

Accident Claims Checklist

HAVE THIS INFORMATION HANDY TO IDENTIFY YOUR POLICY:

- Policy owner's name and date of birth
- Policy owner's SSN
- Policy owner's address

HERE'S A LIST OF COMMON ITEMS YOU MAY NEED TO FILE A CLAIM:

- Claimant's name and date of birth
- Patient's relationship to policy owner
- Date and description of accident
- Location of accident (If on-job injury, attach copy of Report of Injury document)
- Copy of police report (auto accident, assault or gunshot wound)
- Itemized copies of any related bills including physician, ambulance, emergency room, hospital, and/or rehabilitation unit. Bills should include diagnosis information and procedure codes from your medical provider.
- If surgery was performed, include operative report.
- If an on-job injury, an employer statement completed by your employer

HELPFUL TIP:

If you are unable to work, complete a disability claim form instead of the accident form.

OTHER WAYS TO FILE A CLAIM:

Fax: 1.800.880.9325

Mail: P.O. Box 100195, Columbia, SC 29202

Colonial Life is committed to providing you, our valued customer, a market-leading claims experience. We look forward to serving you on coloniallife.com.

Register on coloniallife.com so you can:

▶ View benefit details

- Here you'll find a copy of your policy to see what's covered and benefit amounts

▶ Track your claim

- Follow your claim from start to finish and receive alerts if we need additional information

▶ Sign up for direct deposit and receive payment faster

Scan here



This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments or act as an all-inclusive list. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully.