

HOW TO SUBMIT A CLAIM FOR HOSPITAL INDEMNITY INSURANCE

Experiencing a 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.

ACTION	
<p>When should a claim be filed?</p>	<p>Hospital Indemnity</p> <ul style="list-style-type: none"> • After you or a covered dependent have had a hospital stay as the result of a covered illness or injury. • After you or a covered dependent receive services performed as a result of a covered illness or injury (if included in the policy).
<p>Who can file a claim and how?</p>	<p>Anyone insured under the policy, or an authorized representative, can file a claim at any time, from anywhere. You can file your claim in different ways depending on what's most convenient to you:</p> <p>1. ONLINE</p> <ul style="list-style-type: none"> • Visit the Supplemental Insurance Claims Portal at TheHartford.com/benefits/myclaim. • Register for access if you have not done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.) • Log in to the portal. • Click on “Complete Your Claim Form Online” under the Quick Links section. • Follow the prompts to complete and submit a claim. <p>2. FILE A CLAIM OVER THE PHONE</p> <p>(Applicable to Health Screening Benefit/Accident Protection Benefit Only)</p> <ul style="list-style-type: none"> • File your claim by calling 866-547-4205 • Available Monday through Friday, 8:00 a.m. – 6:00 p.m. EST. <p>3. SUBMIT A CLAIM VIA MAIL OR FAX</p> <ul style="list-style-type: none"> • Download a claim form at TheHartford.com/benefits/myclaim. • Complete the form and mail or fax it to: The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax Number: 469-417-1952 <p>For assistance filing your claim, call 866-547-4205</p>



ACTION	
<p>What information will you need to provide when submitting your claim?</p>	<ul style="list-style-type: none"> • 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. • Then, select which type of claim you're filing. Continue through the form, only filling out the relevant sections. • 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 and/or hospital stay. • Be sure you sign the Authorization to Obtain and Disclose Information (which helps us obtain information for the claim from medical providers, if needed) and sign the claim form itself. <p>In addition to filling out the form, you'll also need to provide supporting documentation to prove the claim. Examples of documents include: ER, urgent care, physician visit or hospital discharge papers; exam, lab or test results/reports; physician notes; Explanation of Benefits (EOBs) from your health insurance provider; itemized medical or hospital bills; or medical records.</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 completing the form and gathering your documentation, we'll be able to better serve you and ensure your claim is processed as quickly as possible.</p> <p>We may also need to work with medical providers to fully prove your claim, but we'll let you know during the claims process if this is necessary.</p>
<p>What happens next?</p>	<p>After you submit your claim, our dedicated claims team will review the claim and contact you with any questions or to request additional information needed for your claim. Our goal is to ensure you receive all benefits you're entitled to, as quickly as possible.</p> <p>Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.¹ Standard mail times will apply (if applicable).</p> <p>In the meantime, if you filed your claim online, you can use the site to monitor your claim status and access additional claims-related information at TheHartford.com/benefits/myclaim. For all claims, claims status or questions, you are welcome to call 866-547-4205</p>

TO GET STARTED,

visit [TheHartford.com/benefits/myclaim](https://www.TheHartford.com/benefits/myclaim)

Or for assistance contact our Customer Service Center at **866-547-4205**



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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THIS POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) do not constitute major medical coverage, and (2) do 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.

Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. The policy number is 676612

¹Based on average claims turnaround time.