

We understand life can be stressful, especially when you are having to deal with submitting a Critical Illness **Insurance claim.** Companion Life Insurance Company utilizes a process that prioritizes the needs of employees. You can download the form by logging in to My Online Benefit at CompanionLife.com/insureds. You can also call 877-676-5789 or email CompanionService@CompanionLife.net to request a form.



TO SUBMIT A CLAIM, THE FOLLOWING DOCUMENTS MUST ACCOMPANY EACH CLAIM:

- 1. Insured's Statement of Claim
 - Must be completed with each filed claim.
 - Be sure to answer every question.
- 2. Authorization Form
 - You or an authorized representative must sign and date authorization to allow physicians to release medical records to Companion Life.
- 3. Prior Treatment Form
 - Please include provider fax numbers to expedite the process, if possible.
- 4. Physician's Statement
 - This statement is to be completed by the medical provider.

To avoid delays, it is imperative to complete the entirety of the form.

Completed claim forms and supporting documentation can be emailed to CompanionClaims@CompanionLife.net, faxed to 563-557-3360 or mailed to:

> **Companion Life Insurance Company** PO Box 1535 **Dubuque, IA 52004-1535**

Companion Life Insurance Company | P.O. Box 100102 | Columbia, SC 29202-3102 | 800-753-0404 | Fax: 800-836-5433 | CompanionLife.com

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