

Claims Checklist & FAQ

Group Term Life Insurance (Employer/Administrator)

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee/insured name
- Employee/insured birthdate
- Employee/insured Social Security number
- If the beneficiary is not the employee, you will also need:
 - Beneficiary name
 - Beneficiary birthdate
 - Beneficiary Social Security number

Documentation to gather

- You will provide:
 - Employer Claim Form*
 - Proof of Enrollment
 - Beneficiary Designation form
- The beneficiary will provide:
 - Proof of Death – Claimant Statement*
 - Death Certificate**
 - Additional forms based on the case*

* These are forms that will be auto-generated when you start the claim online at voya.com/claims or that will be provided by the Voya Claims Center.

** A photo-copy of the death certificate is acceptable for claims with death benefits payable of \$500,000 or less. We require a certified death certificate for all claims at our discretion and 100% of the time if the death benefit is greater than \$500,000.

Frequently asked questions

Do I need to submit paperwork on behalf of the beneficiary?

Claims paperwork can be submitted independently from both the employer and the beneficiary, or as one package; although submitting as one package can help speed up the process. If you submit paperwork separately, please let us know if you've reached out to the designated beneficiary. Regardless of how paperwork is submitted, the claim won't be processed until all documentation is received.

What enrollment information do I need to include?

We need to know amounts of coverage and effective dates, as well as whether the coverage was employer- and/or employee-paid. The insurer needs to determine if proof of good health or Evidence of Insurability (EOI) was required and approved at the time contributory coverage was elected. In addition, we require beneficiary designation documentation for all death claims.

Do I need to provide original copies of enrollment forms and beneficiary designations?

No. For life claims, you can submit screenshots or copies of enrollment and beneficiary paperwork.

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*This was a combination of employer-paid life insurance and employee-paid supplemental life insurance.
Do I need to submit two claims?*

No, you will submit one claim whether it was employer-paid, supplemental, or a combination of both.

Why do I need to provide the employee's last date worked?

Under most of our group life insurance plans, an employee must be actively working to be eligible for life insurance. By providing the last date worked, the employer is certifying that the employee was last actively at work on that date. This applies to both employee and dependent claims.

Do I need to provide a certified death certificate?

A photo-copy of the death certificate is acceptable for claims with death benefits payable of \$500,000 or less. We require a certified death certificate for all claims at our discretion and 100% of the time if the death benefit is greater than \$500,000.

What if there is no death certificate; for example, if it is a missing person?

This is determined on a case-by-case basis. Other "proof of death" can be used if needed, such as a court determination.

What if the beneficiary is a minor?

Life insurance benefits cannot be paid directly to a minor beneficiary. The amount of the benefit and the state where the minor beneficiary lives will both affect how they can be paid. Some states allow benefits to be paid under the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act if the death benefit amount payable to the minor is less than a specified dollar amount. The amount payable is state-specific. If the amount payable is greater than allowed under that state's Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, the person having care and custody of the child will need to obtain an Order Appointing Guardian/Conservator of the estate of the minor and Certified Letters of Guardianship/Conservatorship for the estate of the minor. These are court-issued documents and legal representation is usually required to obtain them.

If the custodian of the minor beneficiary does not obtain the appropriate appointment as guardian/conservator (as appropriate to their state) of the estate of the minor within the escheatment time frame dictated by the state, the Company must escheat the unpaid death benefit to the state's Unclaimed Property division for the benefit of the minor. The minor may then claim those funds from the state once they attain age of majority in the appropriate jurisdiction. Alternatively, the custodian of the minor may claim those funds from the state's Unclaimed Property division, though most states also require the custodian to obtain court appointment as guardian/conservator of the estate of the minor prior to claiming the funds.

What if the beneficiary is an estate?

In addition to the other required documents, some states allow benefits to be paid under a Small Estate Affidavit if the death benefit amount payable is less than a specified amount. This amount is state specific. If the amount payable is greater than allowed under the Small Estate Affidavit requirements of the appropriate jurisdiction, we require a Certified Copy of the Letters of Administration for the Estate of the insured. This is a court-issued document and legal representation may be required to obtain it.

What if the beneficiary is a trust?

In addition to the other required documents, the trustee of the Trust must complete the Trust Verification form. When you start your claim at voya.com/claims, you will be asked if the beneficiary is a trust. If it is, this form will be automatically added to your claims package. You can also access this form in the Claim Forms Library.

