


# Everything your employees need to know to file a claim


**Cigna Accidental Injury, Critical Illness and Hospital Care (indemnity) insurance.**


Cigna Supplemental Health Solutions coverage provides additional financial protection during an unexpected injury, illness or hospitalization. Here's an overview of the claims filing process - including ways to file and an information checklist - so you can support your employees experiencing a serious health event.

## Ways to file a claim


There are five easy ways to file. Your employees can choose the option that's most convenient for them.

 **ONLINE** Visit [SuppHealthClaims.com](https://SuppHealthClaims.com) to file online.  
Visit [Cigna.com/customer-forms](https://Cigna.com/customer-forms) to download PDF claim forms.

 **PHONE** Call **800.754.3207** to speak with one of our dedicated customer service representatives

 **EMAIL** Send scanned documents to [SuppHealthClaims@Cigna.com](mailto:SuppHealthClaims@Cigna.com)

 **FAX** Send documents to **866.304.3001**

 **MAIL** Send documents to  
Cigna Supplemental Health Solutions  
P. O. Box 188028  
Chattanooga, TN 37422

## When to file a claim?

Employees should report claims to Cigna as soon as possible. Typically, claims must be reported within 31 days of the date of loss (the date a covered injury or hospital admission occurred or a covered illness was diagnosed), with proof of loss submitted within 90 days of the date of loss (please see the checklist on page 2). Claims outside of these time frames will be evaluated, but must be reported no later than 15 months from the date of loss.

## What happens after a claim is filed?

Once we've received all the requested information, a designated claim advocate will make a determination of its eligibility within 10 business days. If they have any questions or need additional information, they will contact the employee who submitted the claim, the beneficiary or the provider to obtain the needed information.

Note: Cigna will make three attempts to obtain medical documentation. If a response is not received after three outreaches, the claim will be closed and reopened if information is received.

## How are your employees notified of the decision and paid?

If the claim is approved, employees receive an explanation of benefits (EOB) or approval letter advising them of the decision, along with their check.

If the claim is denied, they'll receive an EOB or letter explaining why the claim was denied and instructions on how to appeal the denial.

Benefits are paid directly to the employee\* for a covered critical illness, accidental injury or hospitalization.\*\*



**Your New Growth Plan.**

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## Checklist:

What information do your employees need to file a claim?

- Completed and signed claim form (includes disclosure authorization form). File claims online at [SuppHealthClaims.com](https://SuppHealthClaims.com) or download PDF forms at [Cigna.com/customer-forms](https://Cigna.com/customer-forms).
- Personal information, such as name, address, phone number, birth date, Social Security number and email address
- Employment information, such as employer's name, email address, date of hire and job title
- Doctor and hospital information, including name, address, phone number and dates of service of each doctor or hospital they're using for this accident, injury or illness
- Itemized medical bills or medical records, if available



### FOR QUESTIONS OR TO CHECK ON THE STATUS OF A CLAIM

Call **800.754.3207**, 8:00 am–8:00 pm ET.



## Your New Growth Plan.

\* Benefits may be paid directly to anyone the covered employee designates, such as a hospital, upon assignment.

\*\*The term "Hospital" does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug or alcohol addiction; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

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