

myBenefitsHub

Portal Guide



Managing and understanding your benefits can be difficult. This is why we designed our online platform, myBenefitsHub, to deliver a secure, consistent, and personalized user experience that strives to keep you connected to your benefits. This portal guide describes what kind of options are available on the portal.



How to register

1. Visit mybenefitshub.voya.com or scan the QR code below and click **Register Now** to create an account.
2. To verify your identity, you'll receive a code via the email or mobile phone number on file with us. (If no email or mobile phone number is on file, a PIN can be mailed to you.)
3. Once verified, you can create permanent login credentials and update your login verification preferences.
4. You have the option to register your device to make logging in easier.
5. When logging in later, you will be asked to enter a code (text message or email) along with your permanent login credentials.



myBenefitsHub

Scan to visit
myBenefitsHub



Portal features

With the many features available on myBenefitsHub you will be able to:

- Access a summary of your Supplemental Health Insurance enrolled coverages
- Start a new Supplemental Health Insurance, Disability or Leave claim and check a claim's status
- Get help with FAQs
- Upload forms or other documents
- Send your dedicated leave Case Specialist a note
- Download medical certification or authorization forms
- Learn about federal and state regulations that apply to your leave
- Add time to a claim or claim a day taken on your approved intermittent leave
- See remaining time you have for each leave

ReliaStar Life Insurance Company (Minneapolis, MN),
a member of the Voya® family of companies



Homepage

After you login to myBenefitsHub, you'll reach the homepage where you can see an overview of all your enrolled benefits and can select a specific coverage to get more information. If you have existing claims, you can access more information about them under Recent Events. Please note these screenshots are for illustrative purposes only and your experience may vary based on your enrolled coverages.



Need assistance?

For registration and login questions, please contact **1-855-784-5348** Monday – Friday, 9 a.m. – 8 p.m. EST.

[My Benefits](#)[Benefit Claims](#)[My Absences](#)[FAQs](#)[Hi Sarah Smith](#)

Welcome to myBenefitsHub

Manage and engage with your benefits more easily with this self-service website.

It is important to verify that your address as well as your beneficiary's address are always up to date. Please review your information regularly and update as needed.



File a benefit claim or request an absence

Add a new event

[Get Started](#)

Supplemental Insurance

Account #123456

Benefit	Policy No.
Accident Insurance - Employee	CAC1234567
Critical Illness Insurance - Employee	CCI9876544
Wellness Employee Rider CCI	CCI9876544

Recent Events

Information as of the last 90 days from the event start date.

Event	Type	Claim No. / Absence ID	Event For	Event / Start Date	Status
Wellness	Accident Benefit Claim	C-5621-54333	Tommy Jones	03/15/2024	Paid
Accident	Accident Benefit Claim	C-5621-54333	John Jones	01/20/2024	Paid

The Benefit claims experience is only for Supplemental Health coverage which includes Accident Insurance, Critical Illness Insurance/Specified Disease Insurance, and Hospital Indemnity Insurance (including the Wellness Benefit). If you have claims needs for other coverage, please visit the Voya Claims Center.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Supplemental Health Insurance coverage information

A list of the Supplemental Health Insurance coverage(s) you are enrolled in will appear under the My Benefits dropdown. You can click the product to learn more about the coverage(s), access coverage information and view coverage amounts.

[My Benefits ▾](#)[Benefit Claims ▾](#)[My Absences](#)[FAQs](#)[Accident Insurance](#)[Critical Illness Insurance](#)

My Absences

Open Absences

Information as of March 12, 2024

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

[My Benefits ▾](#)[Benefit Claims ▾](#)[My Absences](#)[FAQs](#)[Hi Sarah Smith ▾](#)

Critical Illness Insurance

Thank you for continuing your Critical Illness Insurance coverage with us. It pays a lump-sum benefit if you are diagnosed with a covered illness or condition that happens on or after your coverage effective date.



About your policy

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any benefits.

⊖ [What is Critical Illness Insurance?](#)

Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirements of minimum essential coverage under the Affordable Care Act.

