RiverSource

What to Expect When you File a Long Term Care Insurance Claim

Are you ready to file a claim under your RiverSource® long term care insurance policy (these policy numbers begin with 9100 or 9800 and may also be referred to as a certificate)? Before you begin, we recommend you familiarize yourself with the claim process summarized below. This process typically takes 60 days from when you file your claim to when a decision is reached.

For additional information, review the Long Term Care Insurance Claim Process.

What to expect when you file a claim

1

Notification of claim

When you're ready to file your claim, you or someone familiar with your care can call **Long Term Care (LTC) Claims** at the number below. Prior to calling us, we recommend you have the contact information for any care and medical providers available when you call.

2

Claim paperwork will be sent to you within 5 business days of your claim initiation

Complete all the required paperwork (including signatures and dates) included in your claim packet and return to our LTC Claims department. You may call **LTC Claims at the number below** for assistance. We recommend returning this paperwork as soon as possible so we can begin the claim review.

3

You will be contacted to schedule an initial functional assessment within 10 days of your claim initiation

The initial functional assessment is conducted by an assessing nurse from **CareScout** or **Long Term Solutions**. To ensure a complete and thorough assessment, have all the necessary documents and information (refer to page 2 of Long Term Care Insurance Claim Process) readily available during the assessment. We also recommend having a family member or caregiver present during this assessment. Please note that if you are residing in a skilled nursing facility, our long term care claims team may contact the facility directly in lieu of an assessment.

4

Your claim will be reviewed and the decision will be communicated

A team will be assigned to evaluate your claim and will work with you, or your authorized representative, and care providers to gather all required documentation. Once all documentation is received, a decision is typically made within 30 days. After reaching a benefit eligibility determination, a member of the team will contact you to discuss the decision and to answer any related questions.

5

Start receiving payments or reimbursements

If your claim is approved and after any applicable elimination or deductible period, has been met, you will start receiving benefit payments. You may need to submit proof of your loss, depending on your LTC plan.

6

Change in care

If your level of care changes (e.g., moving to a facility or back to home, a change in care levels, etc.), a full benefit and provider eligibility review must be completed. Call **LTC Claims at the number below** as soon as it is known that a change in care level is expected to ensure you're receiving appropriate benefits and avoid delays.

Questions? Contact a LTC Claims service representative at 1-888-320-8741 (or 1-800-541-2251 for New York policyholders). Representatives are available Monday through Thursday, 7:30 a.m. to 5 p.m. Central time, or Friday 8 a.m. to 5 p.m. Central time.

Issued by RiverSource Life Insurance Company, Minneapolis, Minnesota, and in New York only, by RiverSource Life Insurance Co. of New York, Albany, New York. Variable products are distributed by RiverSource Distributors, Inc., member FINRA. These companies are affiliated with Ameriprise Financial Services, LLC.

118296 C (5/25)