

We're ready to answer your questions about COVID-19 claims. [Learn more here.](#)

HOME CLAIMS

Voya Claims Center

Less paperwork. Easier process.



We're simplifying the claims process to serve you better. [View a checklist and FAQ before you begin.](#)

Start a Claim

Start a Life, Disability, Supplemental Health or other insurance claim.

[Get Started](#)

Health Savings and Spending Account customers [visit voya.com/myhealthaccounts](http://voya.com/myhealthaccounts)

Continue a Claim

Add forms or documentation to a claim you already started.

[Upload Forms](#)

Need a form? [Find it here.](#)

Track a Claim

Check the status of a claim you already submitted.

[Check Status](#)



Have a Wellness/Health Screening Benefit Claim?

You completed a health screening test, let's get your annual benefit.

[Start Your Claim](#)

Get a checklist

Get a list of the details you'll need to complete your claim, plus answers to common questions.

[See checklists and FAQs](#)

Download forms

Know what you need? Prefer to print or online? See all of our claims forms in one convenient place.

[Visit the Forms Library](#)



Contact Voya Claims Center for assistance

- For Accident, Critical Illness/Specified Disease, Hospital Confinement Indemnity and Wellness/Health Screening Benefit claims call 877-236-7564 9:00am - 8:00pm EST Monday - Friday.
- For Short Term Disability Income Insurance, Long Term Disability Income Insurance and/or Voya Leave Management claims, call 888-305-0602 8:00am to 6:00pm EST Monday - Friday.
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[Find additional contact information.](#)



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Before you Begin



We've streamlined the claims process into a few simple steps, and have outlined what you'll need for each one below. If you gather these items before you begin, then creating your submission should only take a few minutes.

A tracker at the top of your screen will show your progress along the way:



Step 1: Personal Info

First, you'll provide information about you, the person submitting the claim. Usually this is the policyholder but you could be an employer or beneficiary. You will also provide information about who the claim is meant for, such as yourself, a covered spouse, or child, or a beneficiary.

What you'll need for this step

- Policyholder Name
- Policyholder birthdate
- Policyholder Social Security number

If the claim is for a spouse or child, please also include:

- Claimant's name
- Claimant's birthdate
- Claimant's Social Security number

Step 2: Insurance Info

Next, you'll identify the specific insurance coverage for which you're filing this claim. It may be helpful to review the certificate of coverage, or policy before you begin. The Certificate of Coverage is available from your human resources department or benefits administrator. If you have an individual policy, the policy documents were provided to you when your coverage was issued.

What you'll need for this step

- Employer or Association name (if applicable)
- Group number (this is not required, but helpful to speed up your claim)

Step 3: Claim Details

In order to complete a review of your claim, we may ask for supporting details or proof of loss. Failure to provide the necessary supporting documentation can delay processing your claim. More details about the supporting documents you'll need is included in the FAQs & Checklists.

What you'll need for this step

[Based on the type of claim you are submitting, here are a few examples of information you may need to provide.]

Accident claims:

- Proof of injury and treatment received (medical records, itemized bills or admit/discharge summary)
- Accident details

Wellness/Health Screening claims:

- Screening test type and date of test
- Medical provider name

Hospitalization claims:

- Itemized bill (Hospital form UB04)
- OR
- [Attending Physician's Statement of Hospital Confinement Indemnity](#) form signed by your physician.

Critical illness claims:

- Medical records confirming the diagnosis of the critical illness
- OR
- [Attending Physician's Statement of Critical Illness / Specified Disease](#) form signed by your physician.

Step 4: Payment Options

In this step, you'll let us know if you'd prefer to receive an approved benefit via a check by mail, Electronic Funds Transfer (EFT) directly into your bank account (U.S. banks only) or ACH (foreign banks only). Life insurance claims are only paid by check.

Step 5: Review & Submit

FAQs & Checklists

Get answers to frequently asked questions, plus a checklist of supporting documents you'll need.

