








# 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:

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

Submission of a claim does not guarantee payment.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states. ©2023 Wellfleet Group, LLC. All rights reserved.

WB – 100204 – 0223



# WELLFLEET WORKPLACE WELLNESS CLAIMS FAQ

## WHAT IS WELLFLEET'S WELLNESS BENEFIT?

- The Wellness Benefit (Health Screening Benefit) pays you directly once per year for covered screenings and doctor visits.
- Screenings include annual exams, well child visits, sports physicals and many others (see list on the next page).
- Benefits also cover immunizations or vaccines including flu, pneumonia and COVID-19.
- Wellness claims can be filed quickly, without the need to upload paperwork.

## HOW DO I FILE A WELLNESS CLAIM WITH WELLFLEET WORKPLACE?

Submitting a wellness 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](https://www.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. Complete the claim form found at [Wellfleetworkplace.com/forms](https://www.wellfleetworkplace.com/forms), when submitting via email, mail, or fax, or simply answer a few questions, when filing online or by phone.



## WHAT INFORMATION DO I NEED TO FILE A WELLNESS 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
- Banking information (for direct deposit payments)
- Screening test type\*
- Supporting information, including provider, patient's name, date of test(s) and exam

## HOW DO I GET PAID?

Once your completed claim form and any additional documentation has been received, processed and approved you will be paid the total benefit amount listed on your policy details.

## 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.

## WHO PROVIDES MY COVERAGE?

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

\*Eligible health screening tests include but are not limited to (check your policy for your comprehensive list):

Abdominal aortic aneurysm ultrasound	Cytology smear	Pap smear
Annual examinations for adults	Dermatological screenings for skin cancer	Pneumonia immunization
Aortic ultrasound	Double contrast barium enema	PSA (blood test for prostate cancer)
Blood test for triglycerides	EKG	Serum cholesterol HDL/LDL
Bone density screening	Fasting blood glucose test	Serum protein electrophoresis (blood test for myeloma)
Bone marrow testing	Fasting plasma glucose	Sports physicals
Breast MRI	Fecal DNA testing	Stress test
Breast thermograph	Fecal immunochemical testing	Tetanus
Breast ultrasound	Flexible sigmoidoscopy	Thermography
CA 125 (blood test for ovarian cancer)	Flu vaccination	Thin prep pap test
CA 15-3 (blood test for breast cancer)	Genetic screening testing for medical diagnosis and treatment	Transvaginal ultrasound
Carotid ultrasound	Hemocult stool analysis	Two-hour post load plasma glucose
CEA (blood test for colon cancer)	Hemoglobin A1C	Virtual colonoscopy
Chest x-ray	Hepatitis B immunization	Well child visits
Chicken pox immunization	HPV immunization	
Colonoscopy	Mammography	
Concussion baseline testing	Meningitis immunization	
COVID-19 vaccination	MMR immunization	
CT Angiography	Myocardial perfusion imaging	

## 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](mailto:workplaceclaims@wellfleetinsurance.com)

Submission of a claim does not guarantee payment.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states. ©2023 Wellfleet Group, LLC. All rights reserved.

WB - 100202 - 0423