FILE A CLAIM WITH CONFIDENCE

Garland Independent School District
Policy Number: 715612

Your disability program is managed by The Hartford.

THE HARTFORD MAKES IT EASY TO FILE A CLAIM

Step 1: Know when it's time to file a claim

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Step 2: Have this information ready.

- Name, address and other key identification information
- Last full day of active work
-
- The nature of your claim
- Your treating physician’s name, address, phone and fax numbers

Step 3: Make the call

With your information handy, call The Hartford at1-866-547-9124 you'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

(Cut along the dotted line and keep in your wallet.)

TO FILE A CLAIM

1-866-547-9124
M-F, 7 a.m. to 7 p.m. CT
Policy Number: 715612

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

THE HARTFORD

continued

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HOW TO FILE A CLAIM

GET SUPPORTIVE ASSISTANCE

Even after your claim has been filed, we may be in touch to check your progress, answer questions or obtain additional information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also contact us with anything that's on your mind. We're here to help.

RELAX AND STAY POSITIVE

You have the assurance of our knowledge, experience and understanding of what you are going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.

QUICK FACTS

The Hartford's goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

FOR MORE INFORMATION, PLEASE CONTACT THE HARTFORD
1-866-547-9124

THE HARTFORD

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Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

Policy Number: 715612

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WHEN YOU CALL, THE HARTFORD WILL ASK YOU TO PROVIDE:

- Name, address and other key identification information.
- Name of your department and last full day of active work.
- Your treating physician's name, address, phone and fax numbers.
- The nature of your claim
-

This card is not proof of insurance.