



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.

Scurry-Rosser Independent School District

Policy Number: 927194

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

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

The nature of your claim

Step 3: Make the call

With your information handy, call The Hartford at 1-866-547-9124 you'll be assisted by a caring professional who'll take your information, answer your questions and file your claim.

To file a claim

1-866-547-9124

M-F, 7 a.m. to 7 p.m. Central Time

Policy Number: 927194



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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 obtain additional 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
1-866-547-9124**



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
- Your treating physician's name, address, and phone and fax numbers
- The nature of your claim

This card is not proof of insurance.

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Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

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