

The Trustmark claims experience

When employees purchase voluntary benefits, they're purchasing a promise to help protect them in a time of need. That's why it's important to us at Trustmark that we deliver on that promise while providing a positive claims experience. Our claims process has been shaped by more than 100 years in the voluntary benefits industry and continues to inform the evolution of our products.

Our claims mission:

- Pay claims appropriately to policyholders when they need it most
- Be diligent in reviewing claims for approval or denial
- Make accurate benefit payments
- Rely on the voice of the customer to evolve our claims process and qualifications

How do we achieve our goals?



Online claims portal

Our online claims portal gives policyholders the convenience of submitting their claims online anytime, anywhere. We've revamped the portal for easier submission and tracking along with EFT/ACH payment options.



Auto-adjudication

Available for health and wellness riders, auto-adjudication determines benefit eligibility and pays rider claims appropriately. This allows for an easy, seamless review of claims that improves our processing and payout timelines.



Fast claim payments

We pride ourselves on paying claims quickly and accurately. Policyholders can receive their money for an accident, wellness, or hospital product claim within just 2-3 business days.

What do our customers have to say¹?

“...the process was seamless. I appreciate how easy the portal was in filing my claim.”

“I have not one complaint! Service was excellent! Thanks again!”

“The claims procedure is so streamlined that a person with little technical ability, such as myself, can easily do it.”

“Keep up the excellent work! You guys set the standard for the rest of the industry to follow. I have been a customer for close to 20 years or more now. Thanks!”

What does the claims process look like?

Our average claim processing time is 2–5 business days. See below for the steps we take to deliver an exceptional experience for our policyowners.



Claims performance

Disability, Life and Cancer/Critical Illness

Processed within 5 business days of last proof of loss, including communication to confirm claim payment, request information or call to explain denial.

Health and Wellness Benefits

Processed within 3 business days from receipt of claim requirements.

Accident & Hospital StayPay

Processed within 2 business days from receipt of claim requirements.

Accuracy and timeliness²

- 99% payments processed correctly
- 96% of claims processed within time standards

See how we deliver:

Claims processed within target timeframe	98%
Appeals processed within 21 days	100%
Customer survey, percent satisfied	92%

*Numbers are for all claim types in Q4 2022

How customers scored our claims team in terms of:

Knowledge	95%
Professionalism	95%
Communication	94%
Responsiveness	94%
Overall Service	94%
Product meets needs & expectations	93%

*Trustmark voice of the customer survey results for Q4 2022.

Contact your Trustmark representative to learn more about how we make claims easy, or to file a claim online, log in to your portal at myvb.trustmarkbenefits.com/login.



¹Trustmark voice of the customer feedback.

²Trustmark claims data.

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