

SEDGWICK'S DIGITAL EXPERIENCE



People first.
Tech forward.
Data driven.



Technology that works with you, and for you

Sedgwick takes a people first, tech forward and data driven approach to claims. This formula is critical to our strong foundation and enables us to provide cost-effective solutions to meet your needs.

Our expert team, proprietary technologies and unparalleled industry data enable us to provide a powerful, seamless and ideal digital claims experience. Our systems are built around advanced market-facing claims tools that support every aspect of our services — and make the client and consumer the focus at every step.

With **mySedgwick**, **smart.ly** and **viaOne**, we continue to innovate. Using emerging technology, we're looking deeper into the details of a claim, case or exposure and identifying trends to predict and influence next steps throughout the process. We're automating, analyzing and visualizing claims details to tell a more complete, transparent data story, to give a complete view of your program, and to drive faster resolution, overall satisfaction and lower total cost of risk.

As technology continues to transform our industry, Sedgwick is leading the charge.

With **Sidekick** — an industry-first integration of OpenAI's ChatGPT technology with our established claims tools — we're exploring the impact of generative AI performance and natural language processing on tasks such as claims document summarization, data classification and analysis. Sidekick is designed to help our claims professionals gain value from information more quickly, relay it back to clients efficiently, and dedicate more time to the people whose care is entrusted to them. For clients, it can bring better quality outcomes, faster resolution and decreased claims costs.

The Sidekick+ logo is centered within a white circle that is itself inside a larger blue circle. The text "sidekick" is in a dark blue, lowercase sans-serif font, and the "+" symbol is in a lighter blue, positioned slightly above the end of the word.

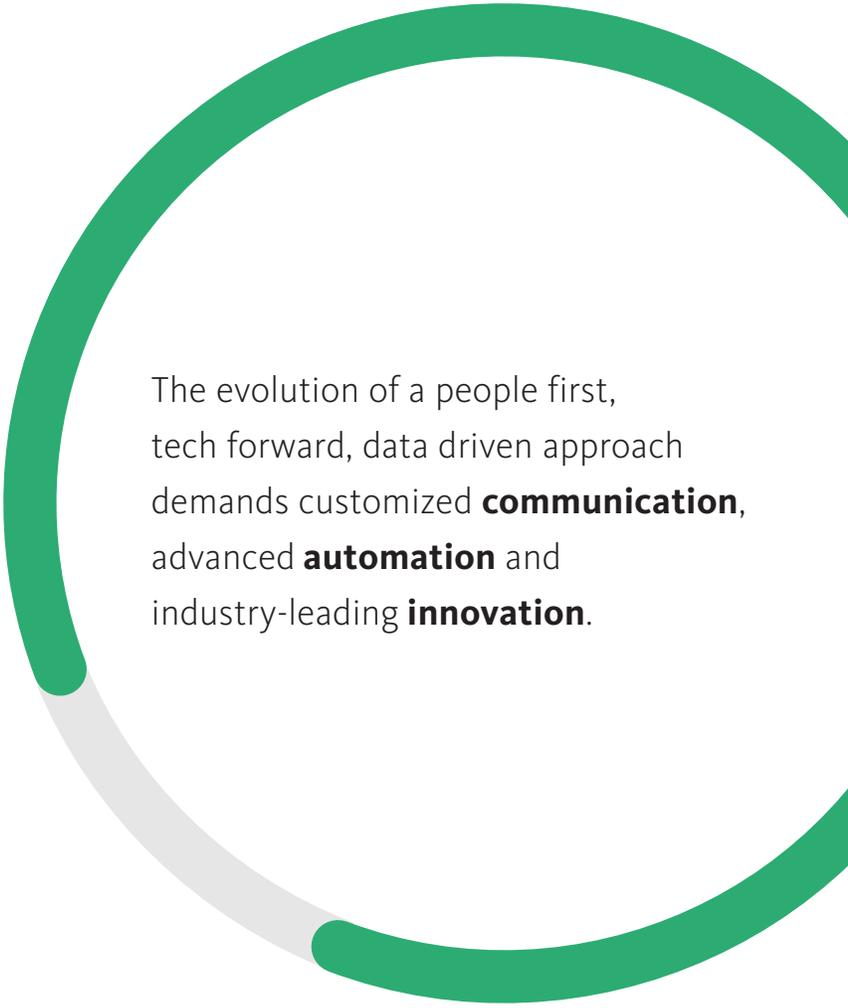
sidekick⁺

People first

Sedgwick believes that caring counts. When an employee is injured or ill, or is facing a life event, we make sure they have the resources needed to recover and return to work — listening to their questions, acting with empathy, setting expectations and assisting at every turn. We also provide essential support to property owners, auto owners and those addressing liability concerns, recalls or other claims and incidents. Regardless of the size of the need or scope of the damage, our mission is to get policyholders back to pre-loss status quickly and smoothly.

