

INSTRUCTIONS

Completing ING ReliaStar Disability and Medical Treatment Claim Forms

IMPORTANT

- Please DO NOT mail or fax any claim forms to ING ReliaStar directly.
- **Please call your YISD Disability Account Manager at (915) 434-0457 to make an appointment for paperwork completion assistance.**
- Please bring original forms with you to your appointment; YISD Disability Account Manager will provide you with all necessary copies for your records.
- Claims processing times may vary based on your condition(s), information received, and the cooperation of you, your employer, and your physician.

MEDICAL TREATMENT BENEFIT CLAIM FORM

ReliaStar Life pays the Medical Treatment benefit to you if you receive medical treatment by a doctor for sickness or accidental injury, other than treatment for routine medical examinations, dental expenses or pharmacy expenses.

In order to submit the claim, we must attach a **copy of the medical provider's bill or Explanation of Benefits that includes: patient name, date of service, type of service and patient financial responsibility amount.**

Section of Form	To Be Completed and Signed By:
Employer/Administrator Statement	YISD Disability Account Manager
Employer/Administrator Certification	YISD Disability Account Manager
Insured's Statement	Employee (please handwrite)
Authorization and Acknowledgement	Employee (please handwrite)

DISABILITY CLAIM FORM PACKET

Before you make an appointment for paperwork completion:

- 1) Please be sure that your immediate supervisor and physician have *completely* filled out their portion of the claim form packet.
- 2) Bring all original forms with you to the appointment.

Name of Form	To Be Completed and Signed By:
Long Term Disability Claim Notice Employer's Statement	YISD Disability Account Manager (915) 434-0457
Long Term Disability Occupational Demands	Employee's Immediate Supervisor
Long Term Disability Employee's Statement	Employee
Authorization to Release Information to ReliaStar Life Insurance Company	Employee
Authorization for Release of Health-Related Information	Employee
Attending Physician's Statement of Impairment and Function	Employee's Attending Physician(s)
Fraud Warnings	1 for Employee 1 for Physician 1 for YISD Disability Account Manager