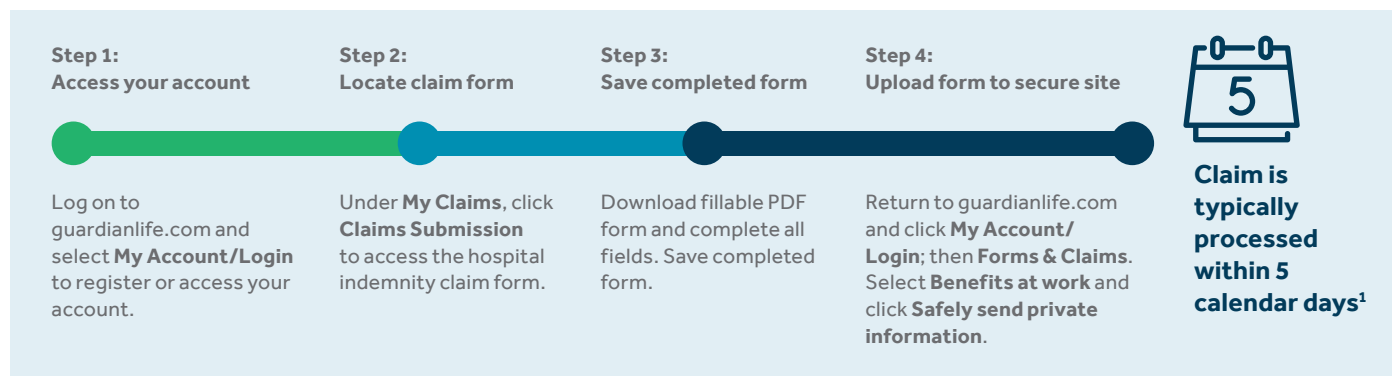




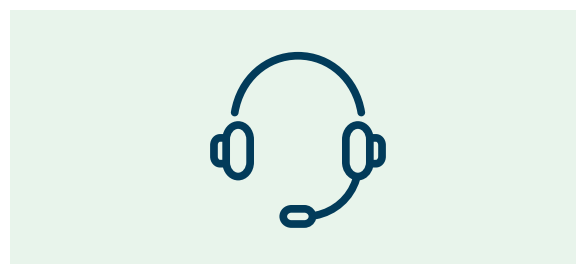
## Submitting a hospital indemnity claim

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 via our website. Your claim is typically processed within 5 calendar days.<sup>1</sup>



<p><b>Hospital Indemnity Claim Submission</b></p>	<p><b>Secure channel:</b> Visit guardianlife.com click <i>Secure Channel</i> and select <i>Safely send private information to Guardian</i></p> <p><b>Fax:</b> 920-749-6417</p> <p><b>Mail:</b> Guardian Life Insurance Hospital Indemnity Claims PO Box 14752 Lexington, KY 40512</p>
<p><b>Required Documents</b></p>	<ul style="list-style-type: none"> <li>• Completed Employee claim form</li> <li>• 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:             <ul style="list-style-type: none"> <li>– Medical bills from the provider(s)</li> <li>– Medical records</li> <li>– Documentation showing the date and time you were admitted and discharged from the hospital</li> </ul> </li> </ul>



**Questions about your claim?**

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

We can be reached Monday through Friday from 5:00 a.m. - 5:30 p.m. (PST)

<sup>1</sup> Provided all required information is received. Guardian Hospital Indemnity Insurance is underwritten by The Guardian Life Insurance Company of America, New York, NY and will not be effective until approved by a Guardian underwriter. 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 limited hospital insurance only. It does not provide basic medical or major medical insurance as defined by the New York State Department of Financial Services. Policy Form No. GP-1-HI-15.