

# Welcome to the



## IL MUTUAL ACCIDENT CLAIM

For claims on your Critical Illness policy, there is an Employee Statement and a Physicians Statement, please fill out an Authorization form for this claim as well. The claims form is linked in the same tab as instructional sheet.

**Once you complete the attached form, you can submit using one of the following options:**

- You can mail them to **3808 W Springfield Ave. Suite C, Champaign, IL 61822**
- You can email them to **jade@waregroupga.com**
- You can fax them to **217-954-0348**

I will then forward this on to an examiner and follow up with them in 1 week to check on the status.

**For assistance, please call:**



### Jade Wood

*Claims Support & Office Manager*

Jade@waregroupga.com

Phone: 855-535-4231 ext. 213

Fax: 217-954-0348

3808 W. Springfield Ave. Suite C  
Champaign, IL. 61822

Office Hours: Mon-Thurs 8 am-4 pm, Fri 8 am-12 pm