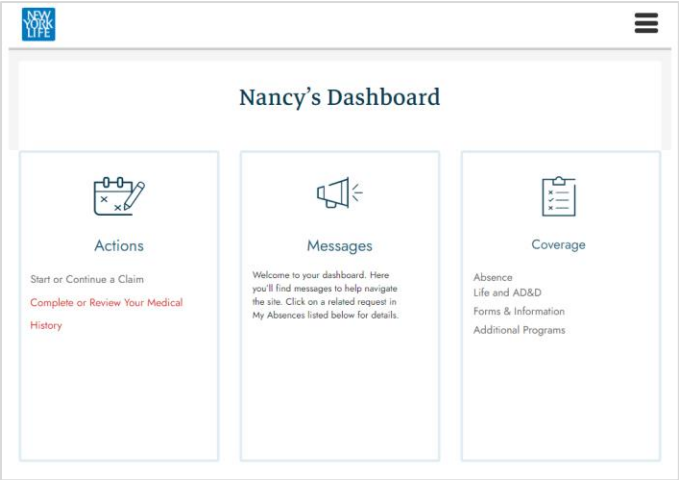
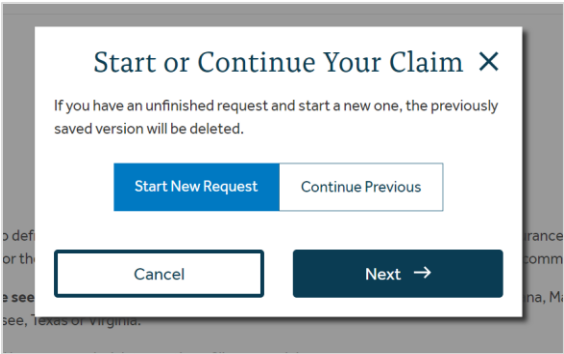


How to file a claim & check its status on myNYLGBS

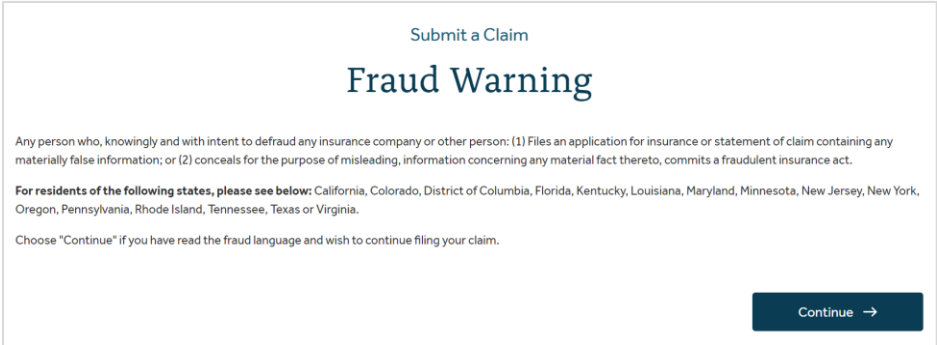
Start by logging in to myNYLGBS.com. Once logged in, you'll be brought to your **dashboard**. From your dashboard, click **"Start or Continue a Claim"**.



A pop-up will appear. Click **"Start a New Request"**, then **"Next"**.



Review the **Fraud Warning**, then click **"Continue"**.



Review the list of things to keep in mind, then click “Continue”. Note all **fields marked with an asterisk must be completed**. If a field is not asterisked and you do not know the requested information, you may still file your claim.

Submit a Claim

Before You Begin

We are committed to providing you with the best service experience for your unique and specific life event.

Instructions for submitting your request:

- It could take up to 15 minutes to complete this online form. If you need to stop before completing the form, you can save and finish it later. (Note: Saved information expires after 2 weeks).
- As you begin your request, if any pre-filled information is incorrect, you should update it and continue completing the request. Be sure to notify your employer of any changes.
- Fields marked with an “*” are required. To help avoid processing delays, complete as much information as possible, even optional fields.
- Depending on the type of request, we may ask for information about your employment, work days you’ve missed, and details related to your claim. Gathering documentation, phone numbers, or addresses at this time can help the process go faster.
- If you haven’t already done so, you should notify your employer about your request.

← Back

Continue →

Review your **personal information**. If there are inaccuracies, contact your employer.

