



myBenefitsHub

Portal Guide



Managing and understanding your benefits can be difficult. This is why we designed our online platform, myBenefitsHub, to deliver a secure, consistent, and personalized user experience that strives to keep you connected to your benefits. This portal guide describes what options are available on the portal.



How to register

1. Visit mybenefitshub.voya.com or scan the QR code below and click Register Now to create an account.
2. To verify your identity, you'll receive a code via the email or mobile phone number on file with us. (If no email or mobile phone number is on file, you can either use our mobile match service or request a PIN be mailed to you.)
3. Once verified, you can create permanent login credentials and update your login verification preferences.
4. You have the option to register your device to make logging in easier.
5. When logging in later, you will be asked to enter a code (text message or email) along with your permanent login credentials.



myBenefitsHub

Scan to visit
myBenefitsHub



Portal features

With the many features available on myBenefitsHub you will be able to:

- Access a summary of your Supplemental Health Insurance enrolled coverages
- Start a new Supplemental Health Insurance, Disability or Leave claim and check a claim's status
- Get help with FAQs
- Upload forms or other documents
- Send your designated leave Claim Specialist a note
- Download medical certification or authorization forms
- Learn about federal and state regulations that apply to your leave
- Add time to a claim or document a day taken on your approved intermittent leave
- See remaining time you have for each leave
- Update your communication preferences for all your benefits offered by Voya



Homepage

After you login to myBenefitsHub, you'll reach the homepage where you can see an overview of your enrolled Voya-offered coverages and select a specific coverage to get more information. If you have existing claims, you can access more information about them under Recent Events. Please note these screenshots are for illustrative purposes only and your experience may vary based on your enrolled coverages.



Need assistance?

For registration and login questions, please contact **1-855-784-5348** Monday – Friday, 7 a.m. – 9 p.m. EST.

[My Benefits](#)[Benefit Claims](#)[My Absences](#)[FAQs](#)[Hi Sarah Smith](#)

Welcome to myBenefitsHub

Manage and engage with your benefits more easily with this self-service website.

It is important to verify that your address as well as your beneficiary's address are always up to date. Please review your information regularly and update as needed.

[File a benefit claim or request an absence](#)[Add a new event](#)[Get Started](#)

Supplemental Insurance

Account #123456

Benefit	Policy No.
Accident Insurance - Employee	CAC1234567
Critical Illness Insurance - Employee	CCI9876544
Wellness Employee Rider CCI	CCI9876544



Supplemental Health Insurance coverage information

A list of the Supplemental Health Insurance coverage(s) you are enrolled in will appear under the My Benefits dropdown. You can click the product to learn more about the coverage(s), access coverage information and view coverage amounts. These will be summaries only. The policy, certificate and riders should be reviewed for complete provisions, conditions on benefit determination, exclusions and limitations.



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

My Benefits ▾ Benefit Claims ▾ My Absences FAQs

Hi Sarah Smith ▾

Critical Illness Insurance

Thank you for continuing your Critical Illness Insurance coverage with us. It pays a lump-sum benefit if you are diagnosed with a covered illness or condition that happens on or after your coverage effective date.

About your policy

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any benefits.

⊖ [What is Critical Illness Insurance?](#)

Critical Illness Insurance pays a lump sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For a complete description of your available benefits, provisions, exclusions and limitations, and termination of coverage please review your certificate of insurance.

⊕ [What you need to file a claim](#)

*Benefits are payable at 100% of the Critical Illness benefit amount unless otherwise noted in your certificate of insurance. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

