

Trustmark Claims Process

The following information is provided by **Explain My Benefit, Inc** and is designed to assist with filing a Trustmark claim. These are general guidelines and are not intended to replace anything Trustmark requests for claim verification. Each claim form has instructions stating what is needed and what could be requested, depending on the claim situation.

Always contact the claims department to verify you have all necessary paperwork completed and compiled before submitting your claim as this will expedite the process:

For Disability claims: 1-877-201-9373 or VBS_Disability@trustmarkins.com
For all other claims: 1-800-918-8877 or CustomerAdvocate@trustmarkins.com

Obtaining a Claim Form

You can receive a claim form from the above contact information or download a claim form at www.trustmarkins.com/customersolutions. While on the website, scroll down to Self-service and Support Center. Choose “Insured/Participants” – “Select a Division/Brand” and under “Voluntary Benefit Solutions” find “File a Claim”.

Filing a Claim Form (Some Basics)

Health Screening Benefit only: On the claim form please answer only question #11, provide medical verification of the procedure (including the cost incurred) and sign and date the form where indicated.

Critical Illness/Cancer: Claim form must be filled out by Policy Owner and Attending Physician. In addition, provide the test results, operative reports, pathology reports, and/or your detailed medical statements as required for the condition. Please keep in mind some facilities and doctors offices charge for these copies and records.

Accident: The Policy Holder and Attending Physician must fill out the claim form to verify incident and medical information. Please also include invoices such as hospital bills, post-operative bills/reports, emergency room visits, etc.

Disability: The Policy Holder, Attending Physician and Employer must fill out the claim form to verify medical information and employment.

Life Insurance/Long-term Care: Please choose appropriate claim form from the website accordingly.

Please note: The original claim form and additional pertinent information must be mailed. If you choose to fax your form(s) in you are still responsible to mail the original forms to Trustmark. Each benefit claims department has a separate address. Please find the appropriate mailing address and fax number in the upper left-hand corner of each claim form.