Submit a Claim

Personal Information

We rely on your employer to provide your current information, please contact them immediately if anything here is inaccurate.

At the bottom of the “Personal Information” page, you have the **option to opt-in to texting for updates on your claim**. Next, click “Continue”.

Receive updates to your claim through text messages

I want to receive text notifications*

Yes

No

If you choose to receive text messages, you agree to receive a one-time text/SMS message as part of the opt-in process. Standard text/SMS rates may apply. Check with your mobile phone carrier.

You will be taken to the “**Type of Claim**” page. Click the card that best describes your claim, then “Continue”. Depending on the type of claim selected, you may be asked for additional details related to the claim.

Please select the icon that best describes your request.*



Treatment for an Accident or Injury



Treatment for an Illness



Pregnancy, Birth, or Related Treatment



Child Bonding
(Adoption, Foster Care, Newborn)



Care for a Family Member



Out of Work for Another Reason

12/2023

Next, choose a time period from the drop-down menu, then populate the fields related to your **claim's dates**. Once done, click "Continue".

Home / Submit a Claim

Submit a Claim

Claim Dates

Please select one of the time periods below.*

Select ▼

You will be asked to provide information related to your **work schedule**. Complete any required fields and click "Continue".

Home / Submit a Claim

Submit a Claim

Employment Information - Work Schedule

Type of work schedule* Hours Worked Per Week

Select ▼ 40

Depending on your claim type, you will be asked to provide **additional information** related to your claim. This could include hospital, provider and/or insurance information. Click "Continue" to proceed.

If your claim requires us to reach out to a provider(s) for additional medical information, you will be asked to review our **Disclosure Authorization** and advise if we can reach out to your provider(s) for this information. Choosing "No" may delay and/or impact our ability to make a decision on your claim. Once you've made a selection, click "Continue".

Submit a Claim

Disclosure Authorization

Please review and agree to the following authorization. This permits us to request additional information from your health care provider if necessary.

Disclosure Authorization

NOTE: This authorization is designed to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and relates to information necessary to administer benefits and services under Employer's employee health and welfare plan(s) ("the Plan") and statutory and/or private leave of absence or job accommodation programs. "Employer" is defined to mean your employer, or your family member's employer to the extent benefits, services, or leave are being sought under your family member's employer's Plan. You are not required to sign the authorization, but if you do not, the Plan, insurers or other providers may not be able to process your (or your family member's) request for benefits or services under the Plan or statutory and/or private leave of absence or job accommodation programs.

AUTHORIZATION

I authorize any physician, medical professional or other health care provider; hospital or other medical facility; pharmacy; health plan; other medically related entity; rehabilitation professional; vocational evaluator; employee assistance plan; insurance company, reinsurer; health maintenance organization, third party administrator, broker or other insurance service provider, or similar entity; the Medical Information Bureau; the Association of Life Insurance Companies, which operates the Health Claims Index and the Disability Income Record System; government organization or agency, including the Social Security Administration; social security disability advocate or representative; financial institution, accountant or tax preparer; consumer reporting agency; and employer or group policyholder that has information about my health,

Make a selection to continue. Without your authorization, we cannot request any medical information that may be

Depending on the type of claim, you may be asked **if you have filed or are filing for other benefits that provide income**. Click "Yes" or "No", choose whether you want to provide additional details, and then click "Continue".

Submit a Claim

Additional Information

Do you have (or are filing for) other benefits that provide income?*

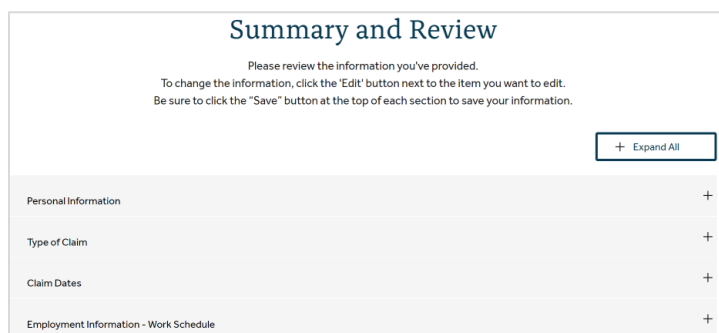
Examples include Social Security, Pension, No Fault Benefits, Salary Continuance, etc.