⊖ [What do I need to file a claim?](#)

In order to complete a Critical Illness claim, you may be asked to provide personal information about each person on the claim such as:

- Date of birth
- Social Security Number
- Insurance / Policy Information
- Mailing Address
- Banking Information (if your plan allows direct deposit)

Policy Details

Policy Number: CC123321

Insured: Sarah Smith

Date of Birth: 09/09/

Group Name: Group Name

Group Number: 1234567

Status: Active

Effective Date : 04/01/2021

Account No.: 912312

Benefit Summary

Compass Critical Illness Voluntary Employee

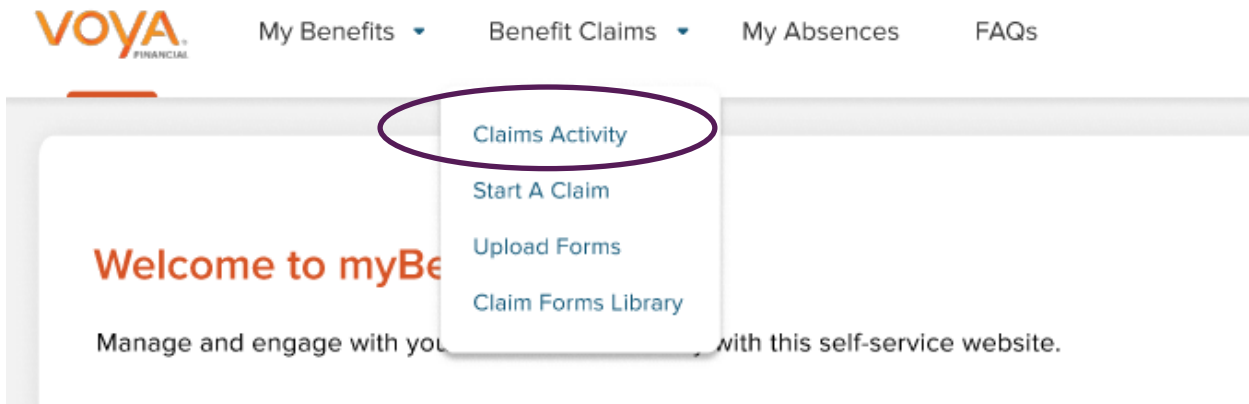
Coverage Amount *: \$30,000

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Supplemental Health Insurance claims

Under Benefit Claims you can view Supplemental Health Insurance claims activity, start a claim and upload forms.

