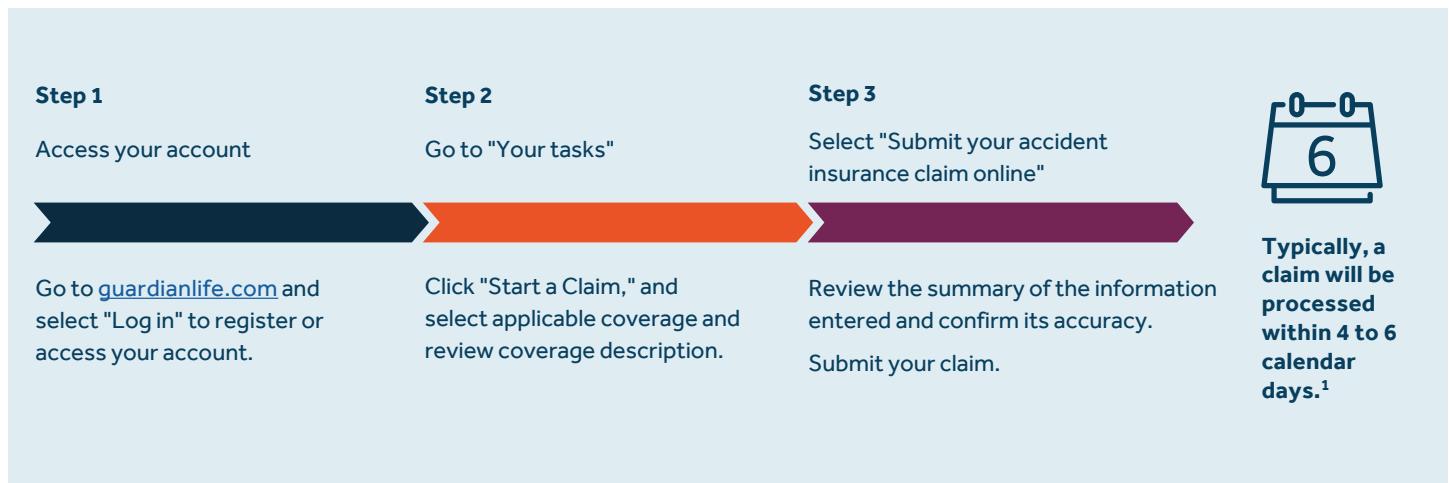


Submitting an accident insurance claim

We're committed to making claims submission easy for you, by offering a simple, straightforward process that helps you focus on your recovery. Simply fill out the form, collect your required documentation (listed below), and submit your claim by mail, by fax, or via our website. Your claim will typically be reviewed within 4 to 6 business days.



Accident Insurance Claim Submission

Secure channel: Visit guardianlife.com and follow the steps outlined above. Please be sure to have all the information listed in the Required Documents section when you do.

Phone: To submit your claim, call 800-541-7846.

Fax: 920-749-6299

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

Claim forms and supporting documents can also be emailed to: accidentbenefits@glic.com

Required Documents

- Completed employee claim form
- Documentation identifying services rendered with:
 - the provider name
 - the patient's name
 - the dates and types of services or treatments
- Examples of this type of documentation would include, but are not limited to, copies of the following:
 - Medical bills from the provider(s)
 - Medical records
 - Detailed explanation of benefits (EOB) from medical carrier
 - Emergency room report
 - For the Child Organized Sports provision, proof of participation is required (e.g. a registration form)

**The Guardian Life Insurance
Company of America**

guardianlife.com

New York, NY

¹ Provided all required information is received.

Guardian's Group Accident 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. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity benefit, for insured injury from a covered accident. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses. Generic Policy Form # GP-1-ACC-18. The state approved form is the governing document.

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