



Transamerica Financial Life Insurance Company  
P.O. Box 8043 Little Rock AR 72203-8043  
Claims fax: 866-224-6547  
Claims email: TEBclaimsscanning@transamerica.com  
Claims customer service: 800-251-7254

**Disability  
Benefit  
Claim**

## Instructions for Submitting a Claim

**Claims Customer Service: 800-251-7254 (7:00 a.m. – 6:00 p.m. Monday-Thursday, and 7:00 a.m. – 5:00 p.m. Friday)**

This claim package has five parts: Claimant's Statement, Attending Physician's Statement, Employer/Business Entity Statement, Required Fraud Warning Statements and Authorization for the Release of Health Information. You must also complete a Medical Providers List if the policy is less than one year old. We understand your need for a timely review of your claim. When completing each part, keep in mind you can prevent the potential of a delay by providing complete and accurate information.

### **Claimant's Statement**

Please complete this form in full with the claimant's information. Be sure to sign and date the form. If your disability resulted from a motor vehicle accident, please submit a copy of the **accident investigation report**, if one was prepared.

### **Employer's/Business Entity Statement**

Please have your employer complete this form in full. If there is a second employer, please have them complete an additional Employer's/Business entity statement. If your physician has authorized you to return to work on light duty or with restrictions, but your employer cannot accommodate your restrictions, please have the employer provide a letter stating they are unable to accommodate your restrictions. Please ensure that the last day worked is provided, and the form is signed and dated by authorized personnel. Additionally, please make sure that if you returned to work, that date is also provided. If the disability resulted from an **On the Job Accident**, please submit the **First Report of Injury**. (Note: You may submit an injury on duty report or Incident Report, In lieu of the First Report of Injury.)

### **Attending Physician's Statement (page 4)**

When you ask the doctor to complete the Attending Physician's Statement, please verify that the questions are answered in their entirety, and that it is signed and dated. . The form must include an ICD code/Diagnosis and referral information and may include additional attachments or records from your treating Physician. If disability began with an Emergency Room visit, please submit all pages of the Discharge summary. If the claim is for maternity benefits and you are unable to work due to complications before or after delivery, please have your physician submit a medical necessity letter.

### **Required Fraud Warning Statement (page 5) and Authorization for the Release of Health Information (page 6)**

Please sign, date, and submit these forms. If the claim is on your dependent who is over the age of 18, the dependent must sign and date the Authorization for the Release of Health Information

**\*\*Disability Claims can now be submitted online at [www.tebcs.com](http://www.tebcs.com). If your disability claim is submitted online, you may also monitor the status of your claim online.**



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## Disability Benefit Claim Form

### HOW TO SUBMIT A CLAIM ONLINE:

- Step 1 – Go to [www.tebcs.com](http://www.tebcs.com)
- Step 2 – To create a new user account, Click on **New User Registration**, or for existing accounts, go to step 7
- Step 3 – Enter identity information
- Step 4 – Enter your communication preferences
- Step 5 – Verify your information
- Step 6 – A secure email will be sent to the address you provided. Click the link in the e-mail to complete your registration
- Step 7 – Login with username and password that you previously set up; confirm new-user registration if necessary
- Step 8 – Click **view details** for disability policy
- Step 9 – Under **claims** link select **submit disability claim**
- Step 10 – Press next step and complete information pertaining to yourself and your disability claim
- Step 11 – Select how you want to submit supporting documentation (fax, online, or mail)
- Step 12 – Read and check each box for both the fraud statement and authorization of release, certifying that you acknowledge the receipt of the each form
- Step 13 – Review and submit

**\*\*\*Claims submission does not guarantee payment of benefits\*\*\***

### Frequently Asked Questions:

**Q. What is the processing time for a claim?**

- A. 10 to 15 business days (Processing time can be longer if forms are incomplete, medical records are needed, if a decision is being appealed, or if requested information is not submitted to us.)

**Q. What are some reasons my claim could be delayed?**

- A. Most often, missing/incomplete documents. Other causes include when the policy or coverage increases are in contestable period (within 1 year of the claim), if claim forms are submitted too early, wrong address on file for insured, if altered copies of previous claim forms are submitted, and when you are not under the regular care of a physician.

**Q. How will Transamerica pay for pregnancies? Is it the same monthly benefit as a regular disability?**

- A. We pay a lump sum for pregnancies; 42 days for a vaginal delivery and 56 days for a caesarian delivery (minus your elimination period). Please note if you are out prior to or after your delivery, a medical necessity letter is needed from your physician that gives your disabling diagnosis, medical treatments you are undergoing, any restrictions you are under and your doctor must certify that you are totally disabled during that additional time.

**Q. How will I get paid for my disability, how often and how will I know what information is needed?**

- A. How often we pay benefits depends on the nature of the claim and can change during the claim. We pay in the form of a check that is sent by standard mail to the address we have on file for you. (Note: please ensure you advise us if you move or need your check mailed to an alternate address, to avoid delays. We cannot stop-pay and reissue a check for 15 days after it was mailed.) We send an explanation of benefits with each payment that specifies any information needed and by when. .

**Q. What are some other reasons a medical necessity letter would be needed?**

- A. If your disabling diagnosis could be considered cosmetic (i.e. breast augmentation, gastric bypass, etc.), if your diagnosis is unclear, or if you are out of work for more than the typical recovery period for that accident or sickness.