

HOW TO Guide- Filing a Be Well Benefit Claim

Team Members who are enrolled in Accident, Hospital, Critical Illness supplemental coverages are eligible to receive UNUM's Be Well Benefit.

Accident	\$50.00		
Hospital	\$50.00		
Critical Illness (tiered based on coverage) *	\$50.00	\$75.00	\$100.00

*Coverage amounts of \$10,000, \$20,000, or \$30,000

Log onto UNUM Portal – Click “Start a New Claim or Leave” in the upper right corner.

my unum For Members

CLAIMS & LEAVES PAYMENTS TO-DO'S DOCUMENTS

START A NEW CLAIM OR LEAVE

Hello, Lindsey

What would you like to do?

Documents for Review
No document currently available

Recent Payment
\$0.00

Active Claims & Leaves
2

Coverage Overview
Below are the current Unum policies and benefits that you and your family members are actively covered under.

Looking for your leave or disability benefit?
Our Total Leave Portal offers you easy 24/7 self-service for any leaves and/or disability claims you may have.

my unum For Members

CLAIMS & LEAVES PAYMENTS TO-DO'S DOCUMENTS

START A NEW CLAIM OR LEAVE

Hello, Lindsey

What would you like to do?

What would you like to report?

- New Claim or Leave
Disability, Pregnancy and Other Benefits
- Death in the Family
Life Insurance Benefits

Documents for Review
No document currently available

Recent Payment
\$0.00

Active Claims & Leaves
2

Coverage Overview
Below are the current Unum policies and benefits that you and your family members are actively covered under.

To view or manage your leave or disability coverage, please visit the [Total Leave Portal](#)

	You	Spouse	Dependent(s)
Accident	●	●	●
ReWall	●	●	●


Looking for your leave or disability benefit?
Our Total Leave Portal offers you easy 24/7 self-service for any leaves and/or disability claims you may have.

Visit Total Leave Portal

Need to submit requested claim documentation?
Avoid delays in processing your claim or leave.

Upload Supporting Documentation

Click Wellness/Health Screening

 Start a Claim or Leave

The following questions will be used to determine if your event is eligible for coverage.

Who is this for?
LINDSEY DRAZDIK


What happened?
Wellness / Health Screening

- Is sick, critically ill, needs surgery or in hospital
- Had an accident or injury
- My family is growing (pregnancy, bonding, adoption or foster care)
- Needs to care for a sick or injured family member
- Needs time off work for another reason

My Benefits

	You	Spouse	Dependents
Accident	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
BeWell	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
LEAVE - PROTECTING YOUR JOB	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short Term Disability (STD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Leave	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Select the covered member you are filing the claim on and be sure Wellness/Health Screening is selected under “What Happened”

 Start a Claim or Leave

The following questions will be used to determine if your event is eligible for coverage.

Who is this for?
LINDSEY DRAZDIK

What happened?
Wellness / Health Screening

My Benefits

	You	Spouse	Dependents
Accident	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> BeWell	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
LEAVE - PROTECTING YOUR JOB	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short Term Disability (STD)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total Leave	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter required information and confirm address

Claimant

- Claimant Details
- Address

Wellness

Review & Submit

Claimant Details

Please verify or provide the following information to best communicate with you.

First Name *
LINDSEY

Last Name *
DRAZDIK

Date of Birth *
[REDACTED]

Phone Number *
(708) 704-8018

< Back Continue

Claimant

- ✓ Claimant Details
- ✓ Address

Wellness

Review & Submit


Address

Primary Mailing & Physical Address

[REDACTED]
LYONS, IL 60534 Edit

< Back Continue

Select the date of your exam, test, screening and the test type. (see Be Well Benefit Guide for covered visits, screenings, tests, and vaccinations)

 Start a Claim or Leave Save for later

Claimant ✓

- Wellness
- ✓ Wellness

Review & Submit

Wellness

Test Date *
09/09/2024

Test Type *
Annual Exams for Adults

< Back Continue

Confirm Responses

Verify state of residency, review fraud statement, and submit!

Claimant ✓	
Wellness ✓	
Review & Submit	
✓ Required Questions	
✓ Confirm Responses	
✓ Fraud Statement	

Fraud Statement

Please review the warning statements listed below, and click ACCEPT & SUBMIT at the bottom of the page to complete the benefit filing process.

State where you physically reside

ILLINOIS

Any person who knowingly and with the intent to injure, defraud or deceive an insurance company presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Agreement & Submission

I, **LINDSEY DRAZDIK**, have read and understand the fraud notices listed above. I also understand that should my claim be overpaid for any reason, it is my obligation to repay any such overpayment. The statements and the information provided are true and complete to the best of my knowledge and belief.

Today's Date: 10 / 22 / 2024

Please note: by clicking **Accept & Submit**, you are submitting this claim to Unum. Once clicked, no further changes can be made to the information you will have submitted.

Accept & Submit