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Ministry-Life Balance

Using the Claims Portal

This guide explains how to submit a reimbursement claim, upload documents, and choose the correct claim type.

Talent Trust

www.talent-trust.com

How does it work?

The claims portal lets you submit claims for treatment you have paid for. You can also upload supporting documents and check the status of claims you have already submitted.

Step-by-Step Guide

First-time Login

1 **Go to the Claim's Portal**

https://www.talent-trust.com/claimportal.html

2 **Click 'Create an Account'**

Please use the email address to which your confirmation of cover email was sent.

> **Note**: If the portal says your email is already registered, click '**Reset Your Password**'. This happens if you have submitted claims by email before.

Submitting a Claim

1 **Log in**

Use your registered email address and password.

2a **For a previously claimed condition**

- If the condition is already listed under '**My Claims**', please do not start a new claim.
- Click '**View Claim**', then click '**Add New Loss Item**'.
- For more detailed instructions, please see: **How to Add to an Existing Claim**.

2b **For a new condition**

- If the claim is for a new and unrelated medical condition, click '**Start New Claim**' on the homepage.
- For more detailed instructions, please see: **How to Start a New Claim**.

Please do not start a new claim for treatment related to an existing claim

For example, if you first claimed for knee pain and later had an x-ray, follow-up consultation, medication, or physiotherapy for the same knee condition, these should be added to the existing knee claim.

Important: Same condition = continue the existing claim

- Before submitting your claim, please check '**My Claims**' to see whether the medical condition is already listed in the portal.
- If your claim is for follow-up care, repeat medication, tests, physiotherapy, or any other treatment for the **same condition**, please open the existing claim and add the new documents there.
- Only click '**Start New Claim**' if the claim is for a **new and unrelated medical condition**.

This helps us keep related treatment together and review your claim more efficiently.

Note: Each medical condition in the portal has its own unique claim reference ID. This reference ID helps us track all invoices and documents related to the same condition.

What counts as a new condition?

A new condition is a different illness, injury, diagnosis, or set of symptoms that is not related to a condition already listed in the portal. For acute, non-continuous conditions, such as a new fever episode, you may start a new claim. If you are unsure whether treatment is related to an existing condition, please contact your Dedicated Agent before submitting your claim.

Choosing the Right Claim Type

Claim type	Use this when...
Accident / Injury	Treatment is needed because of a sudden accident or physical injury, such as a fall, cut, sprain, fracture, burn, or injury during an activity.
Illness	Treatment is for sickness, symptoms, pain, infection, or a diagnosis that is not caused by a specific accident or injury.
Maternity	The claim relates to pregnancy, childbirth, antenatal or postnatal care, or pregnancy-related treatment, where covered under your plan.
Compassionate Travel	Travel to visit a near relative who is near death or recently deceased, where this benefit is included in your plan.
Repatriation of Mortal Remains	Costs related to transporting an insured member's body or ashes, or eligible burial/ cremation costs, after death.
Preventative	Routine check-ups or screening tests when you do not have symptoms or specific medical concerns, including vaccination, preventative dental checks, digital health apps, and Counselling Care. If you have purchased the optional Dental benefit, preventative dental checks should be submitted under the Dental claim type.
Dental	Only select this if you have added the additional dental option to your plan. If you have purchased the dental option, preventative dental claims would fall under this benefit, not the preventative benefit.
Optical	Only select this if you have added the additional Vision Care option to your plan.

Important: Submitting a claim does not confirm cover or guarantee reimbursement. Claims are reviewed in line with your policy terms, benefits, limits, exclusions, medical necessity requirements, and any applicable excess, deductible, or coinsurance.

Documents to Prepare

Document	When needed	What it should show
Itemized invoice	Required for all claims	Provider name, patient name, treatment date, treatment description, diagnosis where available, cost breakdown, currency, and total amount.
Proof of payment	Required for all reimbursement claims	Receipt, card slip, bank transfer confirmation, payment confirmation, or invoice stamped “paid”, showing the amount paid, date paid, and provider paid.
Medical report or doctor notes	Required where relevant	Diagnosis, symptoms, treatment provided, and reason for treatment. This may be needed for specialist care, scans, tests, procedures, ongoing treatment, or when the invoice does not show the diagnosis.
Prescription	Required for medication claims	Medication name, dosage where available and prescribing doctor.
Referral letter	Required where your policy asks for a referral	For example, physiotherapy, occupational therapy, psychiatric treatment, chiropractic care, acupuncture, or other referred treatment.

File upload tip: Please upload clear and complete documents. Blurry photos, cropped invoices, missing totals, or uploading multiple files at once may delay your claim review.

Pre-authorization reminder: Some treatments need approval before treatment, such as planned hospital admission, planned surgery, evacuation, PET/CT-PET scans, or planned outpatient treatment over USD 1,000. Please contact us first if you are unsure.

Should I Start a New Claim or Add to an Existing Claim?

Simple rule:
Same condition = use the existing claim
New unrelated condition = start a new claim

Situation	What to do	Example
Follow up treatment for the same condition	Open the existing claim and click "Add New Loss Item"	Follow-up consultation for back pain already listed in the portal
Medication refill for the same condition	Open the existing claim and click "Add New Loss Item"	Blood pressure medication for an ongoing hypertension claim
Test or scan for the same condition	Open the existing claim and click "Add New Loss Item"	Ultrasound requested after the same abdominal pain consultation
Physiotherapy or rehabilitation for the same injury	Open the existing claim and click "Add New Loss Item"	Physiotherapy after a knee injury
New and unrelated illness or injury	Click "Start Your Claim"	Eye infection when your previous claim was for dental treatment
Two or more separate conditions treated in the same visit	Where possible, make a note of the treatment costs associated with each condition, and separate into two (or more) different claims. Please contact us if you need assistance with this.	A GP visit for hypertension and a separate stomach infection

Common Issues That Delay Claims Processing

Please avoid	Why this matters
Starting a new claim for every invoice for the same medical condition	This may separate related treatment records and slow down the claim review.
Submitting an invoice without proof of payment	We usually need proof that you have paid before we can reimburse you. Please note that a hospital bill is not proof of payment; we also need a statement or receipt showing your payment.
Combining unrelated conditions under the same claim	Each new and unrelated condition should be submitted as a separate claim.
Uploading unclear or incomplete documents	Missing dates, patient names, provider details, invoice totals, or payment details may cause delays.

Need Help?

Please contact your Dedicated Agent directly or email **info@talent-trust.com**.

The challenges of mission life can limit the impact of a missionary's ministry. Talent Trust provides missionaries with resources to stay physically, mentally, and financially healthy, so they can thrive as long as needed in their calling.

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