

It's easy to file your Disability claim by phone

Policy number 100000122

Group name Temple Independent School District



Call **888-499-0425** to report your claim



For all claim submission, please be ready to provide:

- 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, date of hire, and job title
- Details on the injury, illness, or pregnancy for which you are filing a claim
- Name and contact information for your treating physician(s), hospital, or clinic

What can I expect next?



- You'll 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.
- In order to process a Disability claim that may be connected to an accident involving the police or emergency services, you may be asked to provide a copy of the accident report.
- 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.

