

It's easy to file a claim by phone

Policy number 100000207

Group name ESC Region 11 Benefits Cooperative

Call 888-499-0425 to report your claim



For all claim submissions, please be ready to provide:

All claims

- Information for you or your dependents including, but not limited to:
 - Name, birthdate, address, phone number, email address
- Your employer's name, group policy number, and date of hire

Additional details needed by claim type:

Wellness claims

- Date and type of screening
- Name and contact information for your treating physician(s), hospital, or clinic

Cancer claims

- Diagnosis details including date of diagnosis
- Name and contact information for your treating physician(s), hospital, or clinic

What can I expect next?



- You may be asked to sign an Authorization Form so that we can request medical records or other information to assess your claim. We will send you the form and ask that it be completed, signed, and returned.
- You may be asked to provide an Attending Physician Statement from your provider. We will send the form to you and ask that you contact your physician to complete and return.
- Your assigned claims adjuster may be in contact for any additional information needed as well as discussion of benefits and payment details.

Questions?



Please call **888-499-0425**
or send an email to
educatorclaims@chubb.com.

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