

Instructions to get your Wellness Reimbursement on line.

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

You will be asked the following:

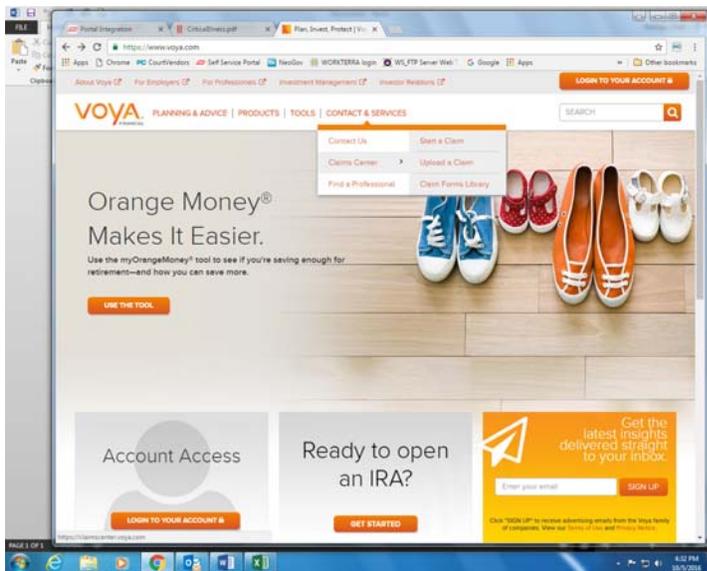
Group Name: Santa Barbara Superior Court

