



Guardian Critical Illness Insurance

Employee frequently asked questions

The following is provided for informational purposes only and does not serve as a guarantee of payment. Please refer to your contract/certificate booklet for all applicable plan provisions.

How do I become eligible to receive critical illness coverage/benefits?

- You must be enrolled in the Guardian Critical Illness plan to have coverage.
- To be eligible for benefits, diagnosis of a covered Critical Illness must occur while you are covered under the plan.
- Treatment and/or services received as a result of an critical must occur while you are covered under the Guardian Critical Illness plan.

When should a claim be submitted?

A claim should be submitted once the covered individual has been diagnosed with a covered Critical Illness.

How should a claim be submitted?

You should complete the Group Critical Illness claim form (GG-016218). The form may be obtained from your Human Resource department or via the website at guardianlife.com. In addition to the completed claim form, please submit additional documentation identifying services rendered with the provider(s), patient's name and dates, and types of treatment/services. This could include, but is not limited to, copies of the following:

- Medical bills from the provider(s)
- Medical records including diagnosis, progress notes, test results, admit/discharge summaries, and operative reports
- Emergency room report

Note: For a diagnosis of a stroke, we will need the MRS form completed by the physician and submitted 30 days post-event.



The completed claim form along with supporting documentation may be submitted via mail, fax or via the website:

Mail: Guardian Life Insurance
Critical Illness Claims
PO Box 14334
Lexington, KY 40512

Fax: 610-807-2999

Secure Email: guardianlife.com
click 'secure channel' and select cru@glic.com

What can be expected after a claim is submitted?

A Case Manager will review all information that is supplied. If no medical records/clinical documentation is submitted, the claim will be denied. The plan outlines criteria for each critical illness. It's the claimant's responsibility to make sure all documentation reflecting these criteria is submitted.

How long does it take to reach a decision on a claim?

Most claim decisions are made within 5 to 7 business days, provided all information is supplied timely and we are successful in obtaining any information that might be lacking. Assuming the claim is approved and a benefit check is issued, mail delivery could vary depending upon where a claimant is located. Please allow 10 business days from the time the claim is processed for ample mail delivery time.

Note: Each claim is evaluated based on its own merit, and as a result, timeframes for reaching a decision could vary depending on the quality of the information supplied.

To whom are benefits payable?

Benefits are made payable to the insured individual — not to providers. The individual may use the benefits for any purpose they choose.

Are critical illness benefits taxable?

If premiums are paid with pre-tax dollars, a 1099 will be issued for any benefits greater than \$600. Check with your employer to determine if premiums are paid on a pre-tax or post-tax basis.

Are there any benefit exclusions under this plan?

Yes. These would be specific to the plan in question. Please refer to the complete Employee Certificate Booklet for full details; a copy of the Employee Certificate Booklet may be obtained from the employer or online at guardiananytime.com.

What is a pre-existing condition and how does it affect eligibility for benefits?

Some Critical Illness plans include a pre-existing condition provision. If applicable, a condition(s) that is treated within a specified timeframe prior to an individual's Critical Illness coverage effective date, may be considered pre-existing. We may exclude benefits for a Critical Illness caused by a pre-existing condition(s) unless the individual has been insured for 12 (typically) consecutive months. Once the individual has been insured for 12 consecutive months, the pre-existing condition exclusion no longer applies. Please refer to the Employee Certificate Booklet for exact timeframes.

Can I continue coverage if my current employment ends?

Yes, coverage is fully portable. Election of portability must be made within 31 days from the date coverage would normally end.

How do I contact Guardian with benefit or claim questions?

For claim questions or status, you have the option of calling us toll-free at 800-268-2525 or visiting Guardian's web portal: guardianlife.com.

If you would like to submit claim information, it can be faxed to 610-807-2999 or it can be submitted securely through guardianlife.com.

Our regular business hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

When contacting Guardian, be sure to have the individual's name, plan number, claim number and any contact information included.

**The Guardian Life Insurance
Company of America**
New York, NY

guardianlife.com

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Guardian, its subsidiaries, agents, and employees do not provide tax, legal or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. Guardian's Critical Illness 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. Plan documents are the final arbiter of coverage. This policy provides limited benefits health 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. Guardian® is a registered service mark of The Guardian Life Insurance of America® ©Copyright 2019 The Guardian Life Insurance Company America. Policy Form #GC-C1-11, et al.