



CHUBB®

CWB Self-Service Portal

CHUBB®

COMBINED™  
A Chubb Company

## Welcome to your Self-Service Portal

Use your Self-Service Portal credentials to log in.

User ID (email address)

[Forgot User ID?](#)

Required

CONTINUE

First time here?

[Register Now](#)



# THE NEW CWB SELF-SERVICE PORTAL SITE!

CHUBB®

COMBINED™  
A Chubb Company

United States

Combined Insurance Company of America is a Chubb company and a leading provider of supplemental accident, health, disability, and life insurance products in the U.S.\* and Canada. Headquartered in Chicago with a tradition of 100 years of success, we are committed to making the world of supplemental insurance easy to understand. The company has an A+ rating by the Better Business Bureau and an A+ (Superior) financial strength rating by A.M. Best. We are ranked by VIQTOR as the number one Military Friendly® Employer in 2022 (\$1-5 billion revenue category), marking Combined's eleventh consecutive year on the Top 10 list. For more information, please visit [www.combinedinsurance.com](http://www.combinedinsurance.com).

\* In New York, products are underwritten by Combined Life Insurance Company of New York (Latham, NY).

[Privacy Policy](#) | [California Resident Privacy Policy](#) | [Legal Terms of Use](#) | [HIPAA](#)

CHUBB®

COMBINED™  
A Chubb Company

## Let's register your Self-Service Portal Account

How would you like to register?

REGISTER WITH PHONE NUMBER


REGISTER WITH POLICY NUMBER


REGISTER WITH INVITATION CODE



# REGISTER BY PHONE, POLICY, OR CODE

Get in touch

 Send Us A Message

 Questions? Call 800-225-4500

CHUBB®

COMBINED™  
A Chubb Company

United States

Combined Insurance Company of America is a Chubb company and a leading provider of supplemental accident, health, disability, and life insurance products in the U.S.\* and Canada. Headquartered in Chicago with a tradition of 100 years of success, we are committed to making the world of supplemental insurance easy to understand. The company has an A+ rating by the Better Business Bureau and an A+ (Superior) financial strength rating by A.M. Best. We are ranked by VIQTOR as the number one Military Friendly\* Employer in 2022 (\$1-5 billion revenue category), marking Combined's eleventh consecutive year on the Top 10 list. For more information, please visit [www.combinedinsurance.com](http://www.combinedinsurance.com).

\* In New York, products are underwritten by Combined Life Insurance Company of New York (Latham, NY).

[Privacy Policy](#) | [California Resident Privacy Policy](#) | [Legal Terms of Use](#) | [HIPAA](#)

Hello **Thomas**

You've been a valued customer for 4 years. It's been great to have you with us.

## My Billing



0 due

You have nothing due at this time.

VIEW BILLING

## My Claims



103 active

We'll keep you updated on our progress.

VIEW CLAIMS

## My Policies



2 active

You have 0 inactive policies

VIEW POLICIES

## My Documents



2 policy documents

You can view or download your documents any time.

VIEW DOCUMENTS

## You can't predict the future

But you can protect against it. Our Accident Champion is designed to help you and your loved ones if you have an accident – so you can focus on making a recovery.

LEARN MORE



# THE DASHBOARD GIVES A QUICK SUMMARY

# My Policies

You have 2 active policies

[Show All](#) [Hide All](#)

## GROUP HOSPITAL INDEMNITY

[Hide](#) ^

#	Policy Number	W1316140
📌	Product Name	Worksite
\$	Payment Amount	Payroll Deduction
📅	Policy Effective Date	01/05/2020
📄	Payment Type	Mail

### Your Benefits

[View Detailed Benefits](#)

Claim Elimination Period      Accident: N/A, Sickness: N/A

## Group Critical Illness

[Hide](#) ^

#	Policy Number	W1336722
📌	Product Name	Worksite
\$	Payment Amount	Payroll Deduction
📅	Policy Effective Date	01/05/2020
📄	Payment Type	Mail

### Your Benefits

[View Detailed Benefits](#)

Claim Elimination Period      Accident: N/A, Sickness: N/A

## My Billing

0 due

0 of your policy has payment due in the next 30 days

[VIEW BILLING](#)

### Looking for something else?

- [My Claims](#) >
- [My Documents](#) >

QUICKLY VIEW  
POLICIES AND  
BENEFITS  
INCLUDING  
DOCUMENTS

## New Claims

[Start a new claim](#)[Review an existing claim](#)

Are you a Chubb employee?

