



SUBMITTING AN ACCIDENTAL DEATH, DISMEMBERMENT OR MEDICAL CLAIM TO CHUBB ACCIDENT & HEALTH CLAIMS

The first step in reporting an accidental death, dismemberment or medical claim is to contact Chubb Accident & Health Claims at 1-855-434-4223 (within the U.S.) or 00-1-302-476-6194 (outside of the U.S.).

When reporting the claim please provide the policyholder name (Habitat for Humanity International, Inc. - HFHI), policy number (PTP N11207522), claimant name, type of claim and mailing/email address to send the claim form. This will ensure that the appropriate claim form is promptly sent. The caller should further contact the Habitat for Humanity International, Inc. representative and advise them of the claim.

Once you have received the claim form it must be completely filled out and remitted back to Chubb Accident & Health Claims.

In addition to the claim form, there will be specific information that is required which is outlined below:

Accidental Death Claims:

- (1) A Certified Copy of the final death certificate;
- (2) Any Police Reports, Autopsy Reports, Medical Records or reports and any newspaper articles.
- (5) A copy of the HFHI itinerary - prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by HFHI.

Accidental Dismemberment Claims:

- (1) The Police Report, all Medical Records, any eyewitness statements and complete accident details.
- (2) A copy of the HFHI itinerary - prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by HFHI.

Accident Only Medical Claims:

- (1) An itemized bill for the treating physician
- (2) Description of the accident, where it occurred, how it occurred, any witnesses, time, date, etc.
- (3) Make sure the claim form is signed by a Habitat for Humanity Site Manager / Director.
- (4) Make sure to note on the claim form your home address and the address of where the loss occurred.

Out of Country Medical Sickness / Accident Claims:

- (1) A copy of HFHI itinerary - prior to the accident, purpose of trip, destination to and from trip, and confirmation that trip was authorized by HFHI.
- (2) An itemized bill for the treating physician must be remitted with the claim form.
- (3) Description of the sickness or accident, where it occurred, how it occurred, any witnesses, time, date, etc.
- (4) Make sure the claim form is signed by a Habitat for Humanity Site Manager / Director.
- (5) Make sure to note on the claim form your home address and the address of where the loss occurred.

Once this information is complete please email and scan, fax or mail along with the completed claim form to:

CHUBB North American Claims - Accident & Health Claims
P.O. Box 5124 - Scranton, PA 18505-0556
Fax: 302-476-7857 CHUBBAandHClaims@acegroup.com