



Dear Valued Policyholder,

At Senior Health Insurance Company of Pennsylvania, we understand that filing a new long term care insurance claim can be confusing. To provide clarity in filing a new claim, this claim information package is designed to provide you with straightforward instructions on how to file a claim under your long term care policy.

Claim Filing Instructions:

1. The contents of this claim information package include:
 - Claim Forms - Claim forms must be completed for each new claim but the forms do not need to be submitted on an ongoing basis. There are four pages of claim forms:
 - **Page 1 and 2 – Policyholder Claim Form:** completed by the policyholder or legal representative
 - **Page 3 – Authorization For Use of Health-Related Information:** completed by the policyholder or legal representative
 - **Page 4 – Authorization For Disclosure of Health-Related Information:** (optional) completed by the policyholder or legal representative if you want to authorize anyone other than the policyholder to speak with us about your claim.
 - Direction to Pay Cover Letter and Form – this form should only be completed if you wish to assign claim payments directly to your provider. Please note that in order for us to pay the provider directly, we will only accept our Direction to Pay form.
 - Caregiver Weekly Timesheet – this form only needs to be completed for home health care claims and must be completed on a weekly basis to document the services provided each day
 - Nursing Facility Checklist – this is designed to help you stay organized while submitting a new nursing facility claim. This checklist does not need to be returned.
 - Home Health Care Checklist – this is designed to help you stay organized while submitting a new home health care claim. This checklist does not need to be returned.
2. Complete the first three pages of the Claim Form. Also complete page 4, the **Authorization For Disclosure of Health-Related Information**, if you want to authorize anyone other than the policyholder to speak with us about your claim. Please submit all of these forms to us together. PLEASE ALSO MAKE SURE THAT ITEMIZED INVOICES ARE SUBMITTED TO US.
3. Provide copies of supporting documents that are applicable to your situation (e.g., Power of Attorney documentation). Ensure that your long term care claim submission is complete by reviewing the enclosed checklist specific to the claim you are filing (Home Health Care or Nursing Facility). Submit your claim by mailing or faxing the claim information to us at the address or fax number listed on the bottom of each claim form.

