



**TeleGuard
Authorization**

G-552851

BARNES GROUP INC.

In order to determine if disability benefits are payable, Guardian requires your authorization for the release of medical information pertaining to your claim. Please authorize the release of this information by signing below and ask your physician(s) to retain a photo-copy in your patient file. Please complete any other authorizations that your physician requires to allow the release of medical information to Guardian. You should also advise your physician that a Guardian Representative will be calling shortly to obtain the needed medical information. **Please retain your original Authorization card in the event that it is needed in the future.**

I authorize my physician and/or medical provider to disclose to Guardian any information regarding my diagnosis, treatment, disability status and medical history

Employee/Patient Signature

Date-

IMPORTANT INSTRUCTIONS

To expedite your claim filing process, call toll-free at 1-888-262-5670 to initiate your claim as soon as your disability begins; please call Monday-Friday, 8:00 am - 8:00 pm (EST). **You may also initiate your claim online via www.guardiananytime.com.**

Please be prepared to provide the following information:

1. Your name, social security number (also known as 9 digit code), address and telephone number
2. Your employer contact name and phone number
3. Your physician's name, address, phone and fax numbers
4. If you have not already done so, please sign the authorization (on the front side), and provide a copy to your treating physician to be retained in your patient file.

Important: To avoid delays in processing, prior to initiating your claim, please inform your physician that a Guardian representative will be contacting their office by phone to obtain medical information. Your assistance in this area may help expedite your claim review.

You may follow the status of your disability claim on-line by visiting us at www.guardiananytime.com

GG-013200