

# How To File A Claim

## For Accident, Critical Illness, Hospital Indemnity and Long Term Care Insurance

We encourage you and your family to contact us anytime - not just at time of claim - with any questions or concerns you might have.

### Accident

You or your representative can obtain a claim form by calling: **888.575.8246** or writing to:

**LifeSecure Insurance Company**  
**ATTN: Claims Department**  
**P.O. Box 0042**  
**New Hudson, MI 48165-0042**

*Claim forms are also available through the LifeSecure Policyholder web portal.*

Simply have the claim form completed as instructed\* and return it back to LifeSecure with the following:

- Copies of all bills relating to the claim, such as hospital, emergency room, ambulance and physician office visit bills. All bills must include the diagnosis, and must show a complete itemization of all services rendered and the individual charge for each service. Bills that show only a summary of services and charges cannot be accepted.
- For each bill, we require a copy of the corresponding Explanation of Benefits (EOB) from your primary health insurance.

Mail your claim to the above address, fax to 877.226.7315, or send electronically using your Personal Web Portal at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) (select "Policyholders" from the login menu). Your claim form, bills and EOBs must be submitted to us within 120 days from the date of loss. \*\* You do not need to wait until all bills and EOBs are received to begin sending your claim.

Upon receipt and confirmation of the Claimant's benefit eligibility, LifeSecure will calculate the payable benefit. This benefit will be payable to the Policyholder/Certificateholder, via a check by mail, or through electronic funds transfer to their checking or savings account - whichever method was elected by the Policyholder/Certificateholder on the claim form.

\* With regard to Section E (Attending Physician's Statement for Accidental Injury) of the claim form, if the claimant was initially treated in a hospital emergency room, you may instead submit a copy of the emergency room physician's report which can be obtained from the treating hospital. If initially treated in a physician's office or urgent care center, you may submit the physician's office or urgent care center records and notes pertaining to the visit.

\*\* Timeframe for submitting claim differs in certain states. Refer to the policy/certificate.

*Policyholders should refer to their actual insurance policy for more complete language regarding benefit eligibility and the overall claims process.*

## Critical Illness

You or your representative must complete a claim form, which can be requested by calling **888.575.8246** or writing to:

**LifeSecure Insurance Company**  
**ATTN: Claims Department**  
**P.O. Box 0042**  
**New Hudson, MI 48165-0042**

*Claim forms are also available through the LifeSecure Policyholder web portal.*

Simply have the claim form fully completed and return it to us along with written Proof of Diagnosis. Proof of Diagnosis includes documentation of:

- Date the Specified Disease began,
- Cause of the Specified Disease,
- Prognosis of the Specified Disease, and
- Names and addresses of all attending physicians.

Mail your claim to the above address, fax to 877.226.7315, or send electronically using your Personal Web Portal at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) (select "Policyholders" from the login menu).

Upon receipt and confirmation of your benefit eligibility, LifeSecure will calculate your Benefit Payout Amount. This benefit will be payable directly to you, via a check by mail, or through electronic funds transfer to your checking or savings account - whichever method is elected by you on your claim form.

---

If your Critical Illness insurance policy includes the **Health Screening Benefit**, see below.

The LifeSecure Health Screening Benefit will pay **\$50** once per calendar year to each Covered Person for one of the wellness procedures listed below. The procedure must occur after a one-time 30 day Benefit Wait Period. Use the contact information at the top of this page to obtain a Wellness Screening Form to submit this claim.

### Covered Procedures:

- Blood test for triglycerides
- CA 15-3 (blood test for breast cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Pelvic exam
- Cholesterol panel
- Pap smear
- Fast Blood glucose test
- Thin Prep Pap
- HgA1C
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CA 19-9 (blood test for pancreatic cancer)
- Doppler screening for abdominal aortic aneurysm
- PSA (blood test for prostate cancer)
- Chest x-ray
- Biopsy for skin cancer
- Stress test (bicycle or treadmill)
- CEA (blood test for colon cancer and cervical cancer)
- Echocardiogram
- Colonoscopy, Virtual colonoscopy
- Electrocardiogram
- Flexible sigmoidoscopy
- Breast ultrasound or MRI
- Hemoccult stool analysis, Fecal occult analysis
- Thermography
- Serum protein electrophoresis (blood test for Myeloma)
- Mammography
- Bone marrow biopsy and aspiration
- **In CA:** Generally medically accepted cancer screening test

*Policyholders should refer to their actual insurance policy for more complete language regarding benefit eligibility and the overall claims process.*

## Hospital Indemnity

You or your representative can obtain a claim form by calling: **888.575.8246** or writing to:

**LifeSecure Insurance Company**  
**ATTN: Claims Department**  
**P.O. Box 0042**  
**New Hudson, MI 48165-0042**

*Claim forms are also available through the LifeSecure Policyholder web portal.*

Simply have the claim form completed as instructed and return it back to LifeSecure with the following:

A copy of the UB-04 Uniform Billing Form, which can be provided to you by the servicing hospital. If the hospital will not provide you with a UB-04 Form, we will accept an itemization of services. The itemization of services must include diagnosis(es), name of hospital, the hospital's Tax Identification Number (TIN), and whether the stay is being billed as inpatient or observation, if covered by the policy.

Mail your claim to the above address, fax to 877.226.7315, or send electronically using your Personal Web Portal at [www.YourLifeSecure.com](http://www.YourLifeSecure.com) (select "Policyholders" from the secure login menu). You do not need to wait until you have received the UB-04 form to begin sending your claim.

Upon receipt and confirmation of the Claimant's benefit eligibility, LifeSecure will calculate the payable benefit. This benefit will be payable to the Policyholder/Certificateholder, via a check by mail, or through electronic funds transfer to their checking or savings account - whichever method was elected by the Policyholder/Certificateholder on the claim form.

## Long Term Care

You or your representative must notify us of your claim request by calling: **888.575.8246** or writing to:

**LifeSecure Insurance Company**  
**ATTN: Claims Department**  
**P.O. Box 0042**  
**New Hudson, MI 48165-0042**

We can collect the information we need to determine your eligibility for benefits. We may need to contact your physician and review your medical records. We may also arrange for an assessment to be performed by a nurse. A LifeSecure Care Advisor will notify you once we have determined your eligibility for benefits.

We can arrange for a Plan of Care to be developed by a Licensed Health Care Practitioner.

Once your Benefit Wait Period has been met, benefit payments will be made upon receipt of proof of loss to you or a care provider to whom you assign benefits. All benefits payable are pursuant to your written Plan of Care.

*Policyholders should refer to their actual insurance policy for more complete language regarding benefit eligibility and the overall claims process.*