



Accident Insurance

Answers to frequently asked questions

The following is provided for informational purposes only and does not serve as a guarantee of payment. Please refer to your contract/certificate booklet for all applicable plan provisions.

How do I become eligible to receive accident insurance coverage/benefits?

- You must have selected accident insurance from Guardian during your benefit enrollment period.
- A covered accident/injury must occur while you are covered under the plan.
- Treatment and/or services received as a result of an injury/accident must occur while you are covered under Guardian's accident insurance plan accident insurance plan.

When should I submit a claim?

A claim should be submitted once a covered individual sustains and receives treatment for an injury or loss that occurred as a result of a covered accident.

How should a claim be submitted?

You can complete the Guardian group accident claim form online when you visit guardianlife.com. Before you begin, please make sure to have the following required information, including your group plan number and member ID, listed below.

Personal

- Group plan number and member ID
- Name and address
- Phone number and email address
- Birth date
- Dependent information, if applicable
- Bank routing and account number for direct deposit

Medical

- Pathology report, if applicable
- Diagnostic test results
- Medical records including diagnosis, progress notes, test results, admission or discharge summaries, and operative reports

The completed claim form along with supporting documentation may be submitted online, as well as by mail, phone, email, or fax.



Online:

- Go to guardianlife.com and select "Log in" to register or access your account.
- Under My Claims, click "Submit a claim" and select accident and review brief coverage description.
- Select type of claim and complete claim information.
- Upload related medical records and itemized bills.
- Review summary of the information entered and confirm accuracy.
- Submit the claim.

Mail: Guardian Life Insurance
Accident Claims
PO Box 14315
Lexington, KY 40512

Fax: 920-749-6299

Customers can also email their claim forms and supporting documents to: AccidentBenefits@glic.com

What can be expected after a claim is submitted?

A case manager will review all the information that is supplied. It's your responsibility to make sure all the documentation reflecting services incurred is submitted. If no supporting documentation is received or additional information is needed to complete the review of the claim, we will reach out by email, if an email address is provided. If we do not have an email address, we will mail an Explanation of Benefits (EOB) statement to the address on file that includes a list of the documentation needed to complete the claim review.

How long does it take to reach a decision on a claim?

Most claim decisions are made within 5 to 7 business days. Assuming the claim is approved, benefit payments can be issued via direct deposit. If you do not wish to set up direct deposit, a paper check will be issued. Mail delivery could vary depending on where you are located. Please allow 10 business days from the time the claim is processed for mail delivery. Note: Each claim is evaluated based on its own merits, and as a result, timeframes for reaching a decision could vary depending on the quality of the information supplied.

Note: Direct deposit is Guardian's preferred method for the distribution of benefits.

Who receives the benefit payment?

The insured employee receives the benefit payment and is the payee, even if the employee is not the patient. Medical providers are not payees, nor do they receive the benefit check.

Are accident benefits taxable?

If your accident insurance premiums are paid on a pre-tax basis and used for medical expenses, the benefit may be tax-free. However, any benefit in excess of actual medical expenses incurred may be considered taxable. For a definition of medical expenses, please see the IRS publication 502 and contact your tax or legal advisor regarding the tax treatment of your policy benefits. Check with your employer to determine if premiums are paid on a pre-tax or post-tax basis.

Guardian will not issue a 1099 with respect to a benefit listed in the EOB that accompanies benefit payments.

Are there any benefit exclusions under this plan?

Yes. These would be specific to the plan in question. Please refer to the complete Employee Certificate Booklet for full details; a copy of the Employee Certificate Booklet may be obtained from the employer or online at guardianlife.com.

Can I continue coverage if my current employment ends?

Yes, coverage is fully portable, which means you can take it with you. Election of portability must be made within 31 days from the date coverage would typically end.

How do I contact Guardian with benefit or claim questions?

For benefit or claim questions, or to know the status of a claim: Call 800-541-7846 or visit your Guardian Anytime service portal at guardianlife.com.

To submit claim information: Fax to 920-749-6299 or submit securely through guardianlife.com.

Our business hours are Monday through Friday, 8 am to 8 pm ET.

When contacting Guardian, be sure to include the insured employee's name, plan number, claim number, and any contact information.