



# Santa Barbara Superior Court Benefits – Critical Illness

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Compass Critical Illness Insurance through VOYA Financial is a limited benefit policy and is not health insurance. This policy pays a benefit on top of any health insurance benefits you currently receive. Critical illness insurance pays you a lump sum benefit upon diagnosis of a covered illness such as cancer, heart attack or stroke. Payments are made directly to you to cover copays and deductibles, at-home care or even you monthly bills. This policy also offers a Wellness Benefit, which provides a \$150 reimbursement for covered health screenings.

Critical Illness Enrollment at a Glance

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

Critical Illness Rates:

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

Critical Illness A Limited Benefit Policy

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

Critical Illness Certification of Coverage

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

This policy also offers a Wellness Benefit, which provides a \$150 reimbursement for covered health screenings. The Wellness Benefit Rider is designed to encourage you to protect your health and wellbeing by offering you the comfort of knowing that your Premier Critical Illness Insurance Policy can help with the costs of important medical and health screening tests.

Wellness Claim Form

Group Name: Santa Barbara Superior Court

Group Number: 680974

Account #: n/a

Certificate #: n/a

Critical Illness Claim:

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

CONTACT INFO:

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

Critical Illness Claim Center direct: 888-238-4840

Instructions to get your Wellness Reimbursement on line.

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

You will be asked the following:

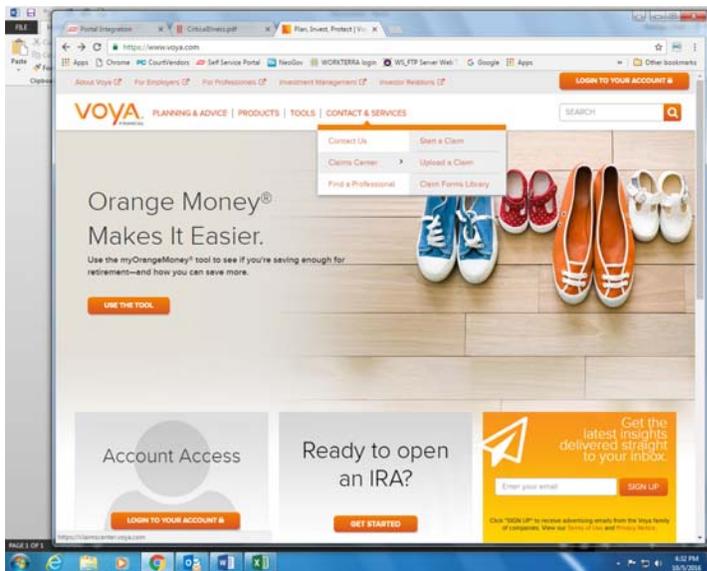
Group Name: Santa Barbara Superior Court

