CHUBB

Critical Illness 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.

Critical Illness Claim Checklist

- ☐ Section(s) 1 and 2 to be completed by Policy Holder and Claimant.
  - Attach proof of critical illness such as emergency records, medical records, itemized bills, including a hospital itemized bill (Hospital form UB04) if hospitalized, admission/discharge summary, provider office notes, copies of all test results, pathology or operative reports, confirmation of dialysis. **Note, Chubb may contact your treatment provider if additional information is needed.*
  - If filing for a deceased, attach a death certificate indicating manner and cause of death. Additional documentation may be required.
  - Note, for some policies, "Major Organ Failure" requires proof that the insured is on the UNOS Transplant list.
  - If your policy has the mortgage/rental assistance benefit, please provide copies of your monthly mortgage or renter's statement; or copy of cancelled check(s).
- ☐ Section 3 Attending Physician Statement – To be completed by your physician.
- ☐ Section 4 Authorization to Obtain and Disclose Information - to be completed by Claimant, signed, and dated.
- ☐ Section 5 Consent to Electronic Transactions, Payments and Signature - to be completed by Policy Holder, signed, and dated.
- ☐ 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.