# 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.

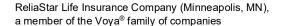
Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

- 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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