Group Number: 680974

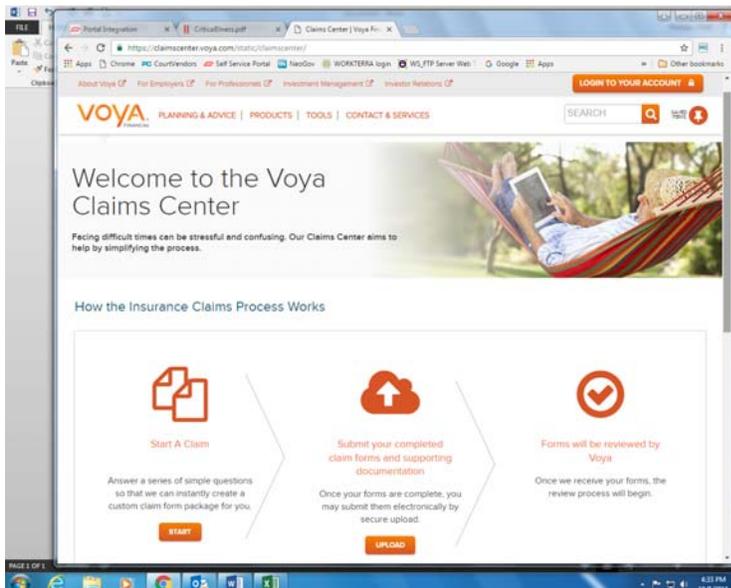
Go to VOYA.com

Select Contract & Services

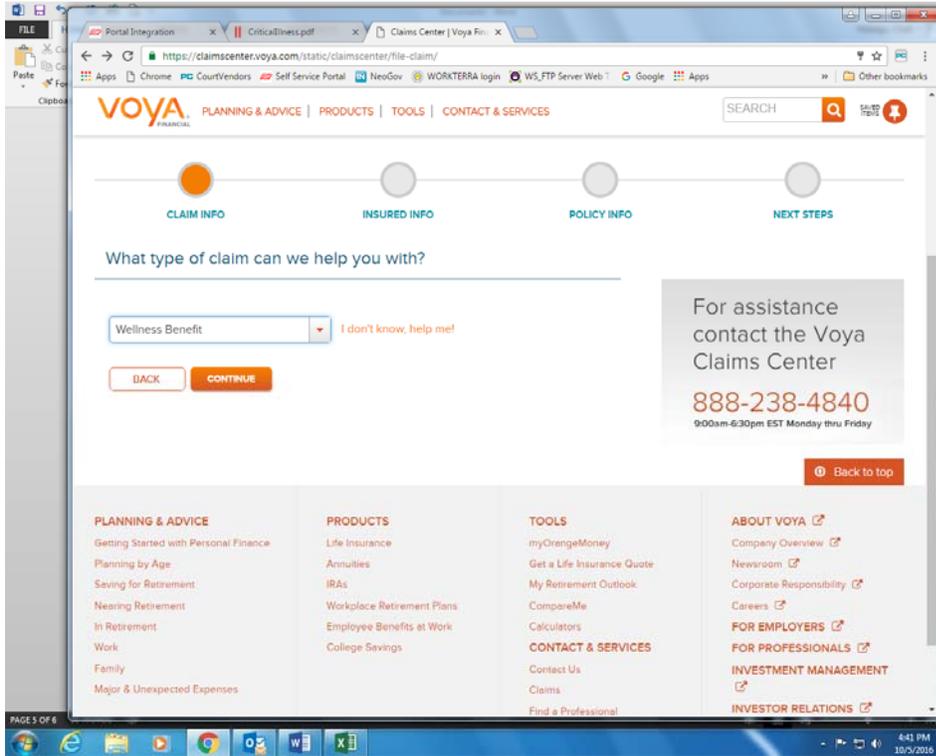
Select Start a Claim



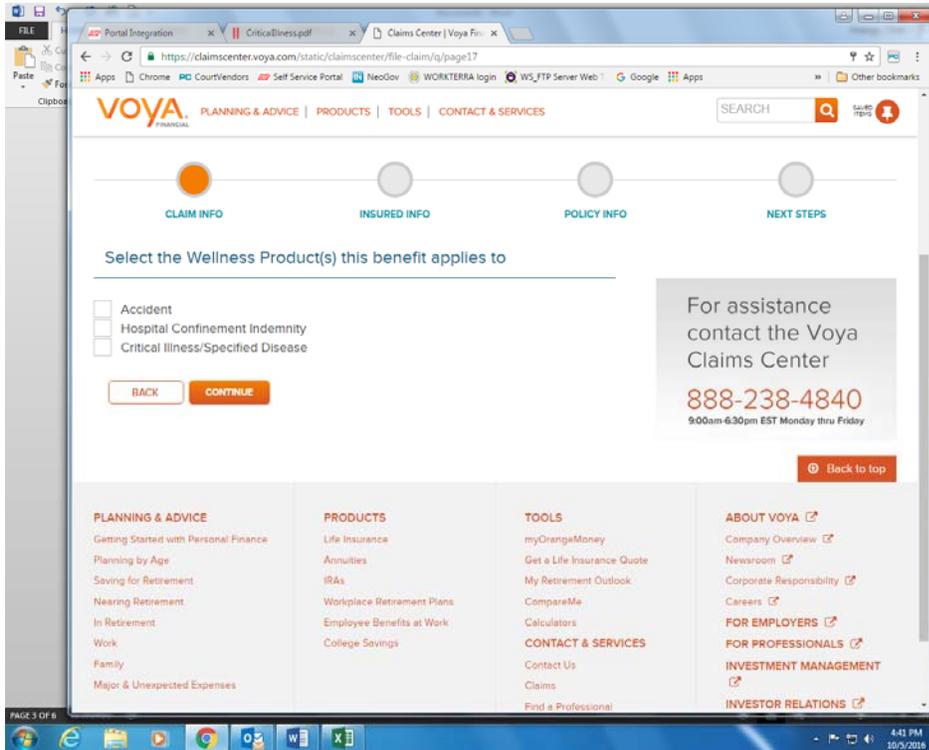
Click – Start a Claim



## Go to Wellness Benefit



## Check Accident (for Compass Accident) – or Critical Illness



## Select Employee

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

https://claimscenter.voya.com/static/claimscenter/file-claim/q/page49

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

SEARCH

CLAIM INFO INSURED INFO POLICY INFO NEXT STEPS

Who is filing this claim?

I am the EMPLOYEE/MEMBER I don't know, help me!

BACK CONTINUE

For assistance contact the Voya Claims Center  
888-238-4840  
900am-630pm EST Monday thru Friday

Back to top

PLANNING & ADVICE  
Getting Started with Personal Finance  
Planning by Age  
Saving for Retirement  
Nearing Retirement  
In Retirement  
Work  
Family  
Major & Unexpected Expenses

PRODUCTS  
Life Insurance  
Annuities  
IRAs  
Workplace Retirement Plans  
Employee Benefits at Work  
College Savings

TOOLS  
myOrangeMoney  
Get a Life Insurance Quote  
My Retirement Outlook  
CompareMe  
