How to submit a claim for life insurance

We want to make filing a life claim as stress-free and easy as possible, for you and the beneficiary. Here's some information that explains how to submit a claim, how we review the claim, and how we communicate with the beneficiary.

Process at-a-glance

1. Submitting the claim	2. Reviewing the claim	3. Notifying the beneficiary
• Employer completes the claim packet and mails, faxes or emails it, or submits it online to Sun Life. The claim request should also include the beneficiary designation, enrollment records, payroll and, if received from beneficiary, claimant statement and death certificate.	• A Sun Life claims analyst reviews the initial submission within five business days and follows up if we need additional information. Additional information received will be reviewed within five business days.[1] • We make the claim determination within 10 business days of receiving the information necessary to complete the claim.	• If we approve the claim and the benefit payment is less than $10,000, Sun Life will send the beneficiary a check for the full benefit amount. • If we approve the claim and the benefit payment exceeds $10,000, we will deliver the payment as a lump-sum check or, if preferred, we can set up an interest-bearing account (subject to state availability). • If we deny the claim, we will send the beneficiary a letter explaining our decision and information on how to appeal.

1. Submitting the claim

The first step in submitting a life insurance claim is to fill out the necessary information within the claims packet and then send it to Sun Life by mail, fax or email, or by going online.

Online:	www.sunlifeconnect.com
Email:	USEBGLifeClaimsInbox@sunlife.com
Fax:	800-979-5128
Mail:	Sun Life Group Life Claims P.O. Box 81365 Wellesley Hills, MA 02481
Overnight:	Sun Life Group Life Claims, SC1275 One Sun Life Executive Park Wellesley Hills, MA 02481

Questions? Contact your Client Relationship Executive, call us at 800-247-6875, or email us at client.services@sunlife.com.

When submitting a life insurance claim, it's important to include the following:[2]

☑ Completed employer's statement

This statement provides the Sun Life claims analyst important eligibility information such as the employee's date of hire, hours worked per week, last day worked and the reason for last day worked. We need this information to determine the employee's eligibility for coverage, and whether he or she was actively at work prior to his or her last day worked. We may also need this information to verify a benefit calculation.

☑ Copies of the employee's payroll records

We will need copies of the employee's payroll records for one (1) month prior to his or her last day physically at work. We may also request additional payroll documentation to confirm the employee met actively-at-work requirements. The copies should clearly illustrate the payroll dates, hours worked, last day worked, paid vacation/time off, paid leave and deduction amounts for voluntary benefits.

Why do we request this?

These records provide the Sun Life claims analyst with supporting documentation of the employee's minimum hours worked and premium payment (Optional/Voluntary Life coverage). If the claim filed is for a dependent, we still require payroll records to verify that the employee was working prior to the dependent's death and, if applicable, to verify that the employee was contributing to the cost of coverage up until the dependent's death.

☑ Copies of current and historical enrollment information and forms

We will need copies of the most current enrollment confirmation/form and the employee's initial benefits enrollment confirmation/form. If the employee made any changes to his or her benefits enrollment elections, we will also need copies of his or her historical enrollment confirmations/forms. Acceptable documentation includes hardcopy enrollment forms, online enrollment screenshots and benefit confirmation statements. This documentation should show coverage volumes and the signature date/effective date of coverage.

Why do we request this?

The Sun Life claims analyst will need the current and historical information to confirm eligibility and determine if Evidence of Insurability was required and completed. We must be able to construct an enrollment timeline and support the increases in coverage in accordance with the policy guidelines.

☑ Copy of the beneficiary designation form

Providing the most current beneficiary designation form on file will allow the Sun Life claims analyst to communicate with and pay the appropriate beneficiary. Acceptable forms of beneficiary designations can be a hardcopy enrollment form, online enrollment screenshot, or benefit confirmation statement dated prior to the claimant's passing. The coverage name and the percentage of coverage to be paid the beneficiary(ies) should be shown. Prior Group Life carrier designations can be used if specific to their Group Life coverage. If there is no beneficiary on file, Sun Life will pay the claimant in accordance with your group's policy.

