HOW TO INITIATE A CLAIM

The following document describes how the individual firefighter and the entity they work for will correspond with The Hartford when initiating a claim for lump sum Critical Illness Cancer coverage and if necessary, Long-term Disability (LTD) Cancer coverage.

GEORGIA FIREFIGHTERS'
**CANCER BENEFIT
PROGRAM**
ACCG GEORGIA MUNICIPAL ASSOCIATION

After a cancer diagnosis, the *firefighter* must file a Critical Illness Cancer claim. To file a claim:

PREFERRED METHOD

The *firefighter* will complete the Critical Illness claim form for firefighters, which can be found on the program website (**gfcpinsurance.com**) or via their Human Resources (HR) contact.

Once the Critical Illness claim form has been completed, the *firefighter* will send the claim form and any supporting documentation to:

• Via Mail:

> **The Hartford Supplemental Insurance
> Benefit Department
> PO Box 99906
> Grapevine, TX 76099**

• Or Via Fax: **469-417-1952**

ALTERNATIVE METHOD

Should the firefighter want to speak to The Hartford to initiate a Critical Illness Cancer claim, the firefighter may reach The Hartford at **888-716-4548**. Please have the policy number and policy name available.

• Client Name/Policy Name:

> **The GA Firefighter Program/
> Georgia Interlocal Risk Management Agency**

• Policy Number: **#GMA681159**

EMPLOYER STATEMENT

The Critical Illness employer statement should be completed by the employer's HR representative and sent in via fax or mail. This form can be found at **gfcpinsurance.com**.

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Completing the employer statement while the firefighter is completing their portion will speed up the overall adjudication process. If the employer statement is not received, then The Hartford will contact the GMA Administrator, Lockton and/or the employer for employment verification.

Once the Critical Illness employer statement has been completed, send the employer form and any supporting documentation to:

- Via Mail:

    **The Hartford Supplemental Insurance Benefit Department
    PO Box 99906
    Grapevine, TX 76099**

- Or Via Fax: **469-417-1952**

The HR contact should confirm the firefighter has completed the Critical Illness claim form for firefighters (as directed in the section above).

Should the HR contact want to speak with The Hartford, please call **888-716-4548** and have the policy number and policy name available. Please note that *only* the firefighter can initiate the firefighter portion of the claim form and The Hartford can only speak to the firefighter regarding personal claim and medical information:

- Client Name/Policy Name:

    The GA Firefighter Program/Georgia Interlocal Risk Management Agency

- Policy Number: **#GMA681159**

ONCE THE CRITICAL ILLNESS CANCER CLAIM HAS BEEN SUBMITTED

- The Hartford will begin to adjudicate the claim and reach out to the firefighter

- Four months after the Critical Illness Cancer claim submission, The Hartford's Long-term Disability (LTD) unit will reach back out to the firefighter to determine if the firefighter should file a LTD claim. The LTD elimination period is 180 days; therefore, the LTD claim cannot be submitted at first diagnosis.

GEORGIA FIREFIGHTERS'
CANCER BENEFIT PROGRAM
ACCG *GEORGIA MUNICIPAL ASSOCIATION*

Other important information and forms can be found at **gfcpinsurance.com**

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Business Insurance
Employee Benefits
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