

Filing an Assurity at Work® Accident Expense Claim

Assurity at Work Accident Expense insurance coverage provides a fixed cash benefit for medical treatments associated with a covered accident.

To be considered for the benefits provided by Assurity at Work Accident Expense coverage, Assurity requests the policyholder provide a completed accident expense claim form and itemized bills detailing the following information: dates of service, diagnostic codes (ICD-9), procedure codes (CPT) and amounts charged. The required billing information can be obtained by requesting a UB-04 form and or/a HCFA 1500 form from the servicing health care provider. Additional information may be required.

Proof may be required within 12 months of the time of loss. Please consult your contract for specific benefits, definitions, provisions, limitations and exclusions. Your policy may not include all of the benefits detailed below. This document provides a breakdown of the required proofs for each of the potential policy benefits.

Medical Treatment Benefits	
	<i>Information Needed/Required Proof for Claim</i>
	1) Fully completed Application for Accident Benefits 2) Copy of Accident Report if available, and ; 3) Itemized bill detailing covered treatment or procedure. Acceptable itemized bill must include the following: dates of treatment, diagnostic codes (ICD-9), procedure codes (CPT) and amount charged. (HCFA 1500 form and/or UB-04 form obtained from medical provider should include all required information.) Application for Accident Benefits can be obtained by contacting Assurity's Claims Department at (800) 869-0355, Ext. 4484 .

Additional Benefits	
<i>Potential Benefit</i>	<i>Information Needed/Required Proof for Claim</i>
<ul style="list-style-type: none"> • Accidental Death • Accidental Death – Common Carrier • Dismemberment • Loss of Use 	Please contact Assurity's Claims Department at (800) 869-0355, Ext. 4484 for claim filing requirements.

Riders listed below are available for some Assurity Accident Expense products but are not necessarily a part of your contract. Please review your contract to verify any riders you may have selected.

Additional Rider Benefits	
<i>Potential Benefit</i>	<i>Information Needed/Required Proof for Claim</i>
<ul style="list-style-type: none"> • Short-term Disability Income Rider • Loss of Time • Accident-Only Disability Income Rider 	1) Initial Claimant Statement – To be completed by the claimant and ; 2) Attending Physician's Statement – To be completed by your attending physician and ; 3) Employer Statement – To be completed by your employer and ; 4) Confidential Information Authorization form – to be completed by claimant Please contact Assurity's Claims Department at (800) 869-0355, Ext. 4484 to obtain claim forms.

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Additional Rider Benefits (continued)	
<i>Potential Benefit</i>	<i>Information Needed/Required Proof for Claim</i>
<ul style="list-style-type: none"> Wellness Benefit Rider 	<p>Itemized bill detailing the procedure performed, the date of service and the diagnostic code. (HCFA 1500 form and/or UB-04 form obtained from your medical provider should include all required information.)</p> <p>NOTE: Assurity can accept wellness claims over the phone. Before calling to file a wellness claim, please compile the following information as it pertains to your wellness claim: the date of service, the name of the procedure performed and the name and contact information for your medical provider.</p> <p>Once you have the required information, you can file your claim by calling Assurity's Claims Department at (800) 869-0355, Ext. 4484.</p>

Please contact Assurity's Claims Department at **(800) 869-0355, Ext. 4484** for additional details.

