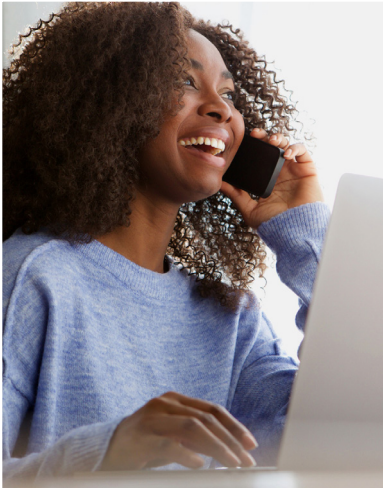


HOW TO FILE A CLAIM FOR YOUR ACCIDENT PREVENTION BENEFIT



The Accident Prevention Benefit (APB) is an optional benefit available with The Hartford's group accident plans.

If your employer offers Accident insurance coverage from The Hartford that includes an APB, you and each of your dependents — spouse/partner and any dependent child(ren) — are eligible to receive one per covered person for each calendar year that you're enrolled in the plan and upon filing a claim.¹

THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS:

STEP 1

Review the list of covered exams, tests, screenings and programs covered under the Accident Prevention Benefit to determine if you may be eligible for the benefit.

STEP 2

Prepare to file your claim.² You'll need the following information:

- Name, address and the group policy number;
- Name of the exam, test, screening or program and the date completed; and
- Details of where the exam, test, screening or program was completed and physician contact information (if applicable).

STEP 3 – FILE A CLAIM OVER THE PHONE

- File your claim by calling **866-547-4205**.
- Available Monday through Friday, 8:00am – 6:00pm EST.

STEP 3 – SUBMIT A CLAIM VIA MAIL OR FAX

- Download an APB claim form at [TheHartford.com/benefits/myclaim](https://www.thehartford.com/benefits/myclaim).
- Complete the form and mail or fax it to:
**The Hartford Supplemental Insurance
Benefit Department**
P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

NEXT STEPS

- Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.³
- Standard mail times will apply (if applicable).

**TO FILE YOUR ACCIDENT
PREVENTION BENEFIT CLAIM:**

CALL THIS NUMBER:

866-547-4205

Monday through Friday,
8:00am – 6:00pm EST

DOWNLOAD A CLAIM FORM:

TheHartford.com/benefits/myclaim

YOU'LL NEED TO PROVIDE:

- Name, address and the group policy number
- Name of the exam, test, screening or program and the date completed
- Details of where the exam, test, screening or program was completed and physician contact info (if applicable)

**MAIL OR FAX THE
DOCUMENTATION TO:**

THE HARTFORD
SUPPLEMENTAL INSURANCE
BENEFIT DEPARTMENT

P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

WHAT'S ELIGIBLE FOR COVERAGE⁴

When the Accident Prevention Benefit is included in an accident plan, the exams, tests, screenings and programs covered under the benefit include:

- Dental exam
- Eye exam
- Hearing exam
- Annual physical
- Sports physical
- Well-child exam
- Employer-sponsored wellness or biometric screening
- Serum cortisol test (for stress levels)
- Successful completion of an appropriately licensed or accredited:
 - » Emotion management or stress reduction program
 - » Driver safety and training program
 - » Motorcycle safety and training program
 - » Workplace safety and training program

 (Snap a photo with a mobile device to capture information above.)

For additional information, call **866-547-4205** Monday through Friday,
8:00am – 6:00pm EST.



Business Insurance
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¹ Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

² Claims must be submitted within 12 months of screening date.

³ Based on average claims turnaround time.

⁴ This document explains the typical Accident Prevention Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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