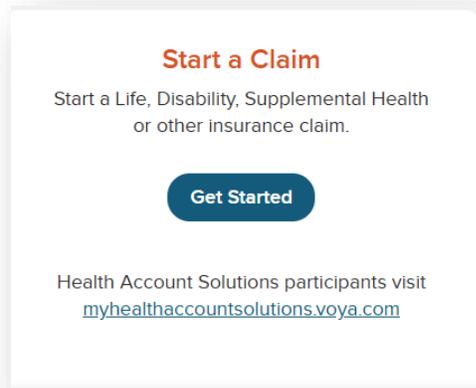


## NCFlex – Infectious Disease Benefit Rider on the Critical Illness Plan

The Infectious Disease Benefit Rider pays \$100 if you are covered by the NCFlex Critical Illness Plan (administered by Voya) and diagnosed with COVID by a medical professional. This benefit is payable once per year, per covered person. If diagnosed with COVID and you are hospitalized due to COVID for at least 20 hours, an additional \$2,000. If the hospitalization extends to five or more consecutive days, the Infectious Disease Benefit of 25% of your Critical Illness Plan Benefit is payable.

Here is how to file the Infectious Disease Benefit Rider when diagnosed with COVID:

1. Visit [voya.com/claims](https://voya.com/claims).
2. Under “Start a Claim” click “Get Started”



3. The next screen, “Before you begin,” explains how the claim process works. Read through this information and click “Let’s Get Started” in blue at the bottom.

4. On the next screen, choose which best describes you. If you are the employee, choose “Policyholder”.

**Let's get started**

\* Required Fields

\* Which choice best describes you?

Select one of the following:

- Policyholder**  
I signed up for and paid for the benefit through my employer, or am the primary claimant on the policy.
- Beneficiary**  
Life Products only: I was named as the beneficiary of a life insurance policy.
- Employer**  
I help administer my company's benefits program and am filing a claim or generating forms on behalf of an employee.
- Administrator**  
I help administer a group's benefits program and am filing a claim or generating forms on behalf of an employee or member.
- Filing on behalf of the policyholder**  
I have the information needed to complete the claim FOR the policy holder at their request.
- Filing on behalf of the beneficiary**  
I have the information needed to complete the claim FOR the beneficiary at their request.

5. Scroll down and choose who the claim is for. The person you choose must be covered under your NCFlex Critical Illness Plan at the time of the COVID diagnosis. Click “Continue” once you’ve made a selection.

**Who is this claim for?**

Select all that apply

- Myself (policy holder)
- My spouse
- My domestic partner/civil union partner
- My child/stepchild

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6. Next, enter information about the policyholder. If you are filing a claim for a child or spouse, you will also be prompted to enter their information on this screen. Click “Continue”.

**Let's start with some personal information**

\* Required Fields

\* **About you (policy holder)**

\* First Name      Middle Initial      \* Last Name

\* Date of Birth      \* Gender

      Male       Female

\* Social Security Number      \* Confirm Social Security Number

[+ Add another person to this claim](#)

[< Back](#)      **Continue**

7. On the next screen, enter your contact information and then click “Continue”.

**What is your contact information?**

\* Required Fields

This address is outside of the U.S.

\* Address Line 1      Suite, Apt #, PO Box

Please enter address

\* City      \* State      \* Zip Code

     North Carolina     

Please enter city      Please enter zip code

\* Primary Phone Number      Mobile Phone Number

Please enter your primary phone number in the 888-888-8888 format

\* Email Address

     [This is not my information](#)

By providing an email, you may receive changes in the claims' status to the address provided.

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8. Next, enter the employer as “State of North Carolina” and the Group Number as “0068077-0”.

**Now, let's gather information on your insurance coverage.**

\* Required Fields

Enter the policyholder's Employer/Association name. If unknown or not applicable, enter NA.

\* Employer / Association Name

State of North Carolina

This is not my information

The following information is not required to continue with your claim but helps speed up the progress.

Group Number <sup>?</sup> Insurance Policy Number <sup>?</sup>

0068077-0 OR

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9. You will come to a screen that asks, "What type of claim are you filing?" For the Infectious Disease Benefit Rider, since this is under the Critical Illness Plan, you will choose "Serious Illness".

**What type of claim are you filing?**

 <p><b>Wellness / Health Screening</b></p> <p>You completed a health screening test, let's get your benefit.</p> <p><a href="#">Select</a></p>	 <p><b>Accident Insurance</b></p> <p>You were in an accident big or small, we've got you covered.</p> <p><a href="#">Select</a></p>	 <p><b>Life Insurance</b></p> <p>You experienced a loss, we're here to help.</p> <p><a href="#">Select</a></p>	 <p><b>Serious Illness</b></p> <p>You were diagnosed with an illness, let's get your benefits.</p> <p><a href="#">Select</a></p>
 <p><b>Hospitalization</b></p> <p>You were hospitalized, we can support you.</p> <p><a href="#">Select</a></p>	 <p><b>Health Account Solutions</b></p> <p>You paid a bill, let's get you reimbursed.</p> <p><a href="#">Select</a></p>	 <p><b>Voya Protect®</b></p> <p>You've experienced a covered injury or illness, let's get your benefits.</p> <p><a href="#">Select</a></p>	

10. On the next screen choose “Critical Illness/Specified Disease” and then click “Continue”.

**What type of Serious Illness is this claim related to?**

Select one of the following:

- Critical Illness / Specified Disease**  
Receive a benefit if you are diagnosed with one of several named illnesses or conditions.
- Chronic Illness**  
Receive a portion of your life insurance death benefit if you have a chronic illness that prevents you from being able to perform two or more daily living activities without help.
- Wellness/Health Screening Benefit**  
Complete a covered health screening test such as a routine eye exam, routine dental exam, hearing test, annual well child/preventive exam or other option and receive an annual benefit.