☒ Yes☐ No

Who's the claim for?



THOMAS JAMES [View Details](#)

Don't see who you're filing for, or is this information incorrect? Call (833) 542-2013 to review your coverage

OK, and what type of claim is it?



### Accident

An incident that occurs unexpectedly, resulting in an injury requiring medical treatment

[CONTINUE](#)

### Sickness

When an illness prevents you from working or requires medical treatment

[CONTINUE](#)

### Wellness

When you receive covered preventive or diagnostic care

[CONTINUE](#)

### Cancer

When you receive a diagnosis or treatment for a covered cancer

[CONTINUE](#)

### Life

When filing for Waiver of Premium or if you've lost a loved one

[CONTINUE](#)

SUPPORT  
IS AVAILABLE  
ANY TIME

## New Claims



You've started an **Accident claim**

Not the right claim type? [Start over](#)

### Have your documents ready

Reporting a claim only takes a few minutes. Have your documents (see list below) and the following information ready.

- Date and description of how, where and when the accident occurred
- Diagnosis or nature of the injury
- Provider name, address, phone number
- Copy of your bills(s)

### Next Steps

Complete all steps by answering guided questions associated with your claim.

**IMPORTANT:** You must acknowledge the fraud statement, provide your E-Signature and click "SUBMIT YOUR CLAIM" in the **Review** step, otherwise, your claim will not be evaluated.

[Cancel](#)

**START YOUR CLAIM**



Step 1:  
Claim Details



Step 2:  
Treatments



Step 3:  
Benefits



Step 4:  
Documents



Step 5:  
Review

#### Date of accident? - required

MM/DD/YYYY



#### I was Involved In a motor vehicle or private aircraft related accident

Yes

No

#### How would you describe your Injury?

- |  |  |
|--|--|
| <input type="checkbox"/> Amputation/Dismemberment            | <input type="checkbox"/> Bites                     |
| <input type="checkbox"/> Blindness                           | <input type="checkbox"/> Bruises - Contusions      |
| <input type="checkbox"/> Carpal Tunnel                       | <input type="checkbox"/> Concussion                |
| <input type="checkbox"/> Contact dermatitis (Poison Ivy/oak) | <input type="checkbox"/> Cuts - Lacerations        |
| <input type="checkbox"/> Dislocations                        | <input type="checkbox"/> Drowning                  |
| <input type="checkbox"/> Drug Overdose                       | <input type="checkbox"/> Ear Injury                |
| <input type="checkbox"/> Eye injury (Not Causing Blindness)  | <input type="checkbox"/> Fractures                 |
| <input type="checkbox"/> Gun Shot Wound                      | <input type="checkbox"/> Headaches                 |
| <input type="checkbox"/> Hernia                              | <input type="checkbox"/> Herniated Disc            |
| <input type="checkbox"/> Minor burn(S)                       | <input type="checkbox"/> Nosebleed (Epistaxis)     |
| <input type="checkbox"/> Poisoning                           | <input type="checkbox"/> Puncture Wound            |
| <input type="checkbox"/> Rotator Cuff Tear                   | <input type="checkbox"/> Severe burn(S) 3rd Degree |
| <input type="checkbox"/> Sprains/Strains                     | <input type="checkbox"/> Teeth/Mouth               |
| <input type="checkbox"/> Tendonitis/Bursitis/Myositis        | <input type="checkbox"/> Torn meniscus/Acl         |
| <input type="checkbox"/> Traumatic Arthritis                 | <input type="checkbox"/> Other                     |

# FILING A CLAIM IS CUSTOMIZED TO THE CLAIM TYPE

# SUBMIT A NEW CLAIM WITH EASE AND MINIMAL STEPS

CLAIM #71562836



Step 1:  
Claim Details



Step 2:  
Treatments



Step 3:  
Benefits



Step 4:  
Documents



Step 5:  
Review



Step 1 | Claim Details

[REVIEW](#)

Where did you go for medical care?

Medical Facility Type - required

Urgent Care

Name of Medical Facility - required

Main St Care

Address Line 1

100 Main St

Address Line 2

Address Line 2

City - required

Chicago

State - required

IL

ZIP - required

60006

Dates of visit - required

MM/DD/YYYY



How much did it cost?

