

# HOW TO SUBMIT A CLAIM

You put protection in place for a reason, and it's important for you to know how to access your benefits. Transamerica is there for you every step of the way. With several ways to file, you can choose the one that works best for you.



## WHAT YOU NEED TO FILE A CLAIM:

☐ Insured's Name ☐ Certificate Number ☐ Social Security Number ☐ Forms (see back)

### Is this your first time submitting a claim?

Contact the Transamerica Claims Customer Service Department for your certificate number.



855-244-8318

Customers can download forms at **tebcs.com** and submit a claim either online, by email, phone, mail, or fax.



## SUBMIT CLAIM ONLINE *(this is the preferred method to ensure accuracy and ability to track claim status at **tebcs.com**)*

- Log in at **tebcs.com**. If you're not registered, click "New User Registration"
- Click on the policy you're using to file a claim
- Once inside the policy's contract details, click on claims, then on the specific type of claim you want to file
- Complete all requested information (if your claim requires a specific form, it will be provided on the back)
- Print a copy of your claim submission for your records



## SUBMIT CLAIM BY EMAIL, PHONE, MAIL, OR FAX

### Short-Term and Long-Term Disability Claims\*



taclaims@disabilityrms.com



888-862-6256



Transamerica Claims Department  
300 Southborough Drive, Suite 200  
South Portland, ME 04106-6914



888-862-6256

### Accident, Critical Illness, Cancer, Hospital Indemnity, Notification of Death, Supplemental Medical Expense, and **TransDI**® Disability Income Claims



selfadminclaims@transamerica.com



855-244-8318



Transamerica — Claims  
PO Box 869090  
Plano, TX 75075



855-604-5205

\* Please note that Short-Term and Long-Term Disability Insurance differ from **TransDI** Disability Income. Contact the Transamerica Claims Customer Service Department (855-244-8318) to help determine which policy you have.



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## Do you have what you need to file a claim?

Having all your documents together helps make submitting a claim a smoother process. Look below to see the documentation needed for each type of claim. Please include the insured's name, certificate number, and Social Security number on all claims.



Wellness	
<ul style="list-style-type: none"> <li>• Date wellness services were provided</li> <li>• Care provider's contact information</li> <li>• List of services provided</li> </ul>	
Critical Illness	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Positive pathology report from doctor for initial claim (when filing claim for cancer)</li> <li>• Discharge summary (if hospitalized)</li> </ul>	
Supplemental Medical Expense (TransConnect®)	
<p>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:</p> <ul style="list-style-type: none"> <li>• Completed claim form or itemized statements from care providers showing diagnosis and procedure codes</li> <li>• Primary health care plan provider's Explanation of Benefits, including the deductible, co-pay, and/or co-insurance amount(s)</li> </ul>	
Accident	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Proof of accident treatment with diagnosis (such as hospital discharge summary or statement)</li> <li>• Police report (if applicable)</li> <li>• Proof of follow-up treatment with diagnosis</li> </ul>	
Hospital Indemnity Insurance Policy	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Itemized statements</li> <li>• Police report (if applicable)</li> </ul>	

TransDI® Disability Income	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Police report (if applicable)</li> <li>• Discharge summary from hospital (if ER involved)</li> <li>• Employer's first report of injury (if an on-the-job accident)</li> </ul>	
Cancer	
<ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Positive pathology report from doctor for initial claim</li> <li>• Itemized statements from care providers showing procedure codes, descriptions, treatment, and charges</li> <li>• Blood, chemotherapy, and radiation treatment statements</li> <li>• Explanation of Benefits from your major medical insurance company or summary notices from Medicare or Medicaid</li> </ul>	
Notification of Death	
<p>Death Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Original certified death certificate</li> </ul> <p>Accelerated Death Benefits for Critical Care Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> <li>• Pathology report (if involving cancer)</li> </ul> <p>Terminal Illness Claim:</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> </ul> <p>Waiver of Premium Claim (for disability or layoff):</p> <ul style="list-style-type: none"> <li>• Completed claim form</li> </ul>	
Short-term or Long-term Disability*	
<ul style="list-style-type: none"> <li>• HIPAA Authorization</li> <li>• Physician's Statement</li> <li>• Medical History Form</li> <li>• Employer's Statement</li> <li>• Police Report</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Summary</li> <li>• First Report of Injury</li> <li>• Date of Diagnosis</li> <li>• Pathology Reports</li> <li>• Diagnostic Reports</li> </ul>

\* Please note that Short-Term and Long-Term Disability Insurance differ from TransDI Disability Income. Contact the Transamerica Claims Customer Service Department (855-244-8318) to help determine which policy you have.

### For Questions About Short-Term and Long-Term Disability Policies:

[taclaims@disabilityrms.com](mailto:taclaims@disabilityrms.com)

**888-862-6256**  
Mon-Thu: X a.m. to X p.m. XX  
Fri: X a.m. to X p.m. XX

### For Questions About All Other Policies:

[selfadminclaims@transamerica.com](mailto:selfadminclaims@transamerica.com)

**855-244-8318**  
Mon-Thu: 7 a.m. to 5:30 p.m. CT  
Fri: 7 a.m. to 5 p.m. CT

Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA, or Transamerica Financial Life Insurance Company, Harrison, NY.

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