Tech forward

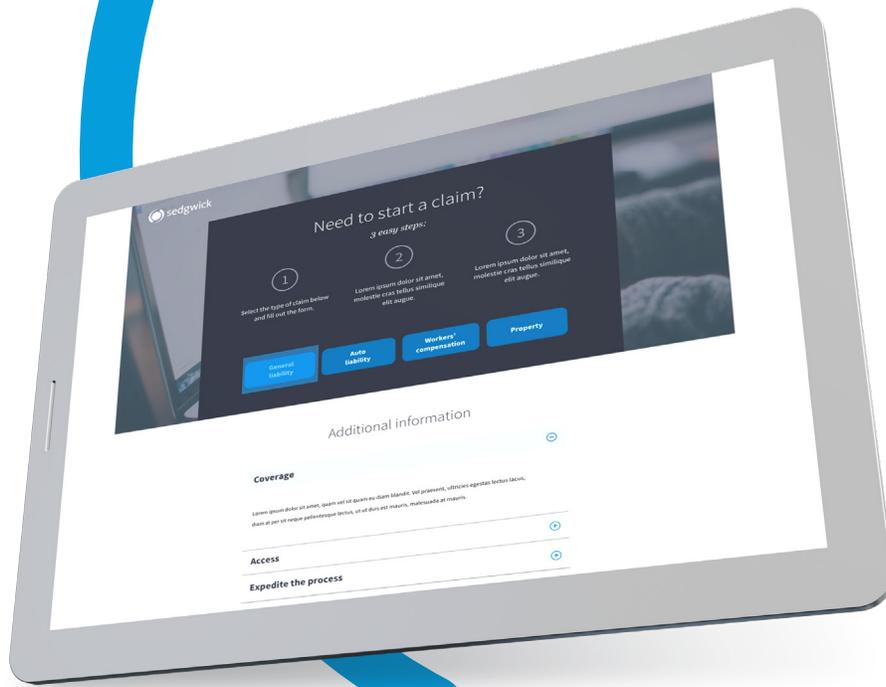
As technology transforms our industry, Sedgwick is leading the charge. We're using tools like artificial intelligence, machine learning, data science and robotic process automation to improve our solutions, processes and possibilities. But the real value of these lies in the ways they support people; insurtech can't succeed without a human touch. Technology enables our colleagues to do their best work and binds us together in fulfilling our commitment to care. It also supports the people who turn to us in a time of need — making it simpler to file a claim, faster to triage and move claims to resolution, and easier to stay informed every step of the way. As we anticipate the direction and needs of the marketplace, our goal is finding fresh ways to use tech to provide the experience and results you and your stakeholders expect and deserve.



The evolution of a people first, tech forward, data driven approach demands customized **communication**, advanced **automation** and industry-leading **innovation**.

Data driven

Accurate and actionable data is invaluable for any program — powering decision-making, automation and the ability to improve outcomes. The amount of data we hold and how we use it to benefit our clients and partners is one of the many differentiators that sets Sedgwick apart. Our extensive and diverse data set allows for sophisticated predictive analytics, industry benchmarking and data analysis that can clearly pinpoint trends, identify cost drivers and track performance metrics.



smart.ly

One platform, endless possibilities

Designed to smartly address a range of high-volume incidents or claims events, Sedgwick's flexible intake platform – smart.ly – integrates advanced technology behind the scenes so that the intake process is simple to the end user.

Multilingual and available to deploy anywhere in the world, smart.ly can take on a wide range of scenarios. Its intelligent capabilities, real-time system interactions, integrated artificial intelligence (AI), optical image analysis and robotic process automation combine the latest technology, enabling automated adjudication of claims and fulfillment of processes. Intuitive scripts make it easy to report an incident, and new scripts can be created within a matter of hours, making it highly adaptable.

Agile, efficient and clever, smart.ly is powered by an embedded intelligent engine and guided by a rules-based structure. No matter your claims, event intake or processing challenge, smart.ly is ready to serve you today and into the future.



Incident and claim reporting for a broad spectrum of claims and events



Auto processing for no-touch, low-touch or fast track claims



Reporting and resolution of customer service matters



Low-cost property or goods damage claims



Vaccination tracking



Health plan incentives tied to wellness programs

Individualized approach

Smart.ly can be customized to address the unique needs and challenges of each client, adding familiarity for customers, managers or other users.

The platform's smart engine can be configured for individual programs with client-specific data fields and document requirements. These customizations can include a custom-branded landing screen and messaging; personalized scripting, question labels and data fields; and connectivity with other data sources for validation.

