

Answers to frequently asked questions

A guide for utilizing your coverage

CHUBB®

Workplace Benefits

Congratulations on your purchase of insurance through Chubb Workplace Benefits

You have joined generations of satisfied customers who have counted on Chubb. We take pride in offering our customers sound value and believe good relationships should last a lifetime. Insurance that you purchased through Chubb Workplace Benefits is administered and underwritten by Combined Insurance, a Chubb company. Combined Insurance has been administering benefits for over 90 years.

Protection for You and Yours

As a leading supplemental insurance provider, our mission is to provide products and services that help protect you and your family. While we hope you never experience a life-impacting injury or illness, we've developed our insurance products and a straightforward claims submission process to be the solution you need if a situation does arise.

Assistance at Your Fingertips or a Phone Call Away

Our online Policyholder Center allows you to manage your account, file claims, see your policy, and more.

Visit www.combinedinsurance.com or you can call 800-544-9382 to speak with a helpful customer service specialist.

Convenient Claim Submission

To meet policyholder needs, we provide several options for filing an insurance claim.

Via the Web

Our online self-service portal is a fast, convenient and secure way to file a claim at any time. The easy step-by-step process ensures your claim is properly completed and filed so it can be processed quickly.

Via Phone

If you would rather talk than type, just pick up your phone. A customer service specialist can help you file your claim and answer claims related questions you may have.

Via Paper

After requesting forms be mailed to you or by downloading them from our web site, you can file a claim by mailing or faxing the completed paper claim forms to:

Combined Insurance, Claim Department
P.O. Box 6700, Scranton, PA 18505-0700
Or fax: 312-351-6930

FAQs about your coverage

Q. How do I know if something is (or isn't) covered by my policy?

A. Call our Policyholder Center at, **800-544-9382** (New York residents please call 888-441-7936), to reach a customer service specialist who has instant access to your policy information. Our customer service specialists are highly trained and ready to take your call. For customers who speak Spanish, bilingual specialists are available. Have your phone number and policy or certificate number ready.

Q. When is the best time to call?

A. Our Policyholder Center is open from 7:30 a.m. to 6:00 p.m. Central Time every business day.

The best times to call are early in the morning or late in the afternoon, Wednesday through Friday. Monday and Tuesday are our busiest call volume days.

Q. Do I need to continue making premium payments if I am receiving disability benefits from Combined Insurance?

A. For Disability Income coverage Combined Insurance will waive the payment of any premium falling due after 14 days of covered total disability while benefits are being paid under that policy. Once you are receiving benefits, you will not need to make premium payments for your Disability coverage. However, benefit payments do not begin until the elimination period for your policy is satisfied. You will be required to pay premiums due during the elimination period. Your elimination period is shown on your policy schedule page.

If you have other coverage with Combined Insurance (in addition to Disability coverage) you will be required to continue making premium payments for that coverage, unless it provides a waiver of premium benefit. See your specific policy to determine if there is a waiver of premium benefit.

Q. Can I keep my coverage if I change jobs?

A. Yes you can. If you leave your employer, it is important that you continue to make payments directly to Combined Insurance. You can call our toll-free number, 800-544-9382, and speak with a customer service specialist who will arrange a billing method that suits your needs.

If your coverage lapses for non-payment of premiums, new coverage will most likely cost more. In addition, it might contain fewer benefits, have more restrictive provisions, and – most important – coverage may not be available to you if your present state of health has changed.

Q. Do my premiums increase when my employment status changes?

A. Premiums do not increase when your employment status changes. However, the frequency of payment may change. If you are making payments directly to Combined Insurance, we require that payments be no more frequent than monthly. You may choose to make payments on a less frequent basis (quarterly, semi-annually or annually).

Q. Who should I notify if I take an unpaid leave of absence?

A. Our customer service specialists can work with you to ensure that there is no lapse in coverage.

Q. How do I cancel my coverage?

A. If you want to cancel your coverage, you may do so by calling our Policyholder Center. Any premiums paid would be refunded if a cancellation is requested within 30 days of the receipt of the policy or certificate. Any cancellation after the initial 30 day period does not guarantee a premium refund.

Q. How do I make a change to my policy?

A. You can call our Policyholder Center and speak with a customer service specialist who can expedite your request or provide the necessary forms to complete your request.

You can also address some coverage changes online using the self-service portal.

Q. How do I put my coverage back in force?

A. If your coverage has lapsed for nonpayment of premium, call our Policyholder Center and a customer service specialist will help you determine whether the coverage can be reinstated and what the requirements are to do so.

FAQs about filing a claim

Q. What is needed to file a claim?

A. Claims require basic information like your name, address, telephone number, policy number and a brief description of your loss. Additional documents vary according to policy coverage and the extent of your loss. If we need more information we'll request it in writing or by telephone.

Q. What is the quickest way to get Combined Insurance the information they need?

A. Use our online Policyholder Center or fax to 312-351-6930. In some cases, we can process your claim with the initial information you provide.

Q. What if I don't have information requested by the online claim system or paper claim form?

A. A complete claim submission is helpful. If you don't have answers to all items online or on the form, submit your claim with information you do have. You can provide additional documents online or by mail at a later date.

Q. What if I have multiple policies with Combined Insurance?

A. File a claim with the policy that relates to the primary cause of loss. We will issue benefits under multiple policies, if applicable.

