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## SELECT BENEFITS

### Claim Form for Policy Benefits

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When seeing a provider, you have two options for filing a claim.

**Option 1: Provider Submission** – The more common way to submit a claim for benefits to Symetra is to present your Select Benefits ID card to your provider. Ask your provider to assign your benefits at the time of service and to bill the policy administrator, Select Benefit Administrators of America directly.

Note: The provider is under no obligation to accept an assignment.

**Option 2: Certificateholder Submission** – If you paid your provider at the time of service, you may submit a claim via this form. Simply complete the following information.

Name of Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Group Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

- Attach a copy of your itemized receipt for services, or claim form given to you by your provider (doctor's office, clinic, hospital or similar). *Please note – an Explanation of Benefits from another insurance plan is not an acceptable form of receipt for services.*
- Verify that the following information is shown on the attached receipt or form:
  - ✓ Patient name
  - ✓ Provider name, address and identification number
  - ✓ Diagnosis or ICD-9 code(s) [description of your medical condition]
  - ✓ Procedure or CPT or revenue codes [indicates the services rendered]
  - ✓ Charges
  - ✓ Date(s) of service
- Mail or fax to:

Select Benefit Administrators of America  
Attention: Claims Department  
P.O. Box 440  
Ashland, WI 54806  
Fax: (715) 682-5919  
Phone: 1-800-497-3699

*Benefits are subject to eligibility at the time of service and subject to any plan limitations that may apply.  
Benefits can only be determined after receipt of a claim; this is not a guarantee of payment.*