

# Quick Guide

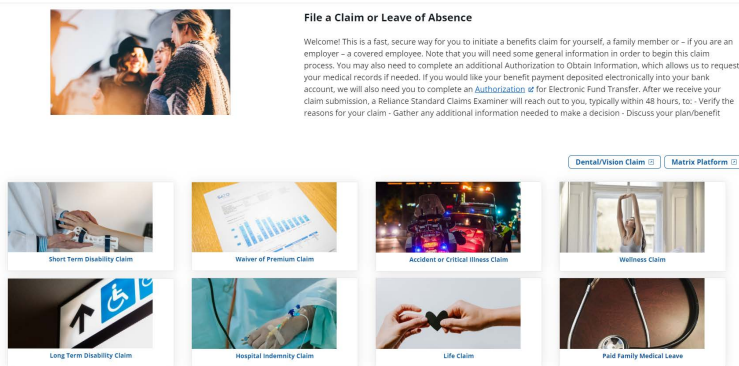
## How to file/check claim status

Reliance Matrix makes it easy to file claims and check claim status securely online, 24/7/365. It's as easy as 1 - 2 - 3 with these simple instructions!

### File a Claim:

**1. Go directly to our Claim File page:**  
[www.reliancematrix.com/individuals/claims](http://www.reliancematrix.com/individuals/claims)

**2. Click on your CLAIM TYPE:**



**File a Claim or Leave of Absence**

Welcome! This is a fast, secure way for you to initiate a benefits claim for yourself, a family member or – if you are an employer – a covered employee. Note that you will need some general information in order to begin this claim process. You may also need to complete an additional Authorization to Obtain Information, which allows us to request your medical records if needed. If you would like your benefit payment deposited electronically into your bank account, we will also need you to complete an Authorization for Electronic Fund Transfer. After we receive your claim submission, a Reliance Standard Claims Examiner will reach out to you, typically within 48 hours, to: Verify the reasons for your claim - Gather any additional information needed to make a decision - Discuss your plan/benefit

Dental/Vision Claim  Matrix Platform

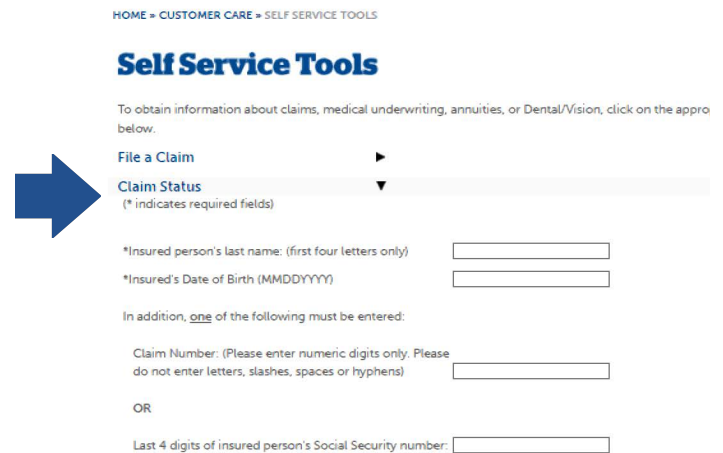
Short Term Disability Claim | Waiver of Premium Claim | Accident or Critical Illness Claim | Wellness Claim | Long Term Disability Claim | Hospital Indemnity Claim | Life Claim | Paid Family Medical Leave

**3. Complete the secure Powerform!**

### Check Claim Status:

**1. Go directly to our Check Status page:**  
[customer care.rsli.com/ CustomerCare.aspx](http://customer care.rsli.com/ CustomerCare.aspx)

**2. Click CLAIM STATUS:**



HOME » CUSTOMER CARE » SELF SERVICE TOOLS

### Self Service Tools

To obtain information about claims, medical underwriting, annuities, or Dental/Vision, click on the approp below.

File a Claim

**Claim Status**  (\* indicates required fields)

\*Insured person's last name: (first four letters only)

\*Insured's Date of Birth (MMDDYYYY)

In addition, one of the following must be entered:

Claim Number: (Please enter numeric digits only. Please do not enter letters, slashes, spaces or hyphens)

OR

Last 4 digits of insured person's Social Security number:

**3. Complete the required information!**

**For more information call toll-free (800)351-7500 and follow prompt 1, then prompt 3.**