

TRANSAMERICA EMPLOYEE BENEFITS CLAIMS-EXPRESS



File Claims Quick and Easy

File TransConnect, Short-Term Disability and Cancer, Critical Illness and Accident Wellness Claims online.

Transamerica's claim filing process is a snap! Customers can submit claims online, phone or fax for **TransConnect** and **Short-Term Disability** benefits along with **wellness claims for cancer, critical illness and accident benefits**.

How to File Claims Online

Customers **register at www.tebcs.com** then complete the online form and upload documentation to support their requests. Following submission, customers may view the status, review the submitted claim form and documentation. Once the claim is processed, the Explanation of Benefits (EOB) statement will be available online as well.

How to File a Claim by Phone or Fax

Contact the Transamerica Claims Customer Service Department at (800) 251-7254 and press 2 or fax directly to the Claims Department at (866) 586-6528. The following information must be provided:

- + Insured's name/ policy number
- + Covered person's name, date of birth and relationship to insured
- + Doctor and facility name, address and phone number
- + Name of test/procedure
- + Date of test/procedure
- + (Fax only) Provider's billing statement, which includes the test/procedure and the date it was performed

File Claims for Other Products

Claims for other products may be completed by downloading the respective claim form at **www.tebcs.com**. Once the proper documentation is received, the claim will be processed.

The screenshot shows the Transamerica Employee Benefits website interface for filing a claim. The page title is "CLAIMS: Wellness Claims Submission". It includes a navigation bar with "my contracts", "my preferences", and "customer service". The main content area is divided into several sections: "Welcome" with login information, "Wellness Claims Submission" with instructions, "Employee Information" with fields for name, date of birth, policy number, and address, "Claim Information" with fields for covered person, patient name, date of procedure, and doctor/facility information, and "Questions?" with contact information. A "SUBMIT REQUEST" button is visible at the bottom right.

QUESTIONS ABOUT CLAIMS

Call the Claims Customer Service Department at (800) 251-7254 and press 2.