.com/benefits/myclaim">THEHARTFORD.COM/BENEFITS/MYCLAIM</a>. Complete, sign and date this form electronically or in paper copy. For assistance in completing this form, contact <b>(866) 547-4205</b>.</li><li>You'll only need to fill in the sections specific to the benefit for which you're filing a claim.</li><li>If you are incapacitated and are unable to complete claim forms, then your authorized representative can file a claim on your behalf.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| What information will you need to provide when submitting your claim?       | <ul style="list-style-type: none"><li>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.</li><li>Then select which type of claim you're filing – whether it's for Accident, Critical Illness and/or Hospital Indemnity insurance. Continue through the form, only filling out the relevant sections.</li><li>In the Benefit Information section, check off each box that applies to the event or services you received as a result of your covered accident, illness or hospital stay.</li></ul> <p>In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim – such as medical records, physician notes, hospital discharge papers, and itemized medical or hospital bills.</p> <p>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.</p> <p>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.</p> |                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

*continued*

| ACTION                             | CRITICAL ILLNESS                                                                                                                                                                                                                                                                                                                           | ACCIDENT | HOSPITAL INDEMNITY |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------|
| <b>Where is a claim form sent?</b> | <p>Submit the completed form and supporting documentation through the online portal at <b>THEHARTFORD.COM/BENEFITS/MYCLAIM</b>.</p> <p>Or, you can mail or fax the form and documentation to:<br/> The Hartford Supplemental Insurance Benefit Department<br/> P.O. Box 99906<br/> Grapevine, TX 76099<br/> Fax Number: 1-469-417-1952</p> |          |                    |
| <b>What happens next?</b>          | <p>After your claim is submitted, a dedicated Client Resolution Specialist will assess completeness of the claim and will contact you with any questions, or to request additional information needed for your claim. Our goal is to ensure you receive all benefits you are entitled to, as quickly as possible.</p>                      |          |                    |

For more information, please call **(866) 547-4205**, or visit **THEHARTFORD.COM/BENEFITS/MYCLAIM**.

From the online portal you'll be able to access and submit claims forms and manage claims status.



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THE CRITICAL ILLNESS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited 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.

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited 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.

Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

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