

Compass

Chart your course.



How to file a wellness benefit claim by telephone

For certificate holders of Compass products

Your Compass coverage includes a Wellness Benefit Rider. You can receive an annual benefit after completing a health screening test. If other family members are covered under this certificate, additional Wellness Benefits are available. To file a claim for the Wellness Benefit, simply follow these instructions. There is no form to complete.



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Call (888) 238-4840, option 2 and have the following information available:

- The name of the insured, their date of birth and their relationship to you
- The Social Security number of the primary certificate holder
- The name of the provider who performed the health screening test
- The date of the health screening test
- The exact name of the health screening test

Health screening tests include, but are not limited to:

- Blood test for triglycerides
- Pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)

Depending on the information that your employer has provided to us (telling us who is covered under your certificate), you may be required to file a paper claim form. If a paper form is necessary, it will be sent to you along with filing instructions.

Compass Accident Insurance, Compass Critical Illness Insurance, Compass Specified Disease Insurance and Compass Hospital Confinement Indemnity Insurance are underwritten by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Home and Administrative Office: Minneapolis, MN. Compass Accident Insurance Policy Form Number: RL-ACC2-POL-12. Compass Accident Wellness Benefit Rider Form Number: RL-ACC2-WELL-12. Compass Critical Illness Insurance and Compass Specified Disease Insurance Policy Form Number: RL-CI3-POL-12. Compass Critical Illness Insurance and Compass Specified Disease Insurance Wellness Benefit Rider Form Number: RL-CI3-WELL-12. Compass Hospital Confinement Indemnity Insurance Policy Form Number: RL-HI-POL-12. Compass Hospital Confinement Indemnity Insurance Wellness Benefit Rider Form Number: RL-HIWELL-12. Form number, product provisions and availability may vary by state.

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