



Santa Barbara Superior Court Benefits – Compass Accident

Compass Accident Insurance plan offered through VOYA Financial provides added protection for expenses related to an accident such as ER Visits, Doctors office visits, hospitalization or physical therapy. Specific injuries such as broken bones, burns, torn ligaments or ruptured disks are also eligible for benefits under this policy. Coverage is provided with no health questions, and is paid in addition to your medical coverage. Employees, Spouses and dependents may apply.

Compass Accident Enrollment at a Glance

<http://www.sbcourts.org/gi/hr/2018/CompassAccInsEnrollment.pdf>

Compass Accident Rates

<http://www.sbcourts.org/gi/HR/2016/VolAccRates.pdf>

Compass Accident a Limited Benefit Policy

<http://www.sbcourts.org/gi/HR/2014/CompassInjuryBrochure.pdf>

Compass Accident Certification of Coverage

<http://www.sbcourts.org/gi/HR/insurance/CompassAccidentCertofCoverage.pdf>

The Compass Accident Insurance policy also includes a Wellness benefit which gives a covered employee a single standard annual benefit of \$100 for completing a health screening test. The covered spouse will receive a separate \$100 amount once they complete a health screening test. The standard annual amount per covered child is 50% of the employee benefit amount, with a maximum of \$200 in child benefits payable per calendar year.

[Wellness Claim Form](#)

Group Name: Santa Barbara Superior Court

Group Number: 680974

Account #: n/a

Certificate #: n/a

Compass Accident Claim:

<https://claimscenter.voya.com/static/claimscenter/>

CONTACT INFO:

Accident or Critical Illness General Customer Service: 877-236-7564

Accident Claim Center direct: 855-730-2902

Instructions to get your Wellness Reimbursement on line.

Have Type of Service; Date of Service; Provider Name handy.

You will be asked the following:

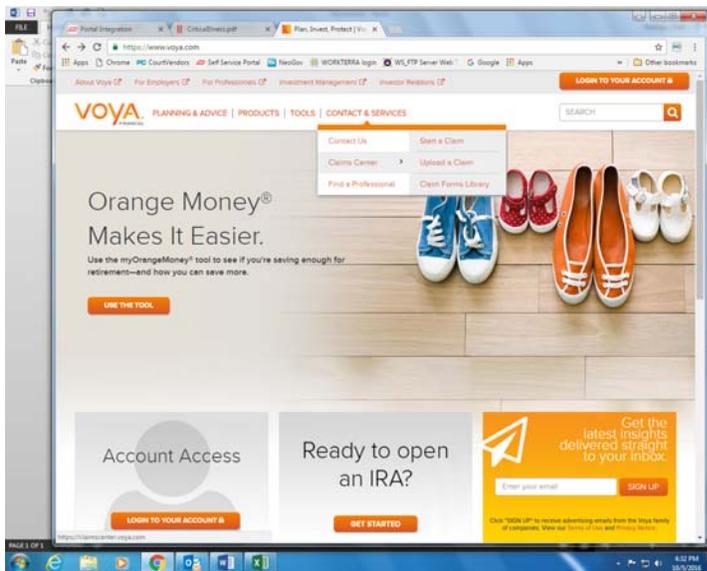
Group Name: Santa Barbara Superior Court

