

CONTACT INFORMATION:

BLUECROSS BLUESHIELD - HEALTH INSURANCE

Contact the Customer Service Center at the number shown on your health plan ID card for questions

- **Website:** www.bcbsnc.com

METLIFE - DENTAL INSURANCE

- **Customer Service:** 1-800-438-6388
- **Website:** www.metlife.com/mybenefits

EYEMED - VISION INSURANCE

- **Customer Service:** 1-866-804-0982
- **Website:** www.eyemed.com

SUN LIFE - LONG-TERM DISABILITY

- **Customer Service:** 1-800-247-6875
- **Website:** www.sunlife.com/us

SUN LIFE - GROUP TERM LIFE INSURANCE

- **Customer Service:** 1-800-786-5433

HEALTH EQUITY - HEALTH SAVINGS ACCOUNT

- **Customer Service:** 1-866-346-5800
- **Website:** www.myhealthequity.com

AMERIFLEX - FLEXIBLE SPENDING ACCOUNTS

- **Customer Service:** 1-888-868-3539
- **Website:** www.myameriflex.com
- **Claims Mailing Address:** P.O. Box 269009, Plano, TX 75026

MANAGE YOUR ACCOUNT ONLINE OR DOWNLOAD THE MYAMERIFLEX MOBILE APP

- Check your Balance
- Submit a Claim
- Check Claim Status
- Mark Your Card Lost or Stolen

LEGAL RESOURCES - LEGAL SELECT PLAN

- **Customer Service:** 1-800-728-5768
- **Website:** www.legalresources.com

TO VIEW YOUR BENEFITS ONLINE

Visit www.piercergroupbenefits.com/piercergroupbenefits

For additional information concerning plans offered to employees of Pierce Group Benefits, please contact our Service Center at 1-888-662-7500, ext. 100

COLONIAL LIFE

VISIT COLONIALLIFE.COM TO SET UP YOUR PERSONAL ACCOUNT

- **Website:** www.coloniallife.com
- **Customer Service & Wellness Screenings:** 1-800-325-4368
- **Claims Fax:** 1-800-880-9325
- **TDD for hearing impaired customers call:** 1-800-798-4040

If you wish to file a Wellness/Cancer Screening claim for a test performed within the past 18 months, you need the name and date of the test performed as well as your doctor's name and phone number. Colonial also needs to know if this is for you or another covered individual and their name and social security number. You may:

- FILE BY PHONE! Call 1-800-325-4368 and provide the information requested by Colonial's Automated Voice Response System, 24 hours per day, 7 days a week, or
- SUBMIT ON THE INTERNET using the Wellness Claim Form at www.coloniallife.com, or
- Write your name, address, social security number and/or policy/certificate number on your bill and indicate "Wellness Test." Fax this to Colonial at 1-800-880-9325 or MAIL to PO Box 100195, Columbia, SC 29202

If your Wellness/Cancer Screening test was more than 18 months ago, you must fax or mail Colonial a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.

Please Note: If your cancer policy includes a second part to the screening benefit, bills for tests covered and a copy of the diagnostic report (reflecting the abnormal reading of your first test) must be mailed or faxed to us for benefits to be provided.

When you terminate employment, you have the opportunity to continue your Colonial coverage either through direct billing or automatic payment through your bank account. Please contact Colonial at 1-800-325-4368 to request the continuation of benefits form.

