Convenient Claim Submission

Our mission is to provide products and services that help protect you and your family. While we hope you never experience a life-impacting injury or illness, we've developed our insurance products and a straightforward claims submission process to be the solution you need if a situation does arise.

We are here to resolve your claim as quickly and seamlessly as possible. We offer several options for filing your claim so you can choose which works best for you.

Phone

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

New York Residents: 1.866-619.2557

Residents of all other U.S states: 1.866.445.8874

Fax: Complete appropriate forms and fax forms with signature to

1.312.351.7120

Mail:

Complete appropriate forms and mail forms with signature to:

Chubb Workplace Benefits Claim Department

P.O. Box 6803

Scranton, PA 18505-6803

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 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.

Chubb. Insured.℠