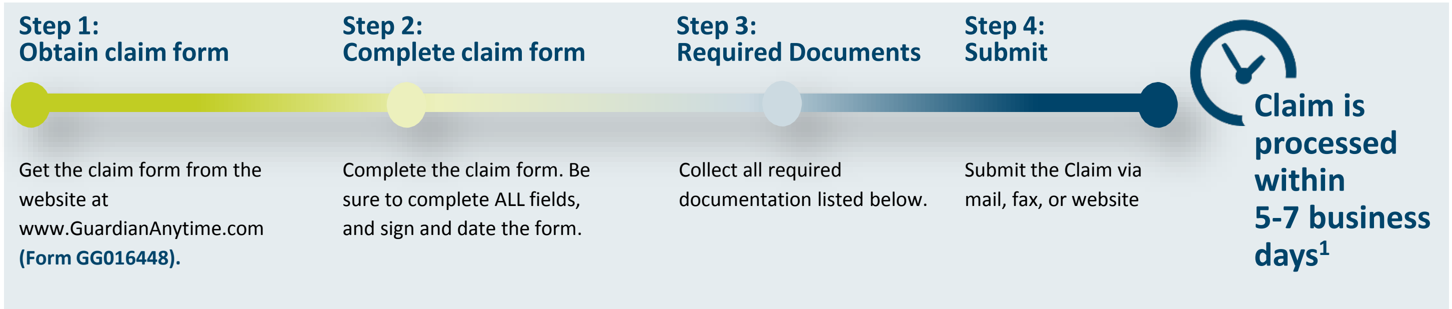
Submitting an Accident Claim

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]



Accident Claim Submission

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

Fax:
920-749-6299

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
  - — For the Child Organized Sports provision, proof of participation is required (e.g. a registration form).

Form GG016448

GUARDIAN — Group Accident Claim Form

Questions about your claim?

Call **1-800-541-7846**

1. Provided all required information is received. Guardian's 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. Plan documents are the final arbiter of coverage. This policy provides Accident 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. IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS. Policy Form #GP-1-AC-IC-12.

File #2016-23236 Exp. 5/18

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