

## **Voluntary Accident Insurance Claim Filing Checklist**

***Complete Parts B and C of the claim form, as follows:***

### **Part B: Employee/Claimant Information**

- Employee must Complete Part B in its entirety
- Complete The Authorization For Use In Obtaining Information form (sign and date at bottom)

### **Part C: Voluntary Accident Benefits Claimed**

- Check all boxes that apply for the benefits being claimed
- List all medical service providers who provided services
- Complete the Employee Signature information at the bottom of Part C
- Attach itemized receipts, medical reports, or other proof to support that services claimed were received

### **Submit the completed claim form, along with all supporting documentation:**

**Fax:** (267) 256-3518

**OR**

**Mail:** Reliance Standard Life Insurance Company  
Attn: Voluntary Accident Claims  
P.O. Box 7307  
Philadelphia, PA 19101-7307

### **To check the status of a previously filed claim:**

- **Call the Customer Care Center at 800-351-7500**
  - **Select Prompt 2** – Life or Disability Claim Check Questions
    - **Select Prompt 3** – Disability or Life Claim
      - **Select Prompt 2** – Life Claim Information
        - **Select Prompt 1** – if you have your claim number **or**
        - **Select Prompt 2** – if you do not have your claim number.  
(you will need the last 4 digits of the insured's social security number and date of birth)

**Customer Care Center is staffed 8am to 7pm Eastern Time, weekdays.**