



File a claim with confidence.

How to file a claim.

The Hartford makes it easy to file a claim.

Step 1: Know when it's time to file a claim.

If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

Chapel Hill Independent
School District

Policy Number: 715644

Your disability program is
managed by The Hartford.

Step 2: Have this information ready.

Name, address and other key identification information

Last full day of active work

The nature of your claim

Your treating physician's name, address, phone and fax numbers

Step 3: Make the call.

With your information handy, call The Hartford at 866-547-9124.

You'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.



To file a claim

866-547-9124

M-F 7am to 7pm Central

Policy Number: 715644



If you're absent from work, we can advise you on when to file a claim. If your absence is scheduled, such as an upcoming hospital stay, call us 30 days prior to your last day of work. If unscheduled, please call us as soon as possible.

How to file a claim.

Get supportive assistance.

Even after your claim has been filed, we may be in touch to check your progress, answer questions or get more information from you. Our goal is to offer a smooth and hassle-free experience until you return to work. Feel free to also contact us with anything that's on your mind. We're here to help.

Relax and stay positive.

You can feel confident in our knowledge, experience and understanding of what you're going through. We're with you all the way, so you can receive the benefits you qualify for and get back to your life.



Quick facts.

Our goal is to help get you through your time away from work with dignity and assist you in any way we can. Keep the card below in a safe place for future use. We'll be there when you need us.

For more information, please contact The Hartford's toll-free number **866-547-9124**



When you call, The Hartford will ask you for:

- Your name, address and other key identification information
- The name of your department and last full day of active work
- The nature of your claim
- Your treating physician's name, address, and phone and fax numbers

This card is not proof of insurance.

The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com.

All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2025 The Hartford Disability Form Series includes GBD-1000 A (10/08), GBD-1200 (10/08), or state equivalent. 26-GB-3778000-EM 02-26