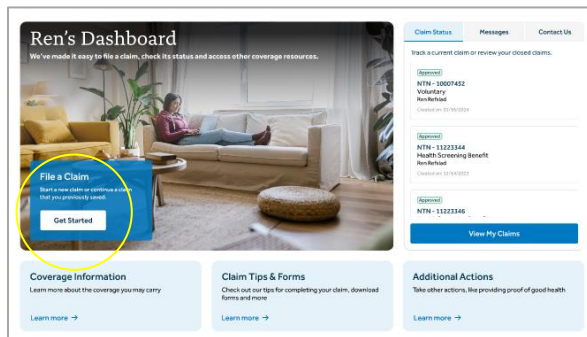


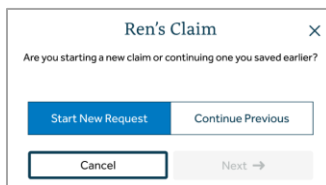
How to file a claim & check its status on myNYLGBS.com

FILING YOUR CLAIM

Log in to myNYLGBS.com, which will bring you to your **home dashboard**. Within the blue “File a Claim” box, click **“Get Started”**.



A pop-up will appear. Click **“Start a New Request”**, then **“Next”**.



If you need to save your claim and come back later, you can do so at any point in the process by clicking the **“Save and Exit”** button at the bottom of your screen. To return to your claim, log in within two weeks, click the “Get Started” button, then select “Continue Previous” from the pop-up.



Next, review your **personal information**, choose if you would like to receive **text and/or email alerts**, and then click “Continue”. Note: If any of your personal information needs to be updated, please contact your employer to do so.

Submit a Claim

Review Personal Information

Let's set your communication preferences and make sure the contact information we have on file is correct. If updates need to be made, please let your employer know right away.

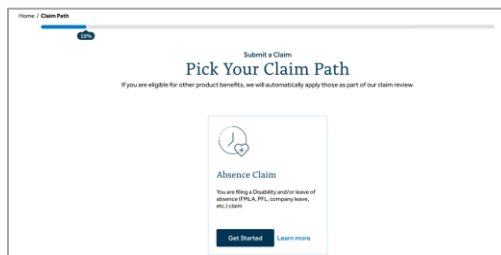
First Name	Ren	State	New York
Last Name	Refisad	Zip Code	11223
Marital Status	Married	Home Number	(123) 333-4444
Address 1	1234 Anystreet	Mobile Number	(XXX) XXX-XXXX
Address 2	Apt. 2b	Email Address	ren.refisad@domain.com
City	Brooklyn		

How would you like to receive claim updates?

☐ I want to receive real-time updates about my claim via text message*.

☐ I want to receive real-time updates about my claim via email**.

To file your Disability and/or Absence claim, click **“Get Started”** on the **“Absence Claim”** tile. You can also learn more about how these benefits work by clicking the “Learn More” button.



Take a moment to review the “Before You Begin” page, which will give you an idea of **what to expect as you move through the claim process**, then click “Continue”.

Submit a Claim

Before You Begin

Filing an Absence claim with us only takes about 10-15 minutes. For an idea of what to expect, check out the tips below.

Claim Roadmap

The claim process is broken out into a few sections. As you move through them, a tracker bar will show your progress.

CLAIM DETAILS

UPLOAD SUPPORTING DOCUMENTATION

ENROLL IN DIRECT DEPOSIT

CLAIM CONFIRMATION

On the “Type of Claim” page, **select the tile that best describes your claim event**. Depending on what you select, you may be asked for additional details. Click “Continue” to proceed. Note: When you have a life event, you only need to file one claim. If you are eligible for other benefits, we will apply those during our claim review.



Maternity

You are filing a claim due to a childbirth, pregnancy or related treatment.



Child Bonding

You are filing a claim to bond with your newborn, adopted or foster child.



Care for a Family Member

You are filing a claim to care for a family member with a serious illness.



Accommodation to Remain at Work

You are filing a claim for a reasonable accommodation at work.



Illness
(Treatment or Surgery)

You are filing a claim because of your own serious health condition.



Accident or Injury
(Treatment or Surgery)

You are filing a claim for an accident or injury.



Surgery
(Not due to illness or injury)

You are filing a claim for a surgery that is due to a medical condition.



Out of Work for Another Reason

You are filing a claim for a reason other than the options listed on this screen.