Policy Details

Policy Number: CCI123321

Insured: Sarah Smith

Date of Birth: 09/09/****

Group Name: Group Name

Group Number: 123456

Status: Active

Effective Date ⓘ : 04/01/2021

Benefit Summary

Compass Critical Illness Voluntary Employee

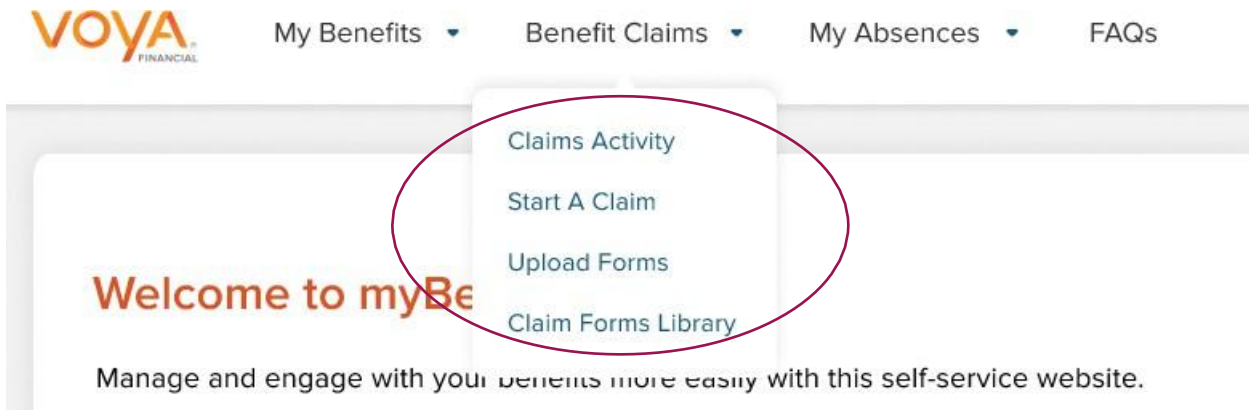
Coverage Amount*: \$30,000

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Supplemental Health Insurance claims

Under Benefit Claims you can view Supplemental Health Insurance claims activity, start a claim and upload forms. You can also access the Voya Claims Center to submit claims at voya.com/claims.



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Track a Supplemental Health Insurance claim

Under *Benefit Claims*, select *Claims Activity* to view any Supplemental Health Insurance claims activity including claim number, status and claim type. You can click the “+” sign to expand the box for more information and to get details on your tracked claims.

The benefit claims activity shown below are for claims submitted within the last 24 months. If you are looking for claims submitted greater than 24 months in the past, please access the Voya Claims Center or call our Contact Center.

Benefit Claims Activity
Information as of March 12, 2024 *

In Progress

Claim Type	Benefit Type	Claim No.	Event Date	Claimant/Insured	Received Date	Status
+ Wellness	Accident	C-2024-1234567	01/26/24	Sarah Smith	03/22/24	Pending
+ Wellness	Accident	C-2024-1234567	01/26/24	Sarah Smith	03/22/24	Pending

Closed Claims 1 - 10 of 18 results found

Claim Type	Benefit Type	Claim No.	Event Date	Claimant/Insured	Payment Amount	Status Date	Status
+ Wellness	Critical Illness	C-2024-1234567	01/01/24	Jon Smith	\$50.00	02/18/24	Paid
+ Wellness	Accident	C-2024-1234567	01/01/24	Sarah Smith	\$50.00	02/18/24	Paid

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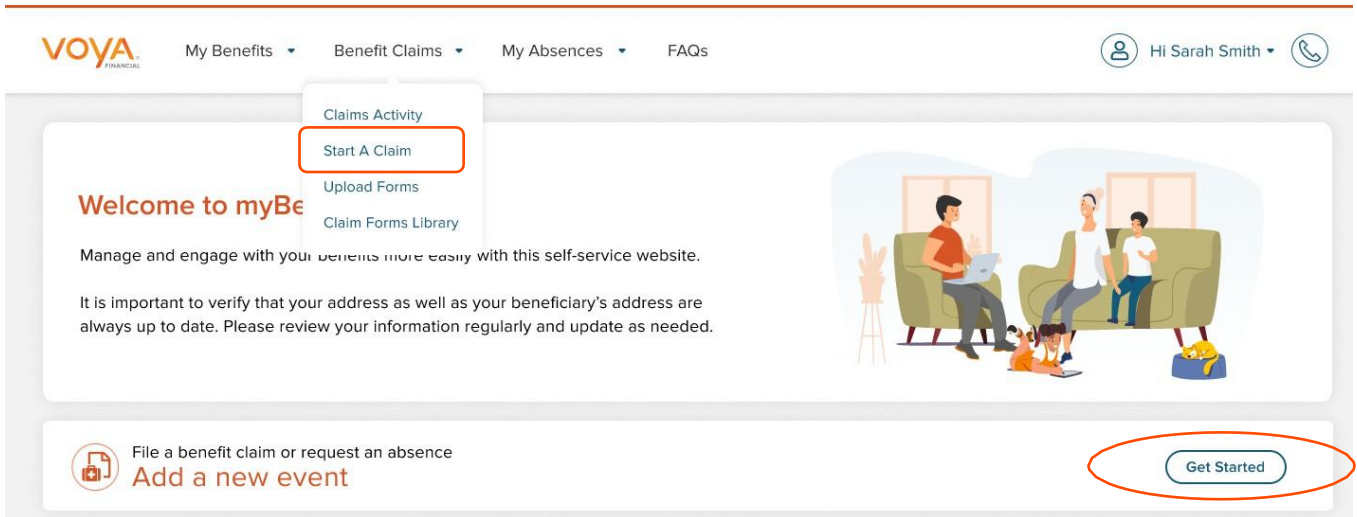
Supplemental Health Insurance claims support