Speed of resolution makes a big difference for the person behind each claim, loss or event. And we help our clients move

quickly. Another key feature of the smart.ly platform is that it can be implemented in a matter of hours, not days. That makes it an ideal channel for high-profile and time-sensitive events like product recalls or other scenarios, such as warranty, travel and motor claims or fulfilling other customer service needs.



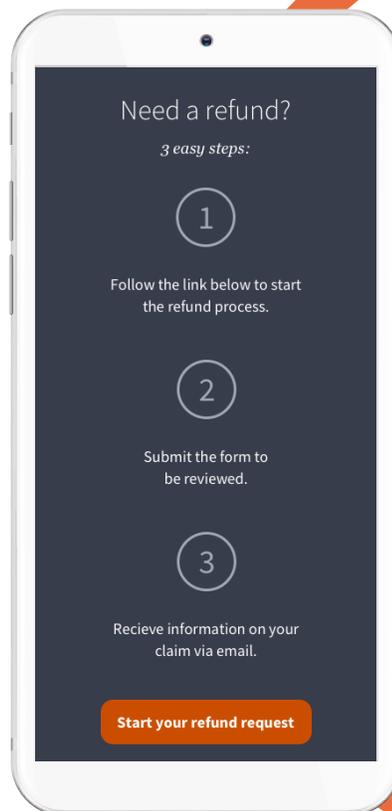
Multiple channels for claims and incident intake, including mobile-responsive sites and a new application programming interface (API) first notice of loss (FNOL) option



Flexible data dissemination, dispersing information to stakeholders and systems in real time



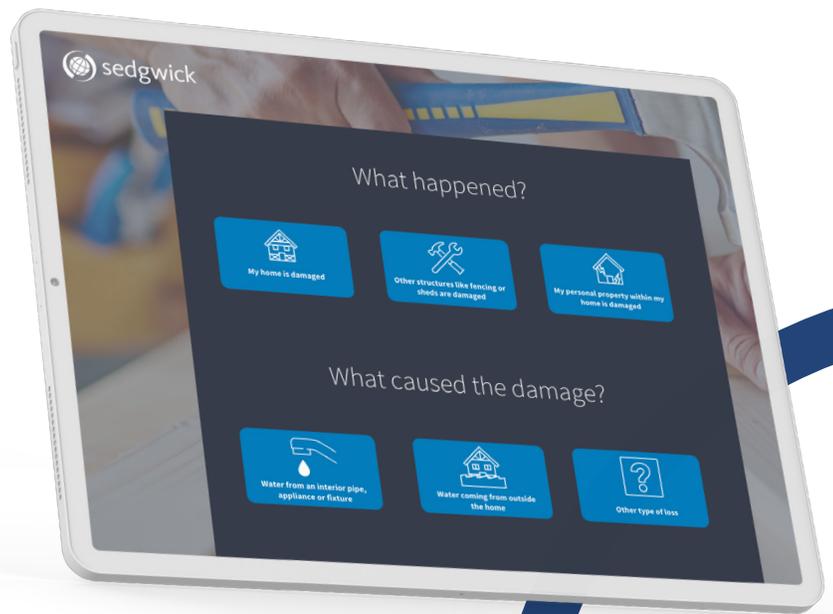
Integrated AI for optical image analysis that can be used for automated decisions



Intuitive scripting

Gathering all the information we need to start the claims process is easy, thanks to intuitive scripting and reflexive questions.

Through smart.ly, customers, managers and other users can securely and simply log in to file new claims. Our cloud-hosted platform then guides them through a series of questions that request the appropriate information. Intuitive scripting ensures each question connects logically to the next, collecting only the data relevant to that specific event. Smart.ly also offers each user a selection of dates, drop-down and picture menus to facilitate the entire claims, loss or event filing process. In some cases, this process allows issues to be resolved instantly online.



Provides on-demand incident or claims submission, or inquiry capabilities



Facilitates high-end digital claims triage and assessment of the data or loss



Provides a configurable and dynamic online form tailored to the client's requirements, with situation/loss-specific questions based on the respondent's answers



Contains API connection modules for simple extraction of data from remote systems



Offers secure access for authorized clients and vendors

Interacting with APIs

Smart.ly leverages APIs to securely exchange information with external sources to validate requests and accelerate resolution.

Claims, loss or event details can be fed directly and securely to another system. Information from approved vendor systems or data sources — such as policy repositories for coverage verification, weather services for point-in-time conditions, fraud detection resources, building repair estimate databases and more — can be retrieved.

