sprout.ai

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AI FOR LIFE & PROTECTION INSURANCE CLAIMS

Turning a large volume of unstructured claim information into an eligibility decision, tested against the definition

OVERVIEW

Filter through every claim and assess it against the policy, regardless of volume or complexity

Life claims often arrive at a difficult moment. How they are handled matters. Sprout.ai works alongside adjusters to bring together the evidence, relevant policy definitions, cited policy pages and reasoning behind its recommendation. This gives adjusters the context they need to make informed decisions, while giving them more time to focus on the person making the claim and the conversations that matter.

Life and protection claims come with large volumes of highly specific information, from medical records and treatment histories to death certificates, hospital records and other supporting evidence. The challenge is bringing that information together and understanding what matters for the individual claim and then applying to the relevant policy definition. The answer is rarely found on a single page. It comes from reconstructing what happened, in the right sequence, and then establishing whether those facts meet the policy definition.

Sprout.ai establishes what happened from the documents. It sets out what the evidence supports and where it conflicts, then tests the result against the definition that governs the claim. Where the evidence does not support a decision, the Sprout.ai UI flags this and names what is missing. Where it does, it returns the eligibility position, the relevant policy clause and page reference, and the reasoning behind the recommendation.

Sprout.ai recommends. Your adjuster decides. Every recommendation carries the evidence considered, the definition applied and the reasoning, so any outcome can be reviewed, overridden, or explained to a beneficiary or a regulator.



THE CHALLENGE

Adjuster time is spent on assembling the evidence, not on understanding it. That caps how many claims a team can review, and it puts the pressure on the part of the work where their expertise really matters.



Nothing can be automated by extracting fields.
The claim is decided by an adjuster's understanding.

The policy wording holds the context that decides the claim

Whether a claim pays turns on clinical language written into the contract. Invasive versus non-invasive, permanent versus temporary, the specific severity threshold that has to be met. These are matters of interpretation, every one of those calls is made by a person reading the wording against the evidence, one claim at a time.

Contractual and statutory clocks decide claims that would otherwise pay

Contestability windows, waiting periods before an illness is covered, and statutory limits on how late a claim can be made can all affect the outcome of a claim. Each depends on establishing the right date from the evidence, before it can be applied to the policy terms. The clinical facts may support one outcome, but the relevant dates and policy terms can change the decision.

Some claims cannot be determined on what has been submitted

Records can be incomplete, certificates delayed, or the cause of death unclear. Sprout.ai recognises when there isn't enough evidence to make a decision, rather than filling the gaps with assumptions. That means life claims can be assessed with greater consistency, while keeping human review where it is needed.

The answer is spread across a history, not stated in a document

Tracing how a condition developed, when symptoms first presented, whether this is a recurrence or a new event, which treatment followed which diagnosis, means reconstructing years of records written by different clinicians for different purposes.

What a claim needs depends on the circumstances

For families dealing with a death, the claims process can require different supporting information depending on the circumstances, from medical and employment records to a death certificate or post-mortem report. Identifying what is needed early can reduce unnecessary back-and-forth during an already difficult time.

The answer depends on who picks up the claim

Your most experienced adjuster and your newest adjuster should reach the same answer on the same claim. When the record runs to hundreds of pages and the beneficiary is waiting, there is less time to review every detail thoroughly, and the depth and consistency of that review can vary between adjusters.

THE CHALLENGE

From claim data to decision

Claim dimension	What Sprout.ai contextualises	What it returns
Claim file	The document payload as it arrives, claim forms, medical records, certificates, forensic reports, identity and employment documents	What each document is, what it contains, and whether anything needed to reach a judgement is missing
Medical history	Years of clinical records, discharge summaries, specialist reports and referrals across the full file	A dated account of what happened, onset, diagnosis, treatment, progression, with each fact traced to the page it came from
Condition and definition	The history, against the illness definitions and benefit conditions in the contract	Whether the documented condition meets the definition, and the wording that says so
Cause and circumstances	Death certificates, post-mortem findings, police reports and toxicology results	The established cause and type of death, and any circumstance that qualifies or excludes cover
Cover and eligibility	Policy dates, waiting periods, contestability windows and statutory limits, against the established date of the diagnosis or death	Whether the claim falls inside cover, and which contractual clock applies to it

