

## QUICK TIP

Because claims are unique, each type requires specific information. To ensure your claim is filed and paid in a timely manner, please follow the directions.

- [ACCIDENT](#)
- [CANCER](#)
- [CRITICAL ILLNESS](#)
- [DISABILITY](#)
- [HOSPITAL CONFINEMENT  
INDEMNITY/OUTPATIENT  
SURGERY](#)
- [UNIVERSAL](#)
- [VISION](#)
- [WELLNESS/HEALTH  
SCREENINGS](#)

By following these steps, you can help us review your claims as quickly as possible.

### 1. Read your form carefully

By reading your form thoroughly before filling it out, you'll know what information you need to complete the appropriate sections.

### 2. Review and complete the Optional Service Release Agreement

This section enables Colonial Life to release claim details, status updates and additional information about your claim to individuals you designate.

### 3. Input your information

For your convenience, our claim forms are available as fillable PDFs. When you open our electronic forms, you'll see gray boxes, which indicate an active field for typing. You may also print and complete forms by hand.

### 4. Give your claim a final review

Before submitting your claim to us, carefully review it to ensure you've completed all required sections. This will help ensure a timely response.

### 5. Submit your claim

You may either fax your form to 1-800-880-9325 (preferred) or mail it to P.O. Box 100195, Columbia, SC 29202-3195.

### 6. Track your claim

If you're registered as a policyholder on ColonialLife.com, you can track the status of your claim, view correspondence and set email notifications. Not registered? Simply click Register on the home page of ColonialLife.com and follow the prompts.

## QUICK TIP

If your doctor and employer have to fill out sections, make sure they provide all of the requested information.

### ACCIDENT CLAIM

- Complete Sections 1 and 2 of the accident form. The accident date and description are required.
- If you're filing for an on-job accident or injury, have your employer complete all of Section 3.
- For all accident claims, have your doctor complete Section 4 in its entirety.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

#### To ensure faster filing, please include the following:

- A copy of the accident report (if you were in an auto accident)
- A copy of the operative report from your doctor (if you had surgery)
- All related bills, including physician, ambulance, emergency room, hospital, and/or rehabilitation unit bills, along with diagnosis information from your medical provider

### CANCER CLAIM

- Complete section 1.
- If you are the main policy owner and have been disabled due to cancer for more than 90 consecutive days, have your employer complete section 2 in its entirety.
- Have your doctor complete Section 3 in its entirety.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

#### To ensure faster filing, please include the following:

- A copy of the pathology report (if filing the first cancer claim and any new diagnosis, including diagnosis of skin cancer)
- Any itemized bills for surgery, medical imaging, radiation/chemotherapy, hospital, etc.

### CRITICAL ILLNESS CLAIM

- Complete Section 1.
- Select the appropriate condition for your claim in Section 1 and provide any required medical documentation.
- Have your doctor complete Section 2 in its entirety. Your doctor can also assist you with the required medical documentation.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

#### To ensure faster filing, please include the following:

- Required medical documentation for your condition, which is listed on page three of the claim form

## QUICK TIP

Make sure you include any of the requested paperwork you may need for your claim.

### DISABILITY CLAIM

- Complete Section 1.
- For disabilities due to an accident, include the accident date and description in the appropriate fields.
- For disabilities due to pregnancy without complications prior to delivery, you only need to complete the pregnancy claim form. Ensure the date and type of delivery are included on your form.
- Have your employer complete Section 2 in its entirety.
- Have your doctor complete Section 3 in its entirety.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

**To ensure faster filing, please include the following:**

- A copy of the accident report (if you were in an auto accident)
- An itemized hospital bill and/or a copy of the operative report from your doctor (if you were confined to a hospital and had surgery)

### HOSPITAL CONFINEMENT INDEMNITY/OUTPATIENT SURGERY CLAIM

- Complete Section 1.
- If you're filing for an accident, complete Section 2. The accident date and description are required when filing a hospital confinement/outpatient surgery claim due to an accident.
- Have your doctor complete Sections 3 and 4 in their entirety, as applicable.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

**To ensure faster filing, please include the following:**

- A copy of the accident report (if you were in an auto accident)
- All itemized bills, including medical services (including dates of service), procedure codes, diagnosis codes, anesthesia, etc., which you can get from your doctor

### UNIVERSAL CLAIM

- Use this form when filing under more than one policy.
- Check the type(s) of claim(s) you are filing and complete section 1.
- If you're filing for an accident, complete Section 2. The accident date and description are required when filing a universal claim.
- If you're filing for disability, have your employer complete Section 3 and your doctor complete Section 5 in their entirety.
- Have your doctor complete Sections 4A and 4B in their entirety, if applicable to your claim.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

**To ensure faster filing, please include the following:**

- A copy of the accident report (if you were in an auto accident)
- Any related itemized bills, including physician, ambulance, emergency room, hospital, and/or rehabilitation unit bills, along with diagnosis information, procedure codes, anesthesia, etc. from your medical provider

## QUICK TIP

Review your claim form before submitting it to make sure you've completed and signed all of the appropriate sections.

### VISION CLAIM

- Complete the vision exam/vision correction materials section of the form.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

**To ensure faster filing, please include the following:**

- Copies of bill for vision eye exam
- Receipt for vision correction materials – prescription glasses, frames or contact lenses

### WELLNESS/HEALTH SCREENINGS CLAIM

**If your test was performed within the past 18 months, you can submit your claim by calling 1-800-325-4368 or at ColonialLife.com.**

- Complete Section 1 to indicate if the test was for you or another covered individual.
- If for another covered individual, fill in his or her name and Social Security number.
- For a test performed within the past 18 months, submit the type and date of the test performed, as well as your physician's name and phone number.
- For a test performed more than 18 months ago, fax or mail us a copy of the bill or statement from your physician indicating the type of procedure performed, the charge incurred and the date of service.
- Sign and date your claim form, and complete and sign the authorization page prior to filing.

**Service reminders:**

- Write your name, address, Social Security number and/or policy/certificate number on your bill and indicate "Wellness Test."
- If you file by phone or web, retain a copy of the medical information and/or your receipt if needed for further verification.