Calculators  
CONTACT & SERVICES  
Contact Us  
Claims  
Find a Professional

ABOUT VOYA  
Company Overview  
Newsroom  
Corporate Responsibility  
Careers  
FOR EMPLOYERS  
FOR PROFESSIONALS  
INVESTMENT MANAGEMENT  
INVESTOR RELATIONS

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## Read and check both boxes

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

https://claimscenter.voya.com/static/claimscenter/file-claim/q/page142

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SEARCH

Please read and agree to the following

Before continuing, you must agree to the **Terms & Conditions**

By clicking the "I Agree" box below, you [1] 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.

I agree to the Terms & Conditions

Before continuing, you must read the **Consumer Privacy Notice and Insurance Information Practices Notice**

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.**

**Our Underwriting Procedures**

I have read the Consumer Privacy Notice and Insurance Information Practices Notice

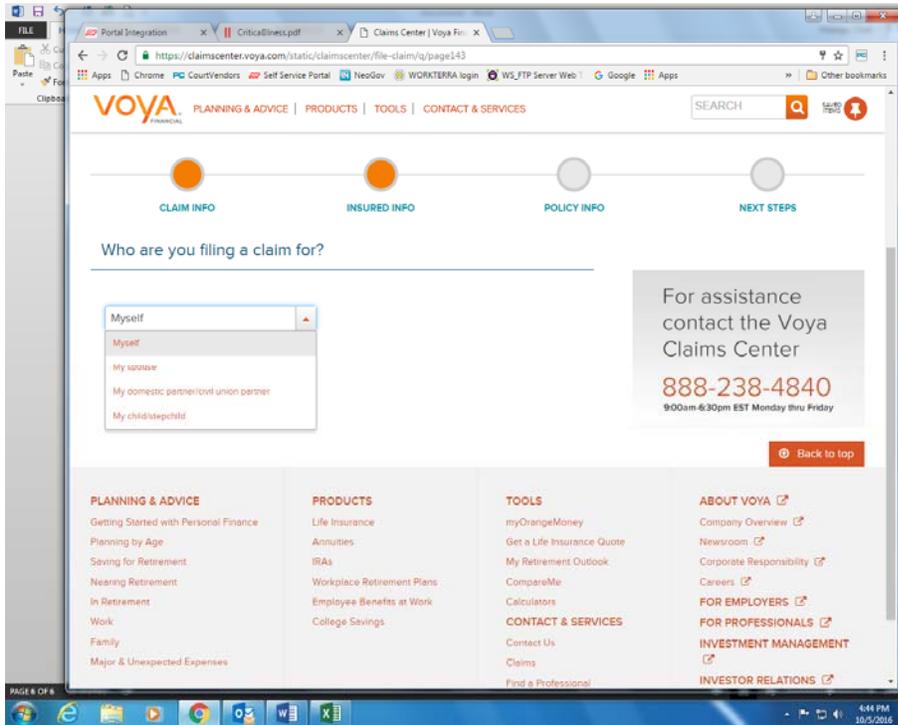
BACK CONTINUE

For assistance contact the Voya Claims Center  
888-238-4840  
900am-630pm EST Monday thru Friday