Yes No

Are there any additional details that you would like to add before submitting?
(Enter up to 250 characters.)

Enter Here

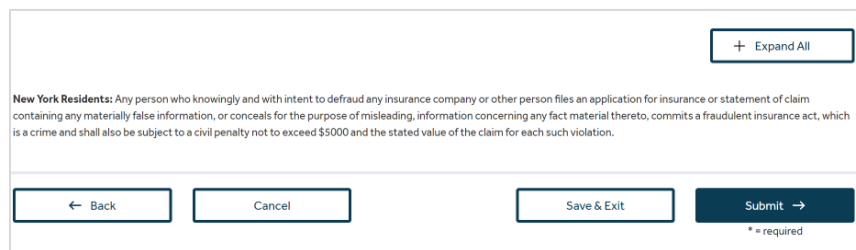
Carefully **review the full summary of your claim**, making sure to hit the “+” signs, so you can see the full details of each section.



If changes need to be made to any of the information included in the “**Summary and Review**” page, click the “**Edit**” button, make your updates, and then click “Continue”.

When you are satisfied that all the information on the “Summary and Review” page is correct, click the “**Submit**” button.

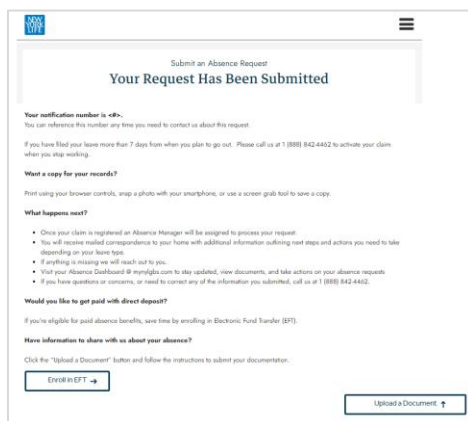
You may choose at any point in the claim submission process to **save your claim and come back to it anytime in the following two weeks**. To do so, click the “**Save and Exit**” button at the bottom of the screen you are on.



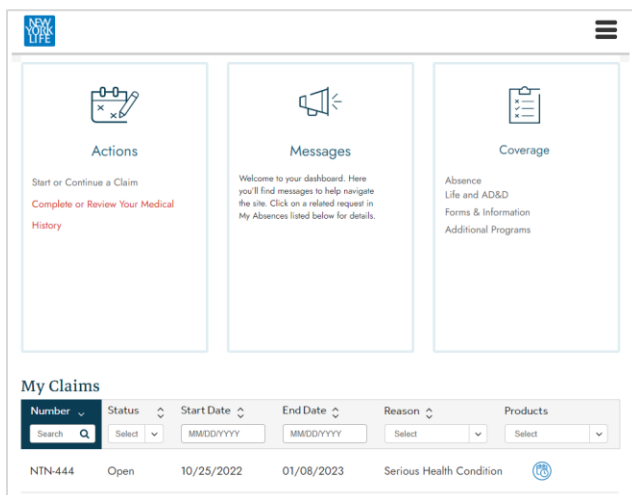
Once your claim is submitted, you will be taken to a **claim confirmation page**, which will provide your **claim number**, as well as an outline of what will happen next.

At the bottom of the claim confirmation page, you may choose to **upload a document(s), if you have additional information** you would like added to your claim. You can also come back later to upload a document.

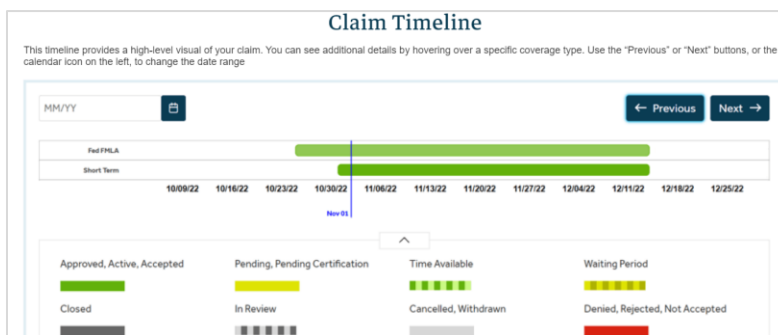
If you are eligible for paid benefits, you may click the “**Enroll in EFT**” button to enroll in Electronic Funds Transfer, which will get eligible paid benefits to you faster than a hard check.



