

COMBINED LIFE INSURANCE COMPANY OF NEW YORK INSTRUCTIONS FOR FILING ACCIDENT AND HEALTH CLAIMS

If you are filing for the medical expense only under your accident policy, a claim form may not be needed if the following information is submitted on a timely basis:

- a) Itemized medical bills(s) clearly indicating the name and address of the patient
- b) Policy(ies) and form number
- c) Diagnosis or nature of the injury
- d) Date and description of how, where, and when the accident occurred

If you are filing for disability and/or hospitalization, a claim form is required. Help to avoid delays. Please answer all applicable questions on the claim form.

SIDE ONE TO BE COMPLETED BY THE CLAIMANT

Please be sure to give your complete name and current address on the claim form enclosed as any payment and/or correspondence will be sent to the address indicated on the claim form received.

Indicate your policy numbers on the claim form. This will help with a quicker response time.

If filing for loss due to sickness, fill in the section of the form relating to symptoms and diagnosis. For loss due to an accidental bodily injury, please complete the Accident section of the form including a detailed description of how the accident occurred.

If hospitalized, provide us with the name and address of the hospital including the admission and discharge dates. Please also send a copy of the itemized hospital bill including the number of days you were an inpatient.

If you were disabled and have disability coverage, give the exact dates of disability. If you are still disabled at the time you submit the form, another form will be sent to you for continuing disability.

Please be sure to sign and date the authorization to release information located near the bottom of the form. This will prevent unnecessary delays in the event that additional information is needed.

SIDE TWO TO BE COMPLETED BY EMPLOYER AND DOCTOR

If gainfully employed outside the home, the employer must verify your disability. If the Insured is a student, the school principal should complete this section.

The primary physician must complete the remainder of the form in its entirety including the diagnosis, a description of how the condition originated and dates of treatment. If your claim involves disability and/or hospitalization, these dates must also be included by your physician. **Failure to make sure that your physician fills in all necessary information on the claim form may cause delays in the processing of your claim.**

For your records, we suggest that you make a copy of the front side of the form and of any bills(s) you submit. Note the date mailed. Mail the completed form and any enclosures to:

**COMBINED INSURANCE
CLAIM DEPARTMENT
P O BOX 6700
SCRANTON, PA 18505-0700**