

LOCAL CHAIRMAN INSTRUCTIONS FOR COMPLETING THE ANTHEM CLAIM  
FORM FOR A BUS MEMBER

(Group Policy Number AL00004397)

1. You will need to complete Section II of the Anthem Claim Form for your member when they file a claim. Most of the fields are self-explanatory. This document points out a few items of importance.

An incomplete Claim Form will delay the processing of your member's claim. Please be sure you have answered all questions completely and written legibly.

2. Box 19 Effective Date of Insurance: This information can be looked up in iLINK by doing a member search and clicking on the Insurance tab. This will display all the insurance information for your member. Look for "GDB" in the Plan column and read across two columns to the Eff. Date to find the effective date of insurance. If you have any difficulty locating this information, please contact the UTU Anthem Group Disability customer service unit (216-228-9400) for assistance.

3. Box 22 Member's Social Security Number: This is the member's SSN.

4. Box 23 Member Number: Leave this blank.

5. Box 26 Member's Wage: This is the member's wage rate as of the date of disability.

6. Box 31 Branch or Division Address: Enter the local number and city/state. For example, (L1315 – Covington, KY).

7. Box 32 Phone Number: Provide your phone number so that an Anthem claims adjuster may contact you if they have any questions.

**8. IMPORTANT: Be certain to print your name (box 33) and title (box 34) and sign your name (box35) and date the form (box 36) where indicated.**

9. Return the Claim Form to your member.

Contact the UTU Anthem Group Disability customer service unit (216-228-9400) for assistance.

THANK YOU