

# FILE CLAIMS YOUR WAY

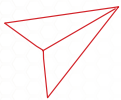
Select what works best for you.

Filing a claim shouldn't be complicated, that's why we've made our process as simple as possible. We offer several ways to file, so you can choose the one that works best for you. Download forms at [www.TEBCS.com](http://www.TEBCS.com) and submit a claim either online, email, phone, mail, or fax.



## ONLINE

1. Log in at [www.TEBCS.com](http://www.TEBCS.com). If you are not registered, click "New User Registration" and use your contract (certificate or policy) number and personal information to register.
2. Click on the policy for which you are filing a claim.
3. Once inside the policy's contract details, click on claims and again on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.
5. Print a copy of your claim submission for your records.



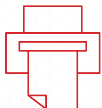
## EMAIL

1. Email claim documents to: [tebclaimsscanning@transamerica.com](mailto:tebclaimsscanning@transamerica.com).
2. Include the insured's name and policy/certificate number.
3. You will receive an email acknowledgment of receipt.



## PHONE

1. Contact the Transamerica Claims Customer Service Department at: **888-763-7474**.
2. Have all claim information ready to provide.



## FAX

- > Fax claim documents to: **866-586-6528**.
- > Include the insured's name and policy/certificate number.
- > All documents should be clear and readable.



## MAIL

- > Mail claim completed documents to:  
**Transamerica – Claims**  
**P.O. Box 8043**  
**Little Rock, AR 72203-8043**
- > Include the insured's name and policy/certificate number.

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## Questions About Claims?



EMAIL  
[TEBcustresp@transamerica.com](mailto:TEBcustresp@transamerica.com)



CALL  
**888-763-7474**  
M-Thurs: 7:00 a.m. - 6:00 p.m. (CST)  
Fri: 7:00 a.m. - 5:00 p.m. (CST)

## Do you have what it takes to file a claim?

Having all your documents together helps to ensure an easy claims process. Look below to see the documentation needed for each type of claim.

### Wellness



- > Insured's name and social security number
- > Date wellness services was provided
- > Care provider's contact information
- > List of services provided

### Critical Illness



- > Completed claim form
- > Positive pathology report (when filing claim for cancer) from doctor for initial claim
- > Discharge summary from hospital

### Supplemental Medical Expense



- If benefits are to be paid to provider, the provider should file the claim to receive benefits. If benefits are to be paid to you, we will need:
- > Completed claim form or itemized statements from care providers showing diagnosis and procedure codes
  - > Primary health care plan provider's Explanation of Benefits that includes the deductible, co-pay, and/or co-insurance amount(s)

### Accident



- > Completed claim form
- > Proof of accident treatment with diagnosis (such as hospital discharge summary or statement)
- > Police report if applicable
- > Proof of follow-up treatment with diagnosis

### Hospital Indemnity Insurance Policy



- > Completed claim form
- > Itemized statements
- > Police report if applicable

### Disability



- > Completed claim form
- > Police report if applicable
- > Discharge summary from hospital if ER involved
- > Employer's first report of injury report if an on-the-job accident

### Cancer



- > Completed claim form
- > Positive pathology report from doctor for initial claim
- > Itemized statements from care providers showing procedure codes, descriptions, treatment, and charges
- > Blood, chemotherapy, and radiation treatment statements
- > Explanation of Benefits from your major medical insurance company or summary notices from Medicare or Medicaid

### Notification of Death



- Death Claim:**
- > Completed claim form
  - > Original certified death certificate

### Accelerated Death Benefits for Critical Illness Claim:

- > Completed claim form
- > Pathology report when involving cancer

### Terminal Illness Claim:

- > Completed claim form

### Long Term Care Claim:

- > Completed claim form
- > Billing statements from nursing home, assisted living, or home health provider

### Waiver of Premium (for disability or layoff) Claim:

- > Completed claim form