For Accident, Critical Illness/Specified Disease, Hospital Confinement Indemnity and Wellness/Health Screening Benefit claims help please contact 877-236-7564, 9:00 a.m. - 8:00 p.m. EST Monday – Friday.

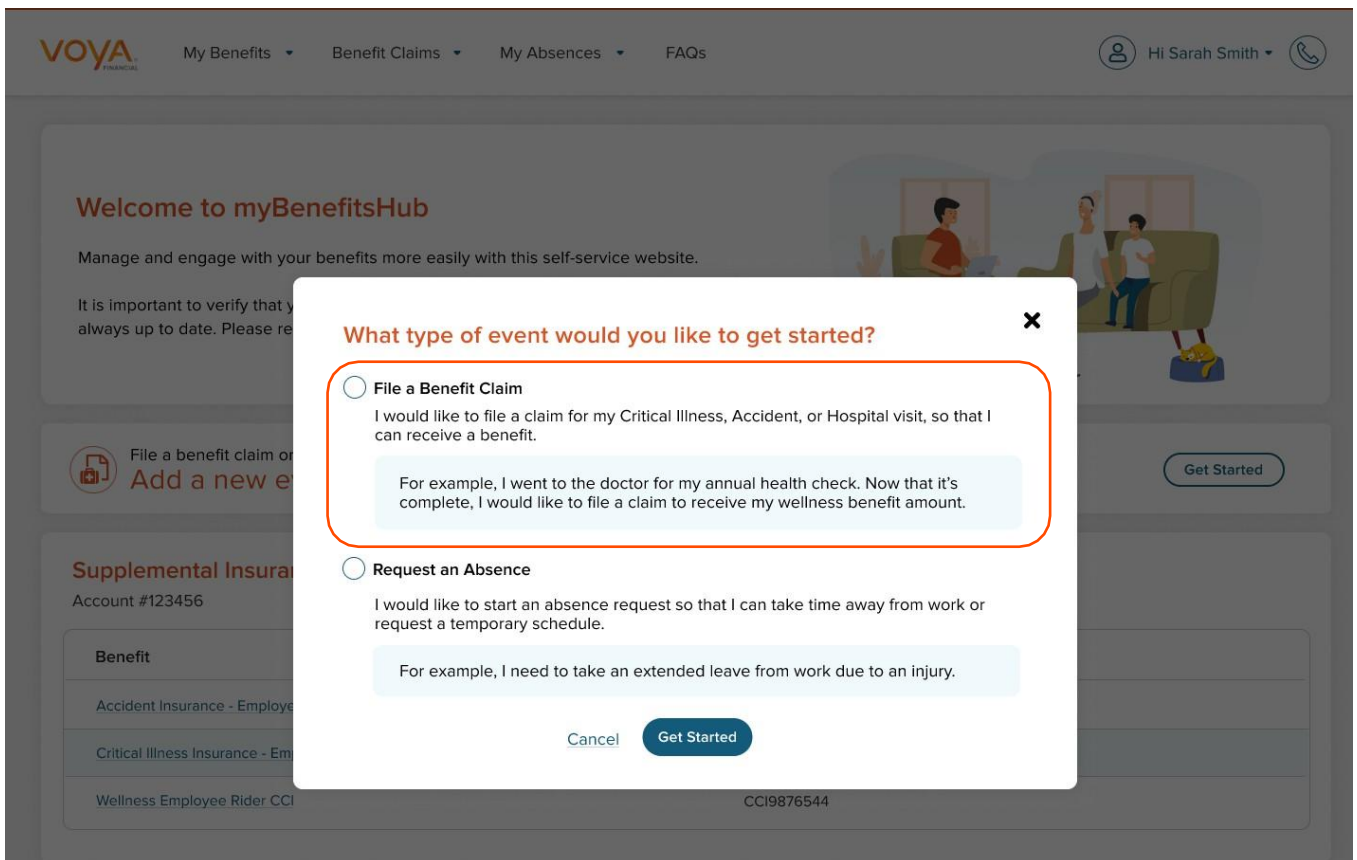


Start a Supplemental Health Insurance claim

To file a Supplemental Health Insurance claim, select Start A Claim under the Benefit Claims Dropdown. You can also select Get Started from the homepage to file a Supplemental Health Insurance claim or a Leave of Absence. You will be prompted to gather a few pieces of information before you begin and there will be a progress tracker at the top of the screen to help guide you. Once you are finished, submit your claim and use the claims activity tracker to track your claim status at anytime.



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Benefits summary

If you need to be away from work, you can view all your employer's leaves we administer by selecting *My Absences* from the top menu bar. You can browse through the leaves available to learn more about what you may be eligible for. The benefits shown below may not be an exhaustive list. Additional benefits may appear once an absence is submitted. You can also view the balance of the time used and time remaining for certain leave types.



Creating a leave of absence and/or Short Term Disability Income Insurance claim

Follow the steps below if you need to request a leave of absence or Short Term Disability Income Insurance claim:

1. Under *My Absences*, select *Start A New Absence Request*.

VOYA My Benefits • Benefit Claims • **My Absences** • FAQs Hi Sarah Smith

Absence Overview

Open Absences
Information as of March 12, 2025

Event: Injury ● Pending

Created: Thursday, January 14, 2025
Claim Number: NTN-0726
Time Pattern: Continuous
Return to Work: Monday, March 24, 2025

Request starting on **Monday, January 29, 2025**
Ending on **Friday, March 21, 2025**
[Manage my time request](#)

