

Your questions answered.

New York Life Group Benefit Solutions 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 New York Life Group Benefit Solutions (NYL GBS) 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/disability-claim. Allow for 1-3 business days for your claim to appear on myNYLGBS.com.

BY PHONE at (888) 842-4462 or (866) 562-8241 (español), 7:00 a.m. to 7:00 p.m. CST and a representative will walk you through the process.

BY MAIL (OR FAX) – Visit newyorklife.com/group-benefit-solutions/forms – Complete the appropriate form, sign it, and use the instructions on the form to mail (or fax) it to NYL GBS.

TIP: Sign up for text notifications. Tell your NYL GBS Claim Manager or sign up online at myNYLGBS.com after you've submitted your claim.

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, date of birth, 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: NYL GBS 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: NYL GBS does not share your medical information with your employer and you can cancel this permission at any time by calling NYL GBS.

Depending on the nature of your claim, your NYL GBS Claim Manager may call you within 24 – 72 hours of your claim submission for any additional information that may be needed and to explain next steps. If we do not need anything further, we will decide your claim in about 5 business days after receiving your doctor's information.

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 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 NYL GBS 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 NYL GBS Claim Manager directly or call (888) 842-4462 or (866) 562-8241 (español), 7:00 a.m. to 7:00 p.m. CST. 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 NYL GBS claims in one place.



GROUP BENEFIT
SOLUTIONS

Q: What if my claim is “pending”?

A: If your claim is “pending”, NYL GBS is currently evaluating your claim. Your NYL GBS 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 information requests from NYL GBS. Also, please make sure to contact NYL GBS 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 if your claim is:

- Approved. You'll receive a written communication from NYL GBS letting you know it was approved, for how long, and your payment information.
- Denied. You'll receive a written communication from NYL GBS 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: What can I do if my claim is denied?

A: Refer to the letter we send informing you of the denial for instructions on how to appeal this decision.

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 NYL GBS Claim Manager about your concerns. If you need assistance in returning to work, an NYL GBS Healthy Working Life Vocational Coach may be able to help. They'll 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.

Group insurance products are insured by Life Insurance Company of North America and New York Life Group Insurance Company of NY, affiliates of New York Life Insurance Company.

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