



GROUP LIFE

## Processing a Life claim

We want to make the claim experience for you and the claimant stress-free and as easy as possible. This overview will help you understand the steps you need to take to successfully process a Life claim.

### Life claim workflow

Submission	Employer completes the claim packet and mails it, faxes it, e-mails it, or submits it online to Sun Life. The claim request should also include the beneficiary designation, enrollment records, payroll, and, if received from beneficiary, claimant statement and death certificate.
Adjudication	Sun Life claims analyst reviews initial submission within five business days and follows up for additional information if needed. Additional information received will be reviewed within five business days. <sup>1</sup>
	Claim is adjudicated within ten business days of receiving the information necessary to complete the claim.
Beneficiary notification	If the claim is approved and the benefit payment is less than \$10,000, Sun Life will send the beneficiary a check for the full benefit amount.
	If the claim is approved and the benefit payment is greater than \$10,000, the beneficiary payment will be delivered as a lump sum check or, if preferred, set up in an interest-bearing account (subject to state availability).
	If the claim is denied, the claimant will receive a letter of explanation regarding the right to appeal.



## Three phases of processing a Life claim

### Submission

The first step to processing a Life claim is to fill out the necessary information within the claims packet and then send it to Sun Life Financial by mail, by fax, by e-mail, or by going online. It's important to include the following:<sup>2</sup>

#### Completed employer's statement

This statement provides the Sun Life claims analyst with important eligibility information such as the employee's date of hire, hours worked per week, last day worked, and the reason for last day worked. This information is necessary for determining the employee's eligibility for coverage and whether he or she was active at work prior to his or her last day worked. The information may also be required to verify a benefit calculation.

#### Copies of the employee's payroll records

Copies of the employee's payroll records that show the three months prior to the payroll cycle in which he or she last worked will need to be provided. The copies should clearly illustrate the payroll dates, hours worked, last day worked, paid vacation/time off, paid leave, and deduction amounts for voluntary benefits. These records provide the Sun Life claims analyst with supporting documentation of the employee's minimum hours worked and premium payment (Opt Life coverage). If the claim filed is for a dependent, payroll records are still required to verify that the employee was working prior to the dependent passing away and, if applicable, to verify that the employee was contributing to the cost of coverage up until his or her dependent passed away.

#### Copies of current and historical enrollment information and forms

Copies of the most current enrollment confirmation/form and the employee's initial benefits enrollment confirmation/form will need to be provided. If the employee made any changes to his or her benefits enrollment elections, copies of his or her historical enrollment confirmations/forms will also need to be provided. The Sun Life claims analyst will need the current and historical information to confirm eligibility and determine if Evidence of Insurability was required and completed. The analyst must be able to construct an enrollment timeline and support the increases in coverage in accordance with the policy guidelines.

#### Copy of the beneficiary designation form

Providing the most current beneficiary designation form on file will allow the Sun Life claims analyst to communicate with and pay the appropriate beneficiary. If there is no beneficiary on file, Sun Life will pay the claimant in accordance with your group's policy.

Online	www.sunlifeconnect.com
E-mail	USEBGLifeClaimsInbox@sunlife.com
Fax	800-979-5128
Mail	Sun Life Financial Group Life Claims P.O. Box 81365 Wellesley Hills, MA 02481
Overnight	Sun Life Assurance Company of Canada Group Life Claims, SC4375 One Sun Life Executive Park Wellesley Hills, MA 02481



### Death certificate

The **claimant** should provide a death certificate confirming the **cause and manner** of death. If the total Life and AD&D claim coverage amount for the deceased was equal to or less than \$100,000, Sun Life will accept a scanned copy of the death certificate. If the total Life and AD&D claim coverage amount for the deceased exceeds \$100,000, Sun Life will need the original death certificate. Please ensure that the death certificate contains both the cause and manner of death. Some states provide short- and long-form certificates. **Sun Life requires the long-form death certificate.** The short-form certificate does not provide sufficient proof to satisfy the claims requirements.

### Claimant statement

This statement provides the Sun Life claims analyst with the beneficiary's contact information and claim payment selection (lump sum check or interest-bearing account, if applicable). The **claimant (each named beneficiary)** should complete the claimant statement.

### Authorization forms

There are situations where the Sun Life claims analyst will need to request accident or medical records. The authorization forms will provide the analyst with the authorization to request and obtain any health-related information and non-health-related information that must be reviewed as part of the claim decision process. **The claimant (at least one named beneficiary)** should complete the authorization forms.

### Funeral home assignment (optional)

If applicable, the **claimant** should obtain a funeral home assignment form directly from the funeral home and submit it with his or her completed claim documents (claimant statement and death certificate). If the claim is approved, benefit proceeds will be paid directly to the funeral home, and any remainder will be paid to the beneficiary(ies). The funeral home assignment form will need to reference Sun Life Financial and the Group Policy Number. The assignment must be signed and dated by the proper beneficiary(ies) in order to be deemed valid.

## Adjudication details

After the claim packet is submitted, a Sun Life claims analyst will review the initial submission within five business days. The analyst may follow up for additional information at this time by telephone, e-mail, or letter. Any additional information will be reviewed within five business days after it's received.<sup>1</sup>

If the claim is determined payable, the analyst will issue the payment within ten business days after receiving all of the information necessary to complete the claim.

All correspondence from the Group Life Claims Department will include the direct phone number of the analyst who is reviewing the claim. The beneficiary can contact the analyst directly to inquire about the status of his or her claim.



## Beneficiary notification

### Claim approval

If the claim is approved, the Sun Life claims analyst will mail a payment letter along with the benefit payment directly to the beneficiary. The payment letter will outline the amount of the claim and the coverage the employee had in place under the policy.

The beneficiary can receive the benefit payment in two ways:

- If the claim is approved and the benefit payment is less than \$10,000, Sun Life will send the beneficiary a check for the full benefit amount.
- If the claim is approved and the benefit payment is greater than \$10,000, the beneficiary can choose between two different payment methods: a check for the full benefit amount or the option to have the benefit amount set up in an interest-bearing account (subject to state availability).

If the claimant submitted a funeral home assignment, the proceeds will first be paid to the funeral home, and the remainder will be paid to the beneficiary. If there are multiple beneficiaries, the remainder will be paid in accordance with the percentages set forth in the beneficiary designation.

### Claim denial

If the claim is denied, the beneficiary will receive a letter of explanation detailing the right to appeal. If the denial letter contains any medical information, the analyst will send a generic denial letter to the employer for its records.

Questions? Contact your Client Relationship Executive.



One Sun Life Executive Park  
Wellesley Hills, MA 02481

[www.sunlife.com/us](http://www.sunlife.com/us)

1. Instances such as, but not limited to, claim handling for minor beneficiaries, lost beneficiaries, claims without beneficiaries, and situations where death may be the result of a suspected criminal act may result in the delay of a Life claim. Additionally, police reports, toxicology screens, autopsy reports, and the death certificate may be required for an AD&D claim. The level of review for these claims may result in a processing delay.

2. In the event of changes to Sun Life forms or requirements, there may be instances where additional information is required from the employer or claimant. Information needed regarding a claim may change on a case-by-case basis.

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