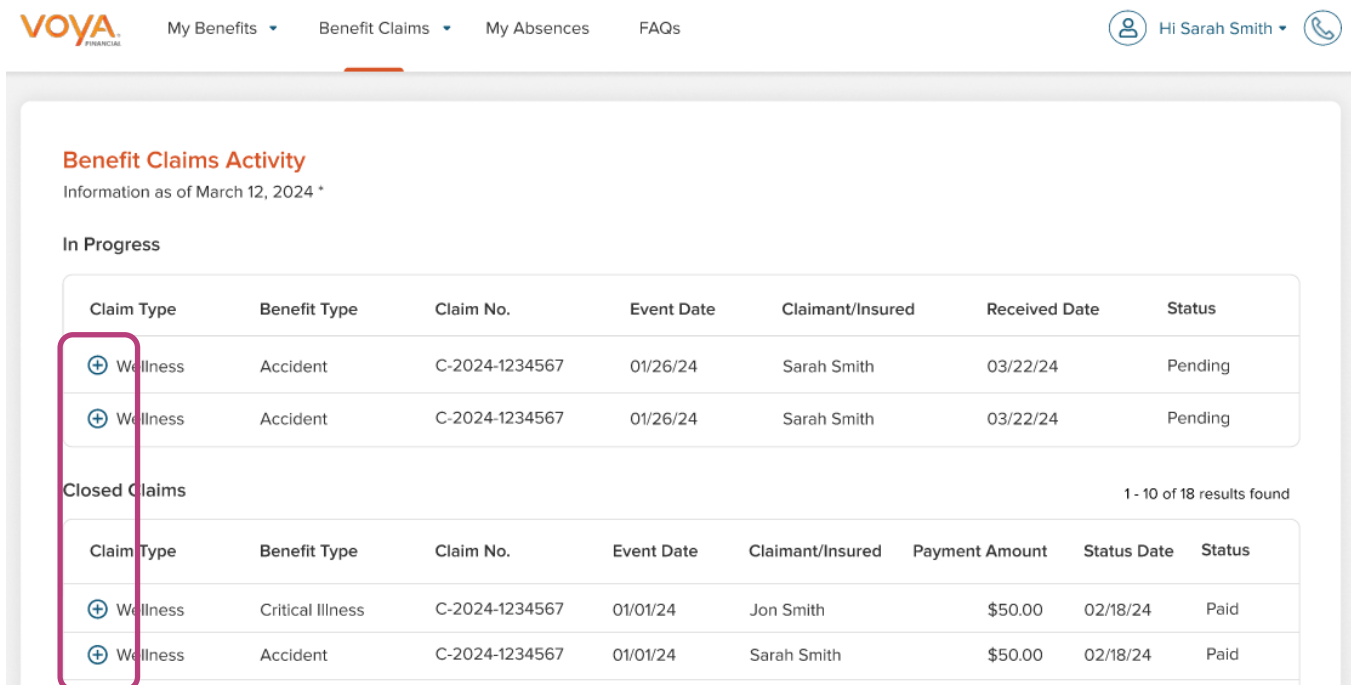


Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Track a Supplemental Health Insurance claim

Under the Benefit Claims dropdown select Claims Activity to view Supplemental Health Insurance claims activity including claim number, status and claim type. You can click the “+” sign to expand the box for more information and to get details on your tracked claims.



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



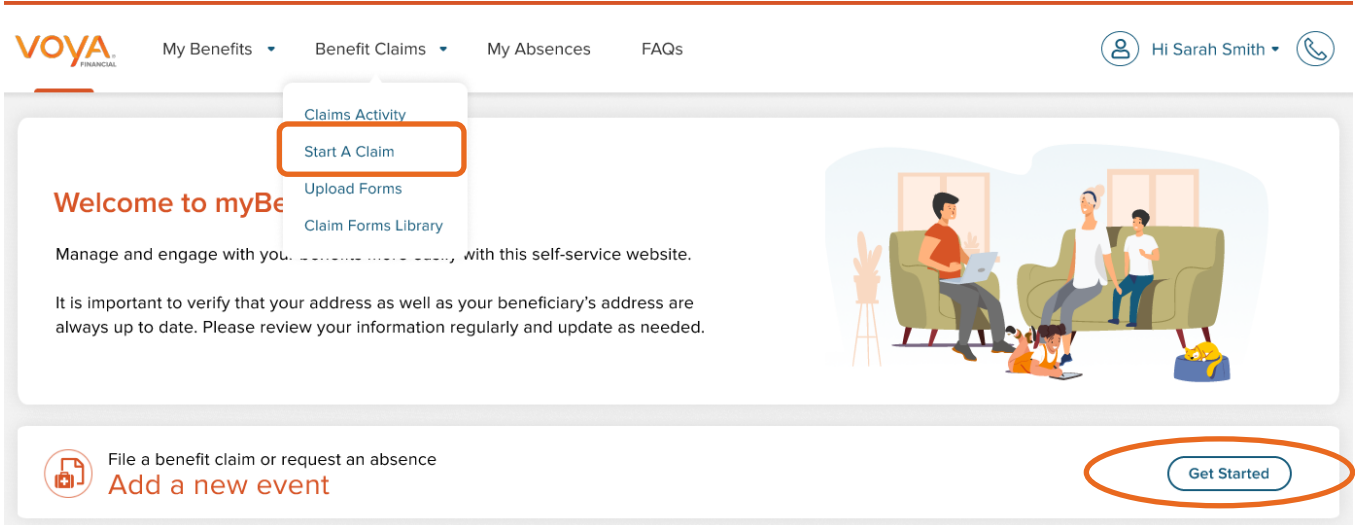
Supplemental Health Insurance claims support

For Accident, Critical Illness/Specified Disease, Hospital Confinement Indemnity and Wellness/Health Screening Benefit claims help please contact 877-236-7564, 9:00 a.m. - 8:00 p.m. EST Monday – Friday.