Group Number: 680974

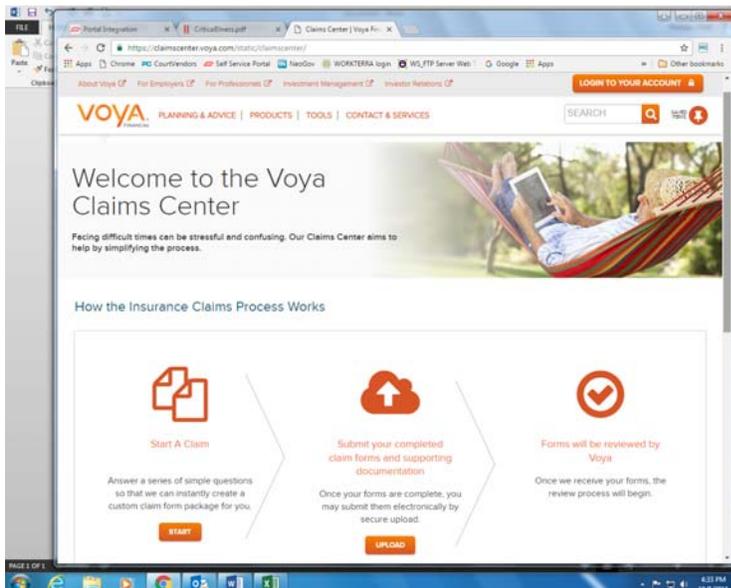
Go to VOYA.com

Select Contract & Services

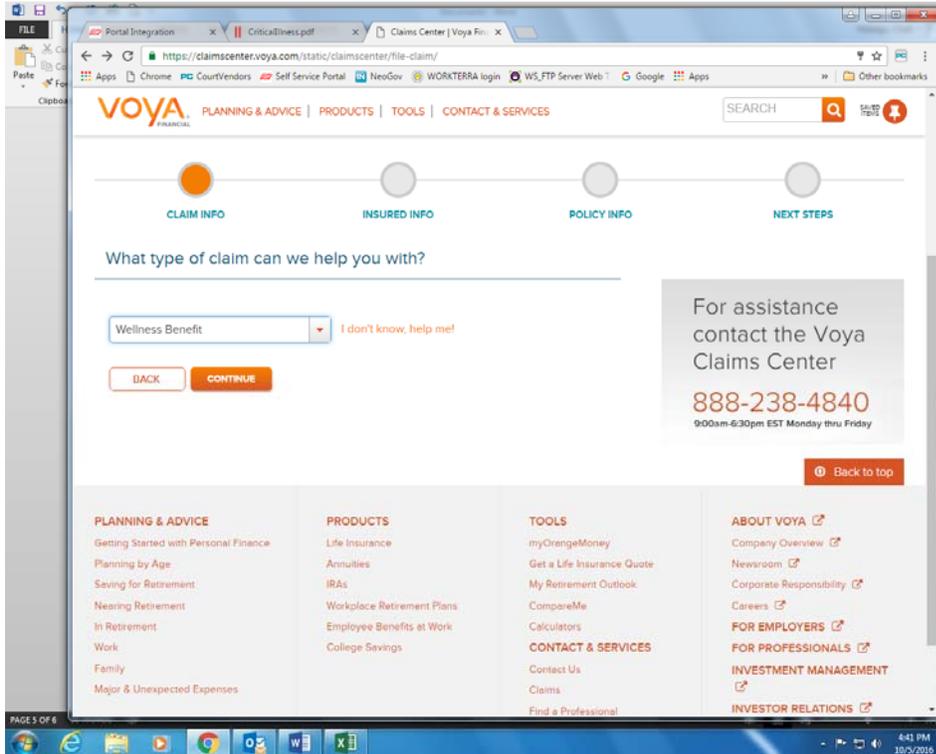
Select Start a Claim



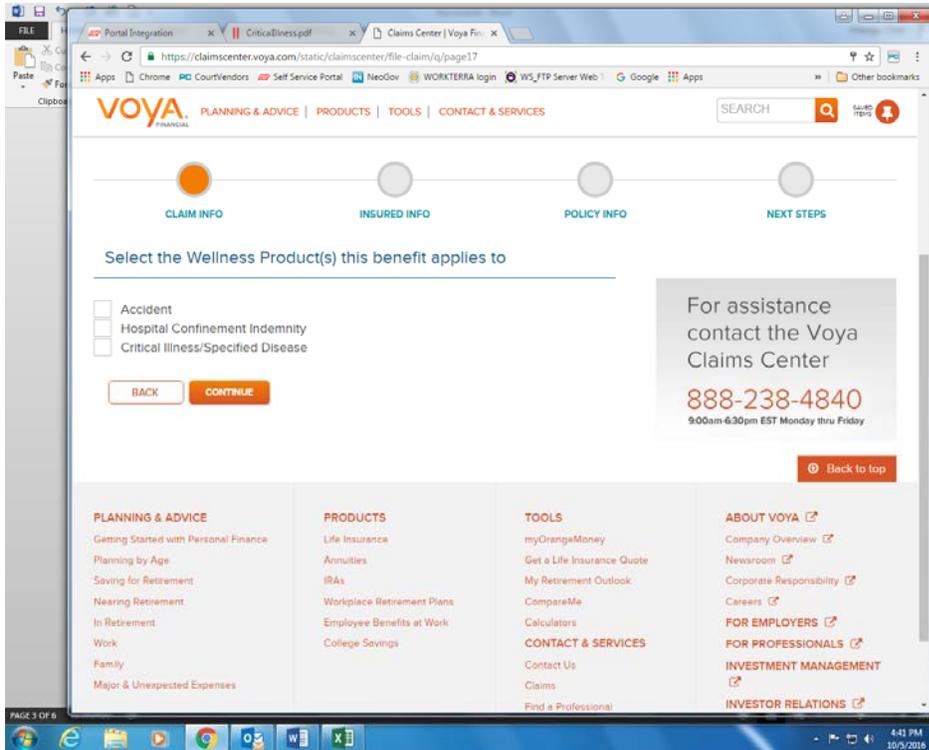
Click – Start a Claim



Go to Wellness Benefit



Check Accident (for Compass Accident) – or Critical Illness



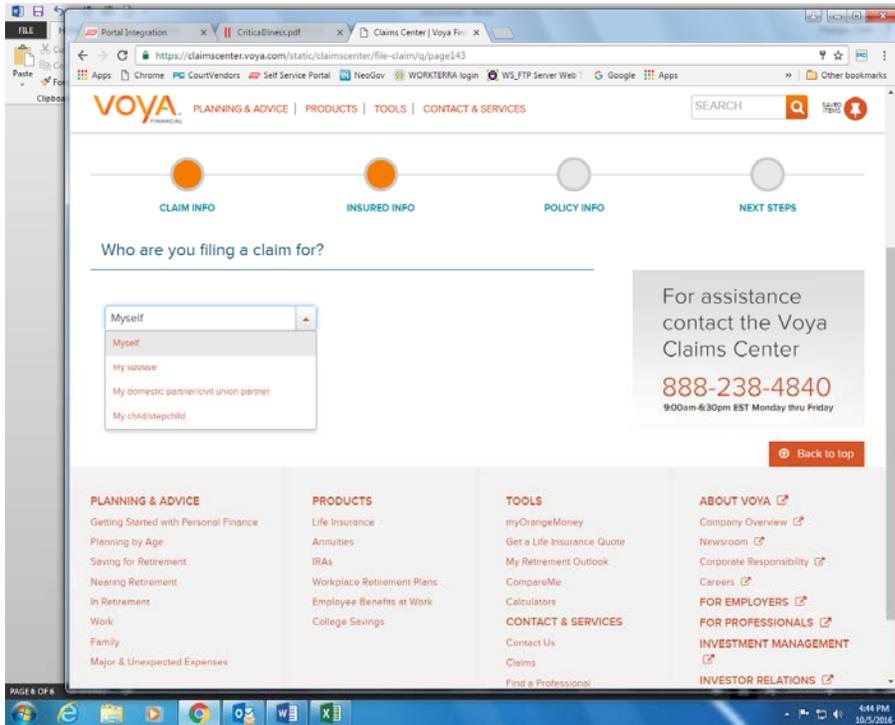
Select Employee

The screenshot shows the 'Who is filing this claim?' page in the Voya Claims Center. The page has a navigation bar with 'VOYA FINANCIAL' and links for 'PLANNING & ADVICE', 'PRODUCTS', 'TOOLS', and 'CONTACT & SERVICES'. A search bar is located in the top right. Below the navigation bar are four circular icons labeled 'CLAIM INFO', 'INSURED INFO', 'POLICY INFO', and 'NEXT STEPS'. The main heading is 'Who is filing this claim?'. There is a dropdown menu currently set to 'I am the EMPLOYEE/MEMBER' and a link 'I don't know, help me!'. Below these are 'BACK' and 'CONTINUE' buttons. To the right, a grey box contains contact information for the Voya Claims Center: '888-238-4840' and '900am-630pm EST Monday thru Friday'. A 'Back to top' button is at the bottom right of this box. At the bottom of the page, there are four columns of links: 'PLANNING & ADVICE', 'PRODUCTS', 'TOOLS', and 'ABOUT VOYA'. The Windows taskbar at the bottom shows the time as 4:43 PM on 10/5/2016.

