



Group Policy Name: Caterpillar Inc.

Group Policy Number: 737534

For certificate or policy holders of: Accident Insurance Critical Illness Insurance Hospital Confinement Indemnity Insurance Wellness Benefit

Voya Employee Benefits offers an easy, formless claims submission process for your Supplemental Health coverages. If you are enrolled in these coverages, you can complete and submit your entire claim online without having to print any forms.



Submit claim

- 1. Visit the Voya Online Claims Center at voya.com/claims. Click on "Get Started" under "Start a Claim". You will need to enter your group name and policy number.
- 2. After answering a few questions, you will be asked to upload supporting documentation for your claim.
- 3. Electronically sign and submit your claim. You will immediately receive an email with a confirmation number letting you know the claim submission was successful.



Claim confirmed

Once the claim is set up, you will receive a second email with a claim number.



Check status

By entering your claim number, you can then check the status of your claim with accessible, real-time monitoring by visiting the Online Claims Center at voya.com/claims.

The online claims submission process usually takes about 15 minutes. If your claim is approved, you should receive your paid benefit within 10 business days of the approval.

Visit the Online Claims Center to file your claim today

This communication does not confirm eligibility for a benefit. Filing a claim may require any necessary medical records or proof of claim as determined during the review process. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. Insurance is issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Form numbers, provisions and availability may vary by state and employer's plan.

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