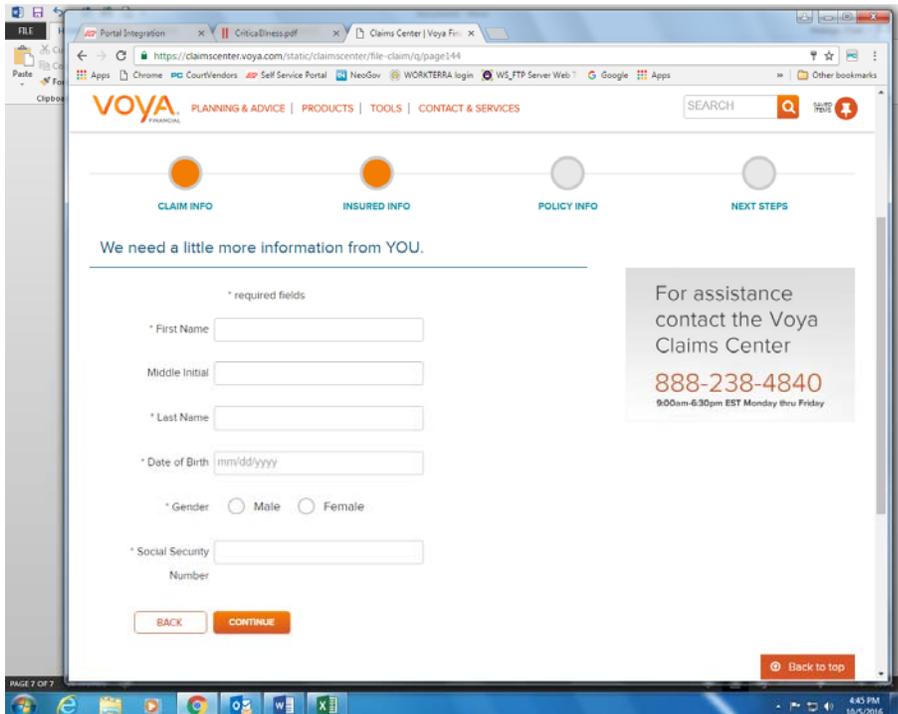
Back to top

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Select



Complete Required Fields



Select appropriate screening test

The screenshot shows a web browser window with the URL <https://claimscenter.voya.com/static/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 next to it.
- '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 grey box on the right side of the form contains the text: 'For assistance contact the Voya Claims Center 888-238-4840 900am-6:30pm EST Monday thru Friday'. The footer contains a grid of links for various services like 'Getting Started with Personal Finance', 'Life Insurance', 'myOrangeMoney', etc.

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/static/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 grey box with contact information is present on the right side. The footer is identical to the previous screenshot.

Review & Confirm

Certify and type in Name; Submit

The screenshot shows a web browser window displaying the Voya Financial Claims Center interface. The URL is <https://claimcenter.voya.com/static/claimcenter/file-claim/q/page149>. The page features a navigation bar with the Voya logo and links for Planning & Advice, Products, Tools, and Contact & Services. A progress indicator at the top shows four steps: CLAIM INFO, INSURED INFO, POLICY INFO, and NEXT STEPS. The current step is 'Electronic Signature'. Below this, there is a section for 'New York Fraud Warning' with a scrollable text area containing the following text: "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." Below the warning, there is a checkbox for certification: "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." A text box for the signature is labeled "\* Employee/Insured/Member Signature" and contains the name "Date 10/05/2016". At the bottom, there are "BACK" and "SUBMIT" buttons. A sidebar on the right contains contact information: "For assistance contact the Voya Claims Center 888-238-4840 9:00am-6:30pm EST Monday thru Friday". The Windows taskbar at the bottom shows the time as 4:48 PM on 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.