Using API technology, connections are carefully authenticated before routing to additional intake options or pushing information to an authorized party. The rapid exchange of information enabled by APIs streamlines data accessibility and ensures accuracy.



In 2023, more than

4.5 million

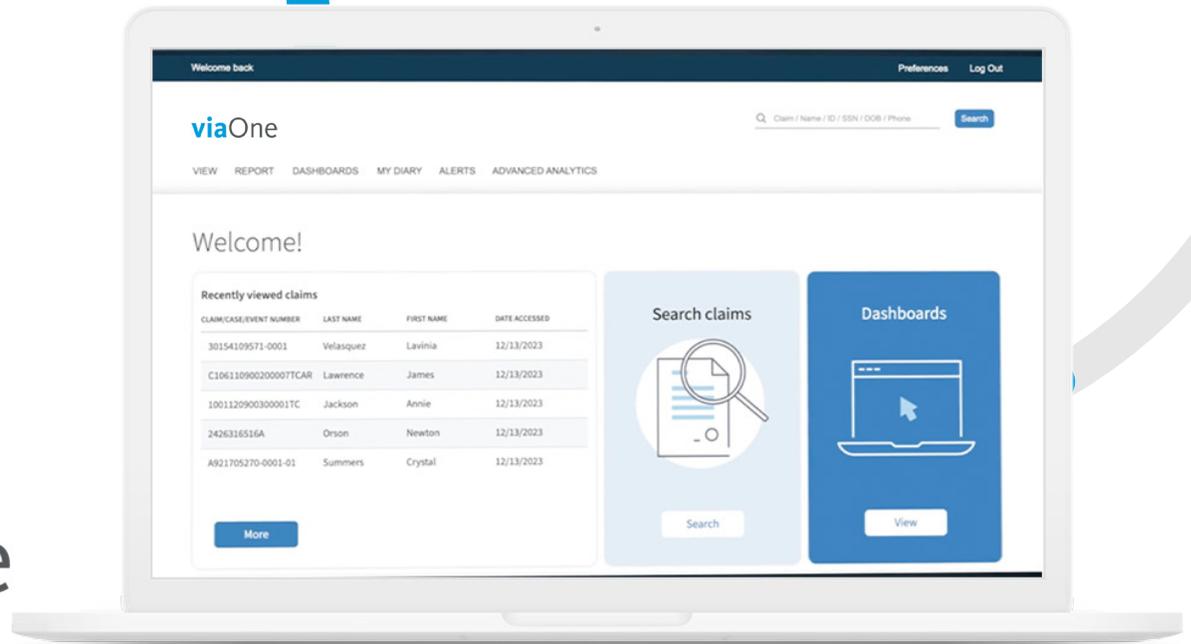
claims were reported through smart.ly.

A woman with glasses and a man are looking at a tablet together. The woman is on the left, wearing glasses and a dark top. The man is on the right, smiling and wearing a light-colored shirt. They are both looking at the tablet which is held by the man. The background is a blurred office setting with a grid pattern.

Smart.ly in action

The need for an expedited claims process takes on a new dimension and sense of urgency when a large-scale natural disaster or catastrophe occurs. Sedgwick developed a property insurance program to ensure fast payments during difficult times for policyholders impacted by a natural disaster, as declared by the U.S. Federal Emergency Management Agency (FEMA). For example, if a policyholder lives in an area that has been declared a natural disaster and experiences property damage, we can validate their eligibility and authorize a lump sum payment to get them moving quickly toward restoration. With smart.ly's ability to validate policy coverage, ensure damage was within the declared disaster zone, match uploaded photos — using geo-code logic — to the covered address and quickly process information, there is little need for on-site inspection. And settlement can happen on the first contact with the customer.

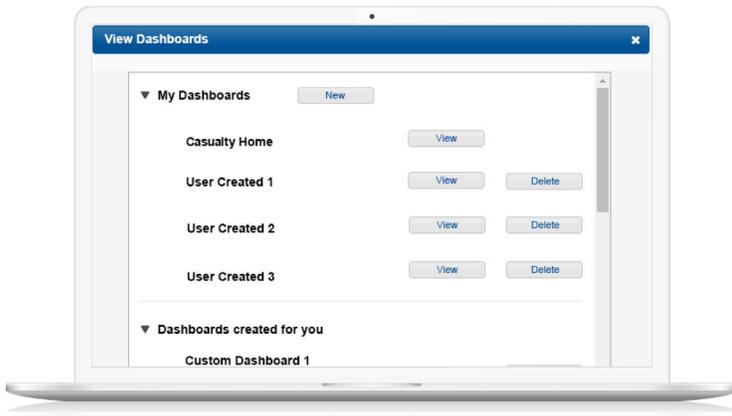
In the case of one retailer, we leverage smart.ly on a program that uses straight-through processing to enable auto adjudication of simple consumer claims. The company directs its claimants to log into a white-label, branded instance of smart.ly, tell us who they are and input relevant details about their product claim. Then, using an API to connect to the retailer's data, we validate eligibility and confirm what they've purchased in real time. We ask a few simple questions and send the claim through a decision engine, which results in auto approval about 28% of the time. Through a simple process and fast resolution, smart.ly is helping this retailer drive loyalty and customer satisfaction.