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
1/29-2/3	2/4-2/10	2/11-2/17	2/18-2/24	2/25-3/2	3/3-3/9	3/10-3/16	3/17-3/22

● FMLA ● Short Term Disability ● Company Paid Leave [View Absence Details](#)

Need to request a new absence from work?
Sarah, we're simplifying the leave process to serve you better. [Start A New Absence Request](#)

Benefits Summary

Learn more about the job protected and paid benefits that you may be eligible for. For the leave plans that have a time allotment, you will see the balance at the bottom of each summary description. Please note that not all plans have balance information.

Federal FMLA

Paid Family and Medical Leave

Family Care Act

Military Service

Civil Air Patrol

Crime Victims

Emergency Responder

Colorado Paid Family And Medical Leave

[View Rules](#)

Colorado Paid Family and Medical Leave Insurance (CO FMLI) provides job protected, partial income replacement for eligible workers when taking leave for their own serious health condition, to care for a seriously ill family member, to bond with a new child entering the family through birth, adoption, or foster care placement within the 1st year of birth or placement, due to a qualifying exigency leave, or due to a need for safe leave.

- Up to 12 weeks of leave in any 12-month period.
- Up to an additional 4 weeks of leave for a serious health condition related to pregnancy or childbirth complications.

Your Balance

Entitled to up to 12 weeks in any 12-month period.

● Time Used: 2 weeks ● Time Pending: 0 weeks ● Time remaining: 10 weeks

2. You will then provide details about your claim by following the questionnaire, which should take around 5 – 10 minutes to complete. **Any field that does not have an asterisk (*) is an optional field that can be left blank or filled out later.** Throughout the questionnaire, there will be helpful information on the right-hand side of the screen to help guide you through the process.

