

## ACCIDENT CLAIMS CHECKLIST

### Have this information handy to identify your policy:

- Policy number
- Policyholder's name
- Policyholder's date of birth
- Policyholder's address

### Here's a list of common items you will need to file a claim:

- Patient's name and date of birth
- Patient's relationship to policyholder
- Date and description of injury
- Location of accident
- Copy of police report (motor vehicle accidents)
- Authorization to obtain information: To allow Amalgamated Life to contact your provider on your behalf, please include the provider's name, address and fax number (if available)
- For hospital confinement: Ask your hospital to provide a completed UB04 document or ask your physician to provide a completed HCFA 1500 document
- For surgery: Include the operative report, and both the surgeon's and anesthesia's bills
- Include all ambulance, mobility aids, lodging and transportation invoices

## Amalgamated Life Insurance Company

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability.

### For General Questions and Claim Questions

#### Toll Free Telephone Number

866-975-4089

#### Fax (for sending a claim)

914-367-4114

#### Email

MemberWebInquiry@amalgamatedbenefits.com

#### Claims Mailing Address

Amalgamated Life Insurance Company  
Voluntary Benefits Department  
P.O. Box 5453  
White Plains, NY 10602-5453  
submitclaimforms@amalgamatedbenefits.com

#### Call center hours:

Monday thru Thursday 8am-8pm EST

Friday 8am-6pm EST

Saturday 9am-1pm EST

#### Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604

866.975.4089

[www.amalgamatedbenefits.com](http://www.amalgamatedbenefits.com)