What to Expect After Reporting Your Claim

Claims are adjudicated promptly with minimal disruption to clients. There may be circumstances in which a claim may require an investigation or further information such as:

- Police reports
- Autopsy reports
- Medical reports/records
- Individual information from the beneficiary, employer or witnesses
- Examination/interview by an independent medical physician, functional capacity evaluator, and/or a vocational assessor
- Certified copies of birth certificates or marriage licenses
- Affidavits such as of survivorship
- Tax information or documentation showing support for dependents
- Legal opinion

If additional information is required to process your claim, your assigned claims examiner will contact you by phone or written correspondence. Once the claim has been processed, you will receive an Explanation of Benefits (EOB) that explains how your claim was processed. This document contains important information about your claim, including the status. Please retain it for your records. If the claim has been denied, please refer to the Remark Code section for an explanation. It may be that all that is needed is additional information to move the claim forward.

Employees should refer to this policy number:


Policy #: GTP 0009156848

All claims processed are subject to verification of coverage and benefits as indicated in the policy. Payment of claim by another provider does not guarantee payment by the AIG Companies.

All insurance benefits are subject to the policy terms, conditions, limitations, reductions, exclusions and termination provisions. Please see policy for details. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia, NAIC No. 19445.

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