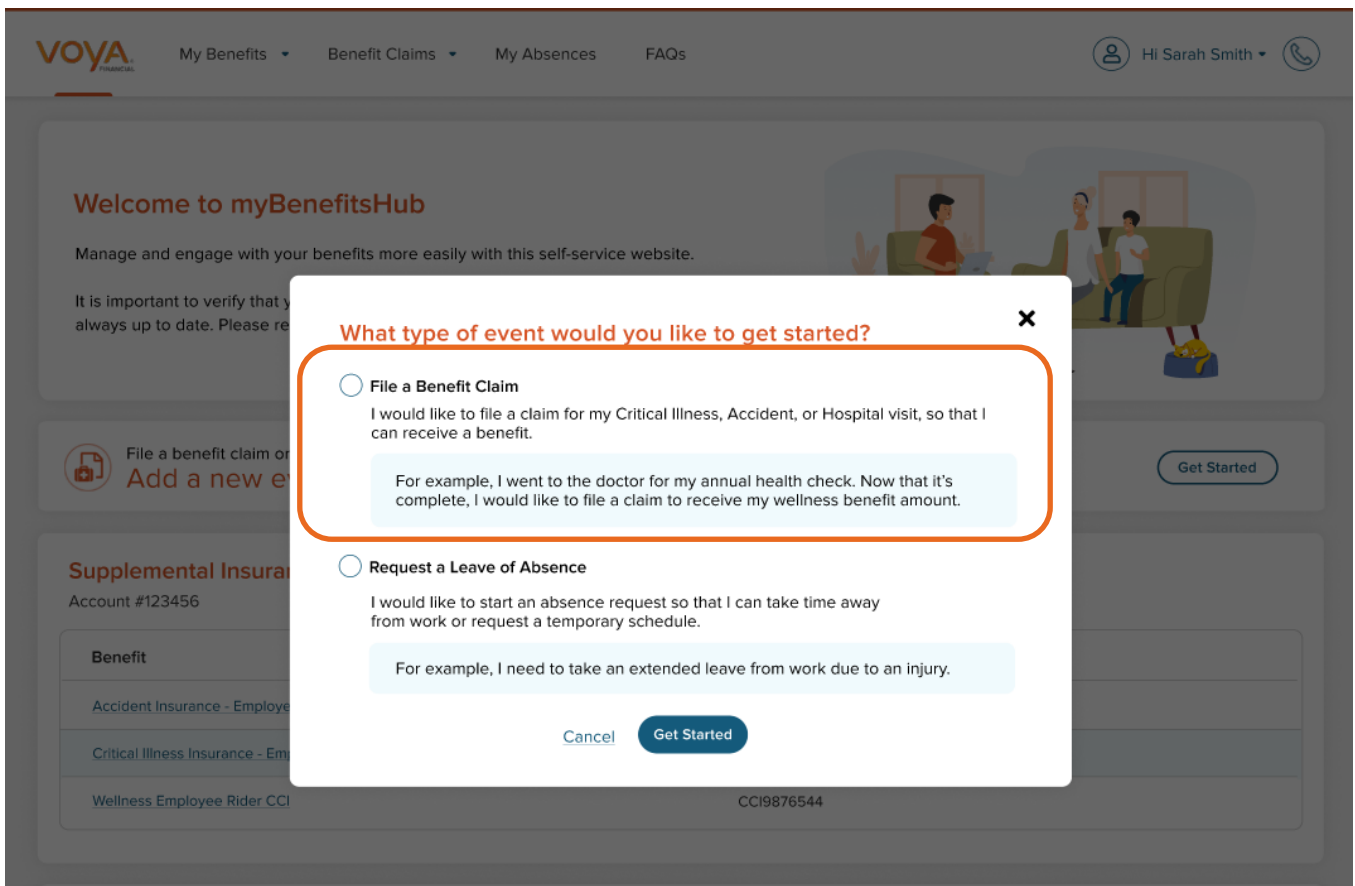


Start a Supplemental Health Insurance claim

To file a Supplemental Health Insurance claim, select Start A Claim under the Benefit Claims Dropdown. You can also select Get Started from the homepage to file a Supplemental Health Insurance claim or a Leave of Absence. You will be prompted to gather a few pieces of information before you begin and there will be a progress tracker at the top of the screen to help guide you. Once you are finished, submit your claim and use the claims activity tracker to track your claim status at anytime.



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

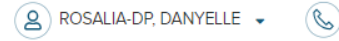


Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Leave benefits summary

If you need to be away from work, you can view all your employer's leaves we administer by selecting My Absences from the top menu bar. You can browse through the leaves available to learn more about what you may be eligible for.



My Absences



Tom, we're simplifying the leave process to serve you better.
Get started on optimizing your time off today.

