

## FILE A HEALTH SCREENING CLAIM WITH CONFIDENCE

Healthy lifestyles are rewarded under Accident (AI), Critical Illness (CI) and Hospital Indemnity (HI) insurance coverages.

If your employer offers any of these coverages and a health screening benefit is included, you and your dependents are eligible to receive a benefit for having a health screening while insured and filing a claim.<sup>2</sup>

If you have more than one coverage - for example AI, CI, and/or HI - one health screening would be eligible for each coverage that includes this feature.

### THE HARTFORD MAKES IT EASY TO FILE A CLAIM ON THE PHONE - NO FORMS REQUIRED. JUST FOLLOW THESE STEPS:

#### STEP 1

Review the list on the back of this page to determine if your health screening is eligible for the benefit.

#### STEP 2

Prepare to file your claim.<sup>1</sup> You'll need the following information:

- Name, address and the group policy number;
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact information (if applicable).

#### STEP 3

File your claim by calling **866-547-4205**.

- Monday through Friday, 8:00am - 6:00pm EST.
- Once the claim has been approved, the standard turnaround time for benefits to be paid is between three to ten business days.<sup>3</sup>
- Standard mail times will apply (if applicable).

**TO FILE YOUR HEALTH SCREENING CLAIM, CALL THIS NUMBER:**

**866-547-4205**

Monday through Friday,  
8:00am – 6:00pm EST

**WHEN YOU CALL THE HARTFORD, YOU'LL NEED TO PROVIDE:**

- Name, address and the group policy number;
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact info (if applicable).

In addition, you can visit [TheHartford.com/benefits/myclaim](https://www.thehartford.com/benefits/myclaim) and download your health screening benefit form.

Mail or fax the documentation to:

THE HARTFORD SUPPLEMENTAL  
INSURANCE BENEFIT DEPARTMENT

P.O. Box 99906  
Grapevine, TX 76099  
Fax Number: 1-469-417-1952

 (Snap a photo with a mobile device to capture information above.)

**ELIGIBLE HEALTH SCREENINGS<sup>4</sup>**

- Bone Marrow Testing
- CA15-e (cancer antigen 15-3 blood test for breast cancer)
- CA125 (cancer antigen 125 blood test for ovarian cancer)
- CEA (carcinoembryonic antigen blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography (including breast ultrasound)
- Pap Smear (including ThinPrep Pap Test)
- PSA (prostate specific antigen blood test for prostate cancer)
- Serum Protein Electrophoresis
- Biopsy for Skin Cancer
- Blood Test for Triglycerides
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Doppler Screening for Carotids
- Doppler Screening for Peripheral Vascular Disease
- Thermography
- Echocardiogram
- Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
- EKG
- Stress Test on Bike or Treadmill
- Fasting Blood Glucose Test
- Serum Cholesterol to determine level of HDL & LDL

For additional information, call **866-547-4205** Monday through Friday,  
**8:00am – 6:00pm EST.**



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<sup>1</sup> Claims must be submitted within 12 months of screening date.

<sup>2</sup> Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

<sup>3</sup> Based on average claims turnaround time.

<sup>4</sup> This document explains the typical Health Screening Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.