



HOW DO I FILE A CLAIM WITH WELLFLEET WORKPLACE?

Submitting a claim with us is easy! Simply follow the steps outlined below.

1. Choose how to submit your claim:

Online portal
Register or Sign In:
WellfleetWorkplace.
com/register

Email

workplaceclaims@

wellfleetinsurance.com

m

(Phone

(855) 664-5838 8:30 A.M. to 5:00 Mail 🔀

Wellfleet Insurance

📄 Fax

413-452-5486

Company P.O. Box 15769

Springfield, MA 01115

2. Answer the claim questions in the online portal, or complete the appropriate claim form on Wellfleetworkplace.com/forms and provide any additional documentation needed.

PM EST

3. Submit.

WHAT INFORMATION DO I NEED TO FILE A CLAIM?

For all claim types, you will need to provide personal information about each claimant, including:

- Date of birth
- Social security number
- Insurance/policy information
- Mailing address and banking information (for those wanting direct deposit benefit payments)

Other specifics by benefit/coverage type are outlined below.

Accident Insurance Claim

- Accident details (who was involved, where it happened, when, diagnosis, etc.)
- Supporting documentation, such "UB04" (hospital bill), "HCFA1500", medical records, after visit summary and discharge summary, or an itemized bill, including patient's name, diagnosis, and dates of service
- Completed and signed "Authorization to Release Information" Form

Critical Illness Insurance Claim

- Supporting documentation, such "UB04" (hospital bill), "HCFA1500", lab results, medical records, after visit summary and discharge summary, or an itemized bill, including patient's name, diagnosis, and dates of service
- Completed and signed "Authorization to Release Information" Form
- "Attending Physician's Statement", completed and signed by the attending physician



Hospital Indemnity Insurance Claim

- If applicable, accident details (who was involved, where, when, diagnosis, etc.)
- Supporting documentation, such "UB04" (hospital bill), "HCFA1500" medical records, after visit summary and discharge summary or an itemized bill, including patient's name, diagnosis and dates of service
- Completed and signed "Authorization to Release Information" Form
- "Attending Physician's Statement", completed and signed by the attending physician

Wellness (Health Screening Benefit) Claim

- Screening test type
- · Supporting documentation, including provider, patient's name, date of test(s) and exam performed

HOW DO I GET PAID?

Once your completed claim form and any additional documentation has been received, processed and approved:

Accident and Hospital Indemnity claims: You will be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment. See the benefits schedule section of your certificate for more details around covered accidents and/or hospitalizations, and any associated benefits.

Critical Illness claims: You will be paid a lump sum based on the type of critical illness, the benefit amount elected and if it is an initial occurrence, reoccurrence of the same critical illness or occurrence of a different critical illness, up to the elected maximum payment.

Hospital Indemnity claim: You will be paid a lump sum based on the type of hospitalization. See the benefits schedule section of your certificate for more details around covered hospitalizations, and any associated benefits.

HOW LONG DOES IT TAKE TO PROCESS A CLAIM?

- Health Screening Benefits submitted telephonically are usually processed within 1 business day. Claims submitted online, or via email, US mail or fax, have a standard turnaround time of 2 business days upon receipt.
- Accident, Critical Illness and Hospital Indemnity claims are typically processed within 5 business days.

WHO PROVIDES MY COVERAGE?

Your coverage is provided by Wellfleet, a Berkshire Hathaway company.

WHAT IF I HAVE QUESTIONS?

We're here to help! For questions, give our Customer Care Team a call at **(855) 664-5838** Monday – Friday, 8:30 a.m. – 5:00 p.m. EST; or email **workplaceclaims@wellfleetinsurance.com**

Submission of a claim does not guarantee payment.

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