

Your questions answered.

NYL GBS Disability insurance claims.

Q: How does disability insurance work?

A: When you can't work for a period of time due to a covered illness, injury or pregnancy, disability insurance replaces some of your income for a specified period of time (percentage of pay and when payments begin/end varies by your employer's plan). Payments may come directly to you (or someone you designate) and can be spent any way you like – just like you would use your paycheck.

Q: How do I submit a disability claim?

A: Contact your employer on, or before, your first day out of work – and let them know when and for how long you expect to be absent. Then, file your claim with Group Benefit Solutions as soon as possible – before the end of your plan's waiting period. You can file your claim in a few different ways:

ONLINE at nyl.com/customer-forms – Complete the form and submit online.

BY PHONE at (888) 842-4462 or (866) 562-8421 (Español), 7:00 am–7:00 pm CST and a representative will walk you through the process.

BY MAIL (OR FAX) – Visit nyl.com/customer-forms – Complete the form, sign and mail (or fax) it to Group Benefit Solutions.

TIP: For a fast, direct way to stay informed, opt-in for disability claim text notifications, either when submitting your claim online or by telling your Group Benefit Solutions claim manager.

Q: What information do I need when I submit my disability claim?

A: Please make sure you have the following information handy:

- Your Social Security number, birth date, home address, phone number and email address
- Dates and contact information for any health care providers or hospital/clinic visits
- Any workers' compensation claims you filed or plan to file for this condition

Q: What happens after I submit my claim?

A: Group Benefit Solutions needs your permission to contact your health care provider and employer for any claim-related information. To give your permission, simply answer "yes" online or during your claim call. Please note: Group Benefit Solutions doesn't share your medical information with your employer and you can cancel this permission at any time by calling Group Benefit Solutions.

Depending on the nature of your claim, your claim manager may call you within 24–72 hours of your claim submission for any additional needed information and to explain what will happen next.

NOTE: Check with your health care provider to see if there are any other forms you'll need to sign.

Q: How will I be kept updated on my claim status?

A: You can receive status updates for your claim online, by text or phone.

- Online – Log in or register on myNYLGBS.com to manage all your Group Benefit Solutions claims.
- Text – If you signed up for text notifications (when you submitted your claim), you'll automatically be kept up-to-date by text.
- Phone – Contact your claim manager directly or call (888) 842-4462 or (866) 562-8421 (Español), 7:00 am–7:00 pm CST and a representative will assist you.

TIP: If you haven't visited myNYLGBS.com yet, now is a great opportunity. It's easy to register and you can manage and track all your Group Benefit Solutions claims in one place.



GROUP BENEFIT
SOLUTIONS

Q: What if my claim is “pending”?

A: If your claim is “pending” – Group Benefit Solutions is currently evaluating your claim. Your claim manager is working with your health care provider to gather the needed information to make a claim decision.

TIP: To help speed the decision process along, you can encourage your health care provider to respond quickly to

Group Benefit Solutions information requests. Also, please make sure to call the Group Benefit Solutions toll-free number at 1-800-441-1111.