



## SUBMITTING CLAIMS TO ACE USA CLAIMS

The first step in reporting a claim is to contact ACE USA Claims at 1-800-336-0627. Our telephones are answered between the hours of 8:00 am and 4:30 pm Monday – Friday. For calls after this time, please leave a message at 302-476-6194 and someone will return your call the next business day. The contact person is Ms. Diane Basa.

When reporting the claim please provide the policyholder name, policy number, claimant name and type of claim and mailing address to send the claim. This will ensure that the appropriate claim form is promptly mailed. The caller should further contact the policyholder representative and advise them of the claim.

Once you have received the claim form it must be completely filled out and remitted back to ACE USA Claims. In addition to the claim form, there will be specific information that is required which is outlined below:

**Medical Claims:** In addition to the completed claim form, the following items should be remitted:

- (1) An itemized bill for the treating physician

**Accidental Dismemberment Claims:** In addition to the claim form, the following items are required:

- (1) Your company's enrollment benefits form.
- (2) Confirmation of employee's coverage classification (if multiple classes) and current premium payment;
- (3) The Police Report, all Medical Records, and any eyewitness statements and complete accident details.
- (4) If Business Travel, a copy of employee's itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company.

**Accidental Death Claims:** In addition to the claim form, the following items are required:

- (1) A Certified Copy of the final death certificate;
- (2) Your company's enrollment benefits form and Beneficiary Designation;
- (3) Confirmation of employee's Principal Sum and current premium payment;
- (4) The Police Report, any Autopsy Report, any medical records or reports, and any newspaper clippings.
- (5) If Business Travel, a copy of employee's itinerary prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by the company.

Once this information is complete please mail along with the completed claim form to:

**ACE American Insurance Company  
Accident & Health Claims  
1 Beaver Valley Road  
P.O. Box 15417  
Wilmington, DE 19850**