THE CHALLENGE

From claim data to decision

Claim dimension	What Sprout.ai contextualises	What it returns
Membership and employment	Membership records, employment status and leave records, as at the date of the diagnosis or death	Whether the person was covered under the policy at the time
Benefit calculation	Admission and discharge records, periods of care, limits and daily rates	The period that qualifies and the amount it produces
Consistency	Every document in the file, read against every other	Where names, dates, identifiers or clinical facts disagree across the record
Completeness	What was submitted, against what this particular claim needs	Whether there is enough to decide, or what is missing and who supplies it
Recommendation	All of the above, taken together	The recommended eligibility position, the definition applied, and the reasoning that connects them

HOW SPROUT.AI IMPROVES CLAIMS PERFORMANCE

The evidence connected to every claim. The same definition applied every time. Minutes of assessment, rather than hours.

How can life insurers get a full evidence assessment on every claim without adding adjusters?

Sprout.ai runs a set of specialist AI agents on every claim, each assessing a different dimension, and summarises their findings into a single eligibility recommendation. The pipeline is built from Sprout.ai's core AI agent building blocks, tuned to the demands of life and protection assessment.

Assessed against an insurer's own decisions.

As adjusters provide feedback, the Sprout.ai models are tuned to individual insurer definitions and to how their team applies them.

And so the assessment itself gets shorter.

The work Sprout.ai removes, reading the file end to end, building the history, locating the facts the definition turns on, is the bulk of the time an adjuster spends before they can form a view. What remains is reviewing a recommendation with its reasoning attached: on a critical illness claim, an assessment measured in minutes rather than hours. Sprout.ai has seen results of up to 90% time reduction in claim triage and assessment.

The AI agents that run on a life claim

Extraction and evidence AI agent

Takes the claim pack as it arrives and works out what it is holding including claim forms, medical records, certificates, forensic reports, identity and employment documents, then reads each for the facts that matter to a life claim. What it extracts from a toxicology report is not what it extracts from a discharge summary. It confirms the file is complete against what the claim requires and identifies what is missing.

Medical history AI agent

Reads the full clinical record, however long, and reconstructs it as a chronological account: when symptoms first presented, what was diagnosed and when, what treatment followed, which specialists were involved. Every fact is tied back to the page it came from, and contradictions across the record are surfaced rather than silently resolved.

Evidence analysis AI agent

Establishes what the evidence actually supports. Cause and type of death from the certificate and any post-mortem. Circumstances that qualify cover, the findings in a police report, a positive toxicology result, a licence that had expired on the date of the accident. Membership and employment status as at the date of death for scheme claims. Identity and clinical facts are checked across every document in the file.

Triage AI agent

Decides whether there is enough here to reach an eligibility position at all, with the evidence required determined by what the file already shows, a death from other than natural causes calls for a post-mortem, a death in a road accident calls for a licence and a toxicology result. Where the file falls short, it returns more information needed and names the specific gap and who supplies it, rather than forcing an answer the evidence cannot carry.

Policy and eligibility AI agent

Tests the reconstructed history against the definition that governs the claim, then applies the terms around it including waiting periods, contestability windows, statutory limits, exclusions, and the benefit conditions that determine the amount. Returns the eligibility position, the wording it rests on, and the reasoning behind it.

The recommendation

The AI agents' findings resolve into one output per claim: the recommended eligibility position, the definition applied, the evidence considered, and the reasoning that connects them, traceable back to the document and page it came from.

