



General Claim Filing Instructions

Our goal is to respond to all claims in a prompt and efficient manner. We want to service your claim promptly and you can help by making sure you furnish basic required information.

Claim Form - completed by yourself and your doctor (see further details below).

- ◆ If you are filing a claim under a policy providing benefits for disability, please complete the insured's disability statement on the front. **Your employer and doctor must also complete the form.** Both you and your doctor must certify the dates of disability claimed.
- ◆ If you are filing a claim under a policy providing benefits for hospital or other medical benefits, it is important that you include copies of all itemized bills.

Claims not requiring completion of a claim form – If you are filing a claim for a condition that did not result in a disability or hospital confinement, please furnish copies of the bills that include a diagnosis associated with your claim.

Cancer / Critical Condition claims – If you are filing under a Cancer or Critical Condition policy, in addition to a fully completed form, it is important that you furnish supporting diagnostic information such as pathology reports or other clinical evidence that establishes diagnosis.

Please be aware that certain claims may require us to obtain additional medical information. In order to help expedite this process, we ask that you include the name and address of your primary care physician and any specialist treating you. We may also need to contact you for further information.

Also, please be sure to include all proper documentation, as missing or incomplete information can delay your claim payment.

All claim forms should be mailed to:

**Worksite Solutions
Claim Department
P.O. Box 6700
Scranton, PA 18505-0700**

You may also fax your claim to 312-351-6930. When faxing a claim, please be sure to mail the original forms as well. If you have any questions, please contact us at 1-800-544-9382.