



How to file a life insurance claim

To ensure your claim is processed accurately and as quickly as possible, please review this document to familiarize yourself with the information that will be needed in order to submit a claim on-line or paper.

To file a claim on-line, go to www.unum.com and enter your login information.

- This will bring you to our iServices site.
- Select Claim tab at the top of the page and from the drop-down select "Claim Management"
- Select File a Life Claim button

Please don't hesitate to contact us with any questions about this document:

Call 1 800-ASK-UNUM
Email AskUnum@unum.com

Employee/Dependent enrollment history

Include initial election and current election

Copy of the Certified Death Certificate

If not available, we will work with the beneficiary to obtain

Life and Accidental Death & Dismemberment claim form

- Completed & signed by the Employer, including all the following fields:
- Employee Status (FT/PT, union/non-union, salary/hourly)
- Scheduled hours
- Earnings as of last day worked
- If the salary includes additional compensation (e.g., bonus, commission, shift differential), we will require payroll for verification
- Date last physically at work
- Reason for ceasing work
- Date premiums are paid through for employee or dependent
- Termination date, if the employee was terminated
- Amount of insurance being requested
Note: if the benefit has been age reduced, list the reduced amount
- Date & amount of last change in coverage
- If dependent claim, verify if the employee was in active employment
- Contact information for the beneficiary (name, address, phone number)
- If the beneficiary is a minor, provide contact information for the adult representative

Beneficiary designation

- We accept original signed copies or electronic copies
- We do accept funeral home assignments signed by a non-minor beneficiaries, however, the amount will only be taken from the beneficiary or beneficiaries that have signed the assignment
- If the beneficiary is a minor, we cannot accept a funeral home assignment
 - The benefit is held until the minor reaches the age of majority in the state where they live
- If there is no beneficiary on file, review your policy's provision for further guidance.



START FILING A CLAIM

Please visit: www.unum.com

- You can file a claim electronically through our website, and upload required documents. Registration is required.
- You can file a claim by completing the claim form manually and sending by mail, fax or email.
 - Group Life and/or Accidental Death & Dismemberment Claim Form (CL-1091)
 - Group Accidental Dismemberment Claim Form (CL-1092)
 - Group Life Accelerated Benefit Claim Form (CL-1093)
 - New York) Group Life and/or Accidental Death Form CL-1091-NY
 - New York) Group Accidental Dismemberment Form CL-1092-NY

Please review your policy for more comprehensive information around specific provisions that may or may not apply to you.

Dependent Child Eligibility

Some policies require a dependent child be enrolled as a full-time student as of age 19 at an accredited school in a order to remain eligible for coverage. Please review your policy's age requirement.

Continuity of Coverage

Unum will continue coverage for a disabled employee or dependent that was in effect under the prior carrier on the date that plan is canceled.

Coverage will not be continued if the employee was eligible for the benefit under waiver of premium or any other disability extension provision under the prior carrier.

Domestic Partner Relationships

If domestic partner language is included in the contract or if required under state law, Unum will request a domestic partner affidavit at the time of claim to confirm the relationship at time of death.

Age reduction

Most policies contain an age reduction provision where the benefit will reduce once an insured reaches a certain age. Most often there are no coverage increases allowed once the benefit is reduced, but depending on the plan, some increases may be permitted. Please review your policy for the specific reduction amount.

Step-by-Step On-Line Life Claim Submission

SECTION 1: Indicate the coverage for this claim

- Death (includes Life and Accidental Death)
- Accelerated Life Benefit
- Dismemberment arising out of an accident

SECTION 2: File a claim for your employees

(Please note: this is needed even when filing a dependent claim)

1. First & Last name of Employee
2. Address
3. Phone number
4. Date of birth
5. Social security number
6. Policy number
7. Original Date of hire
8. Date employee entered eligible class
9. Has employee been terminated — yes or no
10. Has employee been rehired — yes or no
11. Date last worked
12. Reason for ceasing work
13. Work Status
[Full time or part time or Retiree (choose one)]
14. Hours worked per week
15. Exempt Status Salary or Hourly
 - Enter: Salaried will be annual salary; or
 - Enter: Hourly will be your hourly wage

SECTION 3: Other personal information

Gender

SECTION 4: Claim event information

(who the claim is for)

1. Who did the reported event happen to? (Select the drop-down)
2. Date of death
3. Was the death due to an accident?
4. Is there a beneficiary designation on file — yes or no (if yes, you will be asked to upload the beneficiary designation form. We will accept a screen shot of the beneficiary; if no, indicate “none on file.”)
5. Was death due to an accident? (If yes, was the accident work-related?)
6. Did the employee stop working prior to his/her death? (If yes, add reason for ceasing work.)

SECTION 5: Policies and benefits

- Amount of Insurance (Life & AD&D)
 - Amount Basic
 - Effective Date of Basic
 - Amount of Supplemental
 - Effective Date of Supplemental
- Effective date of coverage

SECTION 6: Beneficiary info

- Taxpayer ID: (Social security number)
- Name
- Date of Birth
- Phone number
- What is your language preference? (English or Spanish)
- Relationship to deceased
- Address
- Is beneficiary a minor?
 - If so, please provide guardian information, if known
- If necessary, you can add another beneficiary

SECTION 7: Employer information

(who is submitting the claim?)

- Your name (this will pre-fill)
- Your job title (this may pre-fill or you may need enter manually)
- Phone number (this should pre-fill, however make sure the information is accurate)
- Address

SECTION 8: Confirm your response

- Review the data
- If information is incorrect use the BACK button to move back to the appropriate point in the form and enter the correct information
- **Print** a copy for your records as you will not be able to go back and view this form once the claim is submitted

Sign and complete the claim

A number of fraud warnings will appear — After the fraud warnings **you need to hit “I ACCEPT”** in order for claim to be filed.

Note: by accepting the claim you are submitting the claim to Unum

Next steps — What can you do now?

Upload necessary document — scanning or attachment of a document:

- Death certificate
- Beneficiary designation
- Enrollment form

“Thank you” message will appear once claim has been submitted

A Unum claim specialist will reach out to you directly with any missing information needed or questions surrounding the claim. Unum will reach out to the insured/family within five business days.



Please don't hesitate to contact us with any questions about this document:

**Call 1 800-ASK-UNUM
Email AskUnum@unum.com**



**Better benefits
at work.™**

unum.com

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