



NGAUS Insurance Trust Technician Program Disability Claims Filing Instructions



These instructions summarize the steps and forms necessary for the filing of Technician Long Term Disability claims. Insurance products and services are provided by ReliaStar Life Insurance Company, Minneapolis, MN, or its affiliate, ReliaStar Life Insurance Company of New York, based in New York. Both are members of the Voya® family of companies.

Step #1	Go to https://claimscenter.voya.com/static/claimscenter/form-library/ and select "Disability Income" on the left-hand side bar in order to retrieve the forms stated below.						
Step #2	<p>Be sure to enter the appropriate Group Policy Number on the forms as follows:</p> <ul style="list-style-type: none"> ✓ For New York insureds, enter Group Policy Number 28690-7 ✓ For all other insureds, enter Group Policy Number 12454-1 <p>Also, please note that every space on these forms should be completed to avoid delay in claim processing. If for some reason a section does not apply or information is not available, write in "N/A" or "unknown" in the space.</p>						
Step #3	<p>HRO / Technician Personnel Officer is to complete the following "Claim Forms for Employer":</p> <ul style="list-style-type: none"> ✓ <u>Form #171335</u> Disability Income Insurance Claim - Employer <ul style="list-style-type: none"> ▪ This form must be completed in entirety by the employer. This area is very important as you are documenting to ReliaStar the Technician's employment information. ▪ The Certification section must be signed by an authorized company representative. ▪ A copy of the employee's LTD enrollment form (if available) should be attached. ✓ <u>Form #171889</u> Long Term Disability - Occupational Demands <ul style="list-style-type: none"> ▪ This form should be filled out objectively by the employee and/or employee's immediate supervisor, or someone with comprehensive knowledge of the position. ▪ A copy of the employee's job description should be attached to the form. ▪ The employee should give a copy of the completed form to the treating physician to help the physician in completing the Attending Physician's Statement of Impairment and Function. 						
Step #4	<p>HRO / Technician Personnel Officer is to provide the following to the employee:</p> <ul style="list-style-type: none"> ✓ The completed Form #171889 Long Term Disability - Occupational Demands form ✓ Copy of the employee's job description ✓ <u>Form #171336</u> Disability Income Insurance Claim - Employee <ul style="list-style-type: none"> ▪ This form must be completed in entirety by the employee. ▪ Attach any information regarding a claim made because of the disability and any award letters where income from other sources might be payable, such as Worker's Compensation. ▪ ReliaStar will advise the employee when they should contact the Social Security Office to request forms to file a claim for Social Security Disability Benefits. ✓ <u>Form #127182</u> Authorization for Release of Health-Related Information <ul style="list-style-type: none"> ▪ This form must be completed in entirety by the employee. ✓ <u>Form #117010</u> Attending Physician's Statement of Impairment and Function <ul style="list-style-type: none"> ▪ This form must be completed by the employee's treating physician based on the physician's knowledge, care and treatment of that individual. 						
Step #5	<p>Employee is to return all completed forms to the HRO for the HRO to submit to ReliaStar via one of the below methods –</p> <table border="1" style="width: 100%; margin: 10px 0;"> <tr> <td style="width: 20%;">Upload to:</td> <td>www.voya.com/claims</td> </tr> <tr> <td>Mail to:</td> <td>ReliaStar Life Insurance Company Disability Claims – 300 Southborough Dr., Suite 200 South Portland, ME 04106-6914</td> </tr> <tr> <td>Fax to:</td> <td>1-888-305-0605</td> </tr> </table> <p><i>Ensure that all correspondence includes the NGAUS Name, Group Policy Number, and Employee's Name.</i></p>	Upload to:	www.voya.com/claims	Mail to:	ReliaStar Life Insurance Company Disability Claims – 300 Southborough Dr., Suite 200 South Portland, ME 04106-6914	Fax to:	1-888-305-0605
Upload to:	www.voya.com/claims						
Mail to:	ReliaStar Life Insurance Company Disability Claims – 300 Southborough Dr., Suite 200 South Portland, ME 04106-6914						
Fax to:	1-888-305-0605						
Step #6	<p>Questions on claims? Call 1-888-305-0602 8:00 a.m.-7:00 p.m. ET Monday-Thursday & 8:00 a.m.-6:00 p.m. ET Friday</p>						

For questions related to this issue instructions document, contact NGAUS Insurance Trust, One Massachusetts Ave NW, Washington, D.C. 20001; 1-888-642-8748 (1-888-NGAUSIT)