Group Number: 680974

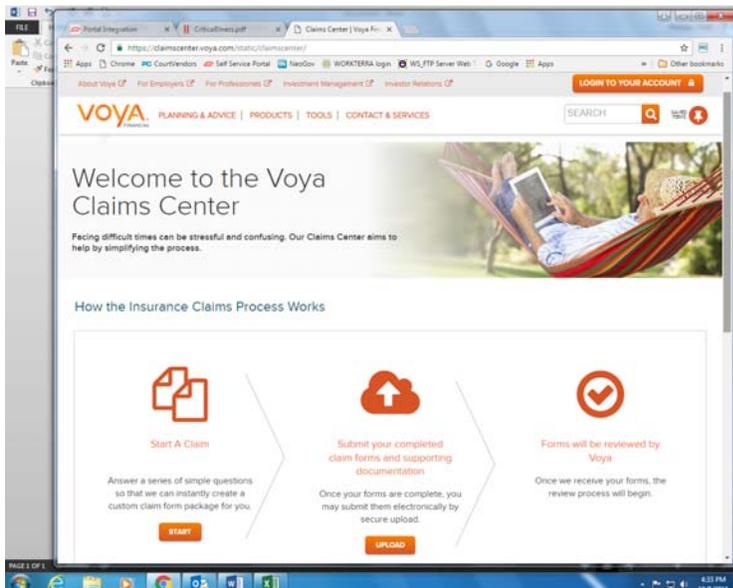
Go to VOYA.com

Select Contract & Services

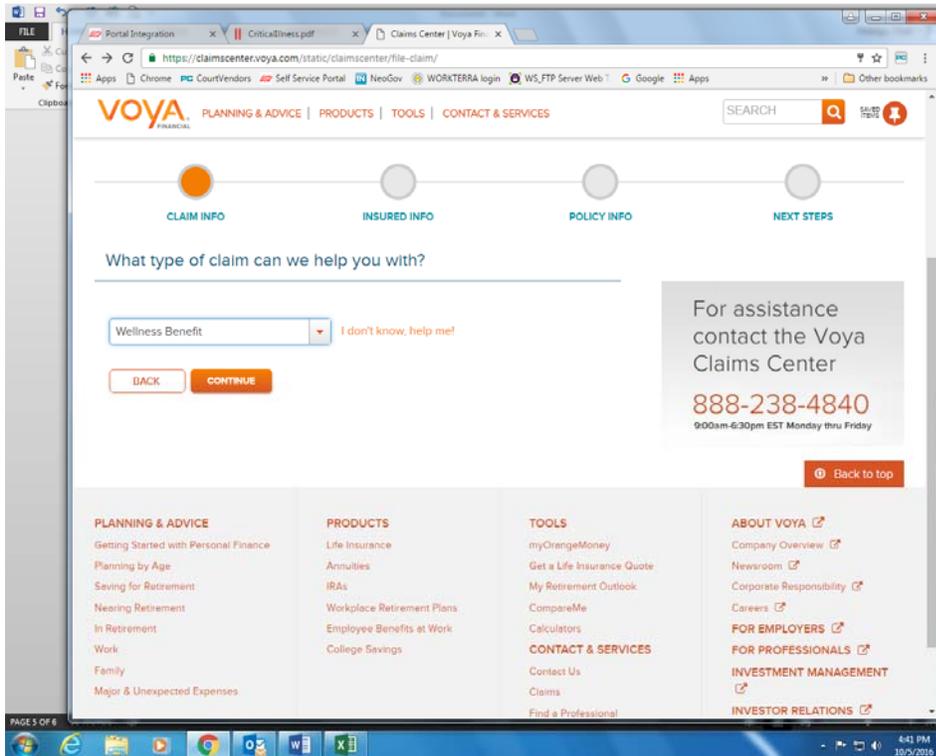
Select Start a Claim



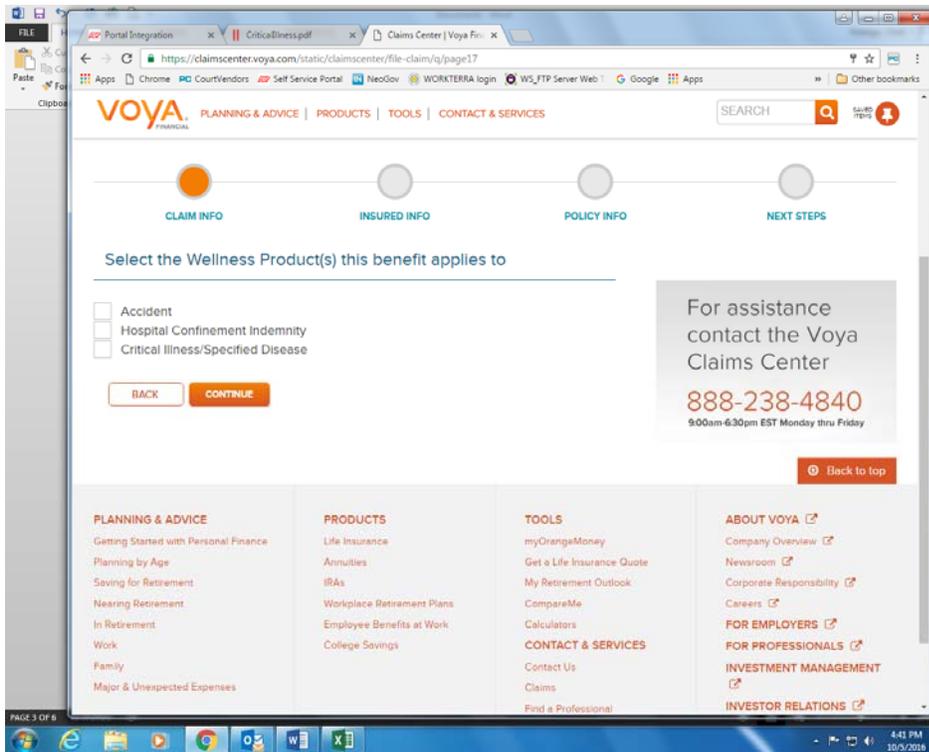
Click – Start a Claim



Go to Wellness Benefit



Check Accident (for Compass Accident) – or Critical Illness



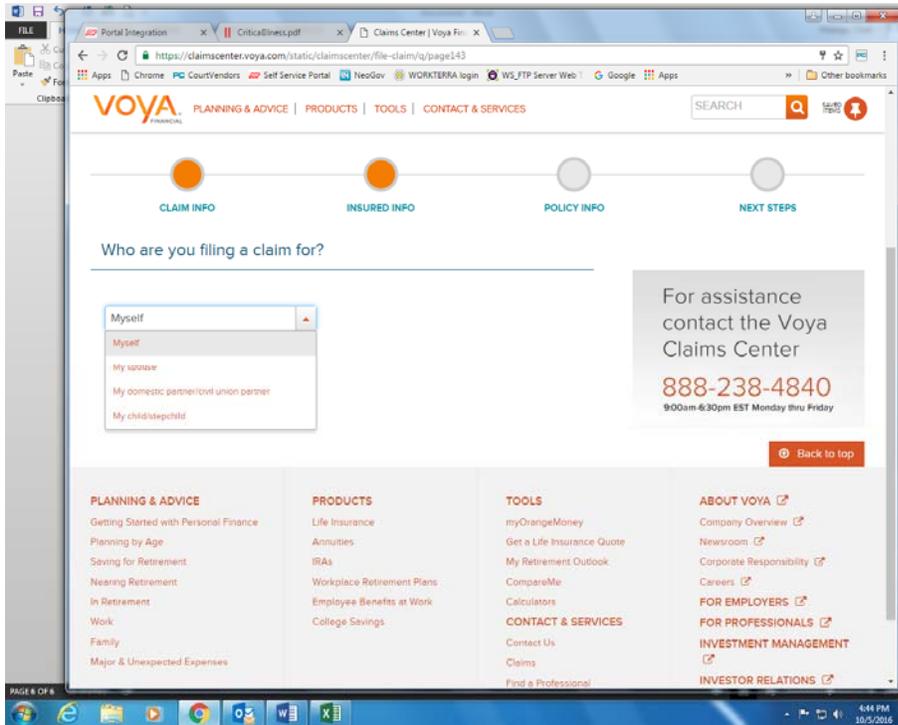
Select Employee

The screenshot shows the Voya Claims Center website. The navigation bar includes 'VOYA FINANCIAL', 'PLANNING & ADVICE', 'PRODUCTS', 'TOOLS', and 'CONTACT & SERVICES'. A search bar is located on the right. Below the navigation bar, there are four circular icons representing steps: 'CLAIM INFO' (highlighted in orange), 'INSURED INFO', 'POLICY INFO', and 'NEXT STEPS'. The main heading is 'Who is filing this claim?'. There is a dropdown menu with 'I am the EMPLOYEE/MEMBER' selected and a link 'I don't know, help me!'. Below the dropdown are 'BACK' and 'CONTINUE' buttons. To the right, there is a contact box for the Voya Claims Center with the phone number 888-238-4840 and hours '900am-630pm EST Monday thru Friday'. A 'Back to top' button is also present. At the bottom, there is a footer with various links: 'PLANNING & ADVICE', 'PRODUCTS', 'TOOLS', 'CONTACT & SERVICES', and 'ABOUT VOYA'.

