

Smart Claims, for life insurance

AI-assisted life claims that connect efficient processing, beneficiary care and financial control.

[Explore capabilities →](#)

[Business value →](#)

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AegisNow Smart Claims + Cortex AI + Genellipse

More time for the claimant

Give the life claims examiner a prepared file, a clear exception queue and authority to challenge AI.

AI prepares

Organize evidence, summarize the file and flag missing facts.

People decide

Review coverage, resolve uncertainty and explain the outcome.

One file across the claims journey

Connect claim notification, policy verification, benefit assessment and payment.

01

Receive and verify

Record the insured event, match the life policy and identify missing evidence.

AI assists the work; recorded authority governs consequential actions.

02

Assess and decide

Prepare the file; route uncertainty to an authorized reviewer.

03

Settle and learn

Record payments, recoveries, communications and review findings.

AegisNow holds the claims record

Cortex AI prepares the work; Genellipse connects data, controls and operating teams.

01

AegisNow

Claim state, coverage, authority, reserves and payment records.

02

Cortex AI

Source-linked assistance, task proposals and governed actions.

03

Genellipse

Integration, data quality, control design and accountable delivery.

Scope GeneData, GeneComply and GeneSecure integrations to the selected workflow.

A clearer life claim notification

Reduce repeated entry while preserving the source and uncertainty of each fact.

01

Capture once

Insured event date, policy number, beneficiary details and reporting channel.

Document extraction and channels are configured and validated for the engagement.

02

Assist the examiner

Extract and summarize documents with a link to the source.

03

Control the write

Check duplicates and confirm material facts before applying changes.

Review the terms that applied

Verify the life policy and terms in force at the insured event date.

01

Correct contract

Resolve the relevant life policy, riders and effective dates.

A summary or similarity score is not a coverage determination.

02

Evidence-led review

Show the benefit, exclusions, conditions and evidence for each check.

03

Escalate ambiguity

A life claims examiner resolves disputed facts and interpretation.

Put expertise where it is needed

Use signals to prioritize work, with clear routes for exceptions and urgent customer needs.

01

Routine preparation

Organize documents, suggest tasks and prepare a file summary.

02

Specialist referral

Route complex, litigated or suspicious cases to qualified teams.

03

Customer care

Escalate vulnerability, distress and time-sensitive needs.

Proposed operating design. AI priority does not determine benefit entitlement.

Resolve beneficiary uncertainty

A life claim contains conflicting beneficiary records that need careful review.

AI prepares the evidence

Compares policy records, change requests and supporting documents.

A specialist resolves the case

Verifies entitlement and documents the decision before benefit payment.

Illustrative life insurance workflow. Disputed entitlement requires authorized review.



A Life claim handled with care

Make the beneficiary's next step clear while protecting sensitive evidence.

AI organizes evidence

Summarizes the policy record and flags missing documents.

The examiner decides

Verifies entitlement and resolves complex or disputed questions.

Illustrative journey. Use authorized data and sensitive-data access controls.



Investigate signals, not assumptions

AI can surface patterns; trained investigators determine what the evidence supports.

01

A reason to look

Explain the anomaly and show the underlying records.

Evaluate false positives and the impact of SIU referrals.

02

Authorized review

A specialist tests alternative explanations and records findings.

03

Protect the claimant

Do not equate a signal with fraud or use it alone to deny.

Keep the financial position traceable

Connect case reserves, payments and recoveries to the claim they belong to.

01

Reserve movements

Record the amount, reason, author and linked payment.

02

Reinsurance recoveries

Prepare life claim notices and supporting evidence under the applicable treaty.

03

Finance reconciliation

Compare the claim, movement ledger and accounting records.

Reserve assistance does not replace authorized reserving judgement.

A reviewed decision before money moves

Separate a proposed life benefit payment from an authorized disbursement.

01

Validate the amount

Check the payable benefit, policy conditions and prior payments.

02

Verify authority

Confirm the reviewer, payee and approval requirements.

03

Reconcile the result

Link payment, reserve movement, finance and disbursement status.

Payment connectors, segregation of duties and fraud controls require acceptance testing.

A draft is not a delivered notice

Keep clear distinctions between preparation, approval, transmission and delivery.

01

AI drafts

Prepare an explanation grounded in the reviewed file.

