



Amalgamated Life

Group • Stop Loss • Voluntary

FOR GENERAL QUESTIONS AND CLAIM QUESTIONS

Toll Free Telephone Number

866-975-4089

Fax (for sending a claim)

914-367-4114

Email

MemberWebInquiry@amalgamatedbenefits.com

Claims Mailing Address

Amalgamated Life Insurance Company

Voluntary Benefits Department

P.O. Box 5453

White Plains, NY 10602-5453

Submityourclaims@amalgamatedbenefits.com

CUSTOMER SERVICE CENTER HOURS

Monday—Thursday

8:00am to 8:00pm EST

Friday

8:00am to 6:00pm EST

Saturday

9:00am to 2:00pm EST

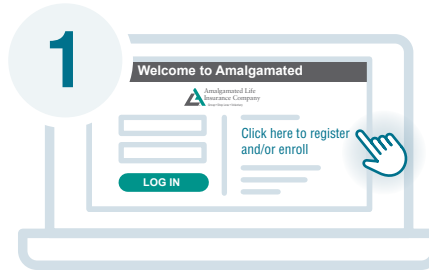


Portal Enrollment

Getting Started

Direct Access to Your Member Portal:

<https://amalgamated.vbgateway.com>

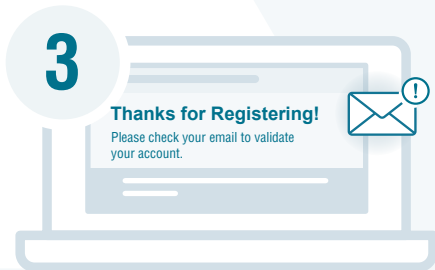


At the Welcome Page Select **'Click Here'** to Register and/or Enroll

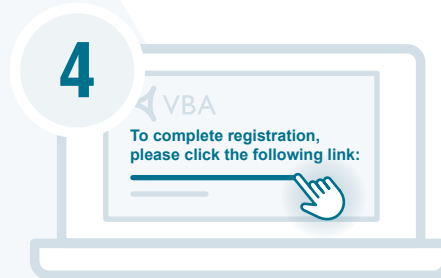


Select the Portal you Wish to Register for or Select **'Open Enrollment' to Enroll**

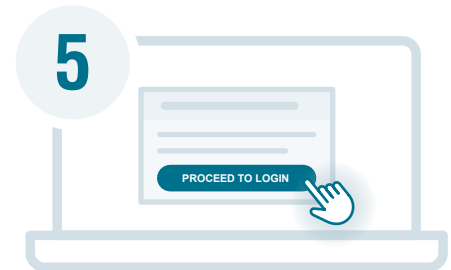
**Your Registration Code is your DOB (MMDDYYYY) and Last 4 Digits of your SSN, with no spaces*



You Will Receive an Email Confirmation Upon Successfully Registering



Select the **Link Provided** in the Email Sent to You and Validate your Email Address



Select **'Proceed to Login'**. The Gateway is Now Available for Use.