

Ameritas Philosophy & Claims Adjudication Process

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What Does the Claim Process Look Like

Requesting claim forms:

- Sent to the person requesting the forms in less than one day
- Can be sent via Email, Fax or USPS

When we receive claim paperwork:

- Acknowledgement is sent to the insured and agent of record in less than one day
- Insureds/Agent will receive an electronic copy of if there is no email, a letter via USPS

New claim assignment:

- All new claims are reviewed/assigned by a Supervisor or Manager
- Claims are distributed based on current workload/complexity

Claim intake with the Examiner:

- All insured's will have the opportunity to speak with their assigned claim Examiner
- In 2026 we are averaging the Examiner speaking with the insured in about 10 days after receipt
 - Insureds will be able to ask any questions about their claim, contract language and claim process
 - Fair Claims Guidelines = 30 Days

Structured for Sustainability and Growth

Administrative Claim Analysts:

- Physical mail, fax, and email are monitored all day
- Claim hypotheticals and contractual questions are received/answered by the appropriate person
- Attach new claim information to open claims for Examiners

Trainer(s) available for claim processing questions:

- Regardless of tenure and experience, trainers are available for guidance
- Provide complex claim support

Supervisor/Manager review all final claim decisions:

- Approvals, Denials, Complex medical/financial situations are reviewed by leadership

Examiner Training and Development

Team Philosophy is all about Experience and Exposure:

- Significant growth in staff the past three years

Consistent group claim adjudication:

- When complex/new situations arise small breakout sessions happen

Industry education / letter writing:

- Ad-hoc letters – No “canned” responses
- Frequently attend industry related events
- Meet with vendors for education opportunities (CPA’s, Reinsurers, Medical Experts, etc.)

Open Lines of Communication with Insureds and Agents

Examiner availability:

- Examiners are available to speak with the insured/agents via phone if needed
- Claims tend to start smoother when the Examiner is available to verbalize the process
- Intention is to build rapport and trust with their claimants

Hypothetical claim scenarios:

- Management is open to addressing any hypothetical scenarios that originate before business is placed, while policy is in-force, and at claim time

Year to Date Service Levels (as of 04/30/26)

Request for claim forms:

- .62 Days

Acknowledgement of new claims:

- .77 Days

Initial requirement letters:

- 10.14 Days (Fair Claim Guidelines = 30)

Days from last proof to decision letter:

- 2.77 Days

Claim Trends

Mental/Nervous (MNDA)

Contestable claims

Late File claims

Forward Thinking to Claim Adjudication

We review all claims as unique situations and adjudicate according to the facts we have.

Example 1:

- Insured had brain cancer and has undergone three craniotomies
 - Survivor Benefit / Medical Record Requirement Needed

Example 2:

- Insured diagnosed with stage IV pancreatic cancer
 - Survivor Benefit

Example 3:

- Insured in car accident, sustained a Traumatic Brain Injury (TBI) and passenger passed
 - Accident Report Received / Reservation of Rights (ROR)

Contact Information

Team Email Address/Phone Number:

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Upcoming DI Connect with Us Sessions

- Tuesday, May 26, 2026 – **NO TRAINING** – Memorial Day Holiday Week
- Tuesday, June 2, 2026 – 11 a.m. ET – [Key Financial Underwriting Concepts](#)
- Tuesday, June 9, 2026 – 11 a.m. ET – [Understanding Financial Documentation for Individual DI and Business Overhead Expense](#)
- Tuesday, June 16, 2026 – 11 a.m. ET – [Marketing DI Insurance to Affluent Professionals](#)