CHUBB

FAQ's (Frequently Asked Questions) for Accidental Death and Dismemberment Claims

Describe the process for clients to submit a claim:

CHUBB Life Insurance Company of Canada ("Chubb Life") operates an internal claims department. Claims are handled in the CHUBB Life office located at 199 Bay Street, Suite 2500 P.O. Box 139 Commerce Court Postal Station Toronto, ON Canada M5L 1E2.

The claim forms can be requested by the Administrator by contacting the Claims Department via the toll free number: English: 1-877-772-7797 or French: 1-877-337-9494 or email address claims.A_H@chubb.com.

If the notification of claim is provided by the insured person Chubb Life will provide the insured person with all the required claim forms to be completed, including the Administrator Statement. Due to privacy regulations, it will be the insured person's responsibility to forward the Administrator Statement to the appropriate person, for completion.

The required forms are:

- Claimant's Statement, to be completed by the Claimant
- Authorization to Obtain Information, to be completed by the Claimant
- Administrator Statement, to be completed by the Administrator
- Attending Physician's Statement, to be completed by the Attending Physician at death or the coroner
- Attending Physician's Statement to be completed by the Attending Physician along with supporting medical documentation confirming the loss.

In addition to the completed Claim Package, Chubb Life will require:

- Copy of the Enrolment Form/Application for Insurance and any Beneficiary Change Forms
- Copy of the Death Certificate
- Reports (i.e. Coroner's Report, Autopsy Report, Police Report, Newspaper Articles)

Please note that additional requirements may be required based on the circumstances of the loss and the beneficiary (e.g., estate, minor).

Claims can be submitted by clients as follows:

Completed claim forms and supporting documentation may be submitted via the following channels:

Email: claims.A_H@chubb.com
Fax-(416) 368-0641

Mail: 199 Bay Street, Suite 2500 P.O. Box 139 Commerce Court Postal Station Toronto, ON Canada M5L 1E2.

CHUBB

Turnaround time on claim decisions and payment of benefit. Claims with complete forms/requirements are assigned within one to two days of arrival; we ensure this by monitoring our New Claim Queue for incoming claims. Once the claim forms are received, the initial assessment is completed within 10 business days. At this time we determine if the claim requires additional information or if a claim decision can be rendered.

If additional documentation is required, it is requested from the appropriate party. Once the outstanding documentation is received, the claim file is reviewed within 10 business days of receiving the final piece of information to render a final decision. Once a decision is rendered, the appropriate letter is sent to the applicable party (i.e. insured person, beneficiary. Estate Representative and administrator).

What can delay a claim decision or payment? A claim decision may be delayed due to incomplete forms, forms that are not fully completed, errors in completing the forms.

We may also require additional information from third parties such as doctors, coroner offices or police officers which we directly pursue usually through a third-party investigator. Please refer to "What is Chubb's process for obtaining medical information" below for additional details.

Claim payments may be delayed if the beneficiary is an estate or a minor as there are additional requirements to issue benefits to such entities.

What is Chubb's process for obtaining medical information? The request for medical information is completed via fax.

There are instances where we engage a third party vendor to assist with obtaining medical records either from a physician, health care provider, hospital, health facility and/or Coroner's /Medical Examiner's Office.

There are circumstances where third parties do not accept the completed claimant Chubb Life authorization resulting in the requirement for a specific authorization for the health facility. This results in the completion of an additional authorization which may result in a delay with the documentation being released.

There are also instances where pre-payment is requested from the physician's office, health care provider, hospital, health facility and/or Coroner's/Medical Examiner's Office; this is not communicated until the initial Chubb/Chubb Life request has been received by the third party. This may also result in a delay of receiving the required information.

How long does Chubb wait before a follow up is sent to the doctor if nothing is received? We complete a follow-up within, and approximately every, 30 business days.

How many attempts are made? Three to four attempts will be made.

Are there any escalation protocols established if this continues to further delay the claim? We have various protocols in place.

CHUBB

The protocols are as follows: contact the MD office via telephone, there are instances where we ask the claimant for assistance in contacting the MD to expedite the request, we will also engage a third party vendor to assist with the pick-up of medical records.
In extreme circumstances, we also contact the provincial Medical Association for assistance.

How long does Chubb wait before a follow up is sent to the Coroner/Medical Examiner's office if nothing is received? The wait time for completed Coroner/Medical Examiner's reports varies depending on the province. If this documentation is required we aim to provide the approximate time frame in our initial acknowledgement letter to the beneficiary and/or Estate Representative.

How and who is provided status updates on the claim, and at what frequency? Depending on the complexity of the claim, the various touchpoints and status updates will vary.
For example, if we are experiencing delays in obtaining medical documentation from a specific provider, we will follow up prior to the 30 business day mark. We aim to provide written updates as required to both the claimant and administrator. This may be in the form of written correspondence and/or verbal update.

What is the claim turnaround time once all information is received? A status and/or decision is rendered within 10 business days of receiving the final piece of documentation which allows us to adjudicate the claim.

What is the service standard expectation for claims (e.g. claim assessment will be completed within X days)? Our standard process is to have the initial claim assessment completed within 10 business days of receiving the initial claim documentation.

How are applicable ancillary benefits communicated? All applicable ancillary benefits are communicated once the final decision concerning the approval of benefits is determined. The claimant is advised as to which benefits apply and how to proceed in filing a claim for such benefits.