

How do I submit a hospital indemnity insurance claim?

Your guide to requesting benefits from your Group Hospital Indemnity insurance

When the unexpected happens, the AVMA Trust is here to help. This easy-to-use guide provides step-by-step instructions for filing a hospital indemnity insurance claim. And once you submit a claim, we will assign you a dedicated claims representative who will be available to answer any questions and ensure a fair and timely review of your request.

STEP 1: GET A CLAIM FORM

You can get a copy of the claim form in three ways:



ONLINE:

Visit avmalife.org.



PHONE:

Call 800-621-6360 to request a form.



EMAIL:

Contact CustomerService@AVMALIFE.org to request a form.

STEP 2: COMPLETE THE CLAIM FORM

Please provide the following information when completing the claim form:

1

MEMBER INFORMATION:

Provide personal information related to the insured member.

2

MEMBER CERTIFICATION:

Sign and date this section to confirm the accuracy and completeness of the information provided.

3

AUTHORIZATION FOR RELEASE OF INFORMATION:

Sign and date this section. Without your signature, we cannot gather medical information to process the claim.

4

ADDITIONAL DOCUMENTATION:

Include medical records clearly stating a diagnosis as well as all itemized bills, including admission and discharge dates and room and board charges.

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STEP 3: SUBMIT THE CLAIM FORM

After you have completed your claim form, you can submit it in one of two ways:



MAIL:

**AVMA LIFE Trust Program Administrator
1200 E. Glen Ave., Peoria Heights, IL 61616**



FAX:

866-817-9009

WHAT HAPPENS NEXT?

We strive to evaluate and provide a fair decision on all claims as quickly as possible. Our goal is to provide a decision within **20 days** of receiving your claim. However, any delay in the submission or follow-up of medical records may slow the claims process.

When we receive your claim, a dedicated representative will be assigned to your case. This person will coordinate all requirements and keep you informed if any additional information is needed.

WHAT HAPPENS WHEN A DECISION IS MADE?

You will receive a written decision about your claim by mail. If approved, benefit payment(s) will be sent by check separately.

If your claim is denied, you have the right to appeal the decision. You can request a secondary review and may be asked for further details to support your appeal.

QUESTIONS?

Contact our Customer Support team:



EMAIL: CustomerService@AVMALIFE.org



PHONE: 800-621-6360

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