



Answers to frequently asked questions
A guide for utilizing your life insurance coverage

CHUBB®

Workplace Benefits

Congratulations on your purchase of insurance through Chubb Workplace Benefits

You have joined generations of satisfied customers who have counted on Chubb. We take pride in offering our customers sound value and believe good relationships should last a lifetime. Insurance that you purchased through Chubb Workplace Benefits is administered and underwritten by Combined Insurance, a Chubb company. Combined Insurance has been administering benefits for over 95 years.

Protection for You and Yours

As a leading supplemental insurance provider, our mission is to provide products and services that help protect you and your family. With this in mind we developed our insurance products and a straightforward claims submission process to be the solution you need if a situation does arise.

Convenient Claim Submission

Via Phone

A customer service specialist can help you file your claim and answer claims-related questions you may have.

Call: 1-855-241-9891

Via E-mail

E-mail a claims service specialist at claims@gotoservice.chubb.com to start the claim filling process.

Via Paper

After requesting forms be mailed to you, you can file a claim by mailing the completed paperwork to:

Mail: Chubb, Claim Admin Office
One Integrity Parkway
Cleveland, OH 44143-1500

Fax: 1-603-352-1179

FAQs about filing a claim

Q. What is needed to file a claim?

A. Claims require basic information like name, address, telephone number and policy number. Additional documents vary per policy coverage and extent of loss. If additional information is needed it will be requested in writing or by telephone.

Q. What is the quickest way to get Combined Insurance the information they need?

A. Call our Policyholder Center **1-855-241-9891** or fax to **1-603-352-1179**. In most cases, we can process your claim with the initial information you provide. Some instances will require additional information to complete the filing of the claim.

Q. What if the beneficiary doesn't have information requested by the paper claim form?

A. A complete claim submission is helpful. If the beneficiary doesn't have all the answers on the form, submit the information that is available. Additional documents can be provided by mail at a later date.

Q. How long does it take to receive payment of a claim?

A. We strive to process claims within 5 business days upon receipt of complete proof of loss. If claims require additional information or further review, we will provide regular status updates throughout the process.

Be sure to sign the HIPAA compliant Authorization to Release Information at the bottom of the claim form. By doing so, Combined Insurance is authorized to request the required information to review the claim.

Q. What happens if a claim is denied?

A. If, for any reason the claim is denied, a letter will be mailed with an explanation of our decision as well as what actions can be taken if you do not agree with our decision.

Q. What happens if I have a Long Term Care or Terminal Illness Claim?

A. For a Long Term Care or Terminal Illness claim please contact our Policyholder Center at 1-855-241-9891 to speak with a helpful customer service specialist.

FAQs about your coverage

Q. How do I know if something is (or isn't) covered by my certificate?

A. Call our Policyholder Center at 1-855-241-9891 to reach a customer service specialist who has instant access to your policy information. Our customer service specialists are highly trained and ready to take your call. For customers who may speak other languages, bilingual specialists are available. Having your phone number and policy or certificate number ready will help expedite your information.

Q. When is the best time to call?

A. Our Policyholder Center is open from 7:00 a.m. to 6:00 p.m. Central Time every business day.

The best times to call are early in the morning or late in the afternoon, Wednesday through Friday. Monday and Tuesdays are our busiest call volume days.

Q. Do I need to continue making premium payments if I am receiving disability benefits from Combined Insurance.

A. If you have applied for the waiver of premium or pay of waiver of premium rider and you are approved for disability benefits, prior to age 60, your premium will be waived for as long as you qualify for the benefit.

Q. Can I keep my coverage if I change jobs?

A. Yes, you can. If you leave your employer, it is important that you continue to make payments directly to Combined Insurance. You can call our toll-free number, 1-855-241-9891, and speak with a customer service specialist who will arrange a billing method that suits your needs.

If your coverage lapses for non-payment of premiums, new coverage will most likely cost more. In addition, it might contain fewer benefits, have more restrictive provisions, and – most important – coverage may not be available to you if your present state of health has changed.

Q. Do my premiums increase when my employment status changes?

A. Premiums do not increase when your employment status changes. However, the frequency of payment may change. If you are making payments directly to Combined Insurance, we require that payment be no more frequent than monthly. You may choose to make payments on a less frequent basis (quarterly, semi-annually or annually).

Q. Who should I notify if I take an unpaid leave of absence?

A. Our customer service specialists can work with you to ensure that there is no lapse in coverage. You can either pay your premiums directly to your employer or have your coverage switched to direct home billing during your leave.

Q. How do I cancel my coverage?

A. If you cancel your coverage, you may do so by calling our Policyholder Center. Any premiums paid would be refunded if a cancellation is requested within 30 days of the receipt of the policy or certificate. Any cancellation after the initial 30-day period does not guarantee a premium refund.

Q. How do I make a change to my policy?

A. You can call our Policyholder Center and speak with a customer service specialist who can expedite your request or provide the necessary forms to complete your request.

Q. How do I put my coverage back in force?

A. If your coverage has lapsed for nonpayment of premium, call our Policyholder Center and a customer service specialist will help you determine whether the coverage can be reinstated and what the requirements are to do so. A reinstatement form will also need to be completed as well.

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