What if the beneficiary is not a US citizen?

This may require additional documents, such as an IRS Form W-8. We will contact you for more information if this applies.

What if the beneficiary is an ex-spouse?

This depends on the state. Some states automatically revoke the beneficiary designation at the time of divorce if the policyholder did not specifically make arrangements to keep the spouse beneficiary designation in place. If you are in this situation, please call 888-238-4840, 9:00am – 6:30pm EST Monday – Friday so that we can guide you through the process.

What if no beneficiary was designated, or the beneficiary also passed and there is no other beneficiary?

This depends on the policy provisions. In addition to the other required documents, if there is a Payment of Proceeds provision, then we pay benefits in the following order: 1. Policyholder spouse, 2. Natural and adopted children, 3. Parents, 4. Estate. If that provision or a variation of it is not included, we generally pay the estate of the insured. Keep in mind that these requirements may vary by state and other regulatory requirements and will be dictated by the policy and certificate provisions.

How long does it take to review and pay the claim?

Once all of the required documents are received, our goal is to process the life insurance claim within 5-10 business days. Please allow mailing time after the review for payment to be received. You will be notified by mail within 30 days if additional review is required.

What type of payment will I receive?

The beneficiary will be able to specify how they'd like to be paid on the Proof of Death Claimant statement.

Does the insurance company accept funeral home assignments?

Generally, yes, if it's allowed by the applicable state's statutes. The funeral home assignment must: comply with all state statutory requirements; be submitted with the life insurance claim; indicate the amount assigned; and be signed by the named beneficiary. Minor beneficiaries cannot sign off on an assignment.

Will I be notified when the claim is paid?

Yes, if there is an email on file we will provide a notification when the claim has been paid.

Are life insurance benefits taxable?

In general, life insurance death benefits are not taxable. We do not report life insurance benefits paid to U.S. citizens. However, interest paid on those death benefit proceeds are taxable and are reported to the IRS. We can provide an IRS Form 712, which reports the value of life insurance policies for estate tax purposes, on request. We do not provide tax or legal advice. Consult a tax, investment or other financial advisor regarding potential for tax liability.



Get started now

The fastest way to submit and monitor the status
of your claim is online at voya.com/claims

This is intended to be used for information purposes only and does not indicate eligibility for a benefit. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY), members of the Voya® family of companies. Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product provisions and availability may vary by state and employer's plan.

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Claims Checklist & FAQ

Group Term Life Insurance (Beneficiary/Policyholder)

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but can assist in the process)
- Employee/insured name
- Employee/insured birthdate
- Employee/insured Social Security number
- If the beneficiary is not the employee, you will also need:
 - Beneficiary name
 - Beneficiary birthdate
 - Beneficiary Social Security number

Examples of documentation you may need to gather when filing a death claim:

- You will provide:
 - Proof of Death – Claimant Statement*
 - Death Certificate**
 - Additional forms based on your case*
- Your Employer/Administrator will provide:
 - Employer Claim Form*
 - Enrollment information
 - Beneficiary Designation form

* These are forms that will be auto-generated when you start the claim online at voya.com/claims or that will be provided by the Voya Claims Center.

** A photo-copy of the death certificate is acceptable for claims with death benefits payable of \$500,000 or less. We require a certified death certificate for all claims at our discretion and 100% of the time if the death benefit is greater than \$500,000.

Frequently asked questions

How does the claims process begin?

It depends on the group and how the policy is administered, as well as your role in the claim:

- A beneficiary is the individual or entity designated to receive proceeds from the life coverage upon the insured's death. It is the employer's responsibility to maintain beneficiary records on behalf of employees. If no beneficiary has been designated, the "Payment of Proceeds" provision in the policy or certificate will designate how the proceeds will be payable.
- Whether you are a beneficiary who wishes to file a claim, your best first step is to reach out to the employer or group administrator. They will let you know if they need to initiate the claim, or if you can start the claim online at voya.com/claims.
- If the insured individual is paying premiums directly to the insurance company, claims may be started online at voya.com/claims.

Does the employer/administrator need to submit my paperwork for me?

The employer is involved in the claims process as they administer the coverage and there is information they will need to confirm or provide the insurance company such as enrollment data and beneficiary documentation. Your claims paperwork can be submitted independently from an employer, or together as one package. Submitting as one package can help the process. The claim won't be processed until all necessary documentation is received.

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If I submit my paperwork separately, will you reach out to the employer/administrator to get more information?

