



This is an instructional sheet on how to file a claim. This is not a claim form. Do not submit this form to Assurity Life Insurance Company. Contact Assurity to request appropriate claim forms.

The Assurity claims contact center is available during normal business hours to assist you with any policy questions including:

- Coverage verification
- Policy benefits
- Requesting claim forms (*forms vary by the state in which you live*)
- Claims inquires

Accident Expense Claim

Copy of the accident report and an itemized billing showing insured's name, date of service, diagnosis code, procedure code and billed amount. Our Accident claim is form no. 75-010-02283.

Critical Illness Claim

Please call Assurity at the extension listed above to request the forms.

To begin the claim process or request the proper forms, contact the claims contact center using the following:

- Emailed to claimsinfo@assurity.com
- Faxed to 402-437-4592 or Toll free fax 800-869-0368
- Mailed to: Assurity Life Insurance Company
PO Box 82533
Lincoln, NE 68501-2533

If the claim form is emailed or faxed as described above, please do not mail the original claim form.

Wellness / Health Screening Claim

The claim can be reported via phone, call (800) 869-0355 ext. 4484. The information below will be needed to process the claim.

First, Middle, Last		Policy no.																							
Policyowner's Name																									
CLAIM INFO.	1. Claimant's name First, Middle, Last	2. Date of birth MM/DD/YYYY																							
	3. Relationship to Policyowner																								
	4. Name of medical provider	Phone no. ()																							
	Address of medical provider																								
	MM/DD/YYYY																								
5. Date of test	6. Amount charged for screening test \$																								
TESTS PERFORMED	1. Wellness Benefit Rider R W1110, R G1115C																								
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