



How to File a Claim

CLAIM TYPE	
MEDICAL	Your medical provider or facility should file a claim for you (and any of your covered dependents). If there are any questions, have your medical provider or facility call us at the number provided below.
PRESCRIPTION DRUGS	<p>Your plan's prescription drug benefits will be handled by your pharmacy through Express Scripts, Inc.</p> <p>However, if you need to file a claim yourself, claim forms are provided on the Express Scripts website: www.expressscripts.com</p> <p>Or you may call Express Scripts at 1-800-451-6245 to request a claim form.</p>
DENTAL	Your dentist should file a claim for you (and any of your covered dependents). If there are any questions, have your dentist call us at the number provided below.
TERM LIFE	<ol style="list-style-type: none"> 1. Print the <u>Term Life Claim Form</u> 2. Fill out completely 3. Send to ASRM (address listed below)
SHORT-TERM DISABILITY	<ol style="list-style-type: none"> 1. Print the <u>Short-Term Disability Claim Form</u> 2. Complete the Employee Section 3. Have your employer complete the Employer Section 4. Have your physician complete the Physician Section 5. Send to ASRM (address listed below)

- All Claims must be submitted within one year from the date of loss.
- For ASRM Claims Customer Service, call 1-800-359-7475, Monday through Friday, 8:30 am to 5:30 pm, ET.

Send Prescription Drug Claim Forms to:

**EXPRESS SCRIPTS, INC
P.O. BOX 66773
ST. LOUIS, MO 63166**

Send all other claim forms to:

**ASRM
CLAIMS DEPARTMENT
505 S. LENOLA ROAD, SUITE 231
MOORESTOWN, NJ 08057**