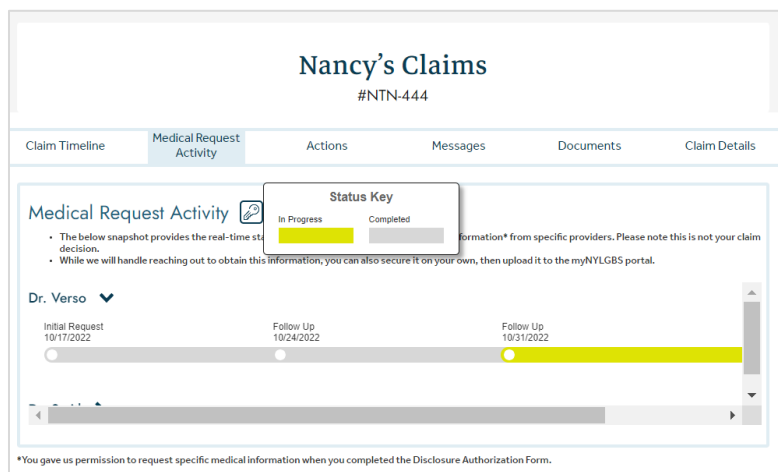
To **check the status of your claim, view messages, upload documents and more**, you can log in to myNYLGBS.com anytime. Once logged in, scroll down to the **“My Claims”** section of your dashboard and click on the applicable claim.



From there, you will be able to **click any of the available tabs** (“Claim Timeline”, “Actions”, etc.). The **“Claim Timeline”** tab provides a visual of your claim, including plan type(s), status, and start and end dates.



The **“Medical Request Activity”** tab provides a quick snapshot of the real-time status of requests for medical information on Disability claims. If you have a Disability claim and you have given us permission to reach out to your provider(s) for medical information, you will be able to see those requests, how many times they have been sent, if the information has been received, and when. If your claim does not require us to reach out for medical information, this tab will not display.



The **“Actions”** tab provides a list of actions you can take that are tied to your claim, such as uploading a document, reporting a return to work date or one-way messaging your Claim Manager directly.

The screenshot shows a web interface with a top navigation bar containing tabs: Claim Timeline, Actions (highlighted), Messages, Documents, and Claim Details. Below the tabs, a message reads: "Take action on your claim by clicking one of the links below." The main content area is titled "Actions" and contains a grid of ten links: Report Return to Work Date, Request Extension, Report Intermittent Time, Cancel Time, Upload a Document, Report Delivery Date & Type, Cancel Claim, Opt In To Text Messaging, Update Your Contact Information, and Share Additional Absence Information.

Click the **“Report Return to Work Date”** link on the **“Actions”** tab to submit the date you are returning/have returned to work.

The form is titled "Report Return to Work Date". It contains a question "Returned to Work?*" with two buttons: "Yes" and "No". Below this is a field for "Expected Return to Work Date*" with a placeholder "MM / DD / YYYY". A red box highlights this field, and a red message below it says "Enter a valid date in the format MM/DD/YYYY." A note at the bottom right states "* = required".

Click the **“Request Extension”** link on the **“Actions”** tab to submit a request to extend a current absence claim.

The form is titled "Request Extension" with a close button (X). It includes a note: "If extension is for a different reason, or related to a new absence, please submit a new absence request." There are two date fields: "Start Date of Extension*" and "End Date of Extension*", both with a placeholder "MM / DD / YYYY". Below these is a text area for "Provide the reason for extension and confirm any dates returned to work during this absence.* (Enter up to 250 characters.)". At the bottom are "Cancel" and "Submit →" buttons.

Click the **“Cancel Time”** link on the **“Actions”** tab to cancel time you submitted for an existing Absence claim.

The form is titled "Cancel Time" with a close button (X). It includes two date fields: "Start Date of Cancellation*" and "End Date of Cancellation*", both with a placeholder "MM / DD / YYYY". Below these is a text area for "Additional Details (Enter up to 250 characters.)". At the bottom are "Cancel" and "Submit →" buttons. A note at the bottom right states "* = required".

