How to file your disability and leave claim.



BEFORE YOU FILE YOUR CLAIM

2 FILE YOUR CLAIM

GIVE PERMISSION

CLAIM/LEAVE STATUS

ADDITIONAL RESOURCES

- Notify your employer if you need to be out of work because of an illness, injury or pregnancy.
- 2. Have the following on hand:
 - Your Social Security number, birth date, home address, phone number and email address.
 - Dates and contact information for any health care providers or hospital/clinic visits.
 - Applicable workers' compensation claims.

Choose **one** of the following:

Online: myNYLGBS.com> Coverage>Disability (print your confirmation page.)

By phone at (888) 842-4462 or (866) 562-8421 (español), 7:00 am – 7:00 pm CST and a representative will help you.

To automatically stay informed about your disability claim by text, sign up for text notifications by telling your New York Life Group Benefit Solutions (NYL GBS) claim manager or online at myNYLGBS.com after you've submitted your claim.

Give NYL GBS permission to contact your health care provider or employer for claim-related information by answering "yes".

- During your claim call.
- Online after your claim has been submitted (you'll receive a notification).

- Online at <u>myNYLGBS.com</u>> Claims
- Contact us at (888) 842-4462 or (866) 562-8421 (español), 7:00 am – 7:00 pm CST.
- Chat live with a NYL GBS representative on myNYLGBS.com.
- <u>Click here</u> for answers to frequently asked disability claim questions.
- <u>Click here</u> for answers to frequently asked leave questions.



If you haven't visited myNYLGBS.com, register today to easily file and manage all your claims in one place.



While you're out on disability or leave, keep your employer informed of your return-to-work plans. This is especially important if you need workplace accommodations, as some take time to put in place.

New York Life Group Benefit Solutions products and services are provided by Life Insurance Company of North America and New York Life Group Insurance Company of NY, subsidiaries of New York Life Insurance Company. Policy form: TL-004700 et al.

New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010

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