Absence Overview > Start a new absence request

REASON FOR ABSENCE ABSENCE DETAILS SCHEDULE / TIME REQUEST ADDITIONAL INFO REVIEW & SUBMIT

Taking time away from work? Let us help you through the process.

* Required Fields

* Who is submitting this request?

Employee

* What type of absence do you need?

☐ Accident or treatment required for an injury

☐ Sickness, treatment required for a medical condition or any other medical procedure

☐ Pregnancy, birth or related medical treatment

☐ Bonding with a new child (adoption/foster care/newborn)

☐ Caring for a family member

☐ Out of work for another reason

* What is the reason you need to request an absence?

Select

There are many reasons you may need to request an absence from work.

When you need to miss work for an extended period of time due to a life event, Voya can help support you throughout your absence options and assist you with wage replacement benefits you may be eligible to receive.

Next, we will ask you to provide details about your requested absence. This should only take a few minutes to complete.

Continue

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

3. Review your claim information at the end of the questionnaire before accepting the terms and conditions.

Absence Overview > Start a new absence request

REASON FOR ABSENCE ABSENCE DETAILS SCHEDULE / TIME REQUEST ADDITIONAL INFO REVIEW & SUBMIT

Review the details of your request

Reason for Absence Edit

Who is submitting this request? Employee

Reason for request Accident

Absence Details

General Information Edit

Please provide the date the accident occurred 01/25/2025

Where did the accident occur? Accident location

Approximately what time of day did the accident occur PM

What type of accident? Fall

Is the accident work related? No

If you continued to work, when did you cease working due to the accident? 1/25/2024

When did you first miss work? 1/29/2024

When do you expect to return to work? 3/21/2024

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

4. Agree to the certification statements and submit your request.

Absence Overview > Start a new absence request

✓

✓

✓

✓

...

REASON FOR ABSENCE

ABSENCE DETAILS

SCHEDULE / TIME REQUEST

ADDITIONAL INFO

REVIEW & SUBMIT

Please read and agree to the following

* Required Fields

Application Certification Statement

I hereby certify that the above statements are complete and accurate to the best of my knowledge. I also agree to reimburse Voya to the extent of any overpayment which is in excess of the amounts payable under this group plan.

☒ * I have read and agree to the Application Certification Statement

Fraud Certification Statement

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 subjects such person to criminal and civil penalties.

☒ * I have read and agree to the Fraud Certification Statement

[< Back](#) [Cancel](#) [Submit Request](#)

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

5. You will receive confirmation of your successfully submitted absence request and next steps.

Absence Overview > Start a new absence request

Your request has been successfully submitted.

Claim number: [NTN-24-072641](#)

Please remember it is your responsibility to continue to follow your company's normal absence reporting procedures.

Let's review what you can expect from here.

A claim specialist will reach out to you **within 2 business days** to go through your leave request, gather any additional information needed, and explain the leave process to you.

To make a decision on your absence, we'll need information from your medical provider. This is your responsibility to pursue, we will assist. If we receive a fax number to your treatment provider's office, we will fax documentation to your treatment provider, and follow up for completion.

You will be receiving a letter from Voya, which will outline your benefits for your claim. This letter will include:

- An **Authorization form**, which will need you be signed and returned
- **Certification form** needed to be completed by the treatment provider

After receiving the necessary documentation, we will review your claim for Short Term Disability benefit for a decision and your claim specialist will reach out to discuss the claim decision.

We're here to help if you have questions.

Your experience is important to us, and we are here to help you navigate through your benefits. At any point in your claim process, you can review your claim status through our self-service employee portal at [myBenefitsHub.voya.com](#) or you can contact us at 833-973-1670 and we would be happy to assist you with any questions you may have. Our Customer Service department is open to you Monday – Friday, 7 a.m. through 9 p.m. Eastern Time.

[Return to Absence Overview](#)

Quick Links

- [Authorization for Release of Information form](#)
- [Medical Certification form](#)
- [Direct Deposit form](#)



Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



View your open claim

Once you have submitted your claim, you can view the status of your leave claim (and short-term disability claim if applicable) by selecting *My Absences* from the top menu bar. There will be a graphic that outlines the potential leave types in your leave claim and their duration. In addition, you're able to view the relationship type and name applicable to your leave.

