



Wellness/Health Screening Benefit Claim Form

Accident, Critical Illness, Hospital Indemnity and Cancer plans

Send to Guardian Life Insurance, Wellness Claims, PO Box 14335, Lexington, KY 40512

Customer Service: 1-800-541-7846 Fax (610) 807-2215

Documents can be returned electronically at www.guardianlife.com/forms. Select the "Benefits through work" option and click the "Secure Channel" link to send your private information.

PLAN TYPE (select all that apply): Accident Critical Illness Hospital Indemnity Cancer

EMPLOYEE INFORMATION			
1. Employee's Name:			2. Plan Number:
3. Date of Birth:	4. Member ID:	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Marital Status:
7. Employee's Address:		8. Employee email address (optional):	9. Preferred Telephone Number:

DEPENDENT INFORMATION			Complete this section, if the claim is for a dependent. Otherwise, proceed to the claim information section.
10. Dependent's Name:		11. Dependent's Preferred Telephone Number:	12. Dependent's Date of Birth:
13. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	14. Relationship to the employee:		15. Dependent's Social Security Number:

If you have had one of the listed preventative tests shown, please check the appropriate box and complete the provider section below. You do not need to attach any additional documentation. Be sure the test is eligible based on the type of plan(s) you have.

PROVIDER INFORMATION		Treatment Date:	Physician's Name:	
Physician's Street Address:			City:	State: Zip:

WELLNESS & HEALTH SCREENINGS

<p>INCLUDED ON ALL PLANS:</p> <input type="checkbox"/> Bone Marrow Testing <input type="checkbox"/> Breast Ultrasound <input type="checkbox"/> CA 15-3 (blood test for breast cancer) <input type="checkbox"/> CA 125 (blood test for ovarian cancer) <input type="checkbox"/> CEA (blood test for colon cancer) <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Colonoscopy/Virtual Colonoscopy <input type="checkbox"/> Flexible Sigmoidoscopy <input type="checkbox"/> Hemocult Stool Analysis <input type="checkbox"/> Mammography <input type="checkbox"/> Pap smear/ThinPrep Pap Test <input type="checkbox"/> PSA (blood test for prostate cancer) <input type="checkbox"/> Serum Protein Electrophoresis (blood test for myeloma) <input type="checkbox"/> Thermography <p>CANCER PLANS ONLY:</p> <input type="checkbox"/> BRCA testing <input type="checkbox"/> Breast MRI <input type="checkbox"/> CT Scans/MRI Scans <input type="checkbox"/> Testicular Ultrasound	<p>ACCIDENT, CRITICAL ILLNESS AND HOSPITAL PLANS:</p> <input type="checkbox"/> Blood Test for Triglycerides <input type="checkbox"/> Completion of a Smoking Cessation or Weight Reduction program <input type="checkbox"/> Fasting Blood Glucose Test <input type="checkbox"/> Serum Cholesterol Test (to determine level of HDL and LDL) <input type="checkbox"/> Stress Test (on a bicycle or treadmill) <input type="checkbox"/> Cancer Genetic Mutation Test <p>ACCIDENT PLANS ONLY:</p> <input type="checkbox"/> Abdominal aortic aneurysm ultrasonography <input type="checkbox"/> Bone density screening <input type="checkbox"/> Carotid ultrasound <input type="checkbox"/> Double Contrast Barium Enema <input type="checkbox"/> EKG <input type="checkbox"/> Immunizations <input type="checkbox"/> Registration of a covered dependent child age 18 or younger for an organized sport <input type="checkbox"/> Routine/Annual Physicals <input type="checkbox"/> Skin Cancer Biopsy <p>HOSPITAL and ACCIDENTS PLANS ONLY:</p> <input type="checkbox"/> Lymphocyte Genome Sensitivity Test (LGS)
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SIGNATURE OF INSURED	I have read and understand the fraud notices on page 2 of this form. The above statements are true and complete to the best of my knowledge. (Your signature is required for benefit consideration.)	
	<input type="checkbox"/> I am unable to provide a signature due to the COVID-19 pandemic. I understand that my typewritten name has the same force and effect as my signature.	
Signature:	Date:	

Fraud Warning Statements

The laws of several states require the following statements to appear on the claim form:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arkansas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Iowa, Nebraska and Oregon: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of a fraudulent insurance act, which may be a crime, and may also be subject to civil penalties.

Delaware, Indiana and Oklahoma: WARNING: Any person who knowingly, and with the intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Kansas: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud as determined by a court of law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana and Texas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit is guilty of a crime and may be subject to fines and confinements in state prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties or denial of insurance benefits.

Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefit.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. § 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Vermont: It is a crime for any person knowingly to provide material false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company, for any person knowingly to provide material false, incomplete, or misleading information concerning the sale of insurance or the status of an insurer, or for any person to misappropriate the funds of an insured or an applicant for insurance. Penalties include imprisonment, fines, and denial of insurance benefits.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

How to File a Claim for Accident, Cancer, Critical Illness, and Hospital Indemnity

Online Claim Submission

1. Log on to guardianlife.com and select “My Account/Login” to register or access your account
2. Under My Claims, click “Submit a claim” and select applicable coverage and review coverage description
3. Select type of claim and complete claim information
4. Upload related medical records and itemized bills
5. Review summary of the information entered and confirm accuracy
6. Submit Claim

Telephonic Claim Submission

1. Contact Guardian Claims Intake at 1-800-541-7846
2. Be prepared to provide information related to insured member, condition, date of loss or diagnosis, treatment, services, providers, etc.



Online Claim Submission and Status



Telephonic Claims Intake (800) 541-7846



Paper or Fillable PDF



Dedicated Claims Contact