



Group Name

Jefferson Joint County School District #251 **Group Number**

Accident Insurance Critical Illness Insurance Hospital Confinement Indemnity Insurance Wellness Benefit (included under Critical Illness coverages)

Contact your employer if you are unsure of which coverage(s) you may be enrolled in. See the certificate of coverage and any applicable riders for a complete list of covered conditions, along with complete provisions, exclusions and limitations.

Easily submit your claims online with Voya's Claims Center

Step 1: Visit https://presents.Voya.com/EBRC/JSD251 and click on Start A Claim

Step 2: Complete the questionnaire

This generates a custom claim form package for you.

If you are enrolled in and filing a claim under any of the Supplemental Health coverages* on the left, your claims experience will be entirely formless. Simply follow the prompts on the Claims Center to file your claim

Wellness Benefit claims can also be filed by simply submitting your claim at the end of the questionnaire.

(4) Step 3: Download your claim form package, if applicable

Step 4: Complete the form package and gather supporting documents (if applicable)

Step 5: Submit your claim

Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

Return to voya.com/claims and click on Step 2, "Submit Your Forms" to upload your documents securely.

To mail or fax your submission, see the top of your custom claims form package.

Step 6: Monitor your claim's status

You can monitor your claim's status anywhere, any time by entering the claim number on the Online Claims Center at **voya.com/claims**. If your claim is approved, your benefit will be paid within 10 business days of the approval.

For a complete description of your available benefits, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

For Supplemental Health coverages* claims, call 1-877-236-7564.

This communication does not confirm eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process.

A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Insurance issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state and employer's plan.

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^{*}Supplemental Health coverages may include Accident Insurance, Critical Illness Insurance, Specified Disease Insurance, and/or Hospital Confinement Indemnity Insurance (which may include the Wellness Benefit).

^{**}Critical Illness may be referred to as Specified Disease in some states.