

Filing Claims Just Got Easier!

You can now file your Chubb Accident, Critical Illness, Disability and Wellness Claims on our new Claims Portal

CHUBB



A Better Claims Experience

Chubb is proud to announce our new claims portal designed to make filing your Accident, Critical Illness, Disability and Wellness claims easier and more efficient.

Of course we still have an expert team of claims service representatives available to assist you with your claim and answer any questions you may have. In addition to our claims website, we offer several other options for submitting your claim. Choose which is best for you.

Web

Visit our online claims portal at: www.chubb.com/WorkplaceBenefitsClaims
(First time users, please call our customer service specialists at the appropriate toll free number below to gain access to the portal.)

Phone

Our helpful customer service specialists can help you file your claim and answer any claims related questions you may have.

Toll free 1.833.542.2013

Fax/Email

Download appropriate forms and fax/email completed forms with signature to:

Fax 1.312.351.7120

Email CWBclaimsteam@chubb.com

Mail

Complete appropriate forms and mail forms with signature to:

Chubb Workplace Benefits Claim Department, P.O. Box 6803, Scranton, PA 18505-6803

FAQs about filing a claim

Q. What is needed to file a claim?

A. Claims require basic information like your name, address, telephone number, policy number and a brief description of your loss. Additional documents vary according to policy coverage and the extent of your loss. If we need more information we'll request it in writing or by telephone.

Q. What is the quickest way to provide the information they need?

A. In some cases, we can process your claim with the initial information you provide. Otherwise call the Policyholder Claim Center or fax to 1-312-351-7120.

Q. What if I don't have information requested on the claim form?

A. A complete claim submission is helpful. If you don't have answers to all items on the form, submit your claim with information you do have. You can provide additional documents via fax or by mail at a later date.

Q. What if I have multiple policies?

A. File a claim with the policy that relates to the primary cause of loss. We will issue benefits under multiple policies, if applicable.

Q. How long does it take to receive payment on my claim?

A. We strive to process claims within 5 business days upon receipt of complete proof of loss. If claims require additional information or further review we will provide regular status updates throughout the process.

Be sure to sign the HIPAA compliant *Authorization to Release Information* at the bottom of the claim form.

By doing so you authorize Combined Insurance to request the required information to review your claim.

Q. What happens if my claim is denied?

A. If, for any reason, your claim is denied, you will receive a letter describing our decision.

Q. What will happen if my claim is an ongoing claim?

(For example: disability that is continuing into the future)

A. Total disability benefits are based on disability information submitted on your claim form. You may be asked to provide verification of your ongoing disability and the dates you are unable to work. Your doctor and employer must verify all disability claims. Be sure to include treatment dates on your claim form.

Q. How do I file a claim for a health screening or a preventative care benefit?

A. If your policy provides a payment toward either of these benefits, documentation specifying the provider of the test, the date, and the name of the test performed can be sent to a claims adjuster. Be sure to include your policy or certificate number on the documentation.

Remember: in most cases, these benefits are not payable until the coverage has been in force for a specified amount of time. Refer to your policy or certificate for details.

FAQs about your coverage

Q. How do I know if something is (or isn't) covered by my policy?

A. Call our Policyholder Center at **833-542-2013** (New York residents please call 833-896-2968) to reach a customer service specialist who has instant access to your policy information. Our customer service specialists are highly trained and ready to take your call. For customers who speak Spanish, bilingual specialists are available. Have your policy or certificate number ready.

Q. When is the best time to call?

A. Our Policyholder Center is open from 7:30 am to 6:00 pm Central Time every business day. The best times to call are early in the morning or late in the afternoon, Wednesday through Friday. Monday and Tuesday are our busiest call volume days.

Q. Do I need to continue making premium payments if I am receiving disability benefits from Combined Insurance?

A. For Disability Income coverage, Combined Insurance will waive the payment of any premium falling due 14 days after the Elimination Period has been satisfied while benefits are being paid. At that time, you will not need to make premium payments for your Disability coverage until you are no longer disabled or receiving benefits.

Q. How do I cancel my coverage?

A. If you want to cancel your coverage, you may do so by calling our Policyholder Center. Any premiums paid would be refunded if a cancellation is requested within 30 days of the receipt of the policy or certificate. Any cancellation after the initial 30 day period does not guarantee a premium refund.

Q. Can I keep my coverage if I change jobs?

A. Yes you can. If you leave your employer, it is important that you continue to make payments directly to Combined Insurance. You can call our toll-free number, 833-542-2013, and speak with a customer service specialist who will arrange a billing method that suits your needs. If your coverage lapses for non-payment of premiums, new coverage will most likely cost more. In addition, it might contain fewer benefits, have more restrictive provisions, and – most important – coverage may not be available to you if your present state of health has changed.

Q. Do my premiums increase when my employment status changes?

A. Premiums do not increase when your employment status changes. However, the frequency of payment may change. If you are making payments directly to Combined Insurance, we require that payments be no more frequent than monthly. You may choose to make payments on a less frequent basis (quarterly, semi-annually or annually).

Q. Who should I notify if I take an unpaid leave of absence?

A. Our customer service specialists can work with you to ensure that there is no lapse in coverage.

Q. How do I make a change to my policy?

A. You can call our Policyholder Center and speak with a customer service specialist who can expedite your request or provide the necessary forms to complete your request.

Q. How do I put my coverage back in force?

A. If your coverage has lapsed for nonpayment of premium, call our Policyholder Center and a customer service specialist will help you determine whether the coverage can be reinstated and what the requirements are to do so.

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