Guardian

Guardian Hospital Indemnity Insurance

Employee frequently asked questions

The following is provided for informational purposes only and does not serve as a guarantee of payment. Please refer to your contract/certificate booklet for all applicable plan provisions.

How do I become eligible to receive hospital indemnity coverage/benefits?

- You must be enrolled in the Guardian Hospital Indemnity plan to have coverage.
- To be eligible for benefits, the hospital admission or covered treatment/service must occur while you are covered by this hospital indemnity plan.

When should a claim be submitted?

A claim should be submitted once the covered individual is admitted to the hospital or has a medical service provided that is included on his/her hospital indemnity plan.

How should a claim be submitted?

You should complete the group hospital indemnity claim form. The form may be completed on guardianlife.com. In addition to the completed claim form, please submit additional documentation identifying services rendered with the provider(s), patient's name and dates, and types of treatment/services. This could include, but is not limited to, copies of the following:

- Medical bills from the provider(s)
- Medical records including diagnosis, progress notes, test results, admit/discharge summaries, and operative reports
- Emergency room report

The completed claim form along with supporting documentation may be submitted online, mail or by fax:

Online:

- Log on the guardianlife.com and select "My Account/Login" to register or access your account
- Under My Claims, click "Submit a claim" and select Hospital Indemnity and review brief coverage description
- Select type of claim and complete claim information
- Upload related medical records and itemized bills
- Review summary of the information entered and confirm accuracy
- Submit Claim

Mail:
Guardian Life Insurance Hospital Indemnity Claims
PO Box 14752
Lexington, KY 40512

Fax:
920-749-6417

What can be expected after a claim is submitted?

A case manager will review all information that is supplied. If no medical records/clinical documentation are submitted, the claim will be denied. The plan outlines criteria for each hospital indemnity benefit. It's the claimant's responsibility to make sure all documentation reflecting these criteria is submitted.

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How long does it take to reach a decision on a claim?

Most claim decisions are made within 5 to 7 business days, provided all information is supplied timely and we are successful in obtaining any information that might be lacking. Assuming the claim is approved, and a benefit check is issued, mail delivery could vary depending upon where a claimant is located. Please allow 10 business days to receive the check from the time the claim is processed.

Note: Each claim is evaluated based on its own merit, and as a result, timeframes for reaching a decision could vary depending on the quality of the information supplied.

To whom are benefits payable?

Benefits are made payable to the employee — not to providers. The individual may use the benefits for any purpose they choose.

Are hospital indemnity benefits taxable?

A 1099 form will not be issued for HI claims. Any benefit in excess of actual medical expenses incurred, may be considered taxable. For a definition of actual medical expenses, please see Internal Revenue Service Publication 502. Since each insured's situation regarding medical expenses is unique and not known to Guardian, we advise claimants to contact their tax or legal advisor regarding the tax treatment of their policy benefits.

Are there any benefit exclusions under this plan?

Yes. These would be specific to the plan in question. Please refer to the complete employee certificate booklet for full details; a copy of the employee certificate booklet may be obtained from the employer or online at guardianlife.com.

What is a pre-existing condition and how does it affect eligibility for benefits?

some hospital indemnity plans include a pre-existing condition provision. If applicable, a condition(s) that is treated within a specified timeframe prior to an individual's hospital indemnity coverage effective date may be considered pre-existing. We may exclude benefits for a hospital indemnity service caused by a pre-existing condition(s) unless the individual has been insured for 12 (typically) consecutive months. Once the individual has been insured for 12 consecutive months, the pre-existing condition exclusion no longer applies. Please refer to the employee certificate booklet for exact timeframes.

Can I continue coverage if my current employment ends?

Yes, coverage is fully portable. Election of portability must be made within 31 days from the date coverage would normally end.

How do I contact Guardian with benefit or claim questions?

For claim questions or status, you have the option of calling us toll-free at 800-268-2525 or visiting Guardian's web portal: guardianlife.com.

If you would like to submit claim information, it can be faxed to 920-749-6417 or it can be submitted securely through guardianlife.com.

Our regular business hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

When contacting Guardian, be sure to have the individual's name, plan number, claim number and any contact information included.

The Guardian Life Insurance Company of America, New York, NY | guardianlife.com
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