

YOUR GUIDE TO REPORTING CLAIMS



AIG member companies first started insuring businesses, organizations, individuals, and families almost a century ago. Today, millions around the world, including University of San Francisco, choose AIG member companies to provide coverage for their insurance needs. Backed by the financial strength and stability of AIG, our customer-focused team draws on firsthand knowledge to expedite every claim expertly and efficiently. Whatever your loss and wherever you are in the claims process, you will have experienced adjusters to help you every step of the way.

How to Report a Claim

Depending on your claim type, there are specific claim forms and reporting instructions for proper handling of your claim and AIG will help to review your policy to confirm your benefits. To help expedite the claims handling process, please be sure to:

1. Contact AIG Claims at **AHClaims@aig.com** to obtain the appropriate claim form.
2. Complete the claim form in its entirety. Should you have any questions while completing the form, call Accident & Health Customer Service for assistance at **+1 913-495-6520 Collect/Reverse Charge (outside the U.S., Canada and Puerto Rico)** or **800-551-0824 Toll-Free (within the U.S., Canada and Puerto Rico)**
3. Submit your claim to AIG Claims.

Once your claim form is completed and you have gathered all required documentation please submit your claim to AIG Claims.

- Sign the claim form and attach all required information.
- Submit your claim by email to **AHClaims@aig.com**

What to Expect After Reporting Your Claim

Claims are adjudicated promptly with minimal disruption to clients. There may be circumstances in which a claim may require an investigation or further information such as:

- Police reports
- Autopsy reports
- Medical reports/records
- Individual information from the beneficiary, employer or witnesses
- Examination/interview by an independent medical physician, functional capacity evaluator, and/or a vocational assessor
- Certified copies of birth certificates or marriage licenses
- Affidavits such as of survivorship
- Tax information or documentation showing support for dependents
- Legal opinion

If additional information is required to process your claim, your assigned claims examiner will contact you by phone or written correspondence. Once the claim has been processed, you will receive an Explanation of Benefits (EOB) that explains how your claim was processed. This document contains important information about your claim, including the status. Please retain it for your records. If the claim has been denied, please refer to the Remark Code section for an explanation. It may be that all that is needed is additional information to move the claim forward.

Employees should refer to this policy number: National Union Fire Insurance Company of Pittsburgh, Pa.

Policy #: GTP 0009128829-C

All claims processed are subject to verification of coverage and benefits as indicated in the policy. Payment of claim by another provider does not guarantee payment by the AIG Companies.

All insurance benefits are subject to the policy terms, conditions, limitations, reductions, exclusions and termination provisions. Please see policy for details. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC No. 19445.

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