VOYA Financial

My Benefits ▾ Benefit Claims ▾ My Absences ▾ FAQs

Hi Sarah Smith ▾

Absence Overview

Absence Overview

Open Absences
Information as of March 12, 2025

Event: Accident or treatment required for an injury ● Pending

Created: Thursday, January 14, 2025

Claim Number: NTN-0726

Time Pattern: Continuous

Return to Work: Monday, March 24, 2025

Requested absence starting on **Monday, January 29, 2025**

Ending absence on **Friday, March 21, 2025**

[Manage my time request](#)

Week 1 1/29-2/3 Week 2 2/4-2/10 Week 3 2/11-2/17 Week 4 2/18-2/24 Week 5 2/25-3/2 Week 6 3/3-3/9 Week 7 3/10-3/16 Week 8 3/17-3/22

● FMLA ● Short Term Disability ● Company Paid Leave

[View Absence Details](#)

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Absence details

When you select *View Absence Details*, you can view more information about your claim such as:

- Full details of your leave broken down by leave type (including short-term disability, if applicable);
- Explanation of your leave's type ex: Job Protection, Income Protection, etc.;
- Current status of your leave(s) i.e. Approved Time, Time Pending; and
- Make any updates to your claim under *Manage Time Request*.

FMLA

Pattern: Continuous **Benefit Start:** 01/29/25 **Benefit End:** 03/22/25 **Type:** Job Protection

Status:

01/29/25 8 consecutive weeks 03/22/25

● Approved Time Taken: 7 weeks ● Time Pending: 1 week

[Date of Absences](#)

Time Reported Requested: 8 weeks | Approved: 7 weeks

Start	End	Total Time Reported	Document Decision ⓘ	Event Status
Sun, March 17, 2025	Sat March 22, 2025	1 week	● Pending ⓘ	● Pending
Sun, January 29, 2025	Sat March 16, 2025	7 week	● Satisfied	● Approved

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Payment information

Details about any payments received under a leave program can be accessed by selecting the specific absence under *My Absences*, *View Absence Details*, and then *Payment Information*.

Absence Overview > Absence Detail

Absence Details

Information as of March 12, 2025

Event	Claims No.	Leave Pattern	Last Day Worked	Start Date ⓘ	End Date ⓘ	Return Date ⓘ
Accident or treatment required for an injury	NTN-0726	Continuous	01/26/25	01/29/25	03/22/25	03/24/25

Benefit and Time Summary

View your benefit coverage for the time period requested.

Manage Time Request

Week 1 1/29-2/2	Week 2 2/5-2/9	Week 3 2/12-2/16	Week 4 2/19-2/23	Week 5 2/26-3/1	Week 6 3/4-3/8	Week 7 3/11-3/15	Week 8 3/18-3/22

FMLA

Pattern:
Continuous

Benefit Start:
01/29/25

Benefit End:
03/22/25

Type:
Job Protection

Status:
01/29/258 consecutive weeks03/22/25

● Approved Time Taken: 7 weeks ● Time Pending: 1 week

Date of Absences

Time Reported

Requested: 8 weeks | Approved: 7 weeks

Start	End	Total Time Reported	Document Decision ⓘ	Event Status
Mon, March 18, 2025	Fri March 22, 2025	1 week	● Pending ⓘ	● Pending
Mon, January 29, 2025	Fri March 15, 2025	7 week	● Satisfied	● Approved

