Brighthouse FINANCIAL®
Build for what's ahead®

Long-Term Care Claims Process

Brighthouse SmartCare®, a hybrid life insurance policy with long-term care riders, is designed to make your dollars work smarter by providing protection in more ways than one. In addition to providing a life insurance death benefit to loved ones, Brighthouse SmartCare provides access to the policy's cash value to pay for long-term care expenses, should you need them.

Understanding the claims process is an important part of your policy. This step-by-step guide can help you navigate the process if you ever need to submit a claim.

01 The owner begins a Notice of Claim by requesting a Long-Term Care (LTC) Claims Packet from Brighthouse Claims at (800) 882-1292.

02 Brighthouse Claims will send the owner the claims packet within 15 calendar days of receiving the Notice of Claim.

03 The owner submits a completed claims packet with Proof of Claim information, which must include the LTC Claim Form, Licensed Health Care Practitioner Statement, and Plan of Care to Brighthouse Claims within 90 days of submitting the Notice of Claim.

04

Please send the completed claims packet to:
Brighthouse Claims and Living Benefits
P.O. Box 305074
Nashville, TN 37230-5074

- OR -

Fax to:
Brighthouse Claims
(877) 245-8163

05 Brighthouse Claims will review and validate the documentation to ensure all forms are completed appropriately and will request any missing information from the owner.

06 Brighthouse Claims will respond to the owner within 30 calendar days after receipt of all items. The response will consist of one of the following:

- Approve claim
- Deny claim citing specific reasons; if the claim is denied, the owner has 60 days to appeal the decision and provide additional information

Good to Know

The elimination period is 90 calendar days, which means the insured must be receiving qualified long-term care services from a health care provider for 90 calendar days before LTC benefit payments can begin.

Additional Information

To continue receiving LTC benefit payments, Brighthouse Financial® will periodically request and review an updated Licensed Health Care Practitioner Statement and Plan of Care.

Frequently Asked Questions

How will Brighthouse Financial determine qualification for the claim?

- An insured must be chronically ill as defined in the policy, be receiving Qualified Long-Term Care Services under a Plan of Care prescribed by a physician, and provide required claim documentation. An insured will generally meet this criteria if:

– The insured meets one of the qualifying events for chronic illness stated in the policy – such as the insured requires assistance to complete two of the six activities of daily living or the insured is cognitively impaired; and

– A physician licensed in the United States certifies that the insured is chronically ill and we receive required documentation including the Plan of Care for the insured along with the Licensed Health Care Practitioner Statement.

- The elimination period is satisfied.

How is the elimination period determined?

The elimination period will be met if the chronically ill insured has been receiving Qualified Long-Term Care Services for 90 calendar days.

What are the activities of daily living?

The activities of daily living are any of the following:

- Bathing
- Continence
- Dressing
- Eating
- Toileting
- Transferring

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