QoL Select Choice II Accelerated Benefit Rider Claims Process

corebridge financial

Facing a serious illness can be overwhelming, and navigating financial matters during this time may be especially difficult. If you have been diagnosed with a qualifying Chronic, Critical or Terminal illness, you may be eligible to access a portion of your life insurance's death benefit through the Accelerated Benefit Rider (ABR) feature on your Quality of Life Insurance policy.

The information below describes the ABR claim process including what is required, what to expect and how the process works. Our goal is to make the ABR claims process as simple and supportive as possible.

Required forms/documentation

Please be prepared to provide:

- Completed claim form & HIPAA authorization
- Medical certification based on type of qualifying illness:
  - **Terminal illness**: Physician certification
  - **Critical illness**: Physician diagnosis
  - **Chronic illness**: Licensed healthcare practitioner certification
- Supporting medical records from healthcare providers

Some claims may be subject to waiting or elimination periods, depending on the type of illness and policy provisions.

What to Expect

- If approved, policy owner may be eligible to accelerate a portion of the policy amount.
- The amount offered depends on the illness and its severity and reflects that the benefit is paid early, so the benefit is generally less than the amount accelerated.
- If you elect to receive an accelerated benefit, the policy's death benefit and related policy values will be reduced proportionately to reflect the benefit paid.
- Before a decision is made, an offer letter and illustration showing the specific amount available and how it would affect the policy will be provided.

Important Things to Know

- **Death Benefit** - Accelerated benefits reduce the remaining death benefit under the policy.
- **Adjustments** - Administrative charges and other applicable adjustments may apply and will be clearly shown before you make any election.
- **Tax considerations** - Accelerated benefits may have tax implications depending on the type of qualifying illness and your individual situation. We recommend consulting a tax advisor before electing benefits.
- **Eligibility** - If a claim does not meet policy requirements, we will explain the reason and determine if additional information may be submitted.
- **Policy status** - Policy must remain in force until the claim is approved and eligibility is confirmed. Customers must continue making premium payments until a final claim decision is made. If the policy lapses before that determination, the accelerated benefit may not be payable.
- **Additional life insurance** - If an acceleration of the policy is elected, the person insured may be eligible to apply for additional life insurance.
- **Use of funds -** Control over how the money is spent is up to the policy holder, there are no receipts required and no restrictions on it's use.

How to Submit Your Claim

- **Step 1: Notify Us**

  Call the Claims Department at 1-844-452-3832 to request the ABR claim form (AGLC109988) and all necessary documents.

- **Step 2: Prepare Required Documentation**
  - Part A – of ABR claim form should be completed by policy owner
  - Part B – of ABR claim form should be completed by the person insured on the policy. All medical information is required, including treatment received withing past 5 years for ANY illness or condition**.**
  - Part C – of ABR claim form should be completed by the person insured's US physician practicing in the state where the physician is licensed. A completed HIPPA authorization must also be submitted.
- **Step 3: Submit Claim**
  Submit completed claim form, HIPAA authorization, & required medical certifications.
- **Step 4: Medical Records Are Collected**
  Our Claims team requests medical records from one or more healthcare providers. *Note: this is the longest step – depends on records delivery*
- **Step 5: Eligibility & Benefit Review**

  Medical and Underwriting teams review the records to confirm eligibility, assess the illness, and determine benefit amount.
- **Step 6: Review & Elect Your Benefit**
  If illness or condition qualifies, the policy owner receives a Claim Illustration and Election Form.
  - Claim Illustration is based on the change in the insured's condition between time policy was previously underwritten and time of ABR claim.
  - If a different acceleration amount is requested, the policy owner should indicate this on the Election Form and return it. Another Claim Illustration and Election Form will be mailed to the owner showing the adjustment.
  - If any ABR claim is denied, the policy owner will receive a letter from the Claims Department. Additional information may be required to process the claim for prescribed illness.
- **Step 7: Accept the Offer**

  To accept the offer, submit the completed Election Form to the Claims Department within 60 days of receipt.
- **Step 8: Receive Claim Payment**
  - A letter is sent to the policy owner notifying them of the payment.
  - Check is mailed to the policy owner under separate cover.

On average, most QoL Select Choice II Accelerated Benefit Rider claims are completed in 90 days once we receive completed forms. Terminal illness claims are often reviewed more quickly. We'll keep you informed throughout the process and let you know if anything additional is needed.

If you have any questions regarding the Claims process, contact us at 1-844-452-3832.

Accelerated Benefit Riders Disclosure

An Accelerated Death Benefit Rider (ABR) is not a replacement for Long Term Care Insurance (LTCI). It is a life insurance benefit that gives you the option to accelerate some of the death benefit in the event the insured meets the criteria for a qualifying event described in the policy. The rider does not provide long-term care insurance subject to California insurance law, is not a California Partnership for Long-Term Care program policy. The policy is not a Medicare supplement.

ABRs and LTCI provide different types of benefits. An ABR allows the insured to access a portion of the life insurance policy's death benefit while living. ABR payments are unrestricted and may be used for any purpose. LTCI provides reimbursement for necessary care received due to the inability to perform activities of daily living or cognitive impairment. LTCI coverage may include reimbursement for the cost of a nursing home, assisted living, home health care, homemaker services, adult day care, hospice services or respite care for the primary caretaker and the benefits may be conditioned on certain requirements or meeting an elimination period or limited by type of service, the number of days or a maximum dollar limit. Some ABRs and all LTCI are conditioned upon the insured not being able to perform two or more of the activities of daily living or being cognitively impaired. The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring.

This ABR pays proceeds that are intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code. The federal, state, or local tax consequences resulting from payment of an ABR will depend on the specific facts and circumstances, and consequently advice and guidance should be obtained from a personal tax advisor prior to the receipt of any payments. ABR payments may affect eligibility for, or amounts of, Medicaid or other benefits provided by federal, state, or local government. Death benefits and policy values, such as cash values, premium payments, and cost of insurance charges if applicable, will be reduced if an ABR payment is made. ABR payments may be limited by the contract or by outstanding policy loans.