Click the **“Upload a Document”** link on the **“Actions”** tab to select and upload a file to your claim.

Upload a Document

We accept PDF, JPEG, or single-page TIFF files up to 5MB. If your file is larger than 5MB, you can create an image of your file using a scanner, digital camera, or cell phone to upload. You can also print and mail it to us or fax it to us at 1 (866) 472-3221.

Cancel

Select a File →

For a pregnancy-related claim, click the **“Report Delivery Date & Type”** link on the **“Actions”** tab to submit the date and type of delivery.

Report Delivery Date & Type

Only report if absence is pregnancy related.

Date of Delivery*

MM / DD / YYYY

Type of Delivery*

Vaginal

C-Section

Cancel

Submit →

* = required

Click the **“Submit Intermittent Time”** link on the **“Actions”** tab to submit the date and time needed for an intermittent leave of absence.

Report Intermittent Time

Absence Date*

MM / DD / YYYY

Date cannot be in the future.

How will the time requested be used?*

Select

Full or Partial Day Needed?*

Full Day

Partial Day

Cancel

Submit →

* = required

To cancel your claim, click **“Cancel Claim”**, then choose the claim the cancellation applies to from the **“Claim Type”** dropdown, and provide a brief message about why you are cancelling your claim.

Cancel Claim

Please note why you want to cancel your claim.

Claim Type* (Select the claim type this action applies to)

Select

Subject

Cancel Claim

Message*

(Enter up to 900 characters.)

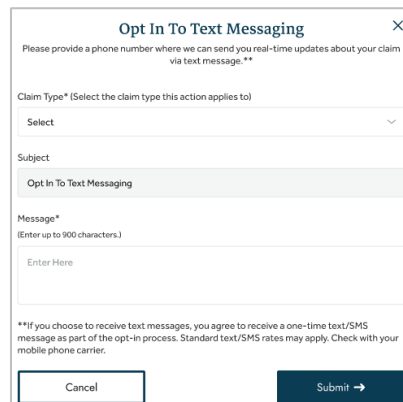
Enter Here

Cancel

Submit →

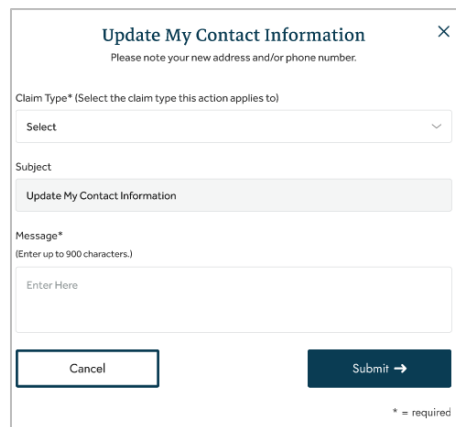
* = required

To receive text messages about your claim, click **“Opt in to Text Messaging”**, then choose the claim the opt-in applies to from the **“Claim Type”** dropdown, and provide your mobile phone number in the free-from **“Message”** section.



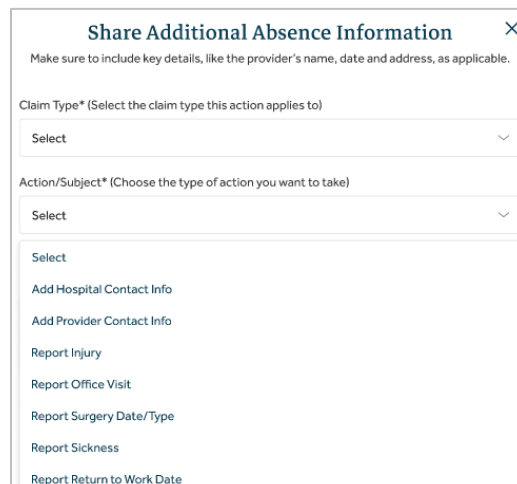
The form is titled "Opt In To Text Messaging" with a close button (X) in the top right. Below the title is a subtitle: "Please provide a phone number where we can send you real-time updates about your claim via text message.**". The form contains three main sections: "Claim Type*" (a dropdown menu with "Select" as the placeholder), "Subject" (a text input field with "Opt In To Text Messaging" as the placeholder), and "Message*" (a larger text input field with "Enter Here" as the placeholder). At the bottom, there is a disclaimer: "**If you choose to receive text messages, you agree to receive a one-time text/SMS message as part of the opt-in process. Standard text/SMS rates may apply. Check with your mobile phone carrier." and two buttons: "Cancel" and "Submit →".