Easy-to-use information hub, simplifying data for clients and insurance carriers

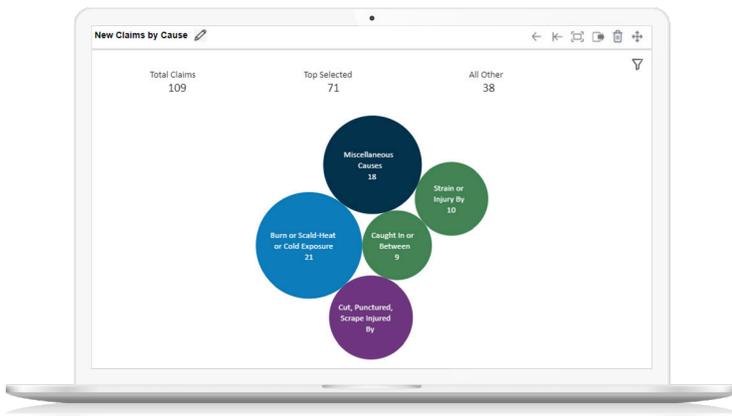
Our viaOne suite of tools is enhanced with new modern dashboard capabilities to show you real-time claims information like never before. With improved data visualization, users determine the path and depth of data they see. Through our secure website, clients can track and analyze key claims metrics, run standard and custom reports, set alerts, and monitor trends and performance for more informed decision making.

Our viaOne suite provides secure online access to real-time claims information that can support and augment the information in your human resources, risk management, policy or payroll system. Users have full visibility into every aspect of their claims programs. The core capabilities in viaOne are designed to make things easier for our clients and their employees and policyholders.



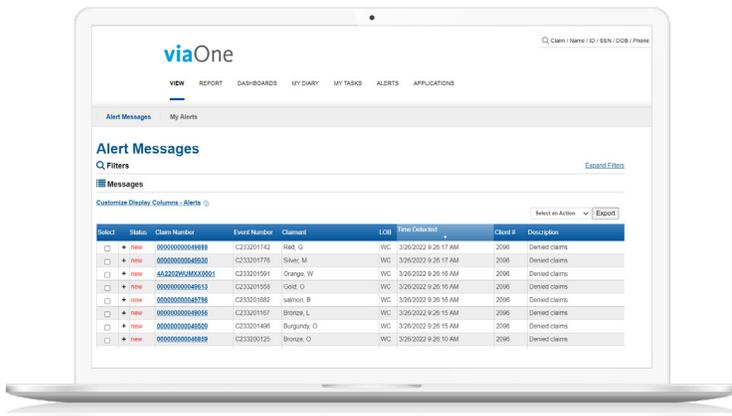
Dashboards

In viaOne, personalized, visual dashboards deliver the data you need and want, when you need it. Clients can select from a catalog of tables, charts and graphs to build meaningful dashboards and enhance the experience with their data. They have quick access to key metrics, interactive data discovery visualization and more. Users determine the path and depth of data they see, and they can toggle from the aggregate, graphical view down to the individual claim level.



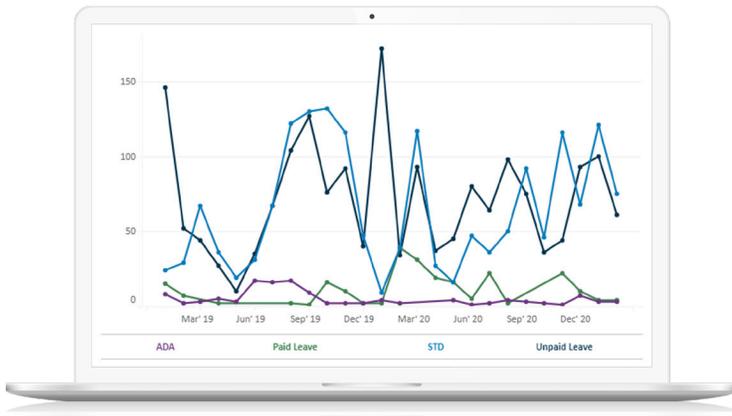
View

Users have the ability to view all claim correspondence in an electronic format (i.e. document imaging), as well as conveniently add claims of interest to a user-defined watch list, and view specific claims for detailed, real-time information, including notes, payments, reserves and absence/work status data via easy-to-use tabs and screens. Workers' compensation claim users have full visibility into every aspect of managed care — from triage and intake to clinical services and medical bill review — and they can even add notes and diaries to the permanent claim file. A summary screen uses icons to give a visual overview of claims.