As long as you identify the name of the employer or group in your paperwork, we will be able to reach out to them for the necessary information. If you do not provide the employer's name, we may reach out to you for it.

This was a combination of employer-paid life insurance and employee-paid supplemental life insurance.

Do I need to submit two claims?

No, you will submit one claim whether it was employer-paid, supplemental, or a combination of both.

Do I need to provide a certified death certificate?

A photo-copy of the death certificate is acceptable for claims with death benefits payable of \$500,000 or less. We require a certified death certificate for all claims at our discretion and 100% of the time if the death benefit is greater than \$500,000.

Does the death certificate need to include manner and cause of death?

Cause and manner of death are required to rule out the death by homicide. If the death is the result of a homicide, we need to verify the beneficiary did not cause the insured's death. In addition, the coverage may have suicide or other exclusions, so cause and manner of death is relevant. For plans with accidental death benefits, the manner and cause of death may be required.

What if the beneficiary is a minor?

Life insurance benefits cannot be paid directly to a minor beneficiary. The amount of the benefit and the state where the minor beneficiary lives will both affect how they can be paid. Some states allow benefits to be paid under the Uniform Gifts to Minors Act or the Uniform Transfers to Minors Act if the death benefit amount payable to the minor is less than a specified dollar amount. The amount payable is state-specific. If the amount payable is greater than allowed under that state's Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, the person having care and custody of the child will need to obtain an Order Appointing Guardian/Conservator of the estate of the minor and Certified Letters of Guardianship/Conservatorship for the estate of the minor. These are court-issued documents and legal representation is usually required to obtain them.

If the custodian of the minor beneficiary does not obtain the appropriate appointment as guardian/conservator (as appropriate to their state) of the estate of the minor within the escheatment time frame dictated by the state, the Company must escheat the unpaid death benefit to the state's Unclaimed Property division for the benefit of the minor. The minor may then claim those funds from the state once they attain age of majority in the appropriate jurisdiction. Alternatively, the custodian of the minor may claim those funds from the state's Unclaimed Property division, though most states also require the custodian to obtain court appointment as guardian/conservator of the estate of the minor prior to claiming the funds.

What if the beneficiary is an estate?

In addition to the other required documents, some states allow benefits to be paid under a Small Estate Affidavit if the death benefit amount payable is less than a specified amount. This amount is state specific. If the amount payable is greater than allowed under the Small Estate Affidavit requirements of the appropriate jurisdiction, we require a Certified Copy of the Letters of Administration for the Estate of the insured. This is a court-issued document and legal representation may be required to obtain it.

What if the beneficiary is a trust?

In addition to the other required documents, the trustee of the Trust must complete the Trust Verification form. When you start your claim at voya.com/claims, you will be asked if the beneficiary is a trust. If it is, this form will be automatically added to your claims package. You can also access this form in the Claim Forms Library.

What if the beneficiary is not a US citizen?

This may require additional documents, such as an IRS Form W-8. We will contact you for more information if this applies.

What if the beneficiary is an ex-spouse?

This depends on the state. Some states automatically revoke the beneficiary designation at the time of divorce if the policyholder did not specifically make arrangements to keep the spouse beneficiary designation in place. If you are in this situation, please call 888-238-4840, 9:00am – 6:30pm EST Monday – Friday so that we can guide you through the process.

What if no beneficiary was designated, or the beneficiary also passed and there is no other beneficiary?

This depends on the policy provisions. In addition to the other required documents, if there is a Payment of Proceeds provision, then we pay benefits in the following order: 1. Policyholder spouse, 2. Natural and adopted children, 3. Parents, 4. Estate. If that provision or a variation of it is not included, we generally pay the estate of the insured. Keep in mind that these requirements may vary by state and other regulatory requirements and will be dictated by the policy and certificate provisions.

How long does it take to review and pay the claim?

Once all of the required documents are received, our goal is to process the life insurance claim within 5-10 business days. Please allow mailing time after the review for payment to be received. You will be notified by mail within 30 days if additional review is required.

What type of payment will I receive?

The beneficiary will be able to specify how they'd like to be paid on the Proof of Death Claimant statement.

Are life insurance benefits taxable?

In general, life insurance death benefits are not taxable. We do not report life insurance benefits paid to U.S. citizens. However, interest paid on those death benefit proceeds are taxable and are reported to the IRS. We can provide an IRS Form 712, which reports the value of life insurance policies for estate tax purposes, on request. We do not provide tax or legal advice. Consult a tax, investment or other financial advisor regarding potential for tax liability.