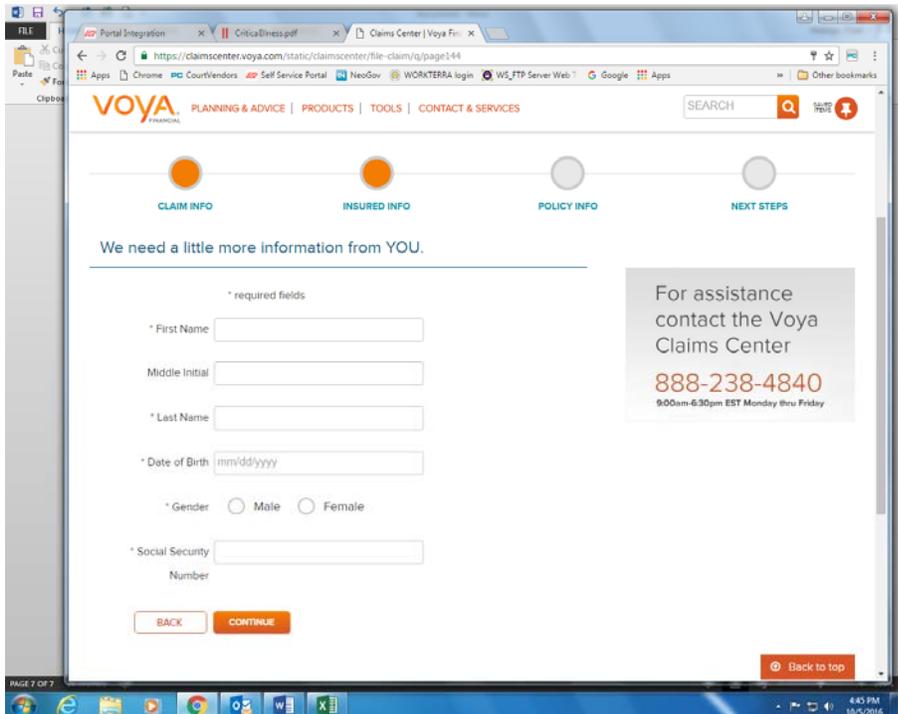
Read and check both boxes

The screenshot shows the Voya Claims Center website at the 'Please read and agree to the following' step. The navigation bar is the same as in the previous screenshot. The main heading is 'Please read and agree to the following'. Below the heading, there is a section for 'Terms & Conditions' with a text box containing 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 a checkbox labeled 'I agree to the Terms & Conditions'. There is also a section for 'Consumer Privacy Notice and Insurance Information Practices Notice' with a text box containing 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 a checkbox labeled 'I have read the Consumer Privacy Notice and Insurance Information Practices Notice'. At the bottom, there are 'BACK' and 'CONTINUE' buttons. To the right, there is a contact box for the Voya Claims Center with the phone number 888-238-4840 and hours '900am-630pm EST Monday thru Friday'. A 'Back to top' button is also present. At the bottom, there is a footer with various links: 'PLANNING & ADVICE', 'PRODUCTS', 'TOOLS', 'CONTACT & SERVICES', and 'ABOUT VOYA'.

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 features a progress bar with four steps: CLAIM INFO, INSURED INFO, POLICY INFO, and NEXT STEPS. The current step is 'Wellness Screening Test'. The form includes the following fields:

- * Screening Test: A dropdown menu with options: Blood test for triglycerides, Bone marrow testing, Breast ultrasound, CA 15-3 (breast cancer), and CEA (blood test for colon cancer). 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.

Buttons for "BACK" and "CONTINUE" are at the bottom of the form. A "Back to top" button is also present. A sidebar on the right contains contact information for the Voya Claims Center: 888-238-4840, 9:00am-6:30pm EST Monday thru Friday. A footer menu includes sections for 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 features a progress bar with four steps: CLAIM INFO, INSURED INFO, POLICY INFO, and NEXT STEPS. The current step is 'Insurance Coverage'. The form includes the following fields:

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

Buttons for "BACK" and "CONTINUE" are at the bottom of the form. A "Back to top" button is also present. A sidebar on the right contains contact information for the Voya Claims Center: 888-238-4840, 9:00am-6:30pm EST Monday thru Friday. A footer menu includes sections for PLANNING & ADVICE, PRODUCTS, TOOLS, and ABOUT VOYA.

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 [MAGNIFYING GLASS] [SAVED ITEMS]

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

PAGE 10 OF 10

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.