

Group #64665-2 - Accidental Death and Dismemberment (AD&D) Claim Procedures

The \$2,500 AD&D plan (for all dues-paying members and life members of NGAUS and EANGUS) is provided at no cost to the member as long as they are under the age of 80. There is a specific claims process for this plan only. The membership needs to be verified by the appropriate organization upfront so that the claim can then be processed by ReliaStar Life Insurance Company, a member of the Voya® family of companies (ReliaStar).

When the claimant or next of kin/beneficiary notifies the appropriate member organization of an accidental death claim or an accidental dismemberment claim of a member:

1. NGAUS or EANGUS must first verify membership of the deceased or dismemberment claimant as that of a "current dues-paying or life member" and then notify National Guard Association of the U.S. (NGAUS) of the pending claim.
2. Go to the Voya Forms Library at <https://claimscenter.voya.com/static/claimscenter/form-library/> to retrieve the appropriate forms stated below. Accidental Death claim forms can be found under the "Death" category and Accidental Dismemberment claim forms can be found under the "Accidental Dismemberment" category.

ACCIDENTAL DEATH CLAIMS		
Form #	Form Name	Instructions
171885	Death Claim for Association Plans	<ul style="list-style-type: none"> ▪ The association or beneficiary can fill in the first three sections that include demographic data. ▪ In the "Association Name" field, print or type "National Guard". ▪ In the Association Policy Number field, print or type "64665-2 PAI" ▪ In the "COVERAGE INFORMATION" section: <ul style="list-style-type: none"> - For "Certificate #" print or type "N/A". - For "Amount \$" print or type "\$2,500". - For "Effective Date" print or type "1 January" of the year that the member joined. - For "Premium Paid to Date" print or type "31 December" of the current year. <p>An official who is authorized to sign for NGAUS or EANGUS must complete the "ADMINISTRATOR CERTIFICATION" section.</p>
131003	Proof of Death - Claimant's Statement for beneficiaries residing in Arkansas, Indiana, Kentucky, Louisiana, North Dakota, and Rhode Island	<p>Select only one Proof of Death form based on the state that the beneficiary resides in.</p> <ul style="list-style-type: none"> ▪ The Proof of Death form must be completed and signed by the beneficiary. ▪ In the "Association Name" field, print or type "National Guard". ▪ In the Association Policy Number field, print or type "64665-2 PAI"
159743	Proof of Death - Claimant's Statement for beneficiaries residing in California, Florida, Minnesota, and New York	
171890	Proof of Death - Claimant's Statement for beneficiaries residing in Alaska, Illinois, Kansas, North Carolina, and Nevada	
131001	Proof of Death - Claimant's Statement for beneficiaries residing in all other states including the District of Columbia	

Mail the completed Claim Forms to:

NGAUS Insurance Trust
 Attn: Luke Guthrie
 One Massachusetts Avenue, NW, Suite 200
 Washington, DC 20001

Provide the other requested information on the claim form (including a photo-copy of the death certificate).
 Questions? Call 202-408-5886

NGAUS will review and forward all claim forms to ReliaStar for final processing.

ACCIDENTAL DISMEMBERMENT CLAIMS

<u>Form #</u>	<u>Form Name</u>	<u>Instructions</u>
171887	Accidental Dismemberment Claim for Association Plans - Administrator	<ul style="list-style-type: none"> ▪ The association or the claimant can fill in the demographic data. ▪ In the "Association Name" field, print or type "National Guard". ▪ In the "Association Policy Number" field, print or type "64665-2 PAI" ▪ In the "COVERAGE INFORMATION" section: <ul style="list-style-type: none"> - For "Certificate #" print or type "N/A". - For "Amount" print or type "\$2,500". - For "Effective Date" print or type "1 January" of the year that the member joined. - For "Date Premium Paid to Date" print or type "31 December" of the current year. <p>An official who is authorized to sign for NGAUS or EANGUS must complete the "ADMINISTRATOR CERTIFICATION" section.</p>
171888F	Accidental Dismemberment Claim for Association Plans – Member	This form must be completed by the claimant.
127182	Authorization for Release of Health-Related Information	This form must be completed by the claimant.
116150	Attending Physician's Statement of Dismemberment	This form must be completed by the claimant's attending physician.

Mail the completed Claim Forms to:

NGAUS Insurance Trust
 Attn: Luke Guthrie
 One Massachusetts Avenue, NW, Suite 200
 Washington, DC 20001

Questions? Call 202-408-5886

NGAUS will review and forward all claim forms to ReliaStar for final processing.