

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



Group Policy Name: National Coalition of Labor
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-NCL-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) 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: National Coalition of Labor, 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
- 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