THE KPIS SPROUT.AI MOVES

- Eligibility decision accuracy
- Decision consistency
- Override rate
- Touch time per claim
- Claims turnaround time
- Information request rate
- Claims per adjuster
- Cost per claim
- LAE / ALAE

Up to

90%

faster claim assessments, with the evidence and reasoning adjusters need summarized to review and act on the decision



From

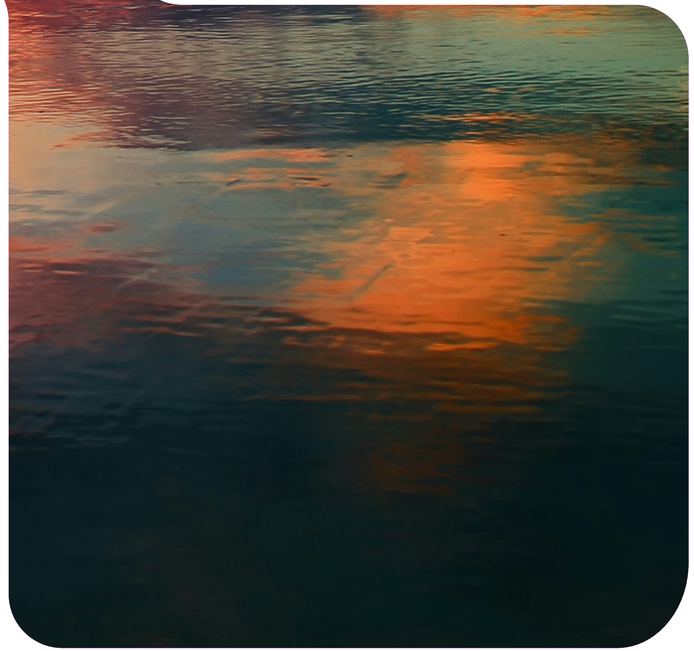
70+

days, to reaching an adjuster in minutes, with the history reconstructed and reasoning backed by cited evidence



5 specialist AI agents

run on every claim (extraction, medical history, evidence analysis, triage, and policy and eligibility), with each recommendation traced back to the source page.



FREQUENTLY ASKED QUESTIONS

AI for Life and Protection Claims

Q. Can AI actually decide whether a condition meets a policy definition?

A. Yes. Sprout.ai assesses the claim against the relevant policy definition, providing clear reasoning and cited policy pages to show how the conclusion was reached. It works alongside adjusters, completing the assessment up to 90% faster and giving them the evidence they need to review and act on the decision.

Q. Does automating the assessment mean AI decides the claim?

A. No. Sprout.ai returns a recommendation with the definition applied, the evidence considered and the reasoning. Your adjuster agrees, disagrees, or overrides, and makes the decision. You configure which recommendations require review before they take effect.

Q. How does it handle a medical record that runs to hundreds of pages?

A. It reads all of it. Sprout.ai reconstructs the record as a dated clinical history, onset, diagnosis, treatment, progression, with every fact tied back to the page it came from, and flags where the record contradicts itself. Adjusters spend their time deciding rather than reading.

Q. How does it handle waiting periods, contestability and time limits?

A. As part of the eligibility assessment. Sprout.ai establishes the date of the diagnosis or death from the evidence rather than from the claim form, then tests it against the terms that depend on it, waiting periods before an illness is covered, contestability windows, and statutory limits on how late a claim can be brought.

Q. What happens when the file is not complete enough to decide?

A. Sprout.ai returns more information needed and names the specific gap. What is required is worked out from the claim itself rather than a fixed checklist, a death from other than natural causes calls for a post-mortem, a death in a road accident calls for a licence and a toxicology result. That means the family is asked once, for the right things, rather than repeatedly.

Q. How does Sprout.ai support oversight and regulatory review?

A. Every recommendation records the evidence considered, the definition applied, the reasoning, the role of Sprout.ai and the role of the adjuster. That gives you a traceable record of who did what, why and when. Any outcome can be reviewed, explained to a beneficiary, or reconstructed for a regulator.

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About Sprout.ai

Sprout.ai is a London-headquartered global technology company transforming insurance claims with AI-powered automation and decision intelligence. Since 2018, Sprout.ai has partnered with leading insurers, MGAs, and TPAs across major markets to deliver real-time, accurate, fair, and compliant decision-making at scale. Customers include AXA, MetLife, AdvanceCare, and Total Scholastic Solutions (TSS).

With proven and rapid enterprise deployment, Sprout.ai helps insurance teams boost efficiency, strengthen compliance, and deliver exceptional customer experiences. Sprout.ai injects intelligence into insurance claims - changing insurance, for good.

Changing insurance, for good.

Contact our claims experts for more information

Contact us

Book a demo

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