Start A New Absence Request



Leave Benefits Summary

Learn more about the leave benefits that you may be eligible for and view your remaining balance for each.



Federal FMLA



ADA



Pennsylvania Organ Donor

Federal FMLA

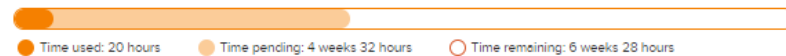
[View Rules](#)

Federal Family and Medical Leave Act Leave entitles eligible employees to take up to 12 workweeks of unpaid leave in a 12-month period to bond with a newborn or newly placed child, to care for a family member with a serious health condition, to care for the employee's own serious health condition, or for a qualifying exigency.

- Eligible employees can take up to 26 workweeks of unpaid leave during a single 12-month period for care of a covered servicemember with a serious injury or illness.
- Guaranteed right to reinstatement.

Your Balance

Entitled to up to 12 weeks



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Creating a leave of absence and/or Short Term Disability Income Insurance claim

Follow the steps below if you need to request a leave of absence or Short Term Disability Income Insurance claim:

1. Select Start A New Absence Request.
2. You will then provide details about your claim by following the questionnaire. This should take around 5 – 10 minutes to complete. Any field that does not have an asterisk (*) is an optional field that can be left blank or filled out later.
3. Review your claim information at the end of the questionnaire before accepting the terms and conditions.
4. Submit your request.



View your open claim

Once you have submitted your claim, you can view the status of your leave claim (and short-term disability claim if applicable) by selecting My Absences from the top menu bar. There will be a graphic that outlines the potential leave types in your leave claim and their duration.

My Absences

Open Absences

Information as of March 12, 2024

Event: Employee Illness or Injury

Created: Thursday, February 1, 2024

Absence ID: AC-24-072641

Time Pattern: Continuous

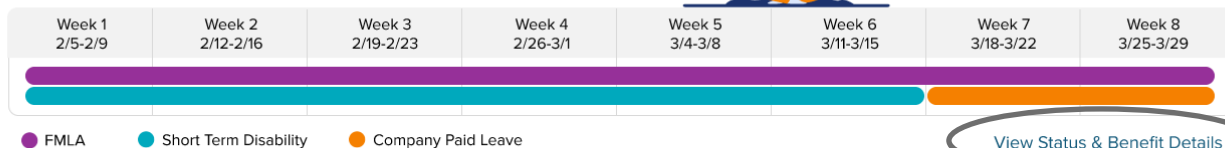
Return to Work: Monday, April 1, 2024 ⓘ

Medically approved starting on
Monday, February 5, 2024

For the duration/frequency of
8 consecutive weeks

Ending on
Friday, March 29, 2024

[Manage my time request](#)



[View Status & Benefit Details](#)



Need to request a new absence from work?

We're simplifying the leave process to serve you better. Get started optimizing your time off.

[Start A New Absence Request](#)

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Absence details

When you select View Status & Benefit Details, you can view more information about your claim such as:

- Full details of your leave broken down by leave type (including short-term disability, if applicable)
- Explanation of your leave's category ex: Job Protection, Income Protection, etc.
- Current status of your leave(s) i.e. Approved Time, Time Pending
- Make any updates to your claim under Manage my time request

FMLA

Pattern:
Continuous

Benefit Start:
01/29/24

Benefit End:
03/22/24

Type:
Job Protection

Weekly Benefit Amount:
Unpaid

Status Update:

01/29/24

8 consecutive weeks

03/22/24

● Approved Time Taken: 7 weeks ● Time Pending: 1 week

⊖ Date of Absences

Total Duration: 8 weeks

Start	End	Total Time Reported	Status
Mon, March 18, 2024	Fri March 22, 2024	1 week	● Pending
Mon, January 29, 2024	Fri March 15, 2024	7 week	● Approved

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Modify your open claim

After selecting Manage my time request, you will have access to details about your absence. To modify your absence, select Manage Time Request. You will then be presented with options to add time to your request, change add or change your return to work date or cancel your absence request.