Next, depending on your claim type, you may be asked about **when you think your claim will begin and end**, what your **work schedule** is like, and/or for hospital, provider and/or insurance details. Once you’re done, click “Continue”.

Claim Dates

Next, let us know some details about how you'd like to take your time off, and when you think your claim will start and end.

Continuous time off work

You are requesting to take uninterrupted time off work for a set period.

Intermittent time off as needed

You are requesting to keep working and take time off as needed.

Reduce time worked per day

You are requesting to keep working but reduce the number of hours you work.

Submit a Claim

Work Schedule

You're doing great. Now tell us what your regular schedule is like when you are working.

Fixed Schedule

You work the same days and hours every week

Rotating Schedule

The days and/or hours you work change on a set weekly rotation

We may need to reach out to your healthcare provider(s) for additional information related to your claim. Review the “**Disclosure Authorization**”, decide if you want to give us this permission and click “Continue”.

Submit a Claim

Disclosure Authorization

Sometimes we need to reach out to your healthcare provider(s) to gather additional information specific to your claim. Please see below for more on why this is important.

Depending on the type of claim, you may be asked **if you have filed/are filing for other benefits that provide income** and if you have additional information to share. Choose “Yes” or “No”, provide any further details, and then click “Continue”.

Submit a Claim

Additional Information

You're almost finished filing your claim. Before moving forward, is there any other information you'd like to share with us?

Do you have for are filing for other benefits that provide income?¹

Examples include Social Security, Pension, Net Paid Benefits, Salary Continuance, etc.

Yes

No

Are there any additional details that you would like to add before submitting?

(Enter up to 250 characters)

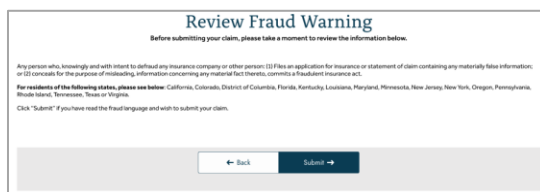
Enter Here

09/2024

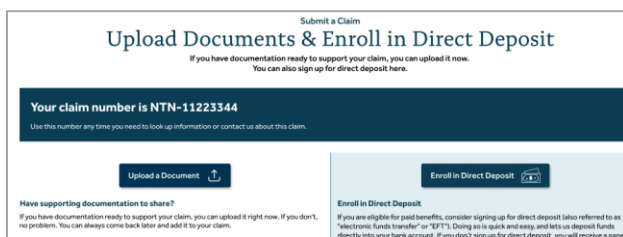
Carefully **review your claim's details**, making sure to hit the "+" signs, so you can see the full details of each section. **If changes need to be made**, click the **"Edit"** button, make your updates, then hit "Continue".



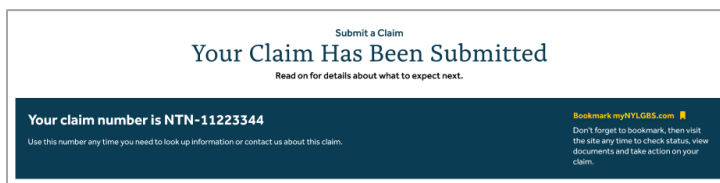
Next, take a moment to review the **fraud warnings**, then click "Submit".



Once your claim is submitted, you have the option to **upload supporting documentation** for your claim. If you don't have it ready, you can always come back and upload it later. Additionally, if you are eligible for paid benefits, you can **enroll in direct deposit** on this page. Finally, click "Continue to Confirmation".

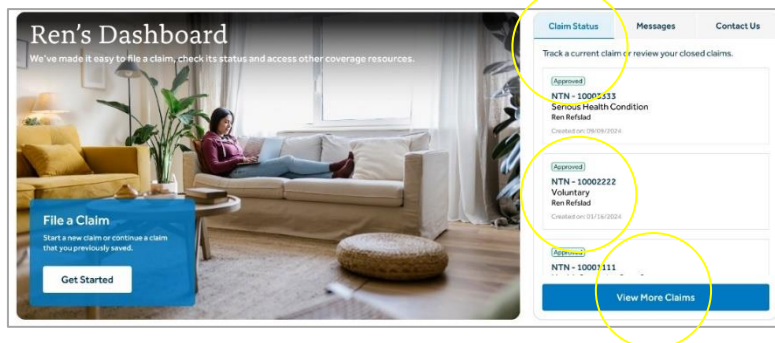


On the **claim confirmation page**, you will find your claim number and details around what to expect next. You can also download your completed claim form from this page.