02

People approve

Check accuracy, tone, reasons and the route to challenge.

03

Delivery is evidenced

Record provider acknowledgement, failures and follow-up.

Apply jurisdiction-specific rules; confirm deadline triggers and calendars.

Human review with real authority

The reviewer sees the evidence, can reject the proposal and owns the recorded decision.

01

Before review

AI supplies sources, uncertainty, exceptions and proposed next steps.

02

During review

An authorized person challenges, corrects, approves or escalates.

03

After review

Record the rationale, model version, changes and communication.

AI-influenced adverse actions require the applicable authorized review.

Prevent an unsupported answer from acting

Use original evidence, controlled tools and test cases that include uncertainty.

01

Claims owner

Require source-linked facts; escalate contradictions and missing terms.

02

AI lead

Test extraction, summaries and unsupported statements before release.

03

Release gate

Block writes when required evidence or approval is absent.

Proposed mitigation plan. Confidence alone is not proof of correctness.

Protect the person behind the claim

Evaluate fairness, privacy and information security as part of the workflow.

01

Compliance owner

Review permitted data, outcome disparities and consumer recourse.

02

Security owner

Restrict access, scan files and test cross-case data leakage.

03

Claims supervisor

Review adverse actions and investigate repeated complaints.

Genellipse configures controls with the insurer's accountable owners.

Design for the exception and the outage

Control duplicate actions, missed deadlines and an unavailable AI service.

01

Operations owner

Monitor ageing and staff a manual exception queue.

02

Finance owner

Reconcile ledger movements and stop duplicate disbursement.

03

Technology owner

Test retries, failover and a controlled return to service.

Agree alert thresholds, on-call ownership and escalation times before launch.

Stop, investigate, recover and learn

A material control failure triggers a rehearsed response.

01

Contain

Disable affected actions and preserve the claim and AI records.

02

Resolve

Assess affected files; correct errors and arrange required notices.

03

Resume carefully

Retest controls; obtain owner approval and monitor recurrence.

Proposed playbook. Genellipse supports investigation and remediation.

Measure efficiency and outcome quality

Compare equivalent claims and include the human review work that remains.

01

Efficiency

Handling minutes, queue time, repeat contacts and rework.

Compare equivalent life claim types and complexity; do not reward unjustified denials.

02

Customer outcomes

Complaints, appeal reversals and clarity of communication.

03

Control quality

Coverage errors, payment exceptions and review completeness.

Capacity released, with the costs visible

Illustration: 5,000 life claims per month; handling time falls from 40 to 28 minutes.

01

1,000 hours / month

5,000 × 12 net minutes ÷ 60;
includes remaining human
review.

02

CAD 60,000 / month

Illustrative capacity value at
CAD 60 per loaded hour.

03

CAD 35,000 / month

Capacity value less CAD
25,000 recurring cost; before
setup costs.

Illustrative assumptions, not achieved ROI. Capacity becomes cash savings only when costs reduce.

Improve the journey around the core

Begin with controlled interfaces to existing policy, document, finance and payment systems.

01

Read and reconcile

Map identifiers, source ownership and policy versions.

02

Control each write

Use approved APIs, duplicate-safe retries and reconciliation.

03

Expand in stages

Release one workflow; retain rollback and manual continuity.

Genellipse scopes connectors and avoids a compulsory full-core replacement.

A focused life claims MVP within six weeks

Select one life product, one claim journey and measurable acceptance criteria.

01

Weeks 1–2

Baseline the work; agree data, authority, risks and integrations.

Scope, authorized access, client reviewers and dependencies must be agreed.

02

Weeks 3–4

Configure and test the assisted workflow in a controlled environment.

03

Weeks 5–6

Run reviewed cases; measure results and prepare the rollout decision.

Prove the workflow with difficult cases

Accept the release on evidence of both useful assistance and working controls.

01

Claims and finance

Correct terms, benefits, reserves and reconciled payments.

02

People and controls

Authorized review, safe failures and complete decision records.

03

Service and value

Measured time, acceptable rework and a supported claimant journey.

Genellipse and the insurer agree a named owner for every acceptance criterion.

Make your next claim easier to handle

Bring one life claims journey, its delays and its control requirements. We will map the opportunity together.

Genellipse + your claims team

A shared roadmap, accountable delivery and evidence of value.

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