Submitting a Cancer Claim

Guardian works smarter to keep claims submission easy for you – by offering a simple claims process, you can focus on your recovery. Simply fill out the form, collect your required documentation (listed below) and submit your claim by mail, fax or email. Your claim is processed within 5-7 business days.[1]

Step 1: Obtain claim form

Get the claim form from your Human Resource department, or via the website at www.GuardianAnytime.com **(Form GG-016453).**

Step 2: Complete claim form

Complete the claim form. Be sure to complete ALL fields, and sign and date the form.

Step 3: Required Documents

Collect all required documentation listed below.

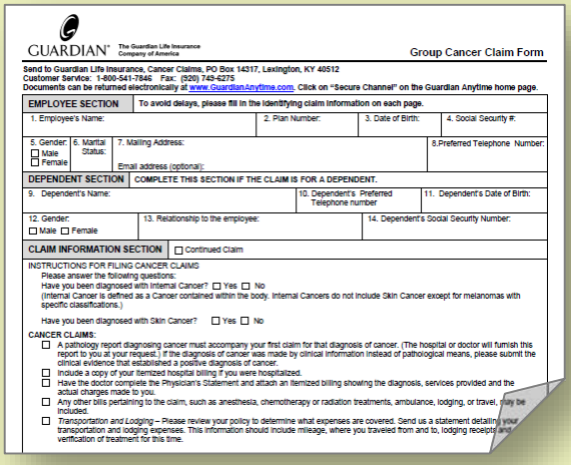
Step 4: Submit

Submit the Claim via mail, fax, or website

Claim is processed within 5-7 business days[1]

Cancer Claim Submission	**Mail:** Guardian Life Insurance Cancer Claims PO Box 14317 Lexington, KY 40512 **Fax:** 920-749-6275 **Secure E-mail:** www.GuardianAnytime.com click secure channel, select **cru@glic.com**
Required Documents	• Completed Employee claim form • Employer and Attending Physician Sections (if applicable) • Documentation identifying services rendered with provider, patient's name, and dates and types of services/treatment. This could include, but is not limited to, copies of the following: — Medical bills from the provider(s) — Medical records — Explanation of Benefits from Medical Carrier — ER Report

Form GG-016453



GUARDIAN® The Guardian Life Insurance Company of America

Group Cancer Claim Form

Send to Guardian Life Insurance, Cancer Claims, PO Box 14317, Lexington, KY 40512
Customer Service: 1-800-541-7846 Fax: (520) 749-6275
Documents can be returned electronically at www.GuardianAnytime.com. Click on "Secure Channel" on the Guardian Anytime home page.

EMPLOYEE SECTION — To avoid delays, please fill in the identifying claim information on each page.

1. Employee's Name: | 2. Plan Number: | 3. Date of Birth: | 4. Social Security #:

5. Gender: ☐ Male ☐ Female | 6. Marital Status: | 7. Mailing Address: Email address (optional): | 8.Preferred Telephone Number:

DEPENDENT SECTION — COMPLETE THIS SECTION IF THE CLAIM IS FOR A DEPENDENT.

9. Dependent's Name: | 10. Dependent's Preferred Telephone number | 11. Dependent's Date of Birth:

12. Gender: ☐ Male ☐ Female | 13. Relationship to the employee: | 14. Dependent's Social Security Number:

CLAIM INFORMATION SECTION — ☐ Continued Claim

INSTRUCTIONS FOR FILING CANCER CLAIMS
Please answer the following questions:
Have you been diagnosed with Internal Cancer? ☐ Yes ☐ No
(Internal Cancer is defined as a Cancer contained within the body. Internal Cancers do not include Skin Cancer except for melanomas with specific classifications.)

Have you been diagnosed with Skin Cancer? ☐ Yes ☐ No

CANCER CLAIMS:
☐ A pathology report diagnosing cancer must accompany your first claim for that diagnosis of cancer. (The hospital or doctor will furnish this report to you at your request.) If the diagnosis of cancer was made by clinical information instead of pathological means, please submit the clinical evidence that established a positive diagnosis of cancer.
☐ Include a copy of your itemized hospital billing if you were hospitalized.
☐ Have the doctor complete the Physician's Statement and attach an itemized billing showing the diagnosis, services provided and the actual charges made to you.
☐ Any other bills pertaining to the claim, such as anesthesia, chemotherapy or radiation treatments, ambulance, lodging, or travel, may be included.
☐ *Transportation and Lodging* – Please review your policy to determine what expenses are covered. Send us a statement detailing your transportation and lodging expenses. This information should include mileage, where you traveled from and to, lodging receipts and verification of treatment for this time.

Questions about your claim?

Call **1-800-268-2525**

1. Provided all required information is received. Guardian's Cancer 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. Policy Form #GP-1-Can-IC-12 et al..

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File #2016-24689 Exp. 6/18