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From Claim to Connection:

# A Blueprint for Generational Loyalty

How life insurers can transform the claims experience  
from a transactional payout into the foundation of lasting  
relationships with beneficiaries



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# Introduction

## The payout ends. The need doesn't.

Every year, U.S. life insurers pay out nearly \$100 billion in death benefits. This is both the fulfillment of a financial promise and a major business opportunity.

LIMRA's 2013 Moment of Truth research quantified just how significant: extremely satisfied claimants were four times more likely to do additional business with the carrier than those who were merely satisfied, proving the importance of investing in the beneficiary experience and relationship through the moment of claim.

Over the past few years, carriers have acted on that insight, investing heavily in modernizing claims operations: streamlining workflows, shortening processing times, improving communication, and raising satisfaction scores. And yet, the conversion gap persists. According to LIMRA, fewer than 1 in 10 beneficiaries go on to purchase a policy of their own from the same carrier. Why?

To answer this question, Empathy partnered with LIMRA to investigate how the claims journey shapes trust, satisfaction, and future engagement. This new research explores why beneficiaries disengage, identifies unmet needs across the full claims life-cycle, and tests which forms of support make the greatest difference.

What we found has the power to fundamentally strengthen the claims experience. Though it has improved, it remains largely transactional and often ends where beneficiaries' needs truly begin. The check arrives, and the relationship goes quiet at the exact moment when families are facing the most complex financial, logistical, and emotional challenges of their lives. This signals that beneficiaries aren't disengaging from carriers, but rather, carriers are disengaging from them.

What we also found is that the gap is closable, and that closing it does not require reinventing claims operations. It requires extending them. The financial, logistical, and emotional elements of loss are inseparable, and structured support that addresses them together can ease burdens, strengthen trust, and create value for both beneficiaries and carriers. This report shows how designing for this kind of support can help carriers turn a single payout into a foundation for generations of trust within families.



# The state of the claims experience

## What's working well

The life insurance industry has gone to great lengths and put significant resources behind improving the claims process. By most measures, that investment is paying off.

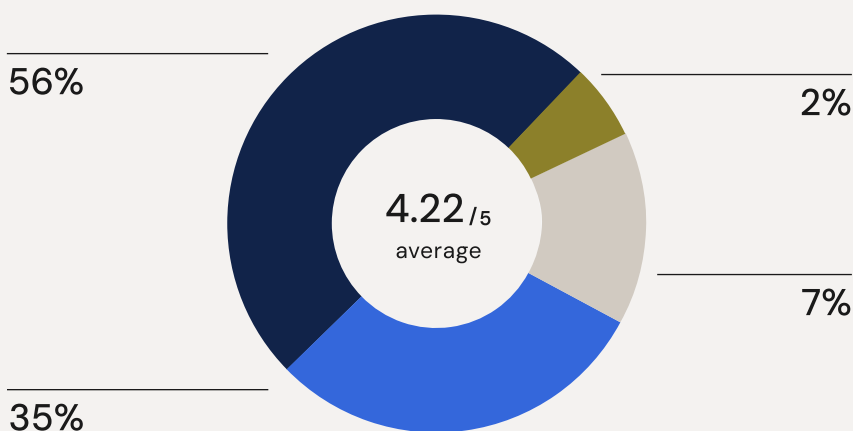
Overall satisfaction among beneficiaries averaged 4.22 out of 5, with 91% reporting they were very or somewhat satisfied with their claims experience. The picture is consistently strong across key dimensions: communication from the insurer (87%), clarity of instructions (85%), timeliness of payout (83%), and compassion shown by staff (83%) all rank highly.

There is also strong alignment between what beneficiaries receive and what they say matters most. Clarity of instructions is a top priority for 44% of beneficiaries — and 42% say they received it. Compassionate communication matters deeply to 34% — and 39% say they experienced it.

On the core mechanics, such as guiding claimants through each stage, treating them with respect, and paying them on time, carriers are broadly performing well.