Get started now

The fastest way to submit and monitor the status of your claim is online at voya.com/claims

This is intended to be used for information purposes only and does not indicate eligibility for a benefit. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Group Term Life Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product availability and specific provisions may vary by state and employer's plan.

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Claims Checklist & FAQ

Hospital Indemnity Insurance

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee name
- Employee birthdate
- Employee Social Security number
- If the claim is for a spouse and/or child, you'll also need:
 - Spouse/child's name
 - Spouse/child's birthdate
 - Spouse/child's Social Security number
- Hospital information to include name, admission and discharge dates and the reason for confinement

Examples of documentation you may need to provide with a hospital indemnity claim:

- A completed Hospital Indemnity claim form:
 - An Attending Physicians Statement of Hospital Confinement Indemnity Form (available in the Forms Library), indicating the number of days hospitalized and completed, signed and dated by your primary treating doctor.
 - UB-04 or itemized bill from hospitalization showing room/board charges (available through the hospital's billing department).
 - Hospital discharge summary that explicitly show admission and discharge dates (for one day stays, we also need the time of admission and discharge).

This list is provided as an example only. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. Claim form(s) may require completion by you, the employer and your attending doctor.

Unsure if your claim will be covered?

Hospital Indemnity Insurance provides a fixed daily benefit payment if you have a covered stay in a hospital beginning on or after your coverage effective date. Some groups also cover stays in a critical care unit or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

• Short stays (less than a full day)

– Hospital Indemnity Insurance coverage is customized to meet the needs of each employer and the provisions are based on what your employer chose to offer and/or what you selected when you were enrolling for coverage. Your coverage may have a specific number of hours that you need to be admitted before benefits become payable. Before you begin your claim, it may be helpful to review your certificate of coverage and any riders for complete provisions.

• Stays that happen before coverage is effective

– If you have car insurance, you probably know that it doesn't pay a benefit for a car accident that happens before your coverage is effective. Similarly, Hospital Indemnity Insurance pays a benefit for a confinement that happens on or after your coverage effective date. Refer to your certificate of coverage (available through your employer) for more details. It's also important to note that some coverage has a pre-existing conditions exclusion. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

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Additional FAQs

Here are some additional questions that may be helpful as you prepare your claim:

If my primary health insurance covers my medical costs, am I still eligible for Hospital Indemnity Insurance benefits?

Yes. Your Hospital Indemnity Insurance is separate from your medical insurance. They are not coordinated benefits and medical insurance is not offered by Voya Employee Benefits. Benefit payments are made directly to you based on the provisions of your coverage and independent of any other coverages you may have. Benefits can be used however you determine.

Does my policy cover stays at any medical facility?

Your certificate of coverage has specific details about types of medical facilities that are included in your coverage. Refer to your certificate of coverage for more details.

Which medical facilities are typically excluded?

“Hospital”, “Critical Care Unit” and “Rehabilitation Facility” are specifically defined in the certificate. Please see your certificate and any riders for a complete description of your benefits, definitions of covered medical facilities, exclusions and limitations.

Does my policy cover stays for elective surgeries?

Hospital stays related to elective surgery (e.g. plastic surgery) are generally excluded, except when required as determined by a doctor as a result of the covered person’s injury or sickness.

If I’m treated as an outpatient, can I still receive benefits?

Benefits are typically limited to hospital confinement; however, some coverage includes riders for such things as diagnostic testing. Refer to your certificate of coverage and any riders for more details.

If I have a baby in the hospital, is the baby also eligible for a benefit payment?

Refer to your certificate of coverage for more details on newborn coverage, when applicable.

For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



Get started now

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Claims Checklist & FAQ

Accident Insurance

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee name
- Employee birthdate
- Employee Social Security number
- If the claim is for a spouse and/or child, you'll also need:
 - Spouse/child's name
 - Spouse/child's birthdate
 - Spouse/child's Social Security number
- Date of accident
- Description of accident

Examples of documentation you may need to upload or provide with an accident claim:

- Proof of injury, such as:
 - UB-04 form (if you were hospitalized – you can get this from the hospital's billing department)
 - Admit/discharge summary
 - Visit summary
 - Medical records
 - Itemized bills
 - Ambulance bill (or notation in medical record)
 - Medical equipment bill or notation in medical record
 - Operative report (if you had surgery)

This list is provided as an example only. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. Claim form(s) may require completion by you, the employer and your attending doctor.

