

# Claim Forms & Instructions

American Public Life's staff of professional claims personnel is dedicated to providing the highest level of customer care. Your satisfaction is important to us, and we welcome the opportunity to provide you with excellent service. Shown below are our products. Please select the policy on which you want to file a claim. You will be linked to the appropriate claim form and claim filing instructions.

Please provide your policy or certificate number on the claim form to ensure immediate processing of your claim. Once we have received your claim, it will be reviewed for completeness. In some cases, it will be necessary to obtain additional information from the physician or hospital where you were treated. If this occurs, you will be notified by mail. We strive to process all claims within 15 business days of our receipt of all information needed to process the claim.

## **All claims should be submitted to:**

American Public Life Insurance Company  
Attention: Claims Department  
PO Box 925  
Jackson, MS 39205-0925

## **Do you have a question?**

You may contact our Claims Department by calling 800-256-8606, option 2. Our fax number is 877-365-9423. You may also e-mail the [Claims Department](#) if you have a question concerning a claim.

## **Instructions**

- Use claim form.
- Complete the section entitled "Claimant's Statement." Please be sure to date and sign in the blanks provided at the bottom of the form.
- The claim form should be submitted with a copy of your itemized hospital bill that shows the number of days you were confined to the hospital, the amount charged and the diagnosis.
- A copy of the police accident report is required for all accidents investigated by any law enforcement agency.