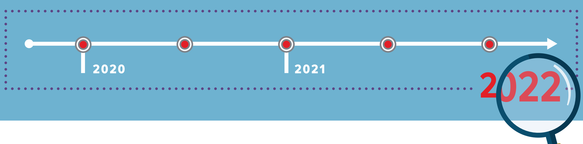
RGA Global COVID-19 Claims: Trends to Watch

Drawing on responses from 61 major health and life insurers around the world, RGA's Global Claims COVID-19 Pulse Survey reveals how claims functions are responding to the pandemic and forging a new future.



TREND #1 - Respondents Reported Increased Claims Volumes due to COVID-19

7 OUT OF 10 Seven of 10 claims teams saw increases in claims amid the pandemic.

36% reported a significant increase in claims volume. Mortality products were the largest area of claims, followed by health and disability income.

TREND #2 - COVID-19 Forced Insurers to Adapt Claims Evidence Requirements

49% OF INSURERS temporarily (and sometimes permanently) altered standard evidence requirements to adapt to social distancing mandates and lockdowns:

- **28%** waived or adjusted documentation requirements
- **21%** accepted consumer-supplied evidence (versus a third-party)
- **21%** accepted tele-health results

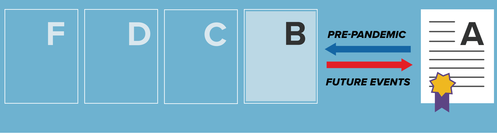
TREND #3 - The Claims Function was Under Pressure Amid the COVID-19 pandemic

9 Insurers spent an *additional 9 days* from claims notification to final decision, taking up to 43 days on average.

- Disability Income (DI) providers identified an increase in fraud
- RGA's 2017 Global Fraud Survey estimated a 3-4% fraud increase overall and 8% for DI
- 85% of insurers developed COVID-19-specific reporting

LOOKING AHEAD

Insurers believe that they are better positioned to deal with future events and overall preparedness.



OTHER RESOURCES

Some adaptations and implications to COVID-19 also seem likely to linger. For example, managing long COVID claims will require discipline and a deep understanding. Learn more about RGA's long COVID toolkit.

Also, view our analysis of the claims accommodations that may outlast COVID-19.

At RGA, we are eager to speak with clients about any support needed as the industry evolves. Contact us to learn more about RGA's claims insights or to access the full survey results.