Unsure if your claim will be covered?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. "Accident" or "accidental" means an unforeseen event that results in a bodily injury. The benefit amount depends on the type of injury and care received. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Here is some additional information:

• **Sicknesses or chronic health issues**

– Accident Insurance covers specific injuries and events resulting from accidents, not sicknesses. "Accident" or "Accidental" means an unforeseen event that results in a bodily injury. Sickness is defined as "an illness, infection, disease or any other abnormal physical condition that is not due to an injury. This includes pregnancy, infection and any other abnormal physical condition that is not caused by an accident."

• **Accidents that happen before coverage is effective**

– If you have car insurance, you probably know that it doesn't pay a benefit for a car accident that happens before your coverage is effective. Similarly, Accident Insurance provides benefit for specific injuries and events resulting from a covered accident that happens on or after your coverage effective date. Importantly, your coverage may include riders that may have pre-existing condition exclusions. Please see your certificate of insurance and riders for more information.

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Additional FAQs

If my primary health insurance completely covered my medical costs, am I still eligible for Accident Insurance benefits?

Your Accident Insurance is separate from your medical insurance. These are not coordinated benefits and medical insurance is not offered by Voya Employee Benefits. Accident Insurance benefit payments are made directly to you independent of any other coverages you may have, and they can be used however you determine.

I forgot I had coverage. How far back do claims go?

Written notice of your claim and proof of claim should be given to us within the time frame provided in your Certificate. If you have any questions or concerns, please reach out to the Voya Claims Department at 877-236-7564, 9:00am – 8:00pm EST Monday – Friday.

What accidents are covered?

For a complete description of your available benefits, conditions of benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Does my Accident Insurance also cover damages to personal property, such as my vehicle?

No. Accident Insurance is supplemental health insurance that pays you benefits for specific injuries and events resulting from a covered accident. It is not property and casualty insurance.

Will my rates increase if I file a claim?

No, your individual rates do not increase based on your claim history.

Will I be penalized if I file a duplicate or non-payable claim?

No. You will receive a letter of explanation if a claim is denied. Duplicate claims are identified and combined and processed as one claim if they occur.

For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



Get started now

The fastest way to submit and monitor the status of your claim is online at voya.com/claims

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Claims Checklist & FAQ

Critical Illness/Specified Disease Insurance

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee name
- Employee birthdate
- Employee Social Security number
- If the claim is for a spouse and/or child, you'll also need:
 - Spouse/child's name
 - Spouse/child's birthdate
 - Spouse/child's Social Security number
- Date of diagnosis
- Description of diagnosis

Examples of documentation you may need to upload with a critical illness or specified disease claim:

- A completed critical illness or specified disease claim form
- An Attending Physician Statement of Critical Illness/Specified Disease Form, completed fully and signed and dated by your primary treating doctor
- Depending on the reason for the claim, you may need to provide one or more of the following documents with the date of diagnosis:
 - Treatment records documenting past treatment for same or similar condition
 - Medical records documenting critical illness-related visits to your treating doctor
 - Surgery reports related to your critical illness
 - Documentation showing that you were placed on the UNOS list (required for all Major Organ Transplant/Major Organ Failure and Renal Failure cases)
 - Medical documentation confirming neurological impairment (required for all stroke diagnosis)
 - Pathology report (required for all cancer diagnoses)
 - UB-04 or itemized bill from hospitalization (required for Infectious Disease claims)
 - Treatment and testing records (required for cardiac events)
 - Medical documentation showing the date you began regular weekly dialysis (required for all End stage Renal Failure cases)

This list is provided as an example only. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. Claim form(s) may require completion by you, the employer and your attending doctor. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

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Unsure if your claim will be covered?

Critical Illness and specified disease Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness and Specified Disease Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

• Covered conditions

– Benefits are paid for conditions as defined in the Certificate. These covered illnesses or conditions can include such things as a heart attack or a stroke. It's important to know that the claim form lists all conditions, but your coverage may not include all of them. Before you begin your claim, it may be helpful to review your certificate of coverage and any riders for complete provisions.