My Benefits ▾Benefit Claims ▾My AbsencesFAQs

Hi Sarah Smith ▾

My Absences > Absence Detail

Absence Details

Information as of March 12, 2024

Event	Absence ID	Leave Pattern	Last Day Worked	Start Date ⓘ	End Date ⓘ	Return Date ⓘ
Employee Illness or Injury	AC-24-072642	Continuous	01/26/24	01/29/24	03/22/24	03/25/24

Benefit and Time Summary

View your benefit coverage for the time period requested.

Manage Time Request

Week 1 1/29-2/2	Week 1 2/5-2/9	Week 3 2/12-2/16	Week 4 2/19-2/23	Week 5 2/26-3/1	Week 6 3/4-3/8	Week 7 3/11-3/15	Week 8 3/18-3/22

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

My Benefits ▾Benefit Claims ▾My AbsencesFAQs

Hi Sarah Smith ▾

My Absences > Absence Detail

Absence Details

Information as of March 12, 2024

Event	Absence ID	Leave Pattern	Last Day Worked	Start Date ⓘ	End Date ⓘ	Return Date ⓘ
Employee Illness or Injury	AC-24-072642	Continuous	01/26/24	01/29/24	03/22/24	03/25/24

Benefit and Time Summary

View your benefit coverage for the time period requested.

Manage Time Request

Week 1 1/29-2/2	Week 1 2/5-2/9	Week 3 2/12-2/16	Week 4 2/19-2/23	Week 5 2/26-3/1	Week 6 3/4-3/8	Week 7 3/11-3/15	Week 8 3/18-3/22

How would you like to manage your absence?

☐ I want to add time to my original absence request.

☐ I want to add or change my return to work date.

☐ I want to cancel my absence request.

Continue

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Add time to your original absence request

You can change the start or end date of your absence by selecting the appropriate radio button and manually entering the new date or clicking the calendar icon to get a month-by-month view.

The screenshot shows the VOYA Financial portal with the 'Absence Details' page. A modal titled 'Manage My Time' is open, displaying the current absence: Start Date 01/05/24, End Date 03/25/24, Duration 8 weeks. The modal asks 'When would you like to add more time?' with two options: 'Add time to the beginning of my absence' (selected) and 'Add time to the end of my absence'. The 'Add time to the beginning of my absence' option shows the 'Current Start Date' as 01/05/24 and a 'New Start Date' field with a placeholder 'mm/dd/yy' and a calendar icon. The modal includes 'Back', 'Cancel', and 'Submit' buttons.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Add or change your return to work date

If you didn't provide a return to work date when you submitted your original absence or only provided an estimated date, you can use this screen to provide an estimated or confirmed return to work date.

The screenshot shows the VOYA Financial portal with the 'Absence Details' page. A modal titled 'Manage My Time' is open, displaying the current absence: Start Date 01/05/24, End Date 03/25/24, Duration 8 weeks. The modal asks 'When do you plan to return to work?' with two options: 'An estimated date' (selected) and 'A confirmed date'. The 'An estimated date' option shows the 'Return Date' as 03/28/24 with a calendar icon. The modal includes 'Back', 'Cancel', and 'Submit' buttons.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Other helpful information

When you're in viewing the Absence Details, you can scroll down to the bottom of the screen to view the following features:

- Any documents we have received, date received and status
- Upload any supporting documents for your Case Specialist to review
- View your assigned Case Specialist's contact information and send them notes directly

Certifications Received			
Type	Required By	Received	Status
Provider Certification	1/20/24	1/18/24	● Approved

Upload Documents

Attach supporting documents to your absence that will be sent to your claim specialist to review.

[Attach A File](#)

Leave Notes for Your Assigned Case Specialist

Tim B.
(888)321-4321
tim.b@voya.com

[Add A Note](#)

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Need more leave information?

Our leave Case Specialists are quickly accessible to answer your questions and provide information regarding your leave of absence or disability claim. Please contact us for assistance in filing a claim, to ask questions about a claim, or to send documentation.



Telephonic Intake Dept.

888-973-3652 (FMLA)

Hours: 8AM - 6PM EST

Mon - Fri



Other questions

Contact Center

888-305-0602

Hours

8 AM - 8 PM EST Mon - Fri



Email and fax

claims@yourbenefitexpert.com

888-305-0605



Voya Leave Management services are provided in part by Disability Reinsurance Management Services, Inc.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance is issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Availability and provisions may vary by state.

©2024 Voya Services Company. All rights reserved. CN3939474_1226
213128 2144540ENG_121524