

HOW TO SUBMIT

a life, accident or waiver claim



For employers and administrators.

We make it easy for you to report a life, accident or waiver claim regarding your employees and/or their dependents. Our flexible administration allows you to report a claim with the option that's right for you. And our dedicated claim specialists help you along the way, by answering your questions and quickly and efficiently processing the claim.

The following answers some frequently asked questions and helps outline the steps to successfully report a claim.

What information will Cigna need to process the claim?

For life insurance claims, you will need to provide:

- All beneficiary designations on file
- Duplicate copy of the death certificate
- Enrollment cards/information
- Completed claim and disclosure authorization forms. Forms are available at **Cigna.com/customerforms**.

For accident insurance claims, as well as some life insurance claims, Cigna will also need you to provide:

- All available reports, such as a police or medical examiner report
- The names of any doctors who have treated the employee
- The names of any facilities where the employee was treated
- Specific information about the accident, including date, time and location

When do I report the claim?

Claims should be reported as soon as possible. Standard policy provisions call for the notification of claims from within 31 days of the date of loss, and "proof of loss" within 90 days. Once we've received all the requested information, we can begin reviewing and processing the claim.

How do I report and submit the claim?

You can report a claim by mail, fax, email, over the phone or online.

- Fax documents to **877.300.6770**
- Email scanned documents to **claims.pghlif2@Cigna.com**
- Mail documents¹ to:
Cigna Life & Accident Claim Services
PO Box 22328
Pittsburgh, PA 15222-0328
- Call us² at **800.36.Cigna** or **800.362.4462**
- Visit us online² at **Cigna.com/lifeclaimform**.

GO YOU[®]



What happens after you report a claim?

We assign the claim to a designated life or accident claims specialist. If they have any questions, or need additional information, such as a trust agreement, estate papers, etc., they will contact the customer or beneficiary. Depending on the type of information needed, they may contact a third-party company directly; if a third-party is contacted, we will notify the customer or beneficiary.

How long will it take to process the claim?

After we receive all requested information, we ordinarily make a decision on the claim within 10 business days.

What happens if the claim is approved?

If the claim is approved, we send an approval letter to the customer or beneficiary. If their insurance benefit is less than \$5,000, we'll also include a check for the approved amount.

If the insurance benefit is \$5,000 or more, we will open a free, interest-bearing account (Cignaassurance^{®3} account) in the customer's or beneficiary's name. The beneficiary can keep his/her money in the account for as long as he/she likes, or withdraw the entire amount immediately. The benefits included with a Cignaassurance account include an unlimited number of drafts, bereavement counseling, financial assistance services and legal assistance services.

We will also notify you of the approval.

What happens if the claim is denied?

If the claim is denied, we send the customer or beneficiary a letter explaining why the claim was denied, and include instructions on how to appeal the denial.

We will also notify you of the denial.

Who can I contact if I have questions?

Our friendly, knowledgeable customer service representatives are here to help you, and answer any questions you may have.

If you have questions on using the claim form, call **800.238.2125**.

If you have questions about your claim, call **800.36.Cigna (800.362.4462)**.

1. Previously known as the Cigna Life Team
2. To report claim only. Document must be faxed, emailed or mailed in.
3. Cignaassurance[®] is not a bank deposit and is not FDIC insured.



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