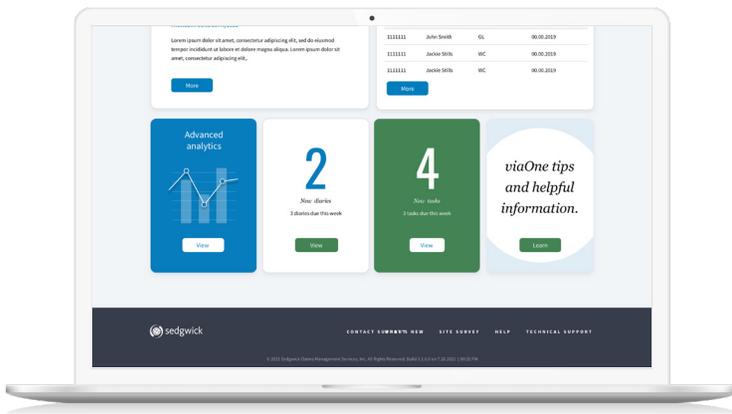
Alerts

With our alerts module, events matching certain criteria can be easily and consistently communicated using near real-time alerts and aggregated daily notifications. Clients can create triggers based on factors such as claim type or duration, isolate specific states and/or locations within the client's hierarchy, and change reserve or value threshold; notifications can be set up across multiple business lines within a single alert. The system restricts the claims returned in alert results to only those granted through the user's viaOne security profile. In addition, support is offered for critical claim alert conditions such as cause codes, nature/result codes and examiner changes.



Reports

The reports function allows users to run standard and ad hoc reports customized to meet individual client needs. Users can establish recurring reports and email them to designated recipients. In addition, viaOne offers managed care clients helpful reports that provide a dashboard view of care outcomes and information for medical bill review, field and telephonic case management, and utilization review.



Advanced analytics

Organizations need details on claim trends and performance to make informed business decisions. With our advanced analytics reporting tool, they can access comprehensive claim reports and managed care reports with actionable data all in one place. Reports can show data at multiple levels from summary trending to fine data elements. The tool allows users to create dynamic loss triangle reports with the ability to filter and drill down into more granular views such as specific states or divisions, and development factors that help clients better understand claim and loss trends and outcomes.

One of a kind, viaOne brings you comprehensive, actionable data in an innovative, one-stop application. Its advantages are unmatched in the industry.

- **Unique, real-time views of the latest adjuster and claim activity, customized for different audiences**
- **Claims data for multiple lines of business including workers' compensation, managed care, disability and absence, liability and property**
- **On-demand access to claims and managed care reports all in one place — no other third party administrator provides this level of reporting**
- **Interactive features allowing users to perform advanced analysis with minimal effort using filtering capabilities**
- **Modules addressing a range of business challenges, such as a fully integrated OSHA solution for U.S. employers**



viaOne in action

We continue to improve viaOne to meet the day-to-day demands of your business. What's new? We're rolling out significant enhancements to guide decisions and make a difference.

viaOne dashboards

Clients can now visualize and understand their data in new ways. Our dashboards come with a fresh set of data widgets to get a closer look at claims by line, type, cause, body part or target; to view litigation indicators, financials, measures by state; to see case management and spend details and more. These can be customized, mixed and matched in different combinations. Widgets will continue to expand to enable new views and comparisons for our clients in casualty, managed care and absence.

