



Bankers Fidelity Life Insurance Company®

4370 Peachtree Road NE, Atlanta, Georgia 30319

Phone: (866) 458-7499

A Guide for Successfully Completing the Short Term Care Claim Form

Bankers Fidelity Life Insurance Company appreciates the opportunity to provide you with valuable protection. We rely on the information you provide on this form to effectively determine if you qualify for benefits.

This guide provides information and instructions to help you successfully complete and submit the claim form.

What You Need to File a Claim

- Claim Form
 - Copy of Power of Attorney Papers (if applicable)
- Authorization to Release Personal Information
- Attending Physician Statement
- Proof of services (some examples below):
 - UB04 (itemized hospital bill) showing room and board
 - Daily nursing notes from the nursing facility

Forms to be completed by the Nursing facility administrator

- Nursing Facility Claim Form-
 - Provide a copy of:
 - Nursing facility license
 - Facility administrator license
- Leave of absence form

Authorization to Disclose Personal Information

This authorization is to be completed by you, the Employee. Dates should include the month, day and year. In order to be considered complete, the form must be signed by you or your legal representative.

- Medical records from your providers may be needed in order to make a determination on your claim. A completed authorization form will be needed to obtain them. To avoid any additional delays in the claim, please be sure to complete and submit the authorization forms with your claim application.
- If the name on any of your medical records differs from the name provided on the form, provide any alternate names. This might occur in the event of a name change due to marriage or adoption.

Guidelines for Attending Physician Statement

This section is to be completed by the Attending Physician. Dates should include the month, day and year. In order to be considered complete, the form must be signed by the Attending Physician.

Submitting Your Claim:

Email: claims@bflic.com

Mail: Attn: Claims Department
4370 Peachtree Road NE Atlanta, Georgia 30319

Claims Questions

Phone: 866-458-7499

Email: claimsservices@bflic.com