

## Filing a Claim Directly with Chubb A&H Claims



### Need to submit a claim?

We do our best to pay claims within 72 hours of receipt. Please be sure to submit complete claim information and receipts in order for us to pay your claim. See the list of requirements below for more information.

- A fully completed claim form or online submission is required for each accident/injury.
- Providers may wish to bill us directly. If they do, please ensure a completed claim form or online submission has first been submitted to our office.
- To ensure we receive complete claim information, we suggest providers submit standardized billing statements (called "UB-04" for hospital charges and/or a "CMS-1500" for Physician Charges).
- Unless proof of payment is submitted with the medical bill (a copy of the check or a medical bill that indicates the claimant has made all or partial payment or zero balance information), claim payment is generally sent directly to medical providers.

#### Contact Our Experts

800-336-0627 (Inside USA)  
302-476-6194 (Outside USA)  
[ChubbAandHClaims@Chubb.com](mailto:ChubbAandHClaims@Chubb.com)

#### **Please be prepared to provide the following:**

- Policyholder Name
- Type of Claim
- Policy Number
- Your Name and Email Address

#### **After gathering your information, we'll send the appropriate form to file the claim to you.**

There are several claim types and corresponding forms. The five most common forms are listed below:

- Accident Medical
- Accidental Death
- Accidental Dismemberment/Paralysis
- Out of Country Medical Sickness/Accident
- Temporary Total Disability

#### Submit Online

Our Claims Portal provides step-by-step guidance to help ensure your claim is submitted successfully:

[www.chubbclaims.com/ace/us-en/welcome.aspx](http://www.chubbclaims.com/ace/us-en/welcome.aspx)

# Reporting and Submission

The chart below details the information required to process the different claim types. Send the applicable information for the claim you're submitting to Chubb A&H Claims at:

**Email:** [ChubbAandHClaims@chubb.com](mailto:ChubbAandHClaims@chubb.com)

**Mail:** Chubb Insurance Company  
PO Box 816  
Portland, ME 04104

**Claims**

**Portal:** [www.chubbclaims.com/ace/us-en/welcome.aspx](http://www.chubbclaims.com/ace/us-en/welcome.aspx)

Accident Medical:	Accidental Death:	Accidental Dismemberment/Paralysis:
<ul style="list-style-type: none"> <li>Completed claim form or online submission</li> <li>An itemized medical bill for the treating physician/hospital</li> <li>Prescription – Receipt showing the claimant’s name, medication name, dosage, and the cost of the medication. We don’t accept cash register receipts as proof of loss</li> </ul>	<ul style="list-style-type: none"> <li>Completed claim form submitted via email or mail</li> <li>Certified copy of the final death certificate must be sent via mail</li> <li>Proof of Eligibility and Beneficiary Designation Form</li> <li>Proof premium was paid if this applies</li> <li>The police report, any autopsy report, any medical records or reports, and any newspaper clippings</li> <li>Proof of Trip, a copy of itinerary prior to the accident, and destination to and from trip</li> </ul>	<ul style="list-style-type: none"> <li>Completed claim form or online submission</li> <li>Proof of Eligibility</li> <li>Proof premium was paid if this applies</li> <li>The police report, all medical records, and any eyewitness statements and complete accident details</li> <li>Proof of Trip, a copy of itinerary prior to the accident and destination to and from trip</li> </ul>
Out of Country Medical Sickness/Accident		Temporary Total Disability:
<ul style="list-style-type: none"> <li>Completed claim form or online submission</li> <li>If business travel, a copy of employee’s itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company</li> <li>An itemized bill for the treating physician must be remitted with the claim form</li> <li>Description of the sickness or accident, where it occurred, how it occurred, any witnesses, time, date, etc.</li> <li>Make sure to note on the claim form your permanent home address and the address where the loss occurred</li> </ul>		<ul style="list-style-type: none"> <li>Completed claim form or online submission</li> <li>Medical records</li> <li>Accident report</li> <li>Proof of annual income/wages</li> </ul>

## Customer Service

Need to contact us? We’re available to help with all your claims needs.

**Monday – Friday, 8:00 a.m. – 4:30 p.m. ET**

Inside USA: 800.336.0627 • Outside USA: 302.476.6194

Email: [ChubbAandHClaims@chubb.com](mailto:ChubbAandHClaims@chubb.com)

**Chubb. Insured.<sup>SM</sup>**

Insurance provided by ACE Property & Casualty Insurance Company, ACE American Insurance Company, or Federal Insurance Company and their U.S.- based Chubb underwriting company affiliates. All products may not be available in all states. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at [www.chubb.com](http://www.chubb.com). Chubb, 202 Hall’s Mill Road, Whitehouse Station, NJ 08889-1600..