



Clear Choice Health Care Policy Number: 715275

Your disability program is managed by The Hartford.



#### TO FILE A CLAIM

1-800-549-6514

Monday - Friday 8AM - 8PM EST

Policy#: 715275

WWW.THEHARTFORD.COM/MYBENEFITS

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.



# THE HARTFORD MAKES IT EASY TO FILE A CLAIM

### Step 1: Know when it's time to file a claim

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

#### Step 2: Have this information ready.

- · Name, address and other key identification information
- Name of your department and last full day of active work
- The nature of your claim or leave request
- · Your treating physician's name, address, phone and fax numbers

#### Step 3: Make the call or file online

With your information handy, call The Hartford at 1-800-549-6514 or file online at the hartford.com/mybenefits. You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim or process your leave request.





## **HOW TO FILE A CLAIM**

#### **GET SUPPORTIVE ASSISTANCE**

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also call us with anything that's on your mind. We're here to help.

#### **RELAX AND STAY POSITIVE**

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

### **QUICK FACTS**

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

## FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD'S TOLL-FREE NUMBER



The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford\*, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. ©2022 The Hartford.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent. The policy number is -

## WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- Your treating physician's name, address, phone and fax numbers.
- The nature of your claim or leave request.