Company Paid Leave

Pattern:
Continuous

Start Date:
03/11/25

End Start:
03/22/25

Type:
Income Protection

Status:
03/11/252 consecutive weeks03/22/25

● Approved Time Taken: 2 weeks

Date of Absences

Payment Details

Payment Glossary of Terms

Export to CSV

Payment Date	Payee	Payment Type	Reference Number	Payment Amount ⓘ																								
03/27/25	Sarah Smith	EFT 2024123456	P-2024-123456	\$681.22																								
<table><thead><tr><th>Description</th><th>Start Date ⓘ</th><th>End Date ⓘ</th><th>Amount</th></tr></thead><tbody><tr><td>Gross Benefit Amount - Weekly</td><td>Mon March 18, 2025</td><td>Fri March 22, 2025</td><td>\$894.27</td></tr><tr><td>Federal Income Tax - Weekly</td><td>Mon March 18, 2025</td><td>Fri March 22, 2025</td><td>(-\$135.77)</td></tr><tr><td>Medicare Tax - Weekly</td><td>Mon March 18, 2025</td><td>Fri March 22, 2025</td><td>(-\$10.44)</td></tr><tr><td>Social Security Tax - Weekly</td><td>Mon March 18, 2025</td><td>Fri March 22, 2025</td><td>(-\$38.26)</td></tr><tr><td>State Income Tax - Weekly</td><td>Mon March 18, 2025</td><td>Fri March 22, 2025</td><td>(-\$28.58)</td></tr></tbody></table>					Description	Start Date ⓘ	End Date ⓘ	Amount	Gross Benefit Amount - Weekly	Mon March 18, 2025	Fri March 22, 2025	\$894.27	Federal Income Tax - Weekly	Mon March 18, 2025	Fri March 22, 2025	(-\$135.77)	Medicare Tax - Weekly	Mon March 18, 2025	Fri March 22, 2025	(-\$10.44)	Social Security Tax - Weekly	Mon March 18, 2025	Fri March 22, 2025	(-\$38.26)	State Income Tax - Weekly	Mon March 18, 2025	Fri March 22, 2025	(-\$28.58)
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State Income Tax - Weekly	Mon March 18, 2025	Fri March 22, 2025	(-\$28.58)																									
03/20/25	Sarah Smith	EFT 2024123457	P-2024-123457	\$681.22																								

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Modify your open claim

Under *My Absences*, *Absence Details*, select *Manage Time Request* to view details about or modify your absence. You will then be presented with options to add time to your request, add or change your return to work date or cancel your absence request.

VOYA FINANCIAL My Benefits Benefit Claims My Absences FAQs Hi Sarah Smith

My Absences > Absence Detail

Absence Details

Information as of March 12, 2024

Event	Absence ID	Leave Pattern	Last Day Worked	Start Date ⓘ	End Date ⓘ	Return Date ⓘ
Employee Illness or Injury	AC-24-072642	Continuous	01/26/24	01/29/24	03/22/24	03/25/24

Benefit and Time Summary

View your benefit coverage for the time period requested.

[Manage Time Request](#)

Week 1 1/29-2/2	Week 1 2/5-2/9	Week 3 2/12-2/16	Week 4 2/19-2/23	Week 5 2/26-3/1	Week 6 3/4-3/8	Week 7 3/11-3/15	Week 8 3/18-3/22

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

VOYA FINANCIAL My Benefits Benefit Claims My Absences FAQs Hi Sarah Smith

Absence Overview > Absence Detail

Absence Details

Information as of March 12, 2025

Event	Claim ID	Start Date ⓘ	Return Date ⓘ
Injury	NT...	2/25	03/25/25

Benefit and Time Summary

View your benefit coverage for the time period requested.

[Manage Time Request](#)

Week 1 1/29-2/2	Week 1 2/5-2/9	Week 8 3/18-3/22

FMLA

Pattern: Continuous Benefit Start: 01/29/25 Benefit End: 03/22/25 Type: Job Protection

How would you like to manage your absence?

☐ I want to add time to my original absence request.

☐ I want to add or change my return to work date.

☐ I want to cancel my absence request.

[Continue](#)

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Add time to your original continuous absence request

You can change the start or end date of your continuous absence by selecting the appropriate radio button and manually entering the new date or clicking the calendar icon to get a month-by-month view.

