








WELLFLEET WORKPLACE CLAIMS FAQ

HOW DO I FILE A CLAIM WITH WELLFLEET WORKPLACE?

Submitting a claim with us is easy! Simply follow the steps outlined below.

1. Choose how to submit your claim:

| | | | | |
|--|--|---|--|--|
|  Online portal Register or Sign In: WellfleetWorkplace. com/register |  Email workplaceclaims@ wellfleetinsurance.com |  Phone (855) 664-5838 8:30 A.M. to 5:00 PM EST |  Mail Wellfleet Insurance Company P.O. Box 15769 Springfield, MA 01115 |  Fax 413-452-5486 |
|--|--|---|--|--|

2. Answer the claim questions in the online portal, or complete the appropriate claim form on [Wellfleetworkplace.com/forms](https://www.wellfleetworkplace.com/forms) and provide any additional documentation needed.

3. Submit.

WHAT INFORMATION DO I NEED TO FILE A CLAIM?

For all claim types, you will need to provide personal information about each claimant, including:

- Date of birth
- Social security number
- Insurance/policy information
- Mailing address and banking information (for those wanting direct deposit benefit payments)

Other specifics by benefit/coverage type are outlined below.

Accident Insurance Claim

- Accident details (who was involved, where it happened, when, diagnosis, etc.)
- Supporting documentation, such as "UB04" (hospital bill), "HCFA1500", medical records, after visit summary and discharge summary, or an itemized bill, including patient's name, diagnosis, and dates of service
- Completed and signed "Authorization to Release Information" Form

Critical Illness Insurance Claim

- Supporting documentation, such as "UB04" (hospital bill), "HCFA1500", lab results, medical records, after visit summary and discharge summary, or an itemized bill, including patient's name, diagnosis, and dates of service
- Completed and signed "Authorization to Release Information" Form
- "Attending Physician's Statement", completed and signed by the attending physician



Hospital Indemnity Insurance Claim

- If applicable, accident details (who was involved, where, when, diagnosis, etc.)
- Supporting documentation, such as "UB04" (hospital bill), "HCFA1500" medical records, after visit summary and discharge summary or an itemized bill, including patient's name, diagnosis and dates of service
- Completed and signed "Authorization to Release Information" Form
- "Attending Physician's Statement", completed and signed by the attending physician

Short Term Disability Insurance Claim

- Disability details (where and when it happened, diagnosis, prior coverage, other disability income, providers seen in past 2 years, etc.)
- Completed and signed "Authorization to Release Information" Form
- "Attending Physician's Statement", completed and signed by the attending physician "Employer's Statement", completed, and signed by your employer

Wellness (Health Screening Benefit) Claim

- Screening test type
- Supporting documentation, including provider, patient's name, date of test(s) and exam performed

HOW DO I GET PAID?

Once your completed claim form and any additional documentation has been received, processed and approved:

Accident and Hospital Indemnity claims: You will be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment. See the benefits schedule section of your certificate for more details around covered accidents and/or hospitalizations, and any associated benefits.

Critical Illness claims: You will be paid a lump sum based on the type of critical illness, the benefit amount elected and if it is an initial occurrence, reoccurrence of the same critical illness or occurrence of a different critical illness, up to the elected maximum payment.

Hospital Indemnity claim: You will be paid a lump sum based on the type of hospitalization. See the benefits schedule section of your certificate for more details around covered hospitalizations, and any associated benefits.

Short Term Disability claims: You will be paid on a weekly basis for the duration of your disability, up to the maximum amount of time allowed. The amount paid is based on a set percentage of your monthly income that you elected when enrolling in this coverage.

HOW LONG DOES IT TAKE TO PROCESS A CLAIM?

- Health Screening Benefits submitted telephonically are usually processed within 1 business day. Claims submitted online, or via email, US mail or fax, have a standard turnaround time of 2 business days upon receipt.
- Accident, Critical Illness and Hospital Indemnity claims are typically processed within 5 business days.
- Short Term Disability claims are usually processed within 5 business days.

WHO PROVIDES MY COVERAGE?

Your coverage is provided by Wellfleet, a Berkshire Hathaway company.

WHAT IF I HAVE QUESTIONS?

We're here to help! For questions, give our Customer Care Team a call at **(855) 664-5838**
Monday – Friday, 8:30 a.m. – 5:00 p.m. EST; or email workplaceclaims@wellfleetinsurance.com

Submission of a claim does not guarantee payment.

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