mysedgwick

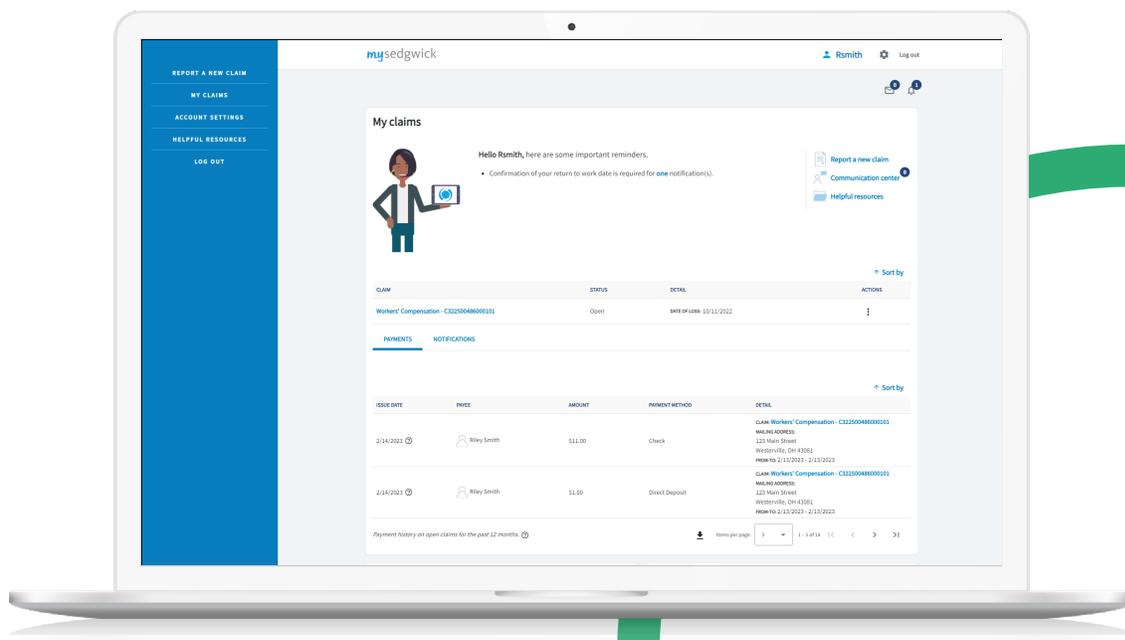
A virtual guide through the claims process

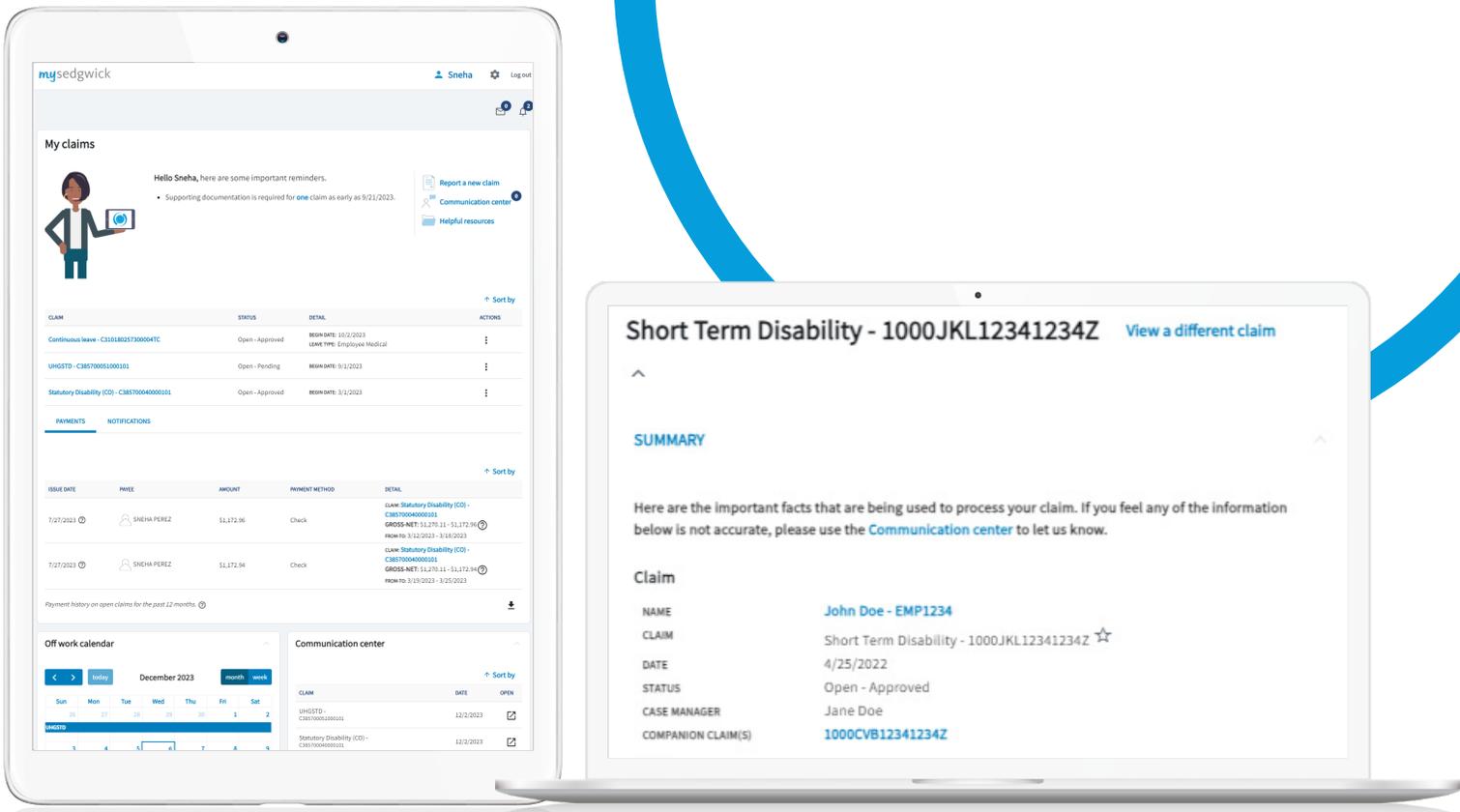
A consumer-centric self-service tool, mySedgwick offers convenient, secure online access to real-time claims and case information.

