

Cancer Claims Checklist

HAVE THIS INFORMATION HANDY TO IDENTIFY YOUR POLICY/CERTIFICATE:

- 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, date of birth and SSN (if other than policy owner)
- Date cancer was diagnosed. If not first diagnosis, date of first diagnosis
- Primary doctor information and treating doctor information (if different)
- Diagnosis from your doctor (Type of Cancer)
- Bills or proof of treatment for surgery, medical imaging, radiation/chemotherapy, hospital stays and any other cancer-related out-of-pocket expenses
- If there was a hospital stay, include hospital bill which includes Date/Time admitted and Date/Time discharged or the **Hospital Confinement Rehabilitation Confinement Form**
- If surgery or diagnostic procedure was performed, include bill with procedure code or the **Surgery/Diagnostic Procedure 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/certificate 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



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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.