FOLLOW-UP ACTIONS (Checking status, sharing info & more)

To **check status, view messages or take another follow-up action** on your claim, log in to myNYLGBS.com. For a quick snapshot of your claim status, click the **"Claim Status"** tab and scroll to your claim. For additional claim details, click **"View More Claims"**; this will take you to your "Claims History" page.



My Claims

Number	Status	Start Date	End Date	Reason	Products
NTN-30002222	Approved	03/08/2024	--	Serious Health Condition	
NTN-30001111	Closed	06/01/2023	09/01/2023	Serious Health Condition	

Choose the claim you want to view. This will open your **"Claim Timeline"** tab, which provides a visual of your claim, including plan type(s), status and claim dates. From this page, you can also click into any of the available tabs ("Claim Timeline", "Actions", etc.).

Ren's Claim

This timeline provides a high-level visual of your claim. You can see additional details by hovering over a specific coverage type. Use the "Previous" or "Next" buttons, or the calendar icon on the left, to change the date range.

Claim Timeline | Medical Request Activity | Actions | Messages | Documents | Claim Details

Your Claim Timeline

MM / YYYY [Calendar Icon] [Previous] [Next]

Fed FMLA [Green Bar]

Short Term [Green Bar]

10/06/24 10/13/24 10/20/24 10/27/24 11/03/24 11/10/24 11/17/24 11/24/24 12/01/24 12/08/24 12/15/24 12/22/24 12/29/24

Short Term - Approved Oct 11, 2024 - Dec 14, 2024

The **"Medical Request Activity"** tab provides a snapshot of the real-time status of requests for medical information on Disability claims. If you have a Disability claim and have given us permission to reach out to your provider(s) for medical information, you will be able to see those requests, how many times they have been sent, if the information has been received and when. If your claim does not require us to reach out for medical information, this tab will not display.

Ren's Claim

View the status of requests for medical information.

Claim Timeline | Medical Request Activity | Actions | Messages | Documents | Claim Details

Medical Request Activity

The below snapshot provides the real-time status of requests for medical information from specific providers. Note that just because medical information has or has not been received does not mean a decision has been made; it simply indicates the status of the request. Depending on your claim, we may need to contact your healthcare provider(s) for specific medical information. You gave us permission to do so via the Disclosure Authorization Form in your claim submission paperwork.

Dr. Verso

Initial Request 10/08/2024

Follow Up 11/03/2024

Follow Up 11/10/2024

Dr. Smith

The **"Actions"** tab provides a list of actions you can take that are tied to your claim, such as uploading a document, reporting a return-to-work date or sending a direct one-way message to your Claim Manager.

Ren's Claim

Update your claim by choosing from the list of available actions.

Claim Timeline | Medical Request Activity | Actions | Messages | Documents | Claim Details

Actions

- Report Return to Work
- Request Extension
- Cancel Time
- Upload a Document
- Report Delivery Date & Type
- Cancel Claim
- Update Your Contact Information
- Share Additional Absence Information
- Opt In to Text Messaging

To submit the date you are returning to work, click the **"Report Return to Work Date"** link on the "Actions" tab and complete the fields in the pop-up.

Report Return to Work Date

Return to Work?*

Yes No

Actual Return to Work Date*

MM / DD / YYYY

Jul 2024

Cancel Submit →

* = required

To request an extension on your Absence claim, click the **“Request Extension”** link on the “Actions” tab and complete the fields in the pop-up.

Request Extension

If extension is for a different reason, or related to a new absence, please submit a new absence request.

Start Date of Extension*

MM / DD / YYYY

End Date of Extension*

MM / DD / YYYY

Provide the reason for extension and confirm any dates returned to work during this absence.*
(Enter up to 250 characters.)

Enter Text

Cancel

Submit →

To cancel time submitted on an existing Absence claim, click the **“Cancel Time”** link on the “Actions” tab and complete the fields in the pop-up.

Cancel Time

Start Date of Cancellation*

MM / DD / YYYY

End Date of Cancellation*

MM / DD / YYYY

Additional Details
(Enter up to 250 characters.)

Enter Text

Cancel

Submit →

To upload a supporting document to your claim, click the **“Upload a Document”** link on the “Actions” tab, then select and upload your file.

Upload a Document

We accept PDF, JPEG, or single-page TIFF files up to 5MB. If your file is larger than 5MB, you can create an image of your file using a scanner, digital camera, or cell phone to upload. You can also print and mail it to us or fax it to us at 1 (866) 472-3221.

Cancel

Select a File →

To submit the date and type of delivery on a pregnancy-related claim, click the **“Report Delivery Date & Type”** link on the “Actions” tab and complete the fields in the pop-up.

Report Delivery Date & Type

Only report if absence is pregnancy related.

Date of Delivery*

MM / DD / YYYY

Type of Delivery*

Vaginal

C-Section

Cancel

Submit →

To submit intermittent time on an Absence claim, click the **“Report Intermittent Time”** link on the “Actions” tab and complete the fields in the pop-up.

Report Intermittent Time

Absence Date*

MM / DD / YYYY

The requested time away from work will be used for a/an:*

Select

Full or Partial Day Needed? *

Full Day

Partial Day

Cancel

Submit →

To cancel your claim, click the **"Cancel Claim"** link on the **"Actions"** tab, choose the claim you are cancelling and provide a brief message about why you are cancelling your claim.

Cancel Claim

Please note why you want to cancel your claim.

Claim Type* (Select the claim type this action applies to)

Select

Subject

Cancel Claim

Message*
(Enter up to 900 characters.)

Enter Here

Cancel

Submit →

* = required

To receive text alerts about your claim, click the **"Opt in to Text Messaging"** link on the **"Actions"** tab and enter your mobile phone number.

Opt In To Text Messaging

Add or update your mobile number to receive real-time updates about your claim via text message.**

Mobile Number*

(XXX) XXX-XXXX

**If you choose to receive text messages, you agree to receive a one-time text/SMS message as part of the opt-in process. Standard text/SMS rates may apply. Check with your mobile phone carrier.

Cancel

Submit →

To share updated contact information, click the **"Update Your Contact Information"** link on the **"Actions"** tab, then choose the claim the update applies to, and add your updated contact information to the free-form **"Message"** section.

Update My Contact Information

Please note your new address and/or phone number.

Claim Type* (Select the claim type this action applies to)

Select

Subject

Update My Contact Information

Message*
(Enter up to 900 characters.)

Enter Here

Cancel

Submit →

* = required

To share hospital or provider contact information, report an Absence return-to-work date, or report an injury, illness, surgery or office visit, click the **"Share Additional Absence Information"** link on the **"Actions"** tab. After choosing the claim the message applies to, select the type of action you want to take and provide the necessary information in the free-form **"Message"** section.

Share Additional Absence Information

Make sure to include key details, like the provider's name, date and address, as applicable.

Claim Type* (Select the claim type this action applies to)

Select

Action/Subject* (Choose the type of action you want to take)

Select

Select

Add Hospital Contact Info

Add Provider Contact Info

Report Injury

Report Office Visit

Report Surgery Date/Type

Report Sickness

Report Return to Work Date

The **“Messages”** tab is where you can see messages from NYL GBS that are tied to this claim, such as information we need from you.

Ren's Claim

View messages related to your claim.

Claim Timeline

Medical Request Activity

Actions

Messages

Documents

Claim Details

Messages

You can enroll in direct deposit by completing the [Electronic Fund Transfer \(EFT\) form](#).

If **you are eligible for paid benefits**, you will receive a message noting that you can enroll in direct deposit. Click the **“Electronic Fund Transfer (EFT) form”** link and complete the form to sign up to have any eligible paid benefits directly deposited into the noted bank account.

Ren's Claim

View messages related to your claim.

Claim Timeline

Medical Request Activity

Actions

Messages

Documents

Claim Details

Messages

You can enroll in direct deposit by completing the [Electronic Fund Transfer \(EFT\) form](#).

Electronic Fund Transfer (EFT)
Authorization Form

If you are eligible for paid benefits, consider signing up for direct deposit (also referred to as "electronic funds transfer" or "EFT"). Doing so is quick and easy, and lets us deposit funds directly into your bank account. If you don't sign up for direct deposit, you will receive a paper check.

