

Filing an Assurity at Work® Accident Expense Claim

(Applies to product series: A117, W A200, W A205, W H1101, W H1102, G H1105C, and GH1106/GH1106C)

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 requires 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 to verify claim details.

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	
Potential Benefit	Information Needed/Required Proof for Claim
<ul style="list-style-type: none">• Accident Emergency Treatment• Follow-up Treatment• Physical Therapy• Diagnostic Exams• Emergency Room Treatment• Physician's Office Visit/ Urgent Care• X-Ray and Emergency Medical Service Benefit• Fracture Benefit• Laceration Benefit• Dislocation Benefit• Emergency Dental Work• Abdominal or Thoracic Surgery• Burn• Eye Injury• Knee Cartilage – Torn• Ruptured Disc• Tendon/Ligament/ Rotator Cuff• Gunshot Wound• Ambulance/Air Ambulance• Appliance• Prosthetic Device• Blood/Plasma/Platelets	<p>1) Fully completed Application for Accident Benefits and;</p> <p>2) Itemized bill detailing covered treatment or procedure.</p> <p>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 will include all required information.)</p> <p>Application for Accident Benefits can be obtained by contacting Assurity Client Services at (800) 869-0355, Ext. 4484.</p>

Hospital Confinement Benefits	
Potential Benefit	Information Needed/Required Proof for Claim
<ul style="list-style-type: none"> • Hospital Confinement • Hospital Indemnity • Hospital Admission • Hospital Intensive Care Unit Confinement • Lodging 	<p>1) Fully completed Application for Accident Benefits and;</p> <p>2) Itemized bill detailing dates of confinement.</p> <p>Acceptable itemized bill must include the following: dates of confinement, diagnostic codes (ICD-9), procedure codes (CPT) and amount charged. (HCFA 1500 form and/or UB-04 form obtained from medical provider will include all required information.)</p>

Additional Benefits	
Potential Benefit	Information Needed/Required Proof for Claim
<ul style="list-style-type: none"> • Transportation Benefit 	Evidence of hospital confinement and documentation of the number of miles traveled between place of residence and place of treatment.
<ul style="list-style-type: none"> • Accidental Death • Accidental Death – Common Carrier • Dismemberment • Loss of Use 	Please contact Assurity client services at (800) 869-0355, Ext. 4484 for claim filing requirements.

Additional Rider Benefits	
Potential Benefit	Information Needed/Required Proof for Claim
<ul style="list-style-type: none"> • Short-term Disability Income Rider • Loss of Time • Accident-Only Disability Income Rider 	<p>1) Initial Claimant Statement – To be completed by the claimant and;</p> <p>2) Attending Physician's Statement – To be completed by your attending physician and;</p> <p>3) Employer Statement – To be completed by your employer and;</p> <p>4) Confidential Information Authorization form – to be completed by claimant</p> <p>Please contact Assurity at (800) 869-0355, Ext. 4484 to obtain the required claim forms.</p>
<ul style="list-style-type: none"> • Wellness Benefit Rider 	<p>Itemized bill detailing the procedure performed, the date of service, the diagnostic code and the amounts charged. (HCFA 1500 form and/or UB-04 form obtained from your medical provider will 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, the amount charged 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 client services at (800) 869-0355, Ext. 4484.</p>

If your accident expense coverage includes benefits not detailed in this form, please contact our home office at **(800) 869-0355, Ext. 4484** for additional details.