

# How to file a Critical Illness, Accident Insurance, & Wellness claim



For the Members: IUOE Local 150, IUOE Local 399, IBEW Local 134, Mid-America Carpenters Regional Council, Chicago Laborers' District Council, IUOE Local 420, IUOE Local 49, IUOE Local 564, SMART Local 18, IUPAT-DC7, IUOE Local 841, IUOE Local 101, IUOE Local 139, Sprinkler Fitters Local 281, Heat and Frost Insulators Local 19, WI Laborers District Council, Boilermakers 647, Boilermakers 107, LIUNA 363, IUEC Local 12, Metropolitan Alliance of Police, Police Benevolent & Protective Association, IUOE Local 324, BAC 8, IUOE Local 103, FOP Lodge 106, III FFC, Credit Union, Chicago Federation of Musicians, Iron Workers Local 392

**Group Policy Name: Midwest Coalition of Labor Trust**

**Group Policy Number: 70696-5**

**Policy issue state: Illinois**

Follow the instructions below to file your claim. Should you have any questions please call Kocher Insurance Group at **888-212-7822** and be directed to **844-MCL-VOYA** for additional support on your claim.

## Online submission via the Voya Claims Center

Step 1 - Visit the [Voya Claims Center](http://www.voya.com/claims) ([www.voya.com/claims](http://www.voya.com/claims)) and click on "Start a Claim".

- **Before you begin:** Note the necessary information needed to submit (Date of birth, SSN, Policy Information noticed above, Mailing address, Banking info for direct deposit, proof of injury/accident details)
- **Wellness claim:** Provide screening test type, medical provider name, and date of test

## Step 2 – Completing the questionnaire

- For Members filing, file the claim as: **Policyholder**. Check off any other dependents you're also filing a claim for
- Provide the personal information & mailing address, email, and phone number
- Employer/Association Name: Midwest Coalition of Labor Trust, Group Number: 70696-5,
- Click the type of claim you're filing: **Ambulance for Accident** (select Accident Insurance), **Thermometer for Critical Illness** (select Critical Illness/Specified Disease), and **Heart** for Wellness
- Policy Issue state: Illinois
- Answer the questions, note the insurance coverage information above when asked to provide

## Step 3 – Next Steps & Submitting your claim

- **Accident:**
  - 1) Complete the questions, provide a description of the accident, and attach Proof of Injury and/or Treatment documentation.
  - 2) Select your preferred payment method (check or direct deposit).
  - 3) If you and/or your dependent(s) are a US citizen, SKIP the backup withholding and alien status.
  - 4) Check off fraud warnings, authorization and acknowledgement.
  - 5) Provide electronic signature.
- **Critical Illness:**

Complete the Critical Illness claim form and follow the checklist on the top of the form: sign/date, gather copies of all test results/operative reports, have the Attending Physicians Statement completed & signed by the doctor.

  - On the Claim Center: Scroll down to step 3, Upload your Critical Illness claim form, Medical documentation, and Attending Physician Statement
  - Agree to the Terms & Conditions
  - Provide information about yourself, the Member (so it's routed to the correct claims team)
  - Provide information about the insured if not the Member (if it's a spouse or child claim)
  - Upload & submit

## Other claim submission methods:

- Upload online: <https://claimscenter.voya.com/static/claimscenter/form-upload/>
- Email your claim form and documents to [claims@voya.com](mailto:claims@voya.com)
- Mail: PO Box 320, Minneapolis, MN 55440. Overnight: 20 Washington Ave. S, Minneapolis, MN 55401
- Fax your claim form and documents to 844-449-2553