How to file your disability claim.



BEFORE YOU FILE YOUR CLAIM

FILE YOUR CLAIM

GIVE PERMISSION

4 CLAIM STATUS

5 ADDITIONAL RESOURCES

- Notify your employer if you need to be out of work because of an illness, injury or pregnancy.
- 2. Have the following on hand:
 - 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.
 - Applicable workers' compensation claims.

Choose one of the following:

Online*: myNYLGBS.com

>Coverage>Disability (print your confirmation page.)

By phone: (888) 842-4462 or (866) 562-8421 (español), 7:00 am – 7:00 pm CST and a representative will help you.

By mail or fax: Visit newyorklife.com/group-benefitsolutions/employees/group-insurance/ disability/submit-disability-claim. (to complete form, sign and send to New York Life Group Benefit Solutions (NYL GBS).)

To quickly stay informed, sign up for text notifications when submitting your claim online or telling your your NYL GBS claim manager.

Give NYL GBS permission to contact your health care provider or employer for claim-related information by:

 Answering "yes" during your claim call.

- Login or register on myNYLGBS.com.
- If you signed up for text notifications, you'll automatically get updates by text.
- Contact your claim manager, or call (888) 842-4462 or (866) 562-8421 (español), 7:00 am - 7:00 pm CST.
- Chat live with a NYL GBS representative on myNYLGBS.com.
- <u>Click here</u> for answers to frequently asked leave questions.



If you haven't visited myNYLGBS.com, register today to easily manage all your claims in one place.



While you're out on disability, keep your employer informed of your return-to-work plans. This is especially important if you need workplace accommodations, as some take time to put in place.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy form: TL-004700 et al.

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^{*} Please note: You will need the most current updated browsers for use of links.