

How to file a claim for benefits



For certificate or policy holders of:
Accident Insurance,
Critical Illness Insurance,
Hospital Confinement
Indemnity Insurance and
Group Term Life Insurance

Group Policy Name:
KIPP TEAM & Family
Schools

Group Policy Number:
68912-2

Online submission via the Voya Claims Center



Step 1: Visit <https://presents.voya.com/EBRC/KIPP> and click on “File A Claim”.



Step 2: Complete the questionnaire.

This generates a custom claim form package for you.

- You may be eligible for a formless claim submission, depending on the Supplemental Health coverage you have. Please follow the prompts on the claims center site for more information.



Step 3: Download your claim form package, if applicable.



Step 4: Complete the form package, if applicable, or go to Step 5.

Have each form completed by the appropriate party, as outlined in the claim form package.



Step 5: Gather additional documents.

Collect any additional supporting documents, as instructed on the claim form “for you”.



Step 6: Submit.

Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

- To submit your claim **online** via a secure upload, visit voya.com/claims and click on Step 2, “Submit Your Forms”.
- To **mail** or **fax** your submission, see the top of your custom claims form package.



Step 7: Monitor.

You can monitor your claim’s status anywhere, any time by entering the claim number on the Online Claims Center at voya.com/claims. If your claim is approved, your benefit will be paid within 10 business days of the approval. For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

To file a **Wellness Benefit claim** available under your Accident Insurance over the telephone, **call 1-877-236-7564**, then select option 3. When calling, make sure to have the following information available:

- Name of the insured, date of birth and relationship to you
- SSN of primary certificate holder
- Name of provider who performed the health screening test
- Date of the health screening test and exact name of the health screening test

Questions about the claims process?

For **Life insurance claims**, call **1-888-238-4840**.

For **Accident, Critical Illness, and/or Hospital Confinement Indemnity Insurance claims**, call **1-877-236-7564**.

Insurance issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state and employer's plan.

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