

BUS MEMBER INSTRUCTIONS FOR FILING AN ANTHEM CLAIM
(Group Policy Number AL00004397)

1. Get a copy of the Anthem Claim Form.

Copies are available from several sources. You may download a copy from the UTU website. Get a copy from your local treasurer. Contact the UTU at 216-228-9400 and ask for Anthem Group customer service. Contact Anthem at 800-232-0113 and they will send you a copy.

2. Complete Section I of the Claim Form.

Be sure to complete all requested information and sign and date the form where indicated. Incomplete forms will be returned to you and will delay payment of your claim. Please double-check that all information is provided and that you print or write your information clearly.

REMEMBER: SIGN AND DATE SECTION 1

3. Have your Local Chairman (or other local officer) complete Section II of the Claim Form

Once you have completed step 2 above, forward your claim form to your Local Chairman (or other local officer). Your Local Chairman will complete Section II. Be sure your Local Chairman completed all the information requested in Section II.

Note: Your local number, city and state (example: L1999 Cleveland, OH) should appear in box 31 of Section II, and be sure the local officer includes their phone number in box 32.

REMEMBER: HAVE THE LOCAL OFFICER PRINT THEIR NAME (box 33) AND TITLE (box 34) AND SIGN (box 35) AND DATE (box 36) THE FORM.

Incomplete information will delay payment of your claim.

4. Have your physician complete Section III of the Claim Form.

5. Make a copy of the completed Claim Form for your records.

6. Mail your completed Claim Form to Anthem at the address shown in the top right corner of the Claim Form. Contact Anthem, using the 800 number provided on the Claim Form, if you have any questions on any aspect of your claim. The UTU Group Policy Number is AL00004397.