Consumers, policyholders or our clients' employees, such as injured workers or those on leave or disability, can view details about their claim or case, easily update information and keep the process moving forward.

Designed as the ideal digital experience for your end users, mySedgwick eliminates frustration often associated with the claims process by:

- Allowing them to view their claim status anytime, on any device
- Enabling a more active role in uploading documents and communicating directly with their Sedgwick representative
- Supporting automated push notifications for important claim updates to know the latest
- Guiding individuals through the process
- Driving faster resolution





Using role-based access, mySedgwick users can report new losses, claims or intermittent absences, view payment status, search for providers and other resources, securely upload documents, communicate with a Sedgwick professional, adjust payment preferences and much more.

Configurable options allow users to select communication preferences and update information at any time. Features are tailored by line of business — intake options are available for workers' compensation, disability, leave, property, and general and auto liability claims.

In addition, mySedgwick's responsive design adapts to any web-enabled device, offering full functionality on computers, tablets and smartphones. Our self-service tool provides a convenient digital experience — more important now than ever — with an expedited claim resolution path.

Other helpful features include:

- **User-friendly landing page**
- **Dashboard summaries highlighting important reminders and action items**
- **Terminology that's easy to understand**
- **Collapsible menus that minimize clicks to find actions and claim details**
- **Key action buttons with easily identifiable graphics**
- **Claim progress tracker**
- **Direct communication with the assigned claims team**
- **Fast file upload capabilities**
- **White label options**
- **Multilanguage and multicurrency support**
- **Option for tailored client advice pages**



mySedgwick in action

Let's look at how mySedgwick simplifies and streamlines the claims process:

1. Upon notification of a new submission, an email is sent instructing the person who submitted the claim how to log in to mySedgwick.
2. Once the individual completes the registration process, they are able to upload relevant information (e.g., documents, photos, receipts), select communication and payment preferences, communicate with their claims team and update information.
3. A simple visual timeline keeps everyone on track and informed about the progress of the claim, and the "next step" feature helps the consumer know what's needed to keep the process moving forward.
4. At any point, they can access the learning center, which includes frequently asked questions, important tips and more.

— What it all means *for you.*

At Sedgwick, we aren't just building what's next; we're transforming the future of claims management with a focus on key drivers impacting your success.

- **GREATER EFFICIENCY**

By automating processes, we allow our experts to stay focused on doing what they do best — helping people, restoring property, preserving brands and empowering performance, all while safeguarding your resources. The right technology solutions will maximize efficiency with rich data insights throughout the process.

- **IMPROVED CUSTOMER LOYALTY**

We're simplifying the end-user experience by ensuring that incident and claims processing is efficient, intuitive and timely. We're willing to put in the work it takes to do self-service right and do it well. Greater customer loyalty is gained by tailoring programs to meet the needs and preferences of your stakeholders and, in turn, you create new competitive advantages.

- **PERSONALIZED CARE**

Our size and scope allow for a level of engagement others can't offer. With Sedgwick as a partner, your organization has access to a deep bench of experts, flexible solutions and innovative technologies that deliver the highest. The combination of our people, technology and data helps your employees and customers quickly get back to work, back to life and back to business as usual.

- **FUTURE-FOCUSED FUNCTIONALITY**

At Sedgwick, we invest millions each year to improve our existing technology and provide the next generation of claims innovation. With Sedgwick, you're always at the leading edge of expertise. As a result, our clients have immediate access to the latest version of our systems and new features as soon as they come online.



Technology that *transforms*

Sedgwick's people first, tech forward and data driven approach provides our colleagues and clients, as well as our clients' employees, customers and policyholders, with a personalized, human-touch experience using our digital solutions. Visit [SEDGWICK.COM](https://www.sedgwick.com) to learn more about how our experts, innovations and information work together to redefine the claims process, minimize exposures and deliver the best outcomes.

To learn more, contact your Sedgwick representative today.

