

ONLINE CLAIMS FOR CRITICAL ILLNESS INSURANCE

Submit Critical Illness insurance claims online in 20 minutes or less — it's that easy!

US Able Life provides flexibility in submitting supplemental claims with our new online claims submission option, which offers an enhanced customer experience that is easy, convenient, and secure. From start to finish, an online claims submission typically takes 20 minutes or less. Our customers still have the option to submit claims by mail, email, phone, or fax. Visit us online at USABLELife.com for those instructions.

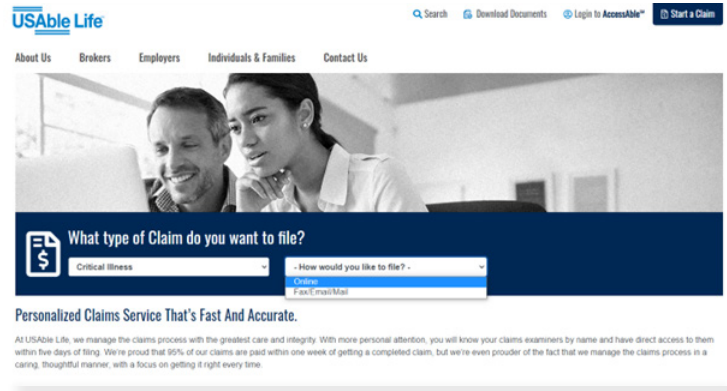
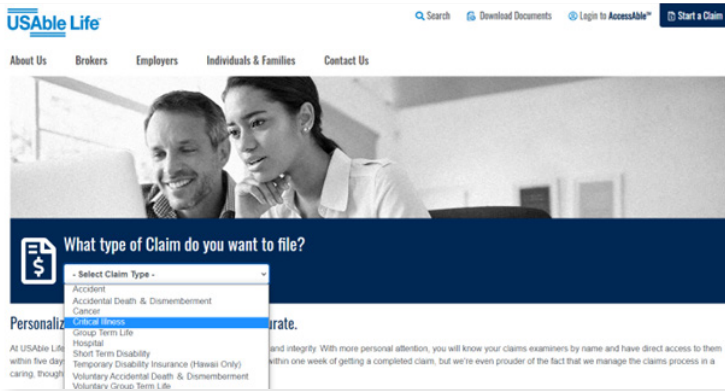
Employee quick reference guide to online claim submissions

To get started, navigate to USABLELife.com/claims and complete the drop-down menu questions:

1. Select **Critical Illness** from the drop-down list under "What type of claim do you want to file?"
2. On the same screen, select **Online** from the drop-down list under "How would you like to file?"

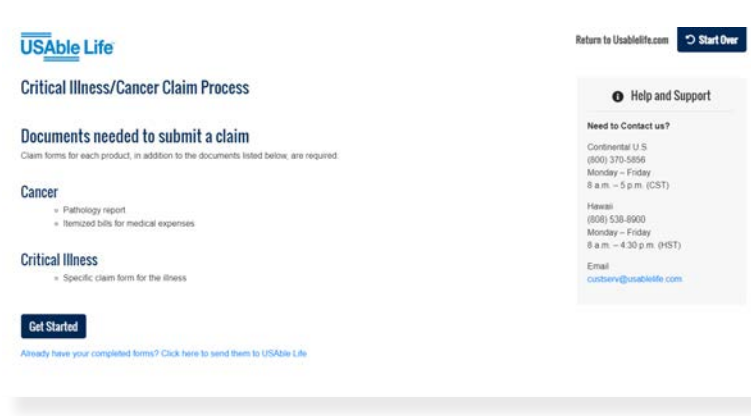
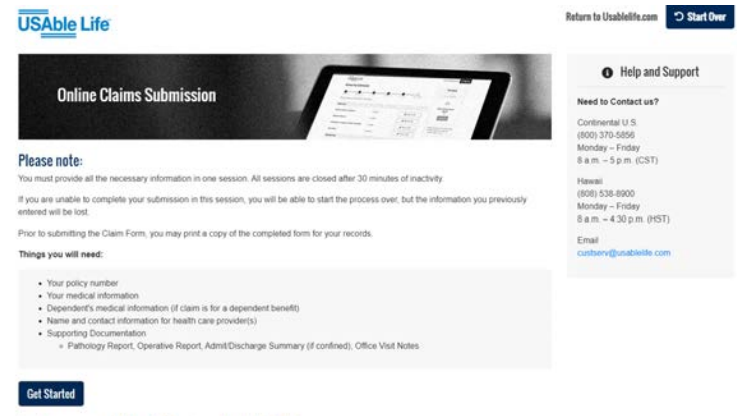
SIX EASY STEPS:

1. *Disclaimer (electronic delivery consent notice)*
2. *Demographics (name and policy number)*
3. *Employee Statement*
4. *Authorization for Release of Medical Information (online form)*
5. *Fraud Notice (online form)*
6. *Review and submit*



You will then progress to the "Online Claims Submission" screen. Before you continue, please note the "Things you will need" section. You must have the group policy number ready to go for the next steps. Select **Get Started**.

Carefully read the information and steps for the claims process. This is the last step before you begin steps 1-6 of the Critical Illness claims submission process. Select **Get Started**.



Step 1: Disclaimer (electronic delivery consent notice)

This is the “*Electronic Delivery Consent Notice*” screen. Please review carefully. We are required to provide certain information to you before you agree to receive electronic communications. This notice applies to all internet-based communications from us, including email, website, and mobile applications. By completing this acknowledgment, you are consenting to receive electronic communications from USABLE Life.

