

HOW TO SUBMIT A CLAIM

Cigna Accidental Injury

Things happen. And they can affect your financial health.

Cigna's Accidental Injury insurance can help provide additional financial protection for the unexpected. Benefits are paid directly to the covered person, unless otherwise assigned,* for a covered critical illness, accident, injury or hospitalization. You can use the money however you'd like. It can be used for expenses, such as:

- › Paying for child care or help around the house
- › Travel costs to see a specialist
- › Medical treatment and doctor visits
- › Copays and deductibles
- › Prescription drug costs

How to file a claim

Claims should be reported as soon as possible. Claims can be reported by one of the following methods.



Complete and file your claim by phone

- › **Call 800.423.9920** to speak with one of our dedicated customer service representatives.



Complete and file your claim by fax, email or mail

- › **Fax** documents to our fax line at **860.730.6460**
- › **Email** scanned documents to
 - **accidentinjury/criticalillness@Cigna.com** for Accidental Injury claims
- › **Mail** documents to
Cigna Phoenix Claim Services
P.O. Box 55290
Phoenix, AZ 85078

* Benefits may be paid directly to the hospital upon assignment.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

When should I file my 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 the loss and “proof of loss” within 90 days. Claims outside of these time frames will still be evaluated for their timeliness, but must be reported within one year from their required 90 days “proof of loss.” Once we’ve received all the requested information, we can begin reviewing and processing the claim.

What information will I need?

Make sure you have this information handy:

- › Completed claim and disclosure authorization forms, which can be found online at **Cigna.com/customer-forms**
- › Personal information, such as your name, address, phone number, birth date, Social Security number and email address
- › Employment information, such as employer’s name, email address, date of hire and job title
- › Doctor and hospital information – The name, address and phone number of each doctor or hospital you’re using for this accident, injury or illness
- › Itemized medical bills, if available

What happens after I file my claim?

We assign your claim to a designated claim manager. If they have any questions or need additional information, they will contact you, the beneficiary or provider to obtain the needed information.

How long does it take to process my claim?

After we receive all requested information, we will pay your claim quickly – in days, not weeks.

How am I notified of the decision?

If the claim is approved, you’ll receive an explanation of benefits (EOB) or approval letter advising you of the decision.

If the claim is denied, you’ll receive an EOB or letter explaining why the claim was denied and instructions on how to appeal the denial.

Who can answer my questions?

Customer service representatives are available to answer any of your questions, call **800.423.9920** between 8:00 am and 8:00 pm, EST.



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