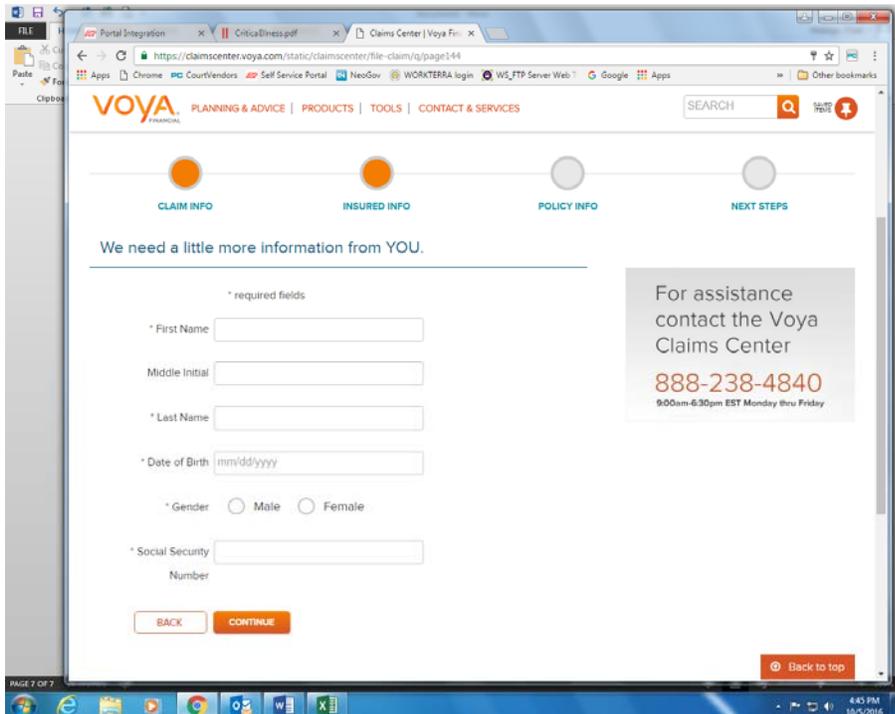
Read and check both boxes

The screenshot shows the 'Please read and agree to the following' page in the Voya Claims Center. The page has the same navigation bar as the previous screenshot. The main heading is 'Please read and agree to the following'. Below this, there are two sections. The first section is titled 'Before continuing, you must agree to the Terms & Conditions' and contains a text box with the following text: 'By clicking the "I Agree" box below, you I) consent to the use of electronic transactions, including submission of the claim document and receipt of future communications regarding your claim, and 2) you agree that you have electronically signed the claim document by typing your signature in the signature box as indicated on the form. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.' Below this text box is an unchecked checkbox labeled 'I agree to the Terms & Conditions'. The second section is titled 'Before continuing, you must read the Consumer Privacy Notice and Insurance Information Practices Notice' and contains a text box with the following text: 'We are pleased to provide you with information regarding your application or claim. This information is provided to you in accordance with legislation enacted in your state. You may also receive other privacy notices from us or from our affiliated companies. Please keep this notice and a copy of the completed application or claim form for your records.' Below this text box is an unchecked checkbox labeled 'I have read the Consumer Privacy Notice and Insurance Information Practices Notice'. At the bottom of the page are 'BACK' and 'CONTINUE' buttons. To the right, a grey box contains the same contact information for the Voya Claims Center as in the previous screenshot. A 'Back to top' button is at the bottom right of this box. The Windows taskbar at the bottom shows the time as 4:43 PM on 10/5/2016.

Select



Complete Required Fields



Select appropriate screening test

The screenshot shows a web browser window with the URL <https://claimscenter.voya.com/claimscenter/file-claim/q/page147>. The page header includes the VOYA logo and navigation links: PLANNING & ADVICE, PRODUCTS, TOOLS, and CONTACT & SERVICES. A progress bar at the top indicates the current step is 'INSURED INFO', with 'CLAIM INFO' and 'POLICY INFO' completed and 'NEXT STEPS' pending. The main heading is 'Please tell us about your Wellness Screening Test'. The form contains the following fields:

- 'Screening Test': A dropdown menu with 'Blood test for triglycerides' selected. A link 'I don't know, help me!' is visible.
- 'Date of Test': A text input field.
- 'Medical Provider Name': A text input field.

Below the form are 'BACK' and 'CONTINUE' buttons. A 'Back to top' button is located at the bottom right. A sidebar on the right provides contact information for the Voya Claims Center: 888-238-4840, 9:00am-6:30pm EST Monday thru Friday. A footer menu lists various services under categories like PLANNING & ADVICE, PRODUCTS, TOOLS, and ABOUT VOYA.

Group Name: Santa Barbara Superior Court

Group Number: 680974

You can leave other fields blank

The screenshot shows a web browser window with the URL <https://claimscenter.voya.com/claimscenter/file-claim/q/page148>. The page header is identical to the previous screenshot. The progress bar shows 'INSURED INFO' as the current step. The main heading is 'We need a little more information about this insurance coverage.'. The form contains the following fields:

- 'Employer': A text input field.
- 'Group Number': A text input field.
- 'Insurance Policy / Certificate Number': A text input field.

Below the form are 'BACK' and 'CONTINUE' buttons. A 'Back to top' button is located at the bottom right. The same contact information for the Voya Claims Center is present on the right. The footer menu is also visible at the bottom.

Review & Confirm

Certify and type in Name; Submit

Portal Integration x CriticalIllness.pdf x Claims Center | Voya Financial

https://claimscenter.voya.com/static/claimscenter/file-claim/q/page149

VOYA FINANCIAL | PLANNING & ADVICE | PRODUCTS | TOOLS | CONTACT & SERVICES

SEARCH

CLAIM INFO INSURED INFO POLICY INFO NEXT STEPS

Electronic Signature

* required fields

Please read your state's Fraud Warnings before continuing

New York Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I hereby certify that the statements on this form are complete and accurate to the best of my knowledge and the services described have been received.

By typing your name in the box below, you are electronically signing this document. Your electronic signature will be legally binding and enforceable and the legal equivalent of your handwritten signature.

* Employee/Insured/Member Signature

Date 10/05/2016

BACK SUBMIT

For assistance contact the Voya Claims Center
888-238-4840
9:00am-6:30pm EST Monday thru Friday

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4:48 PM 10/5/2016

You will get an email confirmation number. You will also be able to download a copy of your completed form.

Questions – 888-238-4840

Or contact anyone in HR.