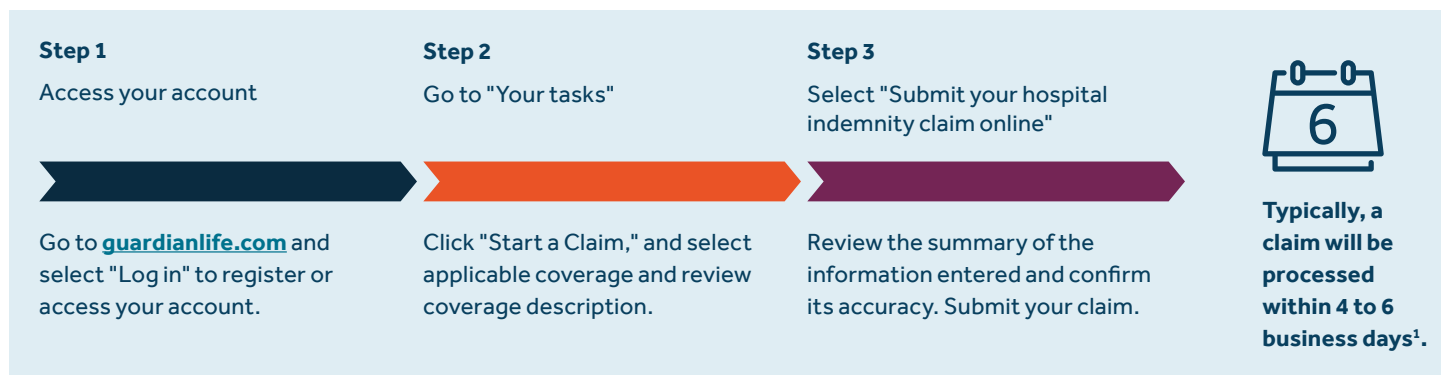




Submitting a hospital indemnity insurance claim

In Colorado, Hospital Indemnity is referred to as Accident and Sickness Indemnity.

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 mail, by fax, or via our website. Your claim will typically be reviewed within 4 to 6 business days.



Hospital indemnity 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 information** section when you do.

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

Fax: 920-749-6417

Mail: Guardian Life Insurance
Guardian Life Insurance
Hospital Indemnity Claims
PO Box 14752
Lexington, KY 40512

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

Required information

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

- Medical bills from the provider(s)
- Medical records including diagnosis, progress notes, test results, admission or discharge summaries, and operative reports
- Emergency room reports
- A statement of transportation and lodging expenses, if applicable

Unacceptable medical documentation

- After care instructions

The Guardian Life Insurance
Company of America
guardianlife.com

New York, NY

How to file a claim - Hospital Indemnity
(04/26) NC

¹ Provided all required information is received.

Guardian's Group Hospital Indemnity 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 payment, following a covered hospitalization. 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-HI-15. The state approved form is the governing document.

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