Check the “*I acknowledge this disclaimer*” box, enter your name in the e-signature field (or representative’s name if you are completing this claim on behalf of the employee), and check the “*I’m not a robot*” box. Select **Save and Continue**.

USABLE Life Return to Usablelife.com **Start Over**

Electronic Delivery Consent Notice

1 2 3 4 5 6
DISCLAIMER DEMOGRAPHICS STATEMENT AUTHORIZATION FRAUD NOTICE REVIEW & SUBMIT

Please Read

We are required to provide certain information to you before you agree to receive electronic communications. This notice applies to all internet-based communications from us, including email, website, and mobile applications.

Electronic communications include, but are not limited to:

- Regulatory Notices
- Plan Documents
- Benefit Determinations and/or Information (e.g. Explanation of Benefits, Claim Letters, etc.)
- Privacy Policy Notices
- Fraud Notices

Electronic Delivery of Communications

By consenting to electronic delivery you may receive communications electronically instead of receiving a paper copy. The types of communications available electronically are subject to change, and if additional communications become available in an electronic format, you may receive those communications electronically as well. Occasionally you may also receive a hard copy document. Your consent remains in effect until you withdraw it. You may withdraw your consent at any time and choose to receive paper mailings by calling us at (800) 370-5556 or emailing us at: custserv@usablelife.com. Choosing to withdraw your consent to electronic delivery will not affect the legal effectiveness, validity, or enforceability of the electronic documents that were provided to you before your withdrawal became effective. If we attempt to deliver information to an email address you provide and the message is returned as undeliverable after several attempts, we will assume that you have withdrawn consent for electronic delivery and will begin sending the information to you in paper format. To ensure that you continue to receive email from us, add the email custserv@usablelife.com to your email address book or safe list.

Return to Usablelife.com **Start Over**

Step 2: Demographics (name and policy number)

Complete the fields requested on this page, including first, middle, and last name, as well as your group policy number. Select **Save and Continue**.

USABLE Life Return to Usablelife.com **Start Over**

Demographic Information

1 2 3 4 5 6
DISCLAIMER DEMOGRAPHICS STATEMENT AUTHORIZATION FRAUD NOTICE REVIEW & SUBMIT

Please complete the required fields

First Name * Middle Name Last Name *

Policy Number *

Go Back **Save and Continue**

Step 3: Employee Statement

Complete all required fields then complete the “*Sign & Date Below*” section, check the acknowledgment box, and complete the employee e-signature field. Select **Save and Continue**.

USABLE Life Return to Usablelife.com **Start Over**

Employee Statement

1 2 3 4 5 6
DISCLAIMER DEMOGRAPHICS STATEMENT AUTHORIZATION FRAUD NOTICE REVIEW & SUBMIT

Critical Claim Form

Type of Claim

Type of Claim: (Check those that apply) *

- Stroke
- Heart Attack
- Cancer
- Major Organ Transplant
- End-Stage Renal Disease
- Coronary Artery Bypass Graft
- Stent/Balloon Angioplasty
- Other

Please upload the following documents, if available.

- * Copies of any itemized bills
- * Attending Physician Statement

You may use the [upload tool](#) now, or at any time prior to submission.

Policyholder Information

Employee First Name * Middle Name Last Name *

test test test

Policy Number *

50025233

Date of Birth *

mm/dd/yyyy

Gender *

--Select--

Social Security Number *

999-99-9999

Primary Phone Number *

(555) 999-9999

Street Address Line 1 * Address Line 2

1234 Main St

City * State * Zip *

--Select-- 55555

Do you authorize USABLE Life to leave detailed messages for you regarding this claim at the phone number provided above? *

Yes No

Sign & Date Below

By typing your full name in the box below and clicking "Save and Continue", you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature, and you certify that all of the information you provided is accurate and true. *

Employee E-signature * Date *

03/28/2023

Email Address *

Enter email address for confirmation of submission

Go Back **Save and Continue**

Steps 4 and 5: Authorization for Release of Medical Information and Fraud Notice (online forms)

Complete the "Authorization for release of medical records" and "Fraud Notice" screens. For each screen, complete the "Sign & Date Below" section, check the acknowledgment box, and complete the employee e-signature field.

Throughout the submission process you can upload supporting documents or completed forms, such as Attending Physician Statement, Accident or Incident Report, etc. that will assist in the review of your claim. The file size and format must adhere to the specifications noted.

Please review this page to ensure all forms have been completed. Select **Save and Continue**.

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Return to Usablelife.com Start Over

Review Your Submission

Please review your files before submission

Online Forms	Status	Action
Electronic Disclosure Statement	Complete	Review & Edit
Employee Statement	Complete	Review & Edit
Authorization for Release of Medical Information	Complete	Review & Edit
Fraud Notice	Complete	Review & Edit

File Upload

How do I upload files?

Drag and Drop files to Upload OR

Select Files

- Files must be no more than 10Mb each
- Maximum upload size is 24Mb
- Must be .pdf or an image file such as .jpeg or .png

Uploaded Forms

By typing your full name in the box below and clicking "Save and Continue", you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual signature, and you certify that all of the information you provided is accurate and true. *

Employee's E-signature *

Date *

Step 6: Review and submit

Once your online Critical Illness claims submission is ready, select **Print**. A "Print Claim" screen will appear. Note that you cannot access your claim once submitted. After printing, select **Submit**.

Print Claim

Do you want to print your application? You will not be able to access your claim once it is submitted.

Print Close

Go Back Submit Print

A "Success!" screen will appear stating that a confirmation email has been sent to the email address you provided.

Congratulations, your Critical Illness claim has been successfully submitted to USABLE Life!

USABLE Life

Return to Usablelife.com Start Over

Success!