Your questions answered.

NYL GBS Disability insurance claims.

Q: How does disability insurance work?
A: When you can't work for a period of time due to a covered illness, injury or pregnancy, disability insurance replaces some of your income for a specified period of time (percentage of pay and when payments begin/end varies by your employer's plan). Payments may come directly to you (or someone you designate) and can be spent any way you like – just like you would use your paycheck.

Q: How do I submit a disability claim?
A: Contact your employer on, or before, your first day out of work – and let them know when and for how long you expect to be absent. Then, file your claim with Group Benefit Solutions as soon as possible – before the end of your plan's waiting period. You can file your claim in a few different ways:

ONLINE at nyl.com/customer-forms – Complete the form and submit online.

BY PHONE at (888) 842-4462 or (866) 562-8421 (Español), 7:00 am–7:00 pm CST and a representative will walk you through the process.

BY MAIL (OR FAX) – Visit nyl.com/customer-forms – Complete the form, sign and mail (or fax) it to Group Benefit Solutions.

TIP: For a fast, direct way to stay informed, opt-in for disability claim text notifications, either when submitting your claim online or by telling your Group Benefit Solutions claim manager.

Q: What information do I need when I submit my disability claim?
A: Please make sure you have the following information handy:
- Your Social Security number, birth date, home address, phone number and email address
- Dates and contact information for any health care providers or hospital/clinic visits
- Any workers' compensation claims you filed or plan to file for this condition

Q: What happens after I submit my claim?
A: Group Benefit Solutions needs your permission to contact your health care provider and employer for any claim-related information. To give your permission, simply answer "yes" online or during your claim call. Please note: Group Benefit Solutions doesn't share your medical information with your employer and you can cancel this permission at any time by calling Group Benefit Solutions.

Depending on the nature of your claim, your claim manager may call you within 24–72 hours of your claim submission for any additional needed information and to explain what will happen next.

NOTE: Check with your health care provider to see if there are any other forms you'll need to sign.

Q: How will I be kept updated on my claim status?
A: You can receive status updates for your claim online, by text or phone.
- Online – Log in or register on myNYLGBS.com to manage all your Group Benefit Solutions claims.
- Text – If you signed up for text notifications (when you submitted your claim), you'll automatically be kept up-to-date by text.
- Phone – Contact your claim manager directly or call (888) 842-4462 or (866) 562-8421 (Español), 7:00 am–7:00 pm CST and a representative will assist you.

TIP: If you haven't visited myNYLGBS.com yet, now is a great opportunity. It's easy to register and you can manage and track all your Group Benefit Solutions claims in one place.

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Q: What if my claim is "pending"?

A: If your claim is "pending" – Group Benefit Solutions is currently evaluating your claim. Your claim manager is working with your health care provider to gather the needed information to make a claim decision.

TIP: To help speed the decision process along, you can encourage your health care provider to respond quickly to Group Benefit Solutions information requests. Also, please make sure to contact Group Benefit Solutions as soon as possible if anything changes that may affect your disability.

Q: How will I learn about the claim decision?

A: We will notify you – by your communication preference (email, text, mail). If your claim is:

- Approved. You'll receive a communication from Group Benefit Solutions letting you know it was approved, for how long and your payment information.
- Denied. You'll receive a communication from Group Benefit Solutions explaining the denial reason along with instructions on how to appeal the claim decision.

We will also inform your employer of the claim decision and your anticipated return-to-work date.

NOTE: Even if your disability claim is denied, you may still be eligible for family and medical leave or other job-protected benefits. Please contact your human resources department for more information.

Q: If my claim is approved, when will I get paid?

A: Once your claim is approved, we process payments immediately. It takes about seven days for direct deposits to show up in your bank account or 7–10 business days to receive a check in the mail.

Q: How do I set up direct deposit?

A: First, your bank must be a participant in the Automated Clearing House (ACH) network. Then, you'll provide Group Benefit Solutions with your bank name, account number (including leading zeros) and routing number. Your claim manager can provide you with an electronic funds transfer (EFT) authorization form to complete, sign and return. Please allow two weeks to receive payment after your initial set-up is complete.

NOTE: If you need to change your banking information, or cancel direct deposit, please notify your Group Benefit Solutions claim manager right away. If there's a change to your banking information, you'll need to submit a new authorization form and you'll receive payments by check until that form has been returned to us.

Q: What can I do if my claim is denied?

A: You have 180 days to appeal the denial decision in writing by sending your appeal letter to the address provided to you in your denial communication.

Your appeal letter may include any new information you have (e.g. medical records from your health care provider and/or hospital, test results or therapy notes). These medical records should cover the period of the start of your medical treatment through the end (or the present date if medical treatment continues).

Q: What should I do if I'm worried that I may not be able to perform my job duties when I return to work?

A: Talk to your claim manager about your concerns. If you need assistance in returning to work, a New York Life Group Benefit Solutions Healthy Working Life Vocational Coach may be able to help. They can work closely with you, your health care provider and your employer to develop a return-to-work plan based on your ability to work and the opportunities available for a smooth transition back to work.

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New York Life Insurance Company

51 Madison Avenue
New York, NY 10010

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