- [Wellness/Health Screening Benefit](#)
- [Critical Illness/Specified Disease Insurance](#)
- [Accident Insurance](#)
- [Hospital Indemnity Insurance](#)
- [Life Insurance \(beneficiaries/policyholders\)](#)
- [Life Insurance \(employers/administrators\)](#)

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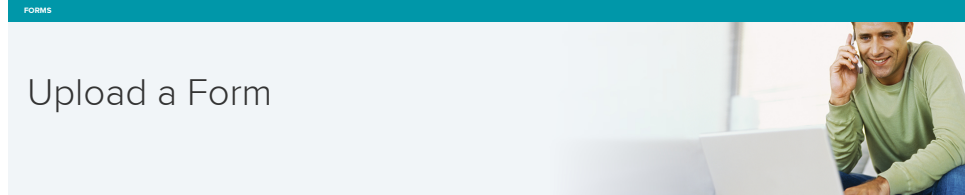
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A secure way to upload your forms and submit your claim. This is a quick and easy way to submit your claim without having to print forms. You can even sign your forms electronically.

Have a Wellness/Health Screening Benefit claim? For faster processing in getting your benefit, submit your claim online. START NOW

Health Savings & Spending Accounts To find or upload a form for your Health Savings & Spending Account, login or call 833-232-4673. Learn more about Health Savings & Spending Accounts > LOGIN

Preparing Your Claim Forms

- 1. Make sure the claim forms are fully completed. If form was filled by hand, please make sure the form is legible.
2. Make sure that all of the claim forms are signed. You may electronically sign your form by typing your name into the signature field on the form.
3. Have supporting documents ready (if necessary) for upload along with your claim forms.
4. There is a maximum of 10 files per upload session.
5. All files and forms being uploaded must be saved as PDF, JPG or TIFF in order to upload successfully.
6. Each file must be 10 MB or smaller in order to upload successfully.
7. The upload session will time out after 1 hour of inactivity. If the session times out you will need to start the upload process from the beginning.

You must agree to our Terms & Conditions before continuing.

By clicking the "I Agree" box below, you 1) consent to the use of electronic transactions, including submission of the claim document and receipt of future communications regarding your claim, and 2) you agree that you have electronically signed the claim document by typing your signature in the signature box as indicated on the form. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.
You have the right to withdraw your consent at any time by canceling or abandoning this process before you complete it. You may contact us to receive a paper copy of the form. Prior to completing this process, you should verify that you have the required hardware and software necessary to access and retain the form. You will need:

I agree to the Claims Center Terms & Conditions.

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Check the status of your claim.



Have you submitted a claim recently and want to check on the status?

Online tracking is available for the following types of claims:

- Accident Insurance
- Critical Illness/Specified Disease Insurance
- Hospital Confinement Indemnity Insurance
- Wellness Health Screening
- Life Insurance - excludes Waiver of Premium and Survivor

To check on the status of your claim, please provide the following:

- The **Claim Number** that was provided to you either in your confirmation email or by phone from your claim representative.
- For Accident Insurance, Critical Illness/Specified Disease Insurance, Hospital Confinement Indemnity Insurance or Wellness/Health Screening claims, enter the **POLICY HOLDER's** last four digits of the SSN, month and day of birth.
- For Life Insurance claims, enter the **BENEFICIARY's** last four digits of the SSN, month and day of birth.

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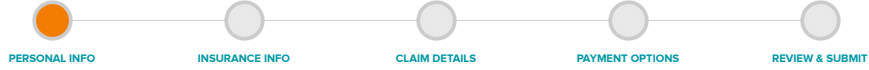
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Let's get started

Which choice best describes you? *

Select one of the following:

- Policyholder**
I signed up for and paid for the benefit through my employer, or am the primary claimant on the policy.
- Employer**
I help administer my company's benefits program and am filing a claim or generating forms on behalf of an employee.
- Filing on behalf of the policyholder**
I have the information needed to complete the claim FOR the policy holder at their request.
- Beneficiary**
Life Products only: I was named as the beneficiary of a life insurance policy.
- Administrator**
I help administer a group's benefits program and am filing a claim or generating forms on behalf of an employee or member.
- Filing on behalf of the beneficiary**
I have the information needed to complete the claim FOR the beneficiary at their request.

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