• Conditions that are diagnosed before coverage is effective

– If you have car insurance, you probably know that it doesn't pay a benefit for a car accident that happens before your coverage is effective. Similarly, Critical Illness Insurance covers diagnoses for covered conditions that you receive *on* or *after* your coverage becomes effective. It's important to know that some coverage includes a requirement to be insured under the policy for a certain period of time before benefits are payable and some coverage has a pre-existing conditions exclusion. Benefits may also be limited or reduced based on the attainment of certain ages.

Additional FAQs

Here are some additional questions that may be helpful as you prepare your claim:

If my primary health insurance completely covered my medical costs, am I still eligible for Critical Illness Insurance benefits?
Your Critical Illness or specified disease Insurance is separate from your medical insurance. They are not coordinated benefits, and medical insurance is not offered by Voya Employee Benefits. Benefit payments for a covered illnesses or conditions are made based on the provisions of your coverage and made directly to you independent of any other coverages you may have. Paid benefits can be used however you determine.

Is COVID-19 considered a covered illness or condition?

This will depend on your type of coverage. Critical Illness Insurance may include an Infectious Disease Benefit which covers the diagnosis of a severe infectious disease, such as COVID-19, that results in your confinement to a hospital for a specified number of consecutive days.

Your Critical Illness Insurance may also include an Infectious Condition Additional Benefit Rider that may pay a benefit upon diagnosis of an infectious condition, such as COVID-19, along with an additional benefit if you are hospitalized for the diagnosis of an infectious condition, such as COVID-19. To receive the additional hospitalization benefit, your hospitalization must include a confinement to an observation unit for at least 20 consecutive hours as well as an associated room and board charge.

Please note that the Infectious Condition Additional Benefit Rider is not available for policies issued in the State of New York.

What if I've already had one diagnosis under my coverage, and now have another?

Eligibility for a benefit will depend on the provisions of your certificate and any riders. For more information about your coverage, please review those documents. If you have additional questions, please contact the Voya Claims Center at 877-236-7564 from 9:00am - 8:00pm EST Monday - Friday.

For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



Get started now

The fastest way to submit and monitor the status of your claim is online at voya.com/claims

This is intended to be used for information purposes only and does not indicate eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness and Specified Disease Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product provisions and availability may vary by state and employer's plan.

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Claims Checklist & FAQ

Wellness Benefit

Ready to file a claim?

Equip yourself with helpful information and documentation before you get started.

Information you'll need:

- Employer or Group name
- Group number (optional, but speeds up the process)
- Employee name
- Employee birthdate
- Employee Social Security number
- If the claim is for a spouse and/or child, you'll also need:
 - Spouse/child's name
 - Spouse/child's birthdate
 - Spouse/child's Social Security number

Questions you'll answer:

- Date of visit
- Type of screening test
- Name of medical provider

No documentation or forms are generally needed for this type of claim. Go to the Voya Claims Center and complete the online claim form.

What kinds of health screening tests are covered?

The Wellness Benefit provides an annual benefit payment if you complete a health screening test, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test, and may only receive a benefit payment once per year, even if you complete multiple health screening tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test. For a complete description of your available benefits, exclusions and limitations, see your certificate of coverage and any riders.

Health screening tests covered by the Wellness Benefit include, but are not limited to:

- Immunizations (including COVID vaccines and screening tests)
- Routine eye exams
- Annual physical exams (adults)
- Mammography
- Routine dental exams
- Biometric screenings
- Colonoscopy
- Bone density screenings
- And more

ReliaStar Life Insurance Company (Minneapolis, MN) and
ReliaStar Life Insurance Company of New York (Woodbury, NY),
members of the Voya® family of companies

Additional FAQs

Can I receive more than one Wellness Benefit payment per year?

You are limited to one benefit payment per covered person, per eligible product, per calendar year. A maximum amount payable for all covered children in one calendar year may apply. One health screening can be used to satisfy the requirement for any insurance under which you are also covered by the Wellness Benefit. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Do I need to submit documentation or results related to my screening test?

No, you do not need to submit documentation or results. Go to the Voya Claims Center and complete the online claim form with the required information.

For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



Get started now

The fastest way to submit and monitor the status of your claim is online at voya.com/claims

This is intended to be used for information purposes only and does not indicate eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate(s) of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. Insurance products are issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN) and ReliaStar Life Insurance Company of New York (Woodbury, NY). Within the State of New York, only ReliaStar Life Insurance Company of New York is admitted, and its products issued. Both are members of the Voya® family of companies. Voya Employee Benefits is a division of both companies. Product provisions and availability may vary by state or employer's plan.

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