



Critical Illness Insurance

In New York, critical illness insurance is called specified disease.

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 or certificate booklet for all applicable plan provisions.

How do I become eligible to receive critical illness insurance coverage or benefits?

- You must have selected critical illness insurance from Guardian during your benefit enrollment period.
- A diagnosis of a covered critical illness must occur while you are covered under the plan.

When should I submit a claim?

A claim should be submitted once the covered individual has been diagnosed with a covered critical illness.

How should a claim be submitted?

You should complete Guardian's group critical illness critical form online when you log on to guardianlife.com. In addition to completing the online form, please submit 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

Note: the following documentation can not be accepted:

- Aftercare instructions
- Discharge papers



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

Online:

Log on to guardianlife.com and select "Login" to register or access your account.

- Under My Claims, click "Submit a claim" and select critical illness to review a brief coverage description.
- Select the type of claim and complete the claim information.
- Upload any related medical records and itemized bills.
- Review the summary of the information entered and confirm its accuracy.
- Submit the claim.

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

Fax: 610-807-2999

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

What can I expect after a claim is submitted?

A case manager will review all the information that is supplied. The plan outlines criteria for each critical illness. It's the claimant's responsibility to make sure all the documentation reflecting these criteria is submitted. If no medical records or clinical documentation is submitted and we have the insured employee's email address, we will reach out with the list of items needed to complete the review. We will then mark the claim as pending. 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, provided all information is supplied and we are successful in obtaining any information that might be lacking. Assuming the claim is approved, benefit payments can be issued via direct deposit (Guardian's preferred method for distribution of benefits).

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, time frames for reaching a decision could vary depending on the quality of the information supplied.

Who receives the benefit payment?

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

Are critical illness benefits taxable?

If premiums are paid with pre-tax dollars, a 1099 will be issued for any benefits greater than \$600. Check with your employer to determine if premiums are paid on a pre-tax or post-tax basis.

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 Guardian Anytime (accessed via login.guardianlife.com)

What is a pre-existing condition and how does it affect eligibility for benefits? (Note: pre-existing does not waive the requirement that the condition needs to be diagnosed after the effective date of coverage)

Some critical illness plans include a pre-existing condition provision. If applicable, a condition or conditions treated within a specified timeframe prior to an individual's critical illness coverage effective date, may be considered pre-existing. We may exclude benefits for a critical illness caused by a pre-existing condition or conditions unless the individual has been insured (typically) for 12 consecutive months. Once the individual has been insured for 12 consecutive months, the pre-existing condition exclusion no longer applies. Please refer to the Employee Certificate Booklet for exact timeframes.

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 610-807-2999 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.