

For Wellness Screening Benefit, you only need to submit bills/statements/medical records from the physician or hospital showing date and procedure performed. No additional documents are necessary.

Submit to:

Transamerica Life Insurance Company

P.O. Box 8043 Little Rock AR 72203-8043

Claims fax: 866-224-6547

Claims email: TEBclaimsscanning@transamerica.com

Claims customer service: 800-251-7254