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11. Next, choose “North Carolina” for the state the policy was issued in and click “Continue”.

**What state was the policy issued in?**

\* Required Fields

North Carolina

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12. On the next screen, you will choose “Infectious Disease” for the Critical Illness the claim is for. Then, you will fill out when your initial doctor’s visit was and your date of diagnosis. You will give a brief description of your condition (noting that it is COVID) and answer any

additional questions on the screen. Click “Continue”.

\* Which Critical Illness / Specified Disease is this claim for? The conditions listed below may not be covered in your certificate. (See Certificate of Insurance and riders for eligible conditions and definitions. Certificate provided by your Employer / Administrator.) ?

Select the condition(s) that best relates to your claim.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abdominal Aortic Aneurysm   | <input type="checkbox"/> Implantable Cardioverter Defibrillator (ICD) Placement | <input type="checkbox"/> Pacemaker Placement                             |
| <input type="checkbox"/> Addison's Disease   | <input checked="" type="checkbox"/> Infectious Disease                          | <input type="checkbox"/> Permanent Paralysis                             |
| <input type="checkbox"/> Advanced Dementia including Alzheimer's Disease   | <input type="checkbox"/> Loss of Hearing/Deafness                               | <input type="checkbox"/> Ruptured or Dissecting Aneurysm                 |
| <input type="checkbox"/> Amyotrophic Lateral Sclerosis (ALS)   | <input type="checkbox"/> Loss of Sight/Blindness                                | <input type="checkbox"/> Severe Burns                                    |
| <input type="checkbox"/> Benign Brain Tumor  | <input type="checkbox"/> Loss of Speech   | <input type="checkbox"/> Stem Cell Transplant                            |
| <input type="checkbox"/> Bone Marrow Transplant  | <input type="checkbox"/> Major Organ Transplant/Failure                         | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Multiple Sclerosis                                     | <input type="checkbox"/> Sudden Cardiac Arrest                           |
| <input type="checkbox"/> Coma  | <input type="checkbox"/> Muscular Dystrophy                                     | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE)              |
| <input type="checkbox"/> Coronary Angioplasty  | <input type="checkbox"/> Myasthenia Gravis                                      | <input type="checkbox"/> Systemic Sclerosis (Scleroderma)                |
| <input type="checkbox"/> Coronary Artery Bypass  | <input type="checkbox"/> Occupational Hepatitis B or C                          | <input type="checkbox"/> Thoracic Aortic Aneurysm                        |
| <input type="checkbox"/> End Stage Renal (Kidney) Failure  | <input type="checkbox"/> Occupational HIV                                       | <input type="checkbox"/> Transcatheter Heart Valve Replacement or Repair |
| <input type="checkbox"/> Heart Attack (Myocardial Infarction)<br><small>This does not include cardiac arrest</small> | <input type="checkbox"/> Open Heart Surgery for Valve Replacement or Repair     | <input type="checkbox"/> Transient Ischemic Attacks (TIA)                |
| <input type="checkbox"/> Huntington's Disease (Huntington's Chorea)  | <input type="checkbox"/> Parkinson's Disease                                    | <input type="checkbox"/> Type 1 Diabetes                                 |

13. On the next screen, you will be prompted to upload supporting documentation or finish the process later. If you are able to upload documentation here, this will help the claim to process quicker.

**Would you like to add supporting documents now?**

\* **Require Fields**

Based on the information you provided, the following documents are required and must be submitted to complete your claim:

- **Proof of Treatment:**  
Evidence like itemized bills, medical/emergency records, and treatment summaries provide support for your claim. Adding them now will help us process your claim faster.

**-OR-**

- [Attending Physician's Statement of Critical Illness/Specified Disease Form](#)  
This form must be completed, signed by the attending physician and submit with your claim.

\* **Select one of the following.**

Select files from your computer or choose to drag and drop your completed forms onto the page. Once complete, click Submit Forms at the bottom of the page.

- You can upload up to 10 files.
- Each file can be up to 10MB in size.
- The supported file types are: PDF, JPG, TIFF.

**Yes, I'll do this now.**  
Drag and drop your files below, or use the Select Files button.



Drag and drop your files below, or use the Select button

**No, I'll do it later.**  
We'll start with the information you provide today. To finish, come back to the site and choose "Continue Your Claim" when you're ready. You'll be able to upload additional documents then. (Your claim will not be completed until any required supporting document has been provided and accepted.)

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- The next couple of screens will let you save what you've done or select a payment option. Once you have submitted everything, you should receive a confirmation email with a claim number. If you have not uploaded documentation, be sure to go back and do that ASAP. Otherwise, once your claim is reviewed and approved, you will receive your payment in the mail or via direct deposit, whichever method you choose. If the claim is denied for any reason, you should receive a notice as to why.
- Email [ncflex@nc.gov](mailto:ncflex@nc.gov) if you have questions about this process or call Voya at 877-236-7564 for assistance with your claim.