The screenshot shows the VOYA Absence Details page. The background is dimmed, showing the 'Absence Details' section with 'Event: Injury', 'Pattern: Continuous', and 'Status: Approved'. A modal titled 'Manage My Time' is open in the foreground. The modal has a close button (X) in the top right. Below the title, it says 'Add time to my absence.' There is a table with three columns: 'Start Date' (01/05/25), 'End Date' (03/25/25), and 'Duration' (8 weeks). Below this table, it asks 'When would you like to add more time?' with two radio buttons: 'Add time to the beginning of my absence.' (selected) and 'Add time to the end of my absence.' Under the selected option, there is a 'Current Start Date' (01/05/25) and a 'New Start Date' field. The 'New Start Date' field has a text input with a placeholder 'mm/dd/yy' and a calendar icon. At the bottom of the modal are three buttons: 'Back', 'Cancel', and 'Submit'.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Add or change your return to work date

If you didn't provide a return to work date when you submitted your original absence or only provided an estimated date, you can use this screen to provide an estimated or confirmed return to work date.

The screenshot shows the VOYA Absence Details page. The background is dimmed, showing the 'Absence Details' section with 'Event: Injury', 'Pattern: Continuous', and 'Status: Approved'. A modal titled 'Manage My Time' is open in the foreground. The modal has a close button (X) in the top right. Below the title, it says 'Change or add the date you will be returning to work.' There is a table with three columns: 'Start Date' (01/05/25), 'End Date' (03/25/25), and 'Duration' (8 weeks). Below this table, it asks 'When do you plan to return to work?' with a 'Return Date' field containing '03/28/25' and a calendar icon. To the right of the date field is the text 'This date is' followed by two radio buttons: 'An estimated date' (selected) and 'A confirmed date'. At the bottom of the modal are three buttons: 'Back', 'Cancel', and 'Submit'.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Add time to your original intermittent absence request

You can report time missed from work to your pending/approved intermittent absence by selecting the appropriate radio button and entering the date and time associated to your intermittent absence.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.

In the *Manage My Time* window, please enter the dates that you will be absent from work by either clicking on the calendar icon or entering the date. Then enter how many hours and/or minutes you were absent from work. Please also select if this reason is for absence as either incapacity or treatment. Entering a *Start Time* and *End Time* may be required based on your employer's leave policy. If you have non-consecutive days to report, you may do so by selecting + *Add additional dates to your absence*.

Please note:

- That if the time reported is higher than the lowest increment of time established by your employer the reported time will round down to the lowest allowed increment.
- That if the time reported does not align with your schedule on file, please contact the call center **1-833-973-1670 7 a.m. – 9 p.m. EST Monday - Friday** to report that time.

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Other helpful information

- **Required From Me:** You'll see the tasks require your attention with date we sent you the request and the due date we need that information.
- **My Documents:** Here is a full inventory of communications we've sent you. You can view any document shown here by clicking on the hyperlink.
- **Benefit Details:** This will provide you the documents associated with a claim decision for each leave or STD category type we've sent you.

Documents

Upload A File

Required from me (1)

My Documents (2)

Below is a list of communications sent to you, including required documents related to your absence. For additional support, we're here to help! Contact your claim specialist or access common forms through [Quick Links](#).

Name	Requested on	Due Date
Additional Information	1/15/2025	1/25/2025
Certification Request	1/04/2025	1/22/2025

Message Your Claim Specialist

Tim B. | Phone: 860-321-4321 | Email: VLMClaims@Voya.com

New Message

Show Incoming only

voia

RE: Need additional time off

02/10/25

SS

Need additional time off

02/10/25

voia

RE: Question about request

01/15/25

SS

Question about request

01/10/25

RE: Need additional time off

Sent From: Voya Claim Specialist

Received: 02/10/25 at 4:09 PM EST

In order to add time to your request, you can complete this online by visiting [Manage Time Request](#). If you need assistance, please contact me at 860-321-4321.

Thank you
Tim

Reply

Data/names shown are for illustrative purposes only and do not represent actual customer information. Actual results may vary.



Need more leave information?

Our leave Claim Specialists are quickly accessible to answer your questions and provide information regarding your leave of absence or disability claim. Please contact us for assistance in filing a claim, to ask questions about a claim, or to send documentation.



Claims Contact Center

1-833-973-1670

Hours: 7 a.m. – 9 p.m. EST

Mon - Fri



Login assistance

1-855-784-5348

Hours

7 a.m. – 9 p.m. EST



Email and fax

VLMClaims@voya.com

1-855-882-8047



This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. [Insurance is issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Availability and provisions may vary by state.]

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