\$

Were you treated in an Observation Unit? - required

# CHOOSE CHECK OR ELECTRONIC PAYMENT

## Have we missed anything?

Please tell us any additional information you think may help us review your claim.

Type here..

If it is determined that your claim is payable, how would you like to be paid?



### Electronic Payment

Payments will be processed within 1-3 business days



### Check

Payments will be processed within 7-10 business days

## Electronic payment details

If your claim is payable, you can receive your benefit payment electronically via bank transfer into a checking account, transfer into a PayPal account, or transfer to a debit card. By clicking the OPT-IN option, you acknowledge, agree and consent to the terms and conditions of the [consent to electronic transactions, payments and signature](#).

**ATTENTION:** Per policy terms, all benefits payable must be paid to the principal insured/policyholder. For this reason, all electronic claim payments will be directed to the principal insured/policyholder's Hyperwallet account even if the loss was incurred by a Dependent Spouse/Child.

☒ OPT-IN

EMAIL ADDRESS

RE-ENTER EMAIL ADDRESS

☐ No, I prefer for any benefit payment to be sent as a check via regular mail

## My Claims

[Start a new claim](#)[Review an existing claim](#)You have 13 claims [Filter](#)[Show All](#) [Hide All](#)

Claim # 71564113 — Wellness

[Show](#) ▾

Claim # 71564112 — Wellness

[Show](#) ▾

Claim # 71564111 — Wellness

[Show](#) ▾

Claim # 71564110 — Wellness

[Show](#) ▾

Claim # 71564109 — Cancer

[Show](#) ▾

Claim # 71562766 — Sickness

[Show](#) ▾

Claim # 71562661 — Sickness

[Show](#) ▾

Claim # 71562891 — Accident

[Show](#) ▾

## Need to start a claim?

We'll make submitting your claim quick and easy to keep you moving.

[NEW CLAIM](#)

## Looking for something else?

[My Billing](#) >[My Policies](#) >[My Documents](#) >REVIEW  
EXISTING CLAIMS

## My Claims

[Start a new claim](#)[Review an existing claim](#)You have 13 claims [Filter](#)[Show All](#)[Hide All](#)

Claim # 71564113 — Wellness

[Hide](#) ^

# Claim Number	71564113
📌 Claim Type	Wellness
👤 Claimant	THOMAS JAMES
📅 Loss Date	02/06/2023
🔄 Status	New Claim Received

## Progr

## New Claim Received

We have received your information and are in the process of assigning a claims adjuster to review your submission for completeness.  
May 31, 2024

[UPLOAD DOCUMENTS](#)

## Need to start a claim?

We'll make submitting your claim quick and easy to keep you moving.

[NEW CLAIM](#)

## Looking for something else?


[📄 My Billing](#) >[🛡️ My Policies](#) >[📁 My Documents](#) >


# REVIEW EXISTING CLAIMS

# SEE CLAIM DETAILS SUCH AS TYPE, LOSS DATE, AND STATUS

<div>UPLOAD DOCUMENTS</div>	
Claim # 71564112 — Wellness	<a href="#">Show</a> ▾
Claim # 71564111 — Wellness	<a href="#">Show</a> ▾
Claim # 71564110 — Wellness	<a href="#">Show</a> ▾
Claim # 71564109 — Cancer	<a href="#">Show</a> ▾
Claim # 71562766 — Sickness	<a href="#">Show</a> ▾
Claim # 71562661 — Sickness	<a href="#">Show</a> ▾
Claim # 71562891 — Accident	<a href="#">Show</a> ▾
Claim # 71562483 — Sickness	<a href="#">Show</a> ▾
Claim # 71562350 — Accident	<a href="#">Show</a> ▾
<div>Please allow 1-2 business days for the portal to reflect the most updated claim status.</div>	
<div>Items per page: 10 ▾ 1 – 10 of 13 &lt; &gt;</div>	

Get in touch

 Send us a message

 Call us : (833) 542-2013

SEE CLAIM DETAILS  
SUCH AS TYPE, LOSS  
DATE, AND STATUS

UPLOAD DOCUMENTS

Claim # 71564112 — Wellness

Show ▾

Claim # 71564111 — Wellness

Show ▾

Claim # 71564110 — Wellness

Show ▾

Claim # 71564109 — Cancer

Hide ▲

# Claim Number

71564109

📁 Claim Type

Cancer

👤 Claimant

THOMAS JAMES

📅 Loss Date

03/15/2020

🔄 Status

New Claim Received

Progress

New Claim Received

05/31/2024

We have received your information and are in the process of assigning a claims adjuster to review your submission for completeness.

