

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance

How to file a claim

Policy #:

Policyholder:

When using MyGO for the first time, please use the policy information above to self-register before submitting a claim.



Option 1

Use My Group Online (MyGO)

Initiate a claim within minutes on MyGO. This secure, user-friendly platform is available 24/7 through your computer or mobile device.

To submit your claim:

- ① Log in to your account at www.symetra.com/MyGO and click “Submit my claim.”
- ② Fill out a few simple fields and upload documents.
- ③ Hit “Submit.”



More with MyGO

With MyGO, you can also:

- Check the status of a claim.
- View an Explanation of Benefits (EOB) and enroll in paperless statements.
- Submit scans, photos or electronic versions of claim documents.
- Download important forms.
- Enter banking information to receive ACH benefit payments.



Option 2

Email, mail or fax a claim

- ① Request an itemized bill (form UB04 or HCFA 1500) from your provider with diagnosis and procedure codes.
- ② Write a statement describing the date, place and cause of the accident.
- ③ Complete a claim submission form, which can be found on www.symetra.com/MyGO under “Forms.” We can also email, mail or fax this form to you.
- ④ Submit the above information to Symetra by email, mail or fax.

Contact us:

sbclaims@symetra.com
symetra.com/MyGO

Call 1-800-497-3699

Monday through Friday
7:30 a.m. to 6 p.m. ET
Fax: (715) 682-5919

Mailing address:
P.O. Box 440
Ashland, WI 54806



If you have multiple coverages with Symetra, we'll automatically check to ensure you receive all eligible benefits.

[Continued >](#)

Frequently asked questions

Do I need pre-authorization for an inpatient hospital stay?

No. Pre-authorization is not required for an inpatient hospital stay.

How much time do I have to file a claim?

You have 90 days from the date of service to file a hospital indemnity insurance claim.

When will Symetra make a decision on my claim?

Symetra typically makes claims decisions within 10 days of receiving completed claim forms and any additional required information. However, some claims may take up to 30 days to process.

Can Symetra help me gather any remaining information from my medical provider?

Yes. Additional information such as doctor notes may be requested, and we're happy to help you gather the remaining details after the claim is initiated by you or your provider. We'll just need you to sign a release of information form so we can contact the provider on your behalf.

Does the policy have to be in effect to receive benefits?

Yes. The services received must occur while the policy is active.



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Fixed-payment indemnity policies, also known as "hospital indemnity policies," insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They are designed to provide benefits at a preselected, fixed dollar amount. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form numbers are SBC-01505 8/13 and SBC-01505 6/20.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your benefits representative.