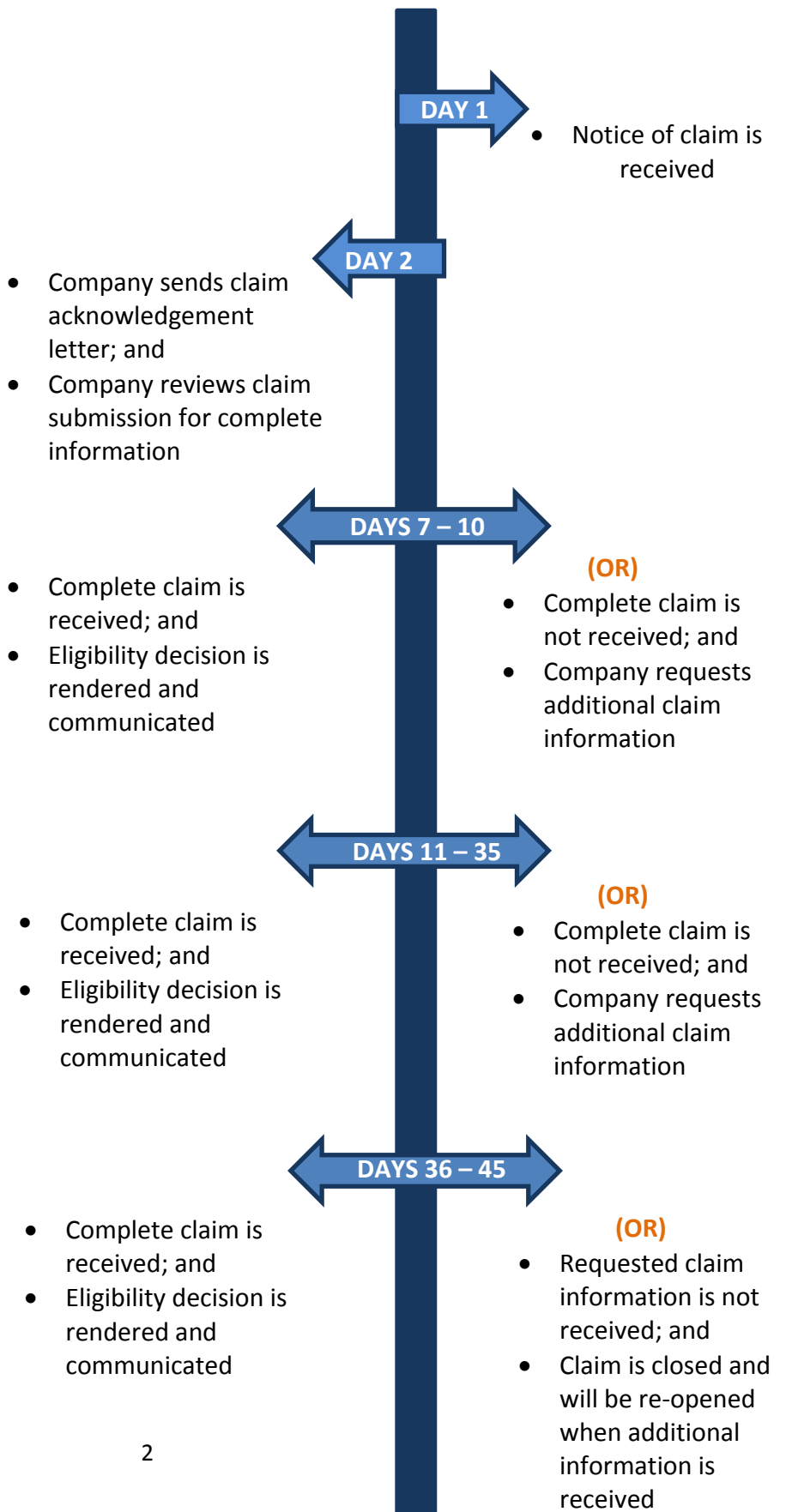
What to Expect from Us

When your claim is received, a letter will be sent to you within four to six business days acknowledging receipt of your claim request. Please note that documents mailed or faxed separately will result in multiple acknowledgement letters to you for each separate mailing.

Your claim submission will be reviewed within two to six days of receipt. If the claim information received is complete, a benefit eligibility decision will be made within ten business days from date the claim submission is received. If there are questions regarding your claim submission or if additional information is required, you and/or your provider will be contacted within the first ten business days as we attempt to gather the complete information. Please be sure to provide the telephone number and name of the person you would like us to contact in this situation on the Policyholder's Claim Form.

Multiple attempts will be made to gather all necessary information. Your claim may be closed if the requested information is not received. Your claim will be re-opened and reviewed when the additional information is received.

INITIAL CLAIM TIMELINE



Approved Claims

Following the eligibility decision, if both you and your provider meet the requirements of your policy, you will receive written notification from us. However, benefits will still not be provided until we receive itemized invoices from either the policyholder, caregiver or facility. The care manager handling your claim will also attempt to call you or your authorized designee. Please be sure to provide the telephone number and name of the person who should be notified following the benefit determination.

When submitting your claim, you must provide itemized invoices documenting monthly, daily or hourly rates charged for each service date. **No benefits will be provided until itemized invoices are received by us from either the policyholder, facility or the caregiver(s). We will not be obtaining invoices on your behalf.** For Home Health Care claims, you must also provide Caregiver Weekly Timesheets or daily progress notes documenting the services you received for each day of paid care. If you prefer benefit payments be made directly to your provider, you must complete the Direction to Pay form, which is included in this package. The standard timeframe for benefit payments is five to ten business days from the date the claim is approved (or the date we receive the itemized invoice.) You will receive an explanation of benefits letter for all claims paid.

Ineligible Claims

Following the eligibility review, if either you or your provider do not meet the requirements outlined in your policy, you will receive written notification. The care manager handling your claim will also attempt to call you or your authorized designee to explain the reason for the benefit determination and explain the process to appeal a claim determination.

Should you have any questions regarding your policy benefits, please contact our Customer Service team by calling 1-877-450-5824, Monday through Friday, from 8:00 AM to 6:00 PM (Eastern), or you may visit our website at www.SHIPLTC.com.

Thank you for allowing us the opportunity to serve your long term care insurance needs.