UPLOAD DOCUMENTS

Claim # 71562766 — Sickness

Show ▾

Claim # 71562661 — Sickness

Show ▾

# ATTACH SUPPORTING DOCUMENTS FOR THE CLAIM

CHUBB

HOMEBILLINGPOLICIESCLAIMSSUPPORT

EnglishEspañol

122

My Claims

Start a new claim

Review an existing claim

You have 13 claims [Filter](#) [Show All](#) [Hide All](#)

Claim # 71564113 — Wellness

Hide ^

# Claim Number	71564113
📁 Claim Type	Wellness
👤 Claimant	THOMAS JAMES
📅 Loss Date	02/06/2023
🔄 Status	New Claim Received

Progr

New Claim Received

We have received your information and are in the process of assigning a claims adjuster to review your submission for completeness.  
May 31, 2024

Need to start a claim?

We'll make submitting your claim quick and easy to keep you moving.

NEW CLAIM

Looking for something else?

📄 My Billing >

🛡️ My Policies >

📁 My Documents >

UPLOAD DOCUMENTS

# ATTACH SUPPORTING DOCUMENTS FOR THE CLAIM

The screenshot displays the Chubb website's 'My Claims' interface. At the top, the Chubb logo is on the left, and navigation links for HOME, BILLING, POLICIES, CLAIMS, and SUPPORT are in the center. Language options for English and Español are on the right, along with a notification bell icon showing 122 alerts and a menu icon. The main header area has a teal background with the text 'My Claims'. Below this, there are two tabs: 'Start a new claim' and 'Review an existing claim', with the latter being selected. A sidebar on the left indicates 'You have 9 claims' and lists details for 'Claim # 71564273', including Claim Number, Claim Type, Claimant, Loss Date, and Status. The main content area shows the 'Upload Documents (Claim # 71564273)' modal, which includes a progress bar, a file upload area with a 'BROWSE' button, and 'UPLOAD' and 'EXIT' buttons. The background content is partially obscured by the modal.

CHUBB

HOME BILLING POLICIES CLAIMS SUPPORT

English Español

122

My Claims

Start a new claim Review an existing claim

You have 9 claims

Claim # 71564273 —

# Claim Number

Claim Type

Claimant

Loss Date

Status

Progress

New Claim Received

We have received your information and are in the process of assigning a claims adjuster to review your submission for completeness.

UPLOAD DOCUMENTS

Claim # 71562766 — Sickness

Show

Upload Documents (Claim # 71564273)

Drag & drop your files

Or add them from your computer. We accept .pdf, .png, .jpeg, .jpg, .docx, .tif, .tiff, .html, .xls, .xlsx and .bmp formats (file size limit 20MB).

BROWSE

UPLOAD EXIT

NEW CLAIM

Looking for something else?

My Billing

My Policies

My Documents

AFTER CLAIM  
SUBMISSION,  
TRACK THE  
PROGRESS RIGHT  
WITHIN THE PORTAL

CHUBB®

HOMEBILLINGPOLICIESCLAIMSSUPPORT

EnglishEspañol

122

My Claims

Start a new claim

Review an existing claim

You have 9 claims [Filter](#) [Show All](#) [Hide All](#)

Claim # 71564273 — Wellness

Hide ^

# Claim Number	71564273
Claim Type	Wellness
Claimant	THOMAS JAMES
Loss Date	06/03/2024
Status	New Claim Received

Progress

New Claim Received06/04/2024

We have received your information and are in the process of assigning a claims adjuster to review your submission for completeness.

UPLOAD DOCUMENTS

Claim # 71562766 — Sickness

Show v

Need to start a claim?

We'll make submitting your claim quick and easy to keep you moving.

NEW CLAIM

Looking for something else?

My Billing

My Policies

My Documents

## My Billing



Choose a policy to manage billing

[Show All](#) [Hide All](#)

### GROUP HOSPITAL INDEMNITY

No amount due at this time.

REVIEW PAYMENTS


### Group Critical Illness


No amount due at this time.

