

## ***GAPP OCCUPATIONAL ACCIDENT INSURANCE***

### ***INSTRUCTION MANUAL***

Welcome! Thank you for choosing to become one of our many Occupational Accident Insurance Customers. North American Benefits Company appreciates your business and invites you to call us if you have any questions regarding your program.

This manual will provide you with the basic instructions necessary for the proper administration of your **Standard Security Life Insurance Company of New York (SSL)** plan. This plan is administered by **North American Benefits Company** located in Malvern, Pennsylvania.

Any questions you may have regarding your plan should be directed to North American Benefits Company at the following address:

North American Benefits Company  
20 Valley Stream Parkway  
Suite 310  
Malvern, PA 19355

#### **For Policy Administration and Billing:**

Attention: Administration Department- **GAPP**

Phone Number: (610) 995-0169 ext. 2089  
Toll Free Number: (800) 994-4277  
Fax Line: (610) 995-0181

#### **For Claims Administration:**

Attention: Claim Department-**GAPP**

Toll Free Number: (800) 994-4277  
Fax Line: (610) 995-0181

***NORTH AMERICAN BENEFITS COMPANY  
20 VALLEY STREAM PARKWAY, SUITE 310  
MALVERN, PA 19355  
1-800-994-GAPP***

## ***GAPP OCCUPATIONAL ACCIDENT INSURANCE***

### ***IMPORTANT REQUIREMENTS***

To get the maximum benefit from your plan with a minimum of time and effort, we suggest you familiarize yourself with these important points:

1. Always include your Standard Security Life Insurance Company of New York (SSL) Policy Number on all forms and letters.  
  
Your Policy Number is can be located on the first page of your BLANKET ACCIDENT POLICY.
2. To determine the eligibility of each employee and the effective date of coverage for each employee refer to the provision outlined in the Master Policy.
3. Maintain an adequate supply of all forms necessary to administer your policy.
4. If you have indicated on your GAPP application that Contract Labor employees are to be insured, a Contract Labor Employee Census will be required. This form will be sent with your monthly premium billing statement and **must** be completed and returned with each premium payment.

## ***GAPP OCCUPATIONAL ACCIDENT INSURANCE***

### ***PREMIUM REPORTING***

The group premium shall be the sum of the individual premiums. The first premium due date will be the Policy's effective date. Subsequent premiums are due the first day of each succeeding premium interval and are to be received by North American Benefits on or before the due date. **If premiums are not received within the 31 day grace period, coverage will be terminated on the premium due date.**

A bill will be sent not less than 10 days prior to your premium due date. Each bill should be completed, signed and dated by a Company Authorized Representative.

The bill is designed to provide you with all the information you need to calculate your monthly premium. The premium due date, your policy number, Policyholder address information, Class Descriptions and the corresponding rate can be found on the billing statement.

Premium checks should be made payable to North American Benefits Company and sent to the following address:

North American Benefits Company  
PO Box 3056  
Southeastern, PA 19398-3056

## ***GAPP OCCUPATIONAL ACCIDENT INSURANCE CLAIMS PROCEDURES***

When submitting claims to North American Benefits Company the following items are required in order to properly evaluate each claim:

### **ACCIDENT MEDICAL/DENTAL AND DISABILITY CLAIMS:**

- A. Group Accident Claim Form. Section I must be completed by the employee, including a signed authorization. Section II must be completed and signed by the Employer.
- B. Include your injured employee's unpaid Medical bills. As we will be re-pricing your employee's medical bills for possible savings, do not repay the provider of service.
- C. In the event a disability claim is filed, please supply us with verification of Annual earnings on the disabled individual. Such as W2 or copies of weekly payroll. The Employer and claimant's statement must be completed and signed. The Attending Physician form must also be completed in full and signed.
- D. In the event that the employee is paid in Cash Payments by the policyholder, instead of payroll checks, bonafide cash receipts are required.

The cash receipts must include:

- The date cash was paid to the claimant.
- The amount of the cash paid.
- The name of the individual that received the cash and his/her signature.

In addition to the above mentioned copies of any other information available regarding the accident (i.e. newspaper clippings, accident reports, etc.) should be sent with the claim form. If any drug test was performed, we require a copy of the test results.

### **PAYMENT OF BENEFITS:**

- A. Accidental Death Benefits will be paid to the designated beneficiary.
- B. Disability and Medical Benefits will be made payable to the employee directly or to the provider for services.

**TO ESTABLISH A NEW CLAIM OR IF YOU HAVE DOCUMENTATION REGARDING AN EXISTING CLAIM, PLEASE CONTACT OUR OFFICE AT 1-800-994-4277.**

**HARD COPY DOCUMENTATION IS REQUIRED AND SHOULD BE SENT TO:**

North American Benefits Company  
20 Valley Stream Parkway, Suite 310  
Malvern, PA 19355

If you have any questions, please use our toll free number: 1-800-994-4277.

***GAPP OCCUPATIONAL ACCIDENT INSURANCE  
BENEFICIARY DESIGNATIONS***

**IMPORTANT:** No entity other than North American Benefits Company will have the authority to adjudicate, investigate, deny or determine the validity of any claim under this policy. This includes the Policyholder and his/her contracted agent(s) of service. All claim investigation will be done by North American Benefits Company.

An insured person shall have the right to designate a beneficiary to receive any amount payable for loss of life and shall have the right to change that designation without the consent of the beneficiary. The "Beneficiary Change" card can be used by the insured to designate a beneficiary. If no beneficiary has been designated, the amount payable for loss of life will be paid as outlined in the Master Policy.

**Note:** An employer named as a beneficiary is unacceptable to the insurance company. The insured will be requested to complete a new beneficiary designation. Any exceptions to this provision must be attained in writing from North American Benefits Company prior to your policy effective date.

Additional Insured changes, which require a Beneficiary Change Card to be completed by the insured, are as follows:

- a. Change of insured's name and/or beneficiary name.
- b. Change beneficiary designation

**PLEASE NOTE:** The changes reflected on the Beneficiary Change Card must be signed and dated by the insured.

Beneficiary Change cards are to be checked for completeness. Be sure the policyholder name and policy number is clearly identified on the form.