



1 What information will Cigna need to process a Personal Accident Insurance (PAI) claim?

To file an accidental death claim, you will need to provide the following:

- A copy of your beneficiary designation on file with University Human Resources
- A copy of the death certificate
- Proof of enrollment in PAI
- Completed Accidental Death Claim Form (PDF)

Policyholder Name: Indiana University

Group Policy Number: OK980032

Please contact IU Human Resources for assistance with completing the Employer portion of the claim form and retrieving these items 812-856-1234.

For accident claims, as well as some accidental death claims, Cigna will also request:

- All available reports, such as a police or medical examiner report
- The names of any doctors who have treated the individual
- The names of any facilities where the individual was treated
- Specific information about the accident, including date, time and location

2 When do I report the claim?

Claims should be reported as soon as possible. Standard policy provisions call for the notification of claims from within 31 days of the date of loss and “proof of loss” within 90 days. Once Cigna has received all the requested information, they can begin reviewing and processing the claim.

3 How do I report and submit the claim?

You can report a claim by mail, fax, or email.

- **Fax to:** 1-877-300-6770
- **Email to:** claims.pghlif2@cigna.com
- **Mail to:** Cigna Life & Accident Claim Services, PO Box 22328, Pittsburgh, PA 15222-0328

4 What happens after I report a claim?

Cigna assigns the claim to a designated life or accident Claims Specialist. If they have any questions, or need additional information, such as a trust agreement, estate papers, etc., they will contact the customer or beneficiary. Depending on the type of information needed, they may contact a third-party company directly; if a third party is contacted, Cigna will notify the customer or beneficiary.



5 How long will it take to process the claim?

After Cigna has received all requested information, they will ordinarily make a decision on the claim within 10 business days.

6 What happens if the claim is approved?

If the claim is approved, Cigna will send an approval letter to the customer or beneficiary. If the insurance benefit is less than \$5,000, they will also include a check for the approved amount.

If the insurance benefit is \$5,000 or more, Cigna will open a free, interest-bearing account (CignaAssurance®3 Account) in the customer or beneficiary's name. The beneficiary can keep his/her money in the account for as long as he/she likes or withdraw the entire amount immediately. The benefits included with a CignaAssurance Account include an unlimited number of drafts, bereavement counseling, financial assistance services and legal assistance services.

7 What happens if the claim is denied?

If the claim is denied, Cigna will send the customer or beneficiary a letter explaining why the claim was denied, and include instructions on how to appeal the denial.

8 Whom can I contact if I have questions?

Cigna's knowledgeable customer representatives are available to help you, and answer any questions you may have.

- If you have questions on using the claim form, call 1-800-238-2125.
- If you have questions about your claim, call 1-800-362-4462.

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