

HOW TO SUBMIT A CLAIM

Cigna Accidental Injury insurance

Accidents happen. And they can affect your financial health.

With your Cigna Accidental Injury insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You can use the money however you'd like. For example, benefits are available for:

- › Initial and emergency care
- › Fractures and dislocations
- › Hospitalizations
- › Follow-up care

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 800.754.3207** 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**
- › **Mail** documents to
Cigna Phoenix Claim Services
P.O. Box 55290
Phoenix, AZ 85078

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
- › 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 **800.754.3207** between 7:00 am and 7:00 pm, CST.



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