CHUBB

Accident Claim Form

Chubb Workplace Benefits • Claim Department • P.O. Box 6803 • Scranton, PA 18505-6803
Telephone 1-833-542-2013 • Fax 312-351-7120 • www.chubb.com/WorkplaceBenefitsClaims

Ways to submit your claim:

1. **Self Service Online Submission*:** www.chubb.com/WorkplaceBenefitsClaims
2. **Mail this Completed Form:** Chubb Workplace Benefits, Claim Department, P.O. Box 6803, Scranton, PA 18505-6803
3. **Fax this Completed Form:** (312) 351-7120

*Your claim may be processed faster when you submit a claim online.

Accident Claim Checklist

- ☐ Section(s) 1, 2 to be completed by Policy / Certificate Holder and Claimant.
  - Attach proof of injury, such as emergency records, itemized bills, a copy of the hospital itemized bill (Hospital form UB04) that details the number of days hospitalized and type of inpatient care (General Inpatient, ICU, Rehab, etc.), medical records, CT/MRI reports, Physical Therapy reports, death certificate and autopsy report (if filing for accidental death benefits), copy of police report.
- ☐ Section 3 Attending Physician Statement – To be completed by licensed physician.
- ☐ Section 4 Authorization to Obtain and Disclose Information - to be completed, signed, and dated by Claimant.
- ☐ Section 5 Consent to Electronic Transactions, Payments and Signature - to be completed, signed, and dated by Policy / Certificate Holder.
- ☐ Section(s) 6, 7 Fraud Warnings to be completed by the Claimant.
- ☐ Submit the completed form using one of the methods shown above.

Note: If your policy/certificate is paid with pre-tax dollars, benefits paid may be reported to the IRS. Contact your Employer regarding reporting requirements.

If you have any questions about the claim process, how to complete this form, or require assistance to log onto the self-service portal, please call 1-833-542-2013.

You MUST sign and date this claim form in all the applicable signature boxes provided. If you do not sign all the applicable signature boxes provided, we cannot accept your claim submission.