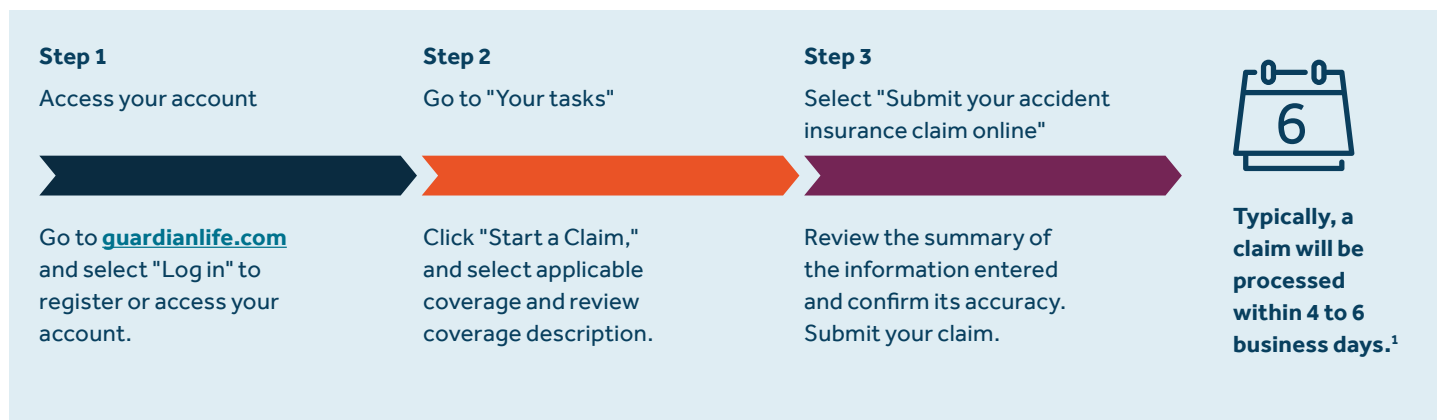




# Submitting an accident insurance claim

We're committed to making claims submission easy for you, by offering a simple, straightforward process that helps you 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 will typically be reviewed within 4 to 6 business days.



## Accident insurance claim submission

**Secure channel:** Visit [guardianlife.com](https://guardianlife.com) and follow the steps outlined above. Please be sure to have all the information listed in the **Required Information** section when you do.

**Phone:** To submit your claim, call 800-541-7846.

**Fax:** 920-749-6299

**Mail:** Guardian Life Insurance  
Accident Claims  
PO Box 14315  
Lexington, KY 40512

Claim forms and supporting documents can also be emailed to:  
[accidentbenefits@glic.com](mailto:accidentbenefits@glic.com)

## Required information

### Personal

- Group plan number and member ID
- Name and address
- Phone number and email address
- Birth date
- Dependent information, if applicable
- Bank routing and account number for direct deposit

### Medical

- Medical bills from the provider(s)
- Medical records
- Emergency room reports
- For child organized sports injuries proof of participation is required (e.g. a registration form)

### Unacceptable medical documentation

- After care instructions
- Discharge papers

The Guardian Life Insurance  
Company of America  
[guardianlife.com](https://guardianlife.com)

New York, NY

How to file a claim - Accident (04/26) NC

<sup>1</sup> Provided all required information is received.

Guardian's Group Accident 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 is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity benefit, for insured injury from a covered accident. This is not minimum essential coverage as defined by federal law. This coverage will not reimburse for hospital or medical expenses. Generic Policy Form # GP-1-ACC-18. The state approved form is the governing document.

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