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Submitting a hospital indemnity 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 via our website. Your claim is typically processed within 5 calendar days.¹

Step 2: Step 4: Step 1: Step 3: Locate claim form Save completed form Upload form to secure site Access your account Claim is Download fillable PDF Under My Claims, click Return to guardianlife.com Log on to typically guardianlife.com and **Claims Submission** form and complete all and click My Account/ processed select My Account/Login to access the hospital fields. Save completed Login; then Forms & Claims. within 5 to register or access your indemnity claim form. Select Benefits through calendar days1 account. work and click Safely send private information.

Hospital Secure channel: Fax: 920-749-6417 Indemnity Visit guardianlife.com Claim click Secure Channel Submission and select Safely send Guardian Life Insurance private information to Hospital Indemnity Claims Guardian PO Box 14752 Lexington, KY 40512 Required Completed Employee claim form **Documents** 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 Documentation showing the date and time you were admitted and discharged form the hospital



Questions about your claim?

Call 1-800-541-7846

The Guardian Life Insurance Company of America New York, NY

guardianlife.com

¹ Provided all required information is received. Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. 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 hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-HI-15.