To share updated contact information, click **“Update Your Contact Information”**, then choose the claim the update applies to from the **“Claim Type”** dropdown, and add your updated contact information to the free-from **“Message”** section.



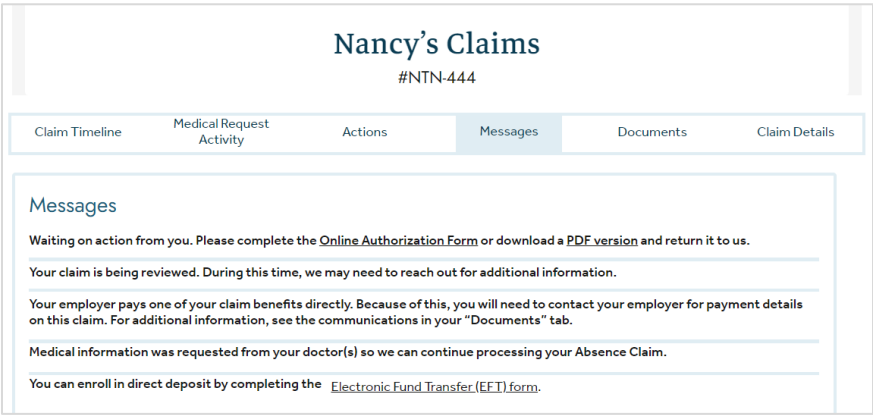
The form is titled "Update My Contact Information" with a close button (X) in the top right. Below the title is a subtitle: "Please note your new address and/or phone number." The form contains three main sections: "Claim Type*" (a dropdown menu with "Select" as the placeholder), "Subject" (a text input field with "Update My Contact Information" as the placeholder), and "Message*" (a larger text input field with "Enter Here" as the placeholder). At the bottom, there is a disclaimer: "* = required" and two buttons: "Cancel" and "Submit →".

To share hospital or provider contact info, report an Absence return to work date, or report an injury, illness, surgery or office visit, click **“Share Additional Absence Information”**. After choosing the claim the message applies to from the **“Claim Type”** dropdown, select the type of action you want to take, and provide the necessary information in the free-from **“Message”** section.



The form is titled "Share Additional Absence Information" with a close button (X) in the top right. Below the title is a subtitle: "Make sure to include key details, like the provider's name, date and address, as applicable." The form contains three main sections: "Claim Type*" (a dropdown menu with "Select" as the placeholder), "Action/Subject*" (a dropdown menu with "Select" as the placeholder), and a list of actions: "Add Hospital Contact Info", "Add Provider Contact Info", "Report Injury", "Report Office Visit", "Report Surgery Date/Type", "Report Sickness", and "Report Return to Work Date". At the bottom, there is a disclaimer: "* = required" and two buttons: "Cancel" and "Submit →".

The “**Messages**” tab is where you can see messages from NYL GBS that are tied to this claim, such as information we need from you.



The “**Documents**” tab is where you can view letters NYL GBS has sent you and the documents you uploaded, specific to this claim. You will not see materials NYL GBS received from others, such as providers and/or your employer, if applicable



The “**Claim Details**” tab is where you can review specific details of your claim, such as payments, plans, start and end dates, etc., as applicable.

Disability Details					
Incident Number	Disability Date	Benefit Start	Approved Through	Status	Type
NTN-444	10/17/2022	10/31/2022	12/14/2022	Active	Short Term
Leave Details					
Leave Start	Leave End	Type	Plan		
10/25/2022	12/14/2022	Continuous	Fed FMLA	—	
Date		Time Requested	Decision	Decision Reason	
10/25/2022 - 12/14/2022		296:00 Hour(s)	Approved	Leave Request Approved	

If you have **questions** that are not answered on the portal, we are here to help. Contact us at **(800) 644-5567**, Monday – Friday, from 7:00 a.m. – 7:00 p.m. CST.

CONNECT WITH US



CONTACT US

Online at
myNYLGBS.com

We're here to help:

1 (800) 644-5567