Type of Account *

☐ Checking ☐ Savings

Bank Name *

Bank Name

ACCOUNT NUMBER

2050

ACCOUNT NUMBER

\$

ACCOUNT NUMBER

0

ROUTING NUMBER

2858

ROUTING NUMBER

ROUTING NUMBER

ROUTING NUMBER

ROUTING NUMBER

Routing Number *

Routing Number

Confirm Routing Number *

Confirm Routing Number

The **“Documents”** tab is where you can view letters NYL GBS has sent to you and the documents you uploaded, specific to this claim. You will not see materials NYL GBS received from others, such as from providers and/or your employer, if applicable.

Claim Timeline

Medical Request Activity

Actions

Messages

Documents

Claim Details

Documents

My Letters

Determination

12/14/2024

Acknowledgement

12/09/2024

Determination

11/07/2024

Acknowledgement

09/09/2024

My Uploads

Uploaded File (PDF)

11/06/2024

Uploaded File (PDF)

11/06/2024

Uploaded File (PDF)

11/06/2024

Upload a Document

The **“Claim Details”** tab is where you can review the specific details of your claim, such as payments, plans, and start and end dates, as applicable.

Ren's Claim

View specific details about your claim.

Claim Timeline

Medical Request Activity

Actions

Messages

Documents

Claim Details

Payment Details

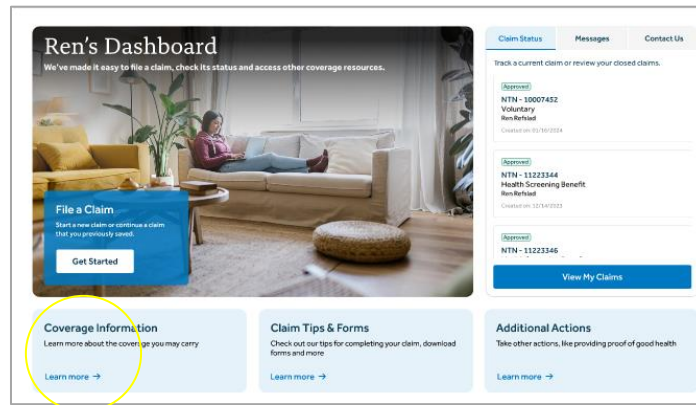
Payment Period	Issue Date	Relates to	Payee Name	Gross Amount	Net Amount	
10/31/2024 - 11/07/2024	11/07/2024	Short Term Disability	Refstad, Ren	\$1,000.00	\$952.00	+

Disability Details

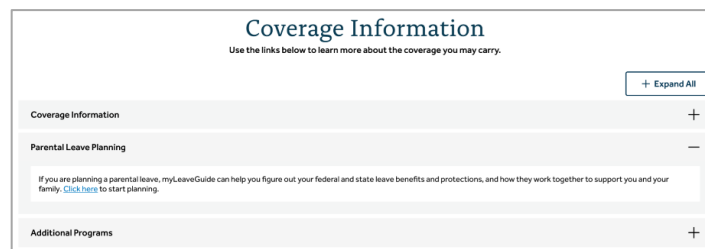
Incident Number	Disability Date	Benefits Start	Approved Through	Status	Type
10000003-00	10/25/2024	10/31/2024	12/14/2024	Active	Short Term

EDUCATION

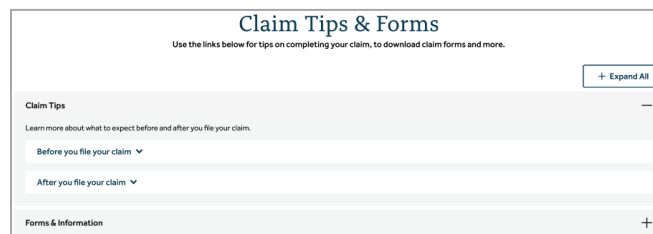
Everyone learns differently. To meet those needs, we have created a few ways and places on myNYLGBS.com to **educate you about the products you may carry**. One way to do this is to go to your home dashboard and click the “Coverage Information” tile.



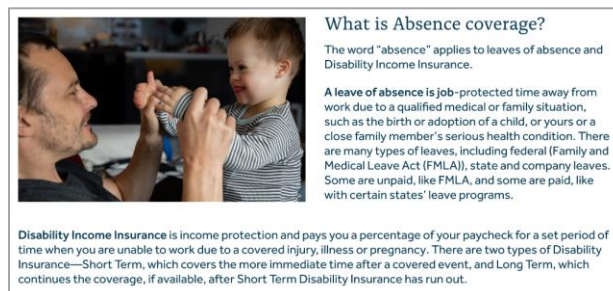
On the “**Coverage Information**” page, click the respective section to learn more about the coverage you may carry, the additional programs included with your coverage, and our parental leave-planning tool, myLeaveGuide.