Q. How long does it take to receive payment on my claim?

A. We strive to process claims within 5 business days upon receipt of complete proof of loss. If claims require additional information or further review we will provide regular status updates throughout the process.

Be sure to sign the HIPAA compliant *Authorization to Release Information* at the bottom of the claim form.

By doing so you authorize Combined Insurance to request the required information to review your claim.

Q. What happens if my claim is denied?

A. If, for any reason, your claim is denied, you will receive a letter describing our decision.

Q. What will happen if my claim is an ongoing claim?

(For example: disability that is continuing into the future)

A. Total disability benefits are based on disability information submitted on your claim form. You may be asked to provide verification of your ongoing disability and the dates you are unable to work. Your doctor and employer must verify all disability claims. Be sure to include treatment dates on your claim form.

Q. How do I file a claim for a health screening or a preventative care benefit?

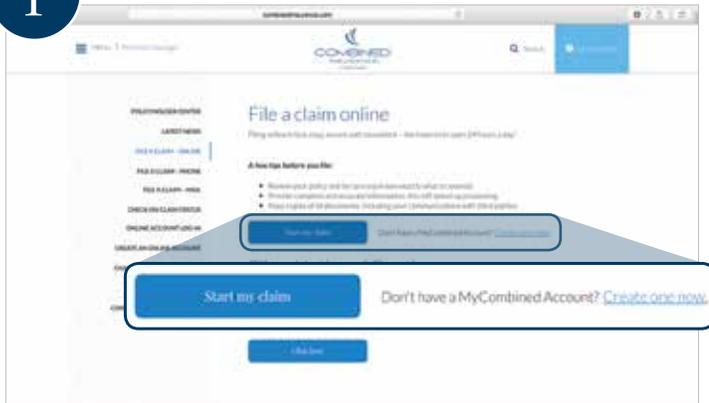
A. If your policy provides a payment toward either of these benefits, documentation specifying the provider of the test, the date, and the name of the test performed can be sent to a claims adjuster.

Be sure to include your policy or certificate number on the documentation.

Remember: in most cases, these benefits are not payable until the coverage has been in force for a specified amount of time. Refer to your policy or certificate for details.

Claims Made Easy

1



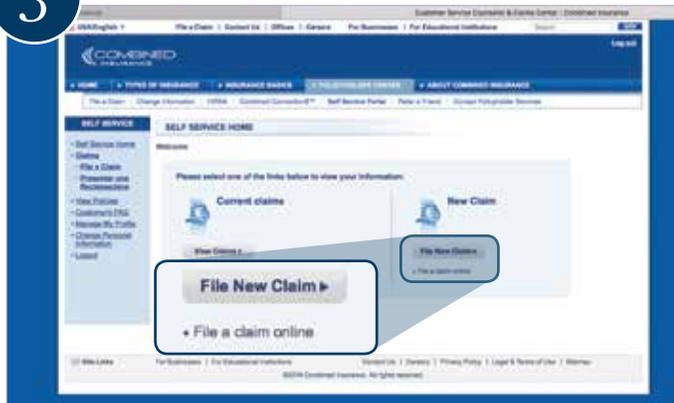
- Go to www.combinedinsurance.com.
- Click Go to Personal Coverage in the main menu and then on the next screen select **File a Claim**.
- Click **Start my claim** to log in (if you have previously registered).
- If you need to create a Combined account, click **Create one now**.

2



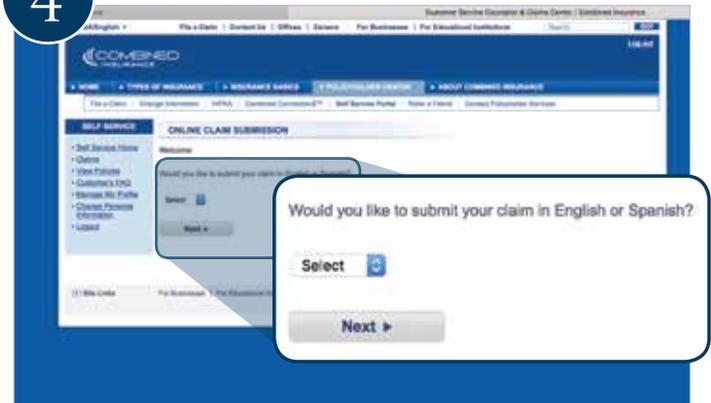
- In the Customers section on the left side of the screen, type in the designated places your **e-mail address** and your **Password**.
- Click **Log In** to continue to the next screen.
- The SELF-SERVICE HOME screen will appear next. Click **Claims** to continue.

3



- On this screen select the **File New Claim**.
- If you have previously filed a claim, select **View Claims** to check on its status.

4



- On this screen and the next six that follow, please provide the information requested including: English/Spanish; Primary policyholder/Dependent and the Type of Claim being filed.
- Upload any requested documents
- Click **Submit** to complete the process

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Chubb is the marketing name used to refer to the insurers of the Chubb Group of Insurance Companies providing insurance and related services. Both Combined Insurance Company of America (CICA), Chicago, Illinois and Combined Life Insurance Company of New York (Latham, NY), are Chubb companies. CICA is not licensed and does not solicit business in New York.