Submitting a Cancer Claim

Guardian works smarter to keep claims submission easy for you – by offering a simple claims process, you can focus on your recovery. Simply fill out the form, collect your required documentation (listed below) and submit your claim by mail, fax or email. Your claim is processed within 5-7 business days.¹

Step 1: Obtain claim form Step 2: **Complete claim form** Step 3: **Required Documents** Step 4: Submit

Claim is processed within 5-7 business days1

Get the claim form from vour Human Resource department, or via the website at www.GuardianAnytime.com (Form GG-016453).

Complete the claim form. Be sure to complete ALL fields, and sign and date the form.

Collect all required documentation listed below. Submit the Claim via mail, fax, or website

Cancer Claim Submission

Mail:

Guardian Life Insurance Cancer Claims PO Box 14317 Lexington, KY 40512

Fax:

920-749-6275

Secure E-mail:

www.GuardianAnytime.com click secure channel, select cru@glic.com

Required **Documents**

- · Completed Employee claim form
- Employer and Attending Physician Sections (if applicable)
- Documentation identifying services rendered with provider, patient's name, and dates and types of services/treatment. This could include, but is not limited to, copies of the following:
 - Medical bills from the provider(s)
 - Medical records
 - Explanation of Benefits from Medical Carrier
 - ER Report

Ģ						
GUARDIAN" "		Group Cancer Claim Form				
ustomer Service: 1-800-541	nce, Cancer Claims, PO Box 1431 1-7846 Fax: (920) 749-6275				200 500 1000,000	
ocuments can be returned of EMPLOYEE SECTION	electronically at www.GuardianAr To avoid delays, please fill in to					nytime home page.
Employee's Name:	To avoid delays, presse in in o	2. Plan Number		3. Date of Birth:		dal Security #:
i. Employee o Harrie.		2				occorny n.
Male Status:	Jailing Address:		8.Preferre	d Telephone Numbe		
DEPENDENT SECTION	COMPLETE THIS SECTION IF TO	HE CLAIM	S FOR A DEPEN	DENT.		
9. Dependent's Name:			10. Dependent's Telephone n		11. Depend	ent's Date of Birth:
12. Gender: 13. Relationship to the emplo		HE:		14. Dependent's Social Security Number:		
CLAIM INFORMATION S	ECTION Continued Claim					
(Internal Canoer is define specific classifications.) Have you been diagnoses. A pathology report of report to you at your relinical evidence trait Include a copy of you have be decider come actual charges made. Any other bills pertail included. Transportation and L.	ing questions: If with internal Canner? Yes d as a Canner contained within the to d with Skin Canner? Yes agnosing canner must accompany y request.] If the diagnosis of canner established a poetive diagnosis of ir therrized hospital billing if you wen greate the Physician's Statement and	No your first cla was made t cancer. e hospitaltz a attach an i a, chemoth	im for that diagnos by clinical informati ed. temized billing sho erapy or radiation t e what expenses a	is of cancer. (The on instead of patho wing the diagnosis reatments, ambula are covered. Send of the covered.	nospital or do liogical mean , services pro nce, lodging, is a statemer	ctor will furnish this s, please submit the wided and the or travel, may be st detailing your

Questions about your claim?

Call 1-800-268-2525

1. Provided all required information is received. Guardian's Cancer 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. Plan documents are the final arbiter of coverage. 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. Policy Form #GP-1-Can-IC-12 et al..



File #2016-24689 Exp. 6/18