REVIEW PAYMENTS

FIND POLICY BILLING  
AND PAYMENT  
HISTORY UNDER  
BILLING

Get in touch

 Send Us A Message

 Call us : (833) 542-2013



## My Billing

[Back to all policies](#)

### GROUP HOSPITAL INDEMNITY

#	Policy Number	W1316140
\$	Premium Amount Due	\$5.05
📅	Premium Due Date	07/23/2025

### Payment history

Date	Account	Amount
------	---------	--------

Get in touch



Send Us A Message



Call us : (833) 542-2013

CHUBB®

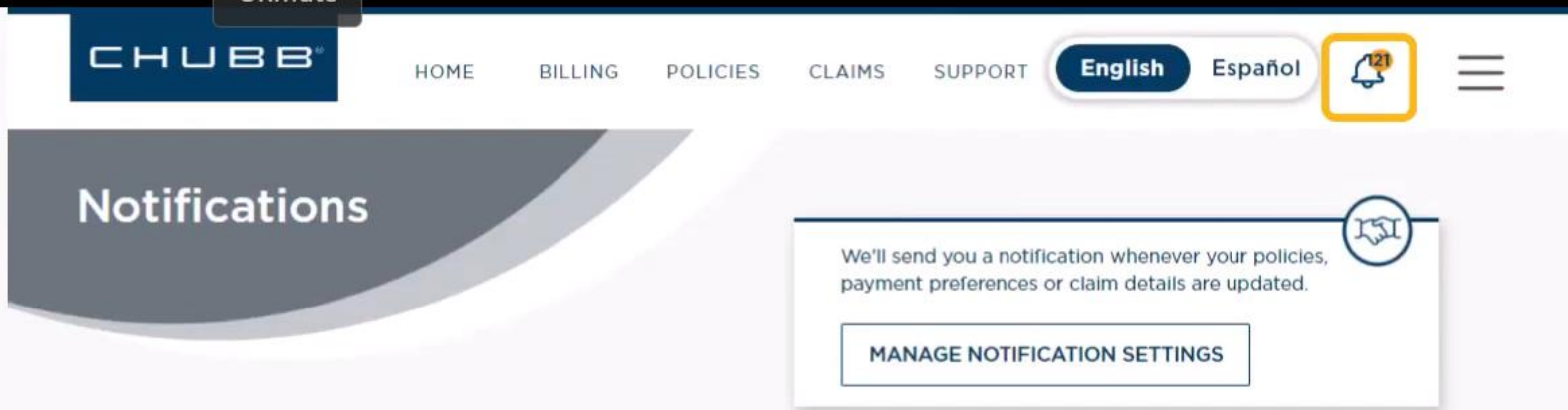
**COMBINED**  
A Chubb Company

United States

Combined Insurance Company of America is a Chubb company and a leading provider of supplemental accident, health, disability, and life insurance products in the U.S.\* and Canada. Headquartered in Chicago with a tradition of 100 years of success, we are committed to making the world of supplemental insurance easy to understand. The company has an A+ rating by the Better Business Bureau and an A+ (Superior) financial strength rating by A.M. Best. We are ranked by VICTORY as the number one Military Friendly® Employer in 2022 (\$1-5 billion revenue category), marking Combined's eleventh consecutive year on the Top 10 list. For more information, please visit [www.combinedinsurance.com](http://www.combinedinsurance.com).

\* In New York, products are underwritten by Combined Life Insurance Company of New York (Latham, NY).








# FIND POLICY BILLING AND PAYMENT HISTORY UNDER BILLING



NOTIFICATIONS  
PROVIDE UPDATES  
ON POLICIES,  
CLAIMS, AND  
ACCOUNTS

You have 121 new notifications. Showing 10 of 121 new notifications [Mark all as read](#)

Period	Categories	Importance	Status
Show all ▾	Show all ▾	Show all ▾	Show all ▾

				
	Subject	Policy Number	Date	Action
> 	Your claim status has changed.		05/28/2024	<a href="#">View</a>
> 	Your claim status has changed.		05/27/2024	<a href="#">View</a>
> 	Your claim status has changed.		05/14/2024	<a href="#">View</a>
> 	Your claim status has changed.		05/13/2024	<a href="#">View</a>
> 	Your claim status has changed.		05/08/2024	<a href="#">View</a>
> 	Policy Premium is 45 days past due date	W1317218	05/07/2024	<a href="#">Review</a>

Chubb. Insured.<sup>SM</sup>

---