To learn more about what the claim process is like and/or what happens after you file your claim, from the home page, open the “**Claim Tips & Forms**” section, then click the “+” to expand the “Claim Tips” section.

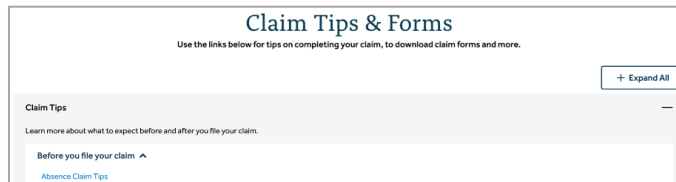


Another way to learn about your benefits is during the claim process. Once you get to the “**Pick your Claim Path**” page, click the “**Learn more**” button on the “Absence Claim” tile. A pop-up will appear with key Absence information, like the different types, how benefits can be used and a real-life example.

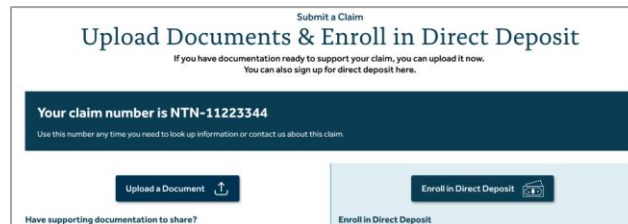


DOCUMENTATION

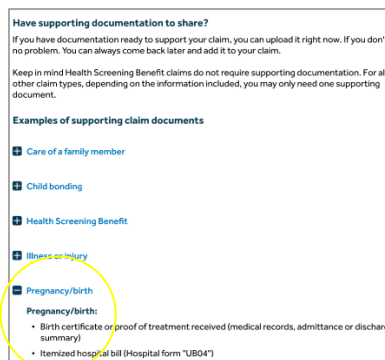
You can review the **type(s) of supporting documentation you will need to file your claim** two ways. One way is from your home dash via the **"Claim Tips & Forms" section**. Simply expand the "Claim Tips" section, then expand the "Before You File a Claim" section, and finally, click the link for the type of claim you are filing.



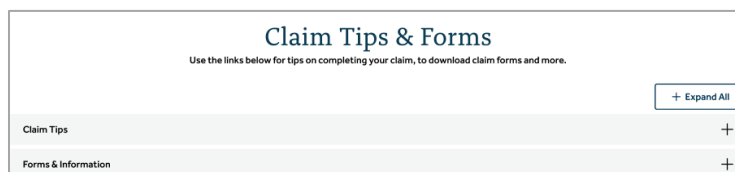
You can also review this information following submission on the **"Upload Documents & Enroll in Direct Deposit" page** (scroll down to "Examples of supporting claim documents", then select the applicable claim experience).



For example, if you filed a claim for a pregnancy, scroll to the "Pregnancy/birth" section to view the types of supporting documentation that could support your claim.

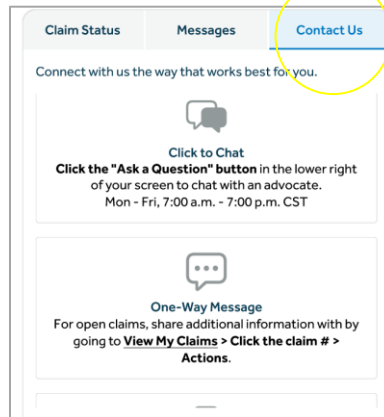


To **download a specific claim form or document**, go to the **"Forms & Information" section** on your home dashboard. Click the "+" in the "Forms & Information" section to see the forms associated with the various products, then select the respective document to download it. Once completed, you can upload the form to your claim, or mail or fax it to us.



CONTACTING US

Everyone has their personal preferences for how they like to connect with us, whether that is via click-to-chat, over the phone or through one-way messaging. On your home dashboard, go to the **"Contact Us"** tab to learn more about how to get a hold of us via your preferred channel.



This information **also appears on your claim confirmation page** in the "Have questions?" section.

