



ACTION	CRITICAL ILLNESS	ACCIDENT	HOSPITAL INDEMNITY
<p>Where is a claim form sent?</p>	<p>Submit the completed form and supporting documentation through the online portal at THEHARTFORD.COM/BENEFITS/MYCLAIM.</p> <p>Or, you can mail or fax the form and documentation to: The Hartford Supplemental Insurance Benefit Department P.O. Box 99906 Grapevine, TX 76099 Fax Number: 1-469-417-1952</p>		
<p>What happens next?</p>	<p>After your claim is submitted, a dedicated Client Resolution Specialist will assess completeness of the claim and will contact you with any questions. For initial questions, call 1-800-417-1952. For more information, visit THEHARTFORD.COM/BENEFITS/MYCLAIM.</p>		