



Employer Step-by-Step On-Line Life Claim Submission

Go to www.unum.com and enter your login information which will bring you to our iServices site.

- Select Claims tab at the top of the page and
 - From the drop down select Claims Management
- Select File a Life Claim button

Note: The following data must be entered in order to file an on-line Life claim. Each screen shows the required data noted with a ''.*

INDICATE THE COVERAGE FOR THIS CLAIM

- Death (includes Life and Accidental Death)
- Accelerated Benefit
- Dismemberment

YOUR INFORMATION (*Who is submitting the claim*)

- Your name (this will pre-fill)
- Your job title (this may pre-fill or you may need enter manually)
- Phone number (this should pre-fill however make sure the information is accurate)
- Does employee work in affiliated office - Yes or no

FILE A CLAIM FOR YOUR EMPLOYEES (this is needed even when it's a dependent claim)

- First & Last name of Employee
- Date of birth
- Social security number
- Policy – Division (select the life policy/division from the drop down)
- Original Date of hire
- Date employee entered eligible class
- Has employee been terminated – yes or no
 - If Yes is selected, Enter termination date
- Has employee been rehired – yes or no
 - If Yes is selected, Enter rehire date
- Union Status
- Date last worked
- Reason for ceasing work
- Work Status (Full time or part time or Retiree (choose one))
 - If Retiree, Enter retirement date
- Hours worked per week
- Exemption Status Salary or Hourly
 - Enter: Salaried will be annual salary; or
 - Enter: Hourly will be your hourly wage

- Gender – male or female
 - Note: the dependent question pertains to AD&D education benefit only, do not add unless applicable

EMPLOYEE INFORMATION

- Address
- Phone number

CLAIM EVENT INFORMATION (who the claim is for)

- Who did the reported event happen to? (Select the drop down)
- Date of death
- Do you have a copy of the death certificate – yes or no
- Is there a beneficiary designation on file - yes or no
 - If no, complete Comments section specifying none on file
 - If yes, upload the beneficiary designation form
- Was death due to an accident? (if yes was the accident work-related?)
- Did the employee stop working prior to his/her death? (if yes add Reason for ceasing work)

BENEFICIARY INFO

- Taxpayer ID: (Social security number)
- Name
- Date of Birth
- Phone number
- What is your language preference? (English or Spanish)
- Relationship to deceased
- Address (if unavailable use insured's address)
- Is beneficiary a minor
 - If Yes, complete information regarding person acting on behalf of the minor
- If necessary you can add another beneficiary

POLICIES AND BENEFITS

- Amount of Insurance (Life & AD&D)
 - Amount Basic
 - Effective Date of Basic
 - Amount of Supplemental
 - Effective Date of Supplemental
- Effective date of coverage
- If Voluntary Coverage:
 - Complete Changes to the Amount of Insurance section
 - Amount of last change

- Increase/Decrease
 - Date of last change
- Date of last premium

CONFIRM YOUR RESPONSE

- Review the data
- If information is incorrect use the BACK button to move back to the appropriate point in the form and enter the correct information
- **Print** a copy for your records, once you submit it can no longer be viewed

SIGN AND COMPLETE THE CLAIM

A number of fraud warnings will appear - After the fraud warnings you need to **hit I ACCEPT** in order for claim to be filed

Note: by accepting the claim you are submitting the claim to Unum

NEXT STEPS - WHAT CAN YOU DO NOW

- Upload necessary document - scanning or attachment of a document
- Death certificate
- Beneficiary designation
- Enrollment form

"Thank you" message will appear once claim has been submitted

Last modified: 8/1/2018

1/5/2016: KM, BWE