HOW TO SUBMIT A CLAIM

Cigna Accidental Injury and Critical Illness

We make it easy for your employees and their beneficiaries to report an Accidental Injury (AI) or Critical Illness (CI) claim. The quickest way to submit a claim is to call Cigna's toll-free number **800.754.3207** and speak with one of our dedicated customer service representatives. It is also important for your employee or their beneficiary to fax any supporting documents to our fax line **860.730.6460**.

Other ways to submit a claim

Customers and beneficiaries can submit the claim documents (i.e., completed claim form, medical bills and/or death certificate, if applicable) by:

- Faxing documents to our fax line: **860.730.6460**
- Emailing scanned documents to: AccidentInjury/CriticalIllness@Cigna.com
- Mailing documents to:

  Cigna Phoenix Claim Services
  PO Box 55290
  Phoenix, AZ 85078

When submitting a claim through fax, email or mail, please send the completed claim form along with any necessary documentation.

Accidental Injury claim form

Critical Illness claim form

Accidental Death claim form

Health Screening and Wellness Visit claim form

Together, all the way.℠

Cigna®

When should the claim be reported?

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. Once we've received all the requested information, we can begin reviewing and processing the claim.

What information will Cigna need to process the claim?

For **Accidental Injury** insurance claims, the employee will typically need to provide:

- Completed claim and disclosure authorization forms
- Itemized medical bills

For **Critical Illness** insurance claims, the employee will typically need to provide:

- Completed claim and disclosure authorization forms
- Medical records pertaining to the claim

For **Accidental Death** insurance claims, the employee or their beneficiary will typically need to provide:

- Completed claim and disclosure authorization forms
- Death certificate
- Any available reports pertaining to the claim (i.e., police, medical examiner/coroner)

For **Health Screening and Wellness** visit claims, the employee will typically need to provide:

- Completed claim and disclosure authorization forms
- Itemized medical bills indicating services and tests performed

What happens after a claim is reported?

We assign the claim to a designated Accidental Injury/Critical Illness claims specialist. If they have any questions or need additional information they will contact the customer, beneficiary or provider to obtain the needed information.

How long does it take to process a claim?

A decision will be made within 10 business days of the date that the claim specialist receives all requested information needed to make a decision.

How is the customer notified of the decision?

If the claim is approved, the customer or beneficiary will receive an explanation of benefits (EOB) or approval letter advising them of the decision.

If the claim is denied, the customer or beneficiary will receive an explanation of benefits (EOB) or letter explaining why the claim was denied and instructions on how to appeal the denial.

Who can answer questions?

Customer service representatives are available to answer any questions.

If you have a question about an Accidental Injury or Critical Illness claim, call **800.754.3207**.

If you have questions about an Accidental Death claim, call **800.238.2125**.