

How to file an insurance claim

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the **Voya**[®] family of companies



For certificate or policy holders of Accident Insurance, Critical Illness Insurance, Group Term Life Insurance, and Group Disability Income Insurance.

Group Policy Name:
Lakota Local Schools

Group Policy Number:
0069749-4

Online submission via the **Voya Claims Center**

Step 1 - Visit the [Voya Claims Center](#) and click on “Start A Claim”.

Step 2 - Complete the questionnaire.

This generates a custom claim form package for you.

- If you are filing a Wellness Benefit claim, this process is completed online during this questionnaire. No claim form is necessary. Simply submit your claim at the end of the questionnaire.

Step 3 - Download your claim form package.

Step 4 – Complete the form package.

Have each form completed by the appropriate party, as outlined in the claim form package.

Step 5 – Gather additional documents.

Collect any additional supporting documents, as instructed on the claim form “for you”.

Step 6 – Submit.

Using your preferred submission method, submit your completed and signed forms, as well as any supporting documents.

- To submit **online** via a secure upload, visit [Voya.com](#) and click on “Contact & Services”, then “Upload a Claim”.
- To **mail** or **fax** your submission, see the top of your custom claims form package.

Questions about the claim process?

For Life, Accident, Critical Illness or Wellness Claims Questions, call 1-888-238-4840.

For Disability Income Insurance Questions, call 1-888-305-0602.

Insurance products are issued by ReliaStar Life Insurance Company, a member of the **Voya**[®] family of companies. Home and administrative office: Minneapolis, MN. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state.

©2016 Voya Services Company. All rights reserved. CN1201-29434-1217.

Lakota Local Schools, Group #0069749-4
175254 – 12/15/2016