Proof of Loss

A Job Aid for Completing the Life and Accidental Death Insurance Claim Form

Employee/member demographic information

These fields (name, date of birth, social security number, sex, address, marital status and occupation) are used to identify the employee/member and to determine eligibility.

Was insurance issued on the basis of a statement of physical condition?

Indicate yes, only if the employee/member was required to provide evidence of insurability to CIGNA prior to his or her approval for the requested amount of insurance.

Check all of the boxes that apply to the employee/member's employment/membership status and job classification

These fields are used to indicate the employee's current work status and may help to determine if the employee/member meets the eligibility requirement in the policy. Check off as many boxes as apply to the employee/member. If the employee/member is part of a union, indicate the local union number. The 'hours worked' information should include the number of hours the employee worked on a weekly basis while he or she was an active employee. This information should correspond with the information pertaining to your employee, as seen in the 'classes of eligible employees' under the Schedule of Benefits in the policy.

Note: An employee is considered active if he or she is using a continuation option in an eligible class while out of work for an extended period of time.

Basic annual earnings

This field is required if the benefit is based on the employee's annual salary. Refer to the definition of 'annual compensation' in the policy.

Effective date of earnings

This is the date of the employee's most recent change in annual compensation. Refer to the definition of annual compensation in the policy. You may also wish to refer to the 'effective date of insurance' and 'automatic increase option' provisions to determine whether a recent salary increase has become effective.

Employee's division/location

This is the location or division where the employee worked. This may be needed to determine the eligible class as per the policy.

Policy class number

Indicate the employee/member's eligible class, as seen under the Schedule of Benefits.

Amount of insurance

- Basic: This is the amount of insurance (in dollars) coverage for the employee/member. It should be broken out by Basic Life, Voluntary Life and Accidental Death, if applicable.

- Voluntary/Survivor Income Benefit Insurance (SIBI): Include enrollment forms or screen prints for voluntary life insurance for the prior three calendar years (including the current year). Provide original enrollment information if the employee was not required to re-enroll on a year-to-year basis.

Date of hire

This is the date the employee was hired for employment. This information is needed to ensure that the employee satisfied the eligibility waiting period for the policy. It may also pertain to certain employee class requirements.

Effective date of insurance

This is the date the employee satisfied the eligibility waiting period for his or her class. If the employee has voluntary life insurance, enter the effective date of his or her most recent election to increase or decrease coverage.

Date last worked

This is the last day the employee was physically at work performing his or her normal duties. If this is a dependent life claim, enter the date of the employee's last day physically at work prior to the dependent's death. If the employee is still working, enter 'current' in this field.

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Premium paid through date
Date through which the employee/member's premiums for all insurance coverages were paid.

Has an assignment been taken?
Indicate 'yes' if an absolute or funeral assignment has been taken on the insurance coverage. Include a copy of the assignment with the claim.

Was the employee actively at work until the date of the dependent's death?
Indicate if the employee was not working at the time of the death. This information is needed for employee and dependent claims.

If the employee was not actively at work immediately prior to his or her death or dependent's death, what was the reason?
If the employee was not actively at work until his or her date of death, select the appropriate reason. The information in this field should correspond with the continuation options available in the employee's eligible class and should reflect the reason for an employee's absence from work. Refer to the 'continuation of insurance' provision in the policy for more information.

Was coverage in effect through the date of death?
If the employee's coverage was not in effect at the time of death, complete this field and indicate the reason why.

Is there a beneficiary designation on file for the employee/member?
Include the most recent beneficiary designation completed by the employee/member. If the designation was done electronically, submit a screen print of the beneficiary designation from the system that includes the beneficiary designation as well as the effective date. If a beneficiary designation is not available, check 'No' in the field and refer to the 'to whom payable' provision in your policy to determine the eligible recipient of the benefit.

Where and how did the accident happen?
If the employee/member died as a result of an accident and has accidental death coverage, provide details about the accident and include copies of the police report, newspaper article, medical records and/or physician statements, if available.

Beneficiary demographic information
In order to issue a payment to a beneficiary, we require his or her name, address, date of birth and social security number. It is important that we are notified of any address changes while a claim is pending in our office.

Disclosure authorization
The disclosure authorization should be signed by the beneficiary, next-of-kin or executor of the deceased's estate if basic and/or voluntary benefits are claimed for a Life and/or Accidental Death and Dismemberment claim.

If you have questions on using the claim form, call **800.238.2125**.

If you have questions about your claim, call **800.36.CIGNA** or **800.362.4462**.

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