THRIVENT FINANCIAL®

Connecting faith & finances for good.™

How to File a Thrivent Long-Term Care Insurance Claim

THRIVENT FINANCIAL, THE MARKETING NAME FOR THRIVENT FINANCIAL FOR LUTHERANS, HAS BEEN IN THE LONG-TERM CARE INSURANCE BUSINESS SINCE 1987.

Someday, you may need to file a long-term care insurance claim for yourself or on behalf of a loved one. The claims-filing process is fairly simple.

Step 1: Verify Eligibility

A contract owner may qualify to receive benefits if:

- He or she can no longer perform two or more activities of daily living without significant help. These activities include bathing, eating, getting in and out of a bed or chair, dressing, continence or using a toilet. Or, if the contract owner has a cognitive impairment–such as dementia or Alzheimer's–that impacts safety.
- The contract's elimination period–the waiting period before benefits begin–has been met. The elimination period may be 30, 90 or 180 days. Check your contract for details.

Step 2: File Your Claim

For help submitting a claim, call the Thrivent Claims department at 800-847-4836, and say "insurance" for menu options. See the Claim Packet at www.thrivent.com/files/23057.pdf

Once we receive your request for benefits, we will send an acknowledgement letter to you and your Thrivent Financial representative within seven business days.

A Claims representative will review the health status of the claimant, the acting physician's assessment of care needs, the insurance contract, and the credentials of the health care provider or facility providing care.

When all information has been received and reviewed, you will receive a letter explaining our claim decision and next steps. In most instances, we send this letter within 10 business days.

If we can't reach a decision within 15 business days, we will send you a letter explaining the reason for the delay.

Step 3: Request Reimbursement

You or your long-term care provider must submit itemized invoices to Thrivent Financial. In most instances, we will process them within 10 business days of receipt after services are provided. If we need additional information to process your claim, we will contact you or your care provider.

Step 4: Ongoing Claims Review

The plan of care that you and your care coordinator create will outline the extent and frequency of required care. As these needs change over time, we will request information to review and update the plan of care.

Care Coordinator
At your request, we will put you in touch with a care coordinator to help manage your case. You aren't required to use care coordinator services in order to make a claim, but having someone on your side can be helpful and reassuring during a difficult time.

Your care coordinator—a professional with experience in case management—can:

- Perform a comprehensive care needs assessment.
- Assist your physician in developing a plan of care that outlines the qualified long-term care services needed.
- Identify several providers in your area who can provide the needed care.

When using a care coordinator identified by Thrivent Financial, the cost is covered by your contact and does not reduce your contract benefits.

The plan of care will be forwarded, to our Claims department to administer benefits under the insurance contract, generally within five business days after meeting with the care coordinator.