

# HOW TO FILE A GUARDIAN SHORT TERM DISABILITY CLAIM

## REPORTING A DISABILITY CLAIM

You may initiate your claim by doing one of the following:

- Phone: 1-888-262-5670. A disability intake specialist will walk you through the process
- Email: [group\\_STD\\_claims@glic.com](mailto:group_STD_claims@glic.com)
- Online: [www.guardiananytime.com](http://www.guardiananytime.com)
- Mail: Guardian Group STD Claim Department  
P.O. Box 14331  
Lexington, KY 40512
- Fax: 610-807-8270

## WHEN TO REPORT A CLAIM

- File your claim as soon as you know you will be out of work
- Contact your employer on or before your first day out of work and inform them of the length of your absence
- If you'll be out continuously, call Guardian at 1-888-262-5670
- Call us before your 7th day out of work so we can begin reviewing your claim

## INFORMATION YOU'LL NEED

Before you file your claim, please have this information handy:

- Your name, address, phone number, birth date, Social Security number and email address
- Employment information, including your job title and work location
- Reason for your claim – illness, injury or pregnancy
- Description of your illness, symptoms, and/or diagnosis. Include the date the symptoms started and if you've had previous symptoms
- Workers' compensation claims you have already filed or will file
- Details about doctor, hospital or clinic visits, with dates and contact information

## NEXT STEPS

During the call, we'll ask if you've signed your authorization card and provided to your doctor.

- If you don't have an authorization card or form, we'll fax or email to you following your intake call
- Please sign the card and provide it to your physician(s) office as quickly as you can, Your signed authorization helps us to secure your medical information over the phone so it's very important to let your treating physician(s) know that Guardian will be contacting them
- Once we have your medical information we can promptly review and make a decision on your claim

If we are unable to obtain your medical information over the phone, a nurse will notify you. We may need to fax a form to your doctor's office. In this instance we recommend you contact your physician to ensure that the form is completed and returned to Guardian promptly in order to avoid delays.

## CLAIMS TIMING

- Claim receipt is formally approved (via letter) within 2 business days of receipt
- Claim is assigned to dedicated Short Term Disability (STD) Claims Manager for administration
- Outreach for missing information is done via phone, fax and/or email
- Average time to process STD claims is 5-7 business days

## IF YOUR CLAIM IS APPROVED

- Guardian sends you an approval letter with an explanation of your benefits. You may also get a recorded call.
- Guardian coordinates payment of your benefits as soon as possible
- Guardian will tell your employer of claim approval, and the date you plan to return to work

[WWW.GUARDIANANYTIME.COM](http://WWW.GUARDIANANYTIME.COM)



The Guardian Life Insurance  
Company of America  
7 Hanover Square  
New York, NY 10004-4025  
[www.guardiananytime.com](http://www.guardiananytime.com)

Guardian's Group Short Term Disability 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. This policy provides disability income 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. Plan documents are the final arbiter of coverage. Policy Form #GP-I-STD07-1.0 and #GP-I-STD-15-1.0 et al.

**HOW BENEFITS ARE PAID**

Checks are typically mailed on a bi-weekly basis after the payment issue date. If you elect direct deposit, benefits will be available in your account approximately 2 business days from the payment issue date.

**IF YOUR CLAIM IS DENIED**

- Guardian sends an explanation letter, which includes how to appeal the decision
- Guardian informs your employer if the claim is denied
- Call your employer to discuss your return-to-work date

**WHAT HAPPENS WHILE YOU ARE OUT**

Your Guardian STD Claims Manager remains in touch to help you return to work quickly and safely. We work with you, your doctor and your employer to talk about different work options, which may include adjusting your job or work schedule. Your employer may also call you to check on your progress and offer support.

**IF YOU ARE UNABLE TO RETURN TO WORK WHEN YOUR DISABILITY BENEFITS END**

- Call your Guardian STD Claims Manager to talk about the situation and discuss your options
- Inform your employer

**RETURN TO WORK**

Call your employer and Guardian STD Claims Manager to let them know the date you'll return to work.

**QUESTIONS?**

Call Guardian at 1-888-262-5670. A Guardian representative is available to help you Monday through Friday, 8:00 a.m. to 8:00 p.m. (EST)

**INSTRUCTIONS:**

To expedite your Short Term disability claim filing process, please call to initiate your claim as soon as your disability begins.

We can be reached Monday through Friday at 1-888-262-5670, 8:00 a.m. to 8:00 p.m. (EST).

Please be prepared to provide the following:

1. Your full name, address, phone number and social security number
2. Your employer contact name and phone number
3. Your physician's name, address, phone number and fax number
4. If you have not already done so, please sign the authorization portion of this card and provide a copy to your physician to be retained in your patient file.

Important: Prior to initiating your claim, please inform your physician that a Guardian representative will be contacting their office by phone, to obtain medical information concerning your claim

**AUTHORIZATION:**

In order to determine if Short Term Disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy of this card. You should also advise your physician that a Guardian Representative will be calling shortly to obtain the needed information. Please retain your original card, in the event that it is needed in the future. I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history.

\_\_\_\_\_  
Employee / Patient Signature

\_\_\_\_\_  
Date