

FILING AN LTC RIDER CLAIM

AS EASY AS 1, 2, 3

TRANSAMERICA CLAIMS

Transamerica Life Insurance Company
Transamerica Financial Life Insurance Company



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STEPS TO FILING A CLAIM

Filing a long term care claim is something most of us never want to do, but the following steps can help make the process easier.

This brochure outlines the steps involved when filing a Long Term Care Rider claim and provides answers to the most common questions.

Your physician or licensed healthcare professional will assist you in determining the services that are appropriate for your long term care needs. Your Transamerica policy outlines the benefits, services, and types of care that are covered.

1 CONTACT US AS SOON AS POSSIBLE

Once it has been determined that long term care services are needed, it is imperative you contact us immediately to initiate a claim.

Contact an LTC Claims Specialist in our Claims Customer Service Department at:

866-745-3545

Monday-Friday 8 a.m. to 5:30 p.m. CT

2 COMPLETE DOCUMENTATION

A claim form packet will be sent to you or your representative within 15 days of notice of a claim. The packet will contain:

- **A HIPAA Authorization for the Release of Medical Records**
This form allows care providers to release pertinent information directly to us to expedite review of the claim.
- **Authorization for the Release of Information to Family Members & Other Individuals**
(also referred to as the "Friends and Family Form")
If applicable, this form allows us to discuss the claim with designated representatives.
- **A Questionnaire** about the claimant, any designated contact people, and all care providers.

The documents listed above must be completed, signed, and dated by the insured or their legal representative.

Power of Attorney (POA) — (if applicable) If the insured wishes to have someone act on their behalf and manage their insurance affairs, we will need to have a valid copy of the POA papers. You may wish to seek legal advice to ensure you have the appropriate type of POA in place.

3 SUBMIT PLAN OF CARE

We must receive a written assessment of the insured's physical and cognitive abilities by a licensed healthcare practitioner, based on a face-to-face evaluation of the insured. All care and services must be consistent with the assessment done to develop the plan of care and be in accordance with generally accepted standards of care for a chronically ill individual.

FREQUENTLY ASKED QUESTIONS

WHAT ARE THE REQUIREMENTS FOR CLAIMS APPROVAL?

- Eligibility criteria has been met and the claim has been approved; and,
- The Elimination Period (called Eligibility Period in New York) has been met; and,
- Proof-of-loss documentation must be provided to Transamerica each month showing expenses incurred for qualified long term care services, in accordance with the plan of care.

IF THE POLICY HAS AN ELIMINATION PERIOD, HOW DOES IT IMPACT THE CLAIM?

- The Elimination Period must be met before any long term care policy benefits can be paid.
 - An Elimination Period is the time during which no benefits are payable (similar to a deductible, but measured in days). For example, if the policy Elimination Period is 90 days, the expenses incurred for the first 90 days of services received are the responsibility of the insured.
 - These dates of services are applied toward the Elimination Period as long as the services have already been rendered.

WHAT IS PROOF OF LOSS?

Proof-of-loss documentation reflects the expenses you incur for qualified long term care services. Proof-of-loss documentation for qualified long term care services, for which you incurred a charge, must be provided to us within 90 days after the end of the Elimination Period. We must receive written proof of loss within 90 days after the end of each month and for each month for which benefits may be paid.

WHO WILL RECEIVE THE MONTHLY BENEFITS?

After the claim is approved and the Elimination Period has been met, the Long Term Care Rider's monthly benefits are payable directly to the policy owner.

WHO CAN PERFORM THE SERVICES?

Services can be provided in a formal setting by a licensed healthcare professional or an informal setting by family members or whomever you choose. This decision should be discussed with a healthcare practitioner, and the plan of care must state that informal care is appropriate. Consult with tax professionals for advice since such arrangements may create reporting and withholding requirements for the payor and the payee. LTC Rider claim benefits do not cover informal care received outside the 50 U.S. states and the District of Columbia.

IS PREMIUM REQUIRED DURING ELIMINATION PERIOD?

Premium may be required to keep the policy active until claim is approved.

HOW DO I FILE AN LTC CLAIM UNDER THE INTERNATIONAL COVERAGE BENEFIT?

The LTC claims department processes all LTC claims and will provide the policy owner or their representative with the forms required to process a claim. You can reach Claims Customer Service at **866-745-3545**, Monday-Friday, 8 a.m. to 5:30 p.m. CT.



Protection you can count on.

Transamerica has over 25 years of long term care claims experience in our LTC Operations. It is that experience and our commitment to excellence that means you can count on us to deliver on our promise when you need us most.



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Visit: [transamerica.com](https://www.transamerica.com)

Call: 866-745-3545

This brochure is not intended to be a full description for filing a long term care claim. Refer to your Long Term Care Rider for a complete explanation of the process.

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