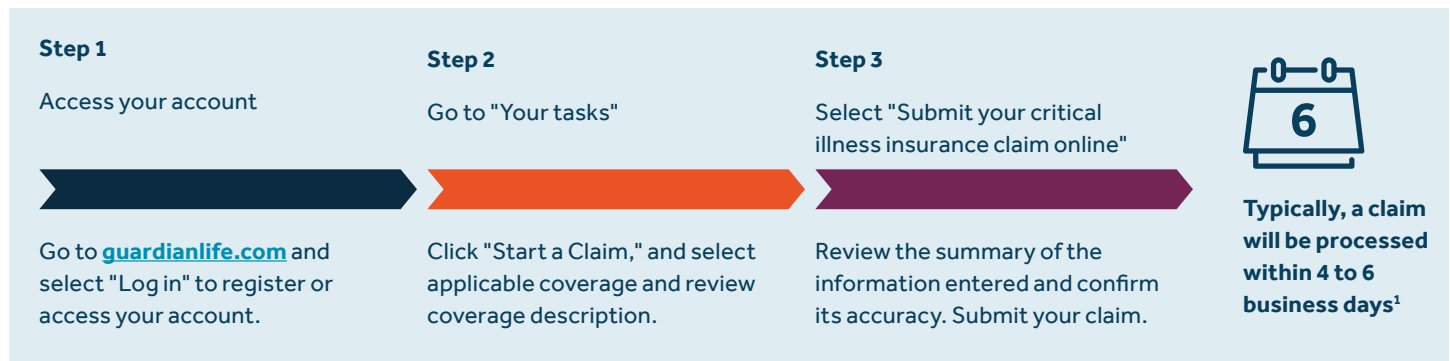




Submitting a critical illness insurance claim

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.



Cancer insurance claim submission

Secure channel: Visit 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: 610-807-2999

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

Claim forms and supporting documents can also be emailed to:
criticalillnessbenefits@glic.com

Required information

Personal information

- 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

- Pathology report, if applicable
- Diagnostic test results
- Medical records including diagnosis, progress notes, test results, admission or discharge summaries, and operative reports

**The Guardian Life Insurance
Company of America**
guardianlife.com

New York, NY

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

¹ Provided all required information is received.

Guardian's Group 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. This is a limited plan of supplemental health insurance that provides the specified financial support, as a lump sum or indemnity payment, following the diagnosis of a critical illness. 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-CI-14; CI-23-P. The state approved form is the governing document.

In New York, Critical Illness is referred to as Specified Disease.

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