Death certificate

If the total Life and AD&D claim coverage amount for the deceased is equal to or less than $10,000, once we receive the completed claim forms and beneficiary designation (provided there are no outstanding questions regarding eligibility), Sun Life will not require additional enrollment or payroll verification. Additionally, we do not require a death certificate for this amount if we can confirm the death in other ways, such as with an obituary.

If the total Life and AD&D claim coverage for the deceased is more than $10,000, the **claimant** should provide us a death certificate confirming the **cause and manner** of death. Some states provide short- and long-form certificates. **Sun Life requires the long-form death certificate.** The short-form certificate does not provide proof sufficient to satisfy the claims requirements. We cannot pay claims with a pending manner of death indication.

We will accept a scanned copy of all death certificates, excluding those for deaths that occur outside U.S. territories.

Claimant Statement

This statement provides the Sun Life claims analyst the beneficiary's contact information and claim payment selection (lump-sum check or interest-bearing account, if applicable). Each named beneficiary is considered a claimant and should complete their own claimant statement.

Authorization forms

In some situations, the Sun Life claims analyst will need to request accident or police reports, or medical records. The authorization forms will enable the analyst to request and obtain any health-related information and non-health-related information that must be reviewed as part of the claim decision process. **The claimant (at least one named beneficiary)** should complete the authorization forms.

AD&D claims require review of medical examiner and/or toxicology reports. Unfortunately, these reports can take some time to become available from the state. Sun Life has a process for continual outreach on these types of pending reports. If possible, we will process payment on the Basic or Optional/Voluntary Life piece while we wait to receive any required medical examiner and/or toxicology reports.

Funeral Home Assignment (optional)

If applicable, the **claimant** should obtain a Funeral Home Assignment form directly from the funeral home and submit it with his or her completed claim documents (claimant statement and death certificate). If the claim is approved, we will pay the benefit proceeds directly to the funeral home, and then pay any remaining proceeds to the named beneficiary(ies). The beneficiary should reference Sun Life and the Group Policy number on this form, and all beneficiaries need to sign and date it.

2. Reviewing the claim

After the claim packet is submitted, a Sun Life claims analyst will review the initial submission within five business days. Not all initial claim submissions will be considered "in good order," which means some of the documents we need to make a decision are missing. If this happens, the claims analyst may request additional information by telephone, email or letter. We will review any additional information within five business days of receiving it.[1]

Once the claim submission is deemed complete, if the claim is determined payable, the analyst will issue the payment within 10 business days.

All correspondence will include the direct phone number of the Sun Life claims analyst who is reviewing the claim. The beneficiary can contact the analyst directly to inquire about the status of his or her claim. Employers can determine the status of a claim by visiting Sun Life Connect.

3. Notifying the beneficiary

Claim approval

If we approve the claim, the Sun Life claims analyst will mail a payment letter along with the benefit payment directly to the beneficiary. The payment letter will outline the amount of the claim and the coverage the employee had in place under the policy.

The beneficiary can receive the benefit payment in two ways:

- If the claim is approved and the benefit payment is less than $10,000, Sun Life will send the beneficiary a check for the full benefit amount.
- If the claim is approved and the benefit payment exceeds $10,000, the beneficiary can choose between two different payment methods: a check for the full benefit amount or the option to have the benefit amount set up in an interest-bearing account (subject to state availability).

If the claimant submitted a funeral home assignment, the proceeds will first be paid to the funeral home, and the remainder will be paid to the beneficiary. If there are multiple beneficiaries, the remainder will be paid in accordance with the percentages indicated in the beneficiary designation.

Claim denial

If the claim is denied, we will send the beneficiary a letter of explanation detailing the right to appeal. If the denial letter contains any medical information, the analyst will send a generic denial letter to the employer for its records. The timeframe to appeal is 180 days from the date the claim decision was made.

1. Instances such as, but not limited to, claim handling for minor beneficiaries, lost beneficiaries, claims without beneficiaries and situations where death may be the result of a suspected criminal act may result in the delay of a Life claim. Additionally, police reports, toxicology screens, autopsy reports and the death certificate may be required for an AD&D claim. The level of review for these claims may result in a processing delay.

2. In the event of changes to Sun Life forms or requirements, additional information from the employer or claimant might be required. Information needed regarding a claim may change on a case-by-case basis.