



BRIGHTER TOMORROWS START TODAY

A STEP-BY-STEP GUIDE TO SUBMITTING A CLAIM

You put protection in place for a reason, and it's important for you to know how to access your benefits. Transamerica is there for you every step of the way. With several ways to file, you can choose the one that works best for you. Customers can download forms at tebcs.com and submit a claim either online, by email, phone, mail, or fax.



Online*

1. Log in at tebcs.com. If you're not registered, click "New User Registration" and use your contract (certificate or policy) number and personal information, including Social Security number, to register.
2. Click on the policy you're using to file a claim.
3. Once inside the policy's contract details, click on claims, then on the specific type of claim you want to file.
4. Complete all requested information. If your claim requires a specific form, it will be provided here.
5. Print a copy of your claim submission for your records.



Email

1. Email claim documents to: tebclaimsscanning@transamerica.com.
2. Include the insured's name and policy/certificate number.
3. You will receive an email acknowledgment of receipt.



Phone

1. Contact the Transamerica Claims Customer Service Department at **888-763-7474**.
2. Be ready to provide all claim information.



Fax

- Fax claim documents to **866-586-6528**.
- Include the insured's name and policy/certificate number.
- All documents should be clear and readable.



Mail

- Mail completed claim documents to:
Transamerica - Claims, PO BOX 869090, Plano, Texas, 75075
- Include the insured's name and policy/certificate number.

*preferred method — online filing ensures accurate claim submission and lets you track your claim status at tebcs.com

Questions About Claims?



tebcustresp@transamerica.com



888-763-7474

Mon-Thu: 7 a.m. to 6 p.m. CT
Fri: 7 a.m. to 5 p.m. CT



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Do you have what you need to file a claim?

Having all your documents together helps make submitting a claim a smoother process. Look below to see the documentation needed for each type of claim. Please include the insured's name and Social Security number on all claims.



Wellness ● ● ● ● ● ▪ Date wellness services were provided ▪ Care provider's contact information ▪ List of services provided	Disability ● ● ● ● ● ▪ Completed claim form ▪ Police report (if applicable) ▪ Discharge summary from hospital (if ER involved) ▪ Employer's first report of injury (if an on-the-job accident)
Critical Illness ● ● ● ● ● ▪ Completed claim form ▪ Positive pathology report from doctor for initial claim (when filing claim for cancer) ▪ Discharge summary (if hospitalized)	Cancer ● ● ● ● ● ▪ Completed claim form ▪ Positive pathology report from doctor for initial claim ▪ Itemized statements from care providers showing procedure codes, descriptions, treatment, and charges ▪ Blood, chemotherapy, and radiation treatment statements ▪ Explanation of Benefits from your major medical insurance company or summary notices from Medicare or Medicaid
Supplemental Medical Expense (TransConnect®) ● ● ● ● ● If benefits are to be paid to provider, the provider should file the claim to receive benefits. If benefits are to be paid to you, we will need: ▪ Completed claim form or itemized statements from care providers showing diagnosis and procedure codes ▪ Primary health care plan provider's Explanation of Benefits, including the deductible, co-pay, and/or co-insurance amount(s)	Notification of Death ● ● ● ● ● Death Claim: ▪ Completed claim form ▪ Original certified death certificate Accelerated Death Benefits for Critical Care Claim: ▪ Completed claim form ▪ Pathology report (if involving cancer) Terminal Illness Claim: ▪ Completed claim form Waiver of Premium Claim (for disability or layoff): ▪ Completed claim form
Accident ● ● ● ● ● ▪ Completed claim form ▪ Proof of accident treatment with diagnosis (such as hospital discharge summary or statement) ▪ Police report (if applicable) ▪ Proof of follow-up treatment with diagnosis	Long Term Care Claim ● ● ● ● ● ▪ Completed claim form ▪ Billing statements from nursing home, assisted living, or home health provider
Hospital Indemnity Insurance Policy ● ● ● ● ● ▪ Completed claim form ▪ Itemized statements ▪ Police report (if applicable)	

Products underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA, or Transamerica Financial Life Insurance Company, Harrison, NY.

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