### Beneficiary Satisfaction With The Claims Process

- Very Satisfied
- Somewhat Satisfied
- Neutral
- Dissatisfied

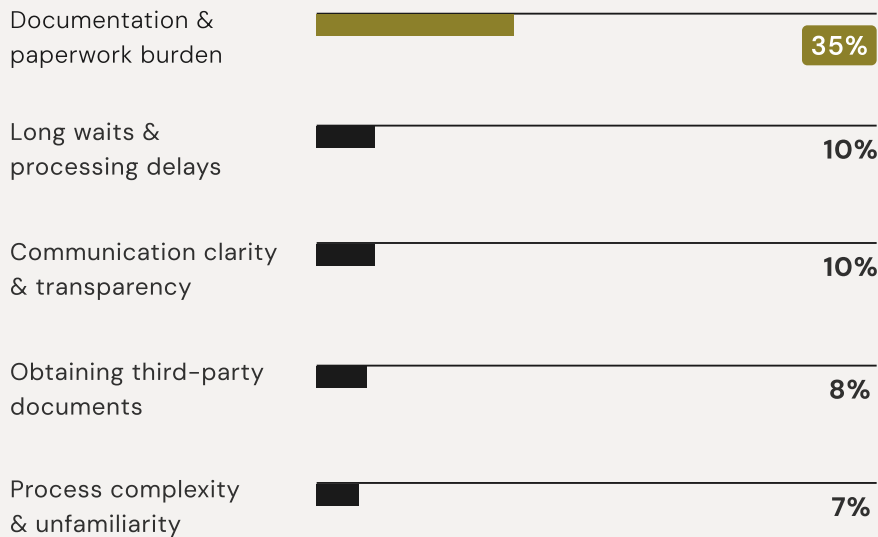


## Where friction persists

However, high satisfaction scores are not telling the whole story. Beneficiaries point to several friction points that hint at something more fundamental.

More than a third cite documentation and paperwork burden as their top challenge, followed by limited continuity and follow-up after the payout and difficulty navigating steps beyond the claim itself.

### Top Challenges Cited By Beneficiaries



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***"It was a ping-pong... I got worn out."***

Female, age 57

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***"It was very robotic and vague."***

Female, age 42

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***"Once you pay it out... I didn't expect anything more."***

Female, age 47

### Key takeaway

Carriers have made meaningful strides in optimizing the operational fundamentals of the claims process, and beneficiaries recognize that progress.

But operational performance alone is not producing retention or conversion, which suggests that meeting basic expectations around clarity, efficiency, and timeliness has become table stakes.

Today's customers hold companies to a higher standard than merely delivering promised products and services. What earns loyalty are experiences where people feel supported and seen.

Nowhere is that expectation more urgent than in life insurance, where carriers meet people at their most vulnerable moments. So the question remains: what does it actually take to turn a well-executed claim into a lasting relationship?



Chapter 02

# What drives long-term value after the claim

## Post-claim perception shapes future relationships

For a beneficiary, the moment of claim is far more than an insurance interaction. It is a turning point in their family and financial life where consequential decisions are being made under extraordinary pressure.

During this time, they are forming opinions about every service provider they encounter, and thinking about planning, protection, and end of life in ways that are suddenly personal and urgent. For many, it is the first time they have seriously considered purchasing life insurance for themselves.

The data shows that the impression a carrier leaves throughout this period is what makes the biggest difference. Post-claim perception — how beneficiaries view the insurer after the payout is complete — is the primary driver of future behavior and the single strongest predictor of whether they will become paying customers.

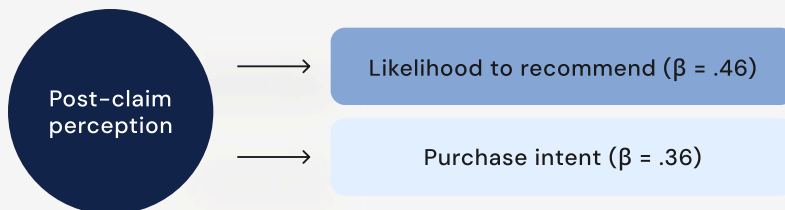
What this means is that a beneficiary can rate every step of the process positively and still never come back, if the experience as a whole didn't leave a lasting positive impression. It is not how any single step was handled that determines the outcome. It is whether the claims experience, in its totality, changed how the beneficiary sees the carrier.

When that impression shifts positively, the commercial impact is significant. Improvements in perception translate directly into advocacy and a higher likelihood of recommendation, as well as future purchase interest and intent.

***"I would buy a policy from them...  
in a heartbeat."***

Male, age 53

### Perception Of Insurer Drives Recommendation & Purchase Intent



Beta coefficients ( $\beta$ ) measure the strength of relationship between variables — higher numbers indicate stronger effects.

Multivariate regression analysis controlled for age, gender, and claim characteristics (n=272).

## The commercial impact is measurable

Among beneficiaries who were not "very satisfied" with their claims experience, a better experience would have changed their behavior in concrete, measurable ways:



Even among beneficiaries who were "very satisfied", 90% say a better experience would have increased their likelihood to recommend the carrier, and 82% say it would have driven a purchase. This goes to show that every claims-related interaction shapes the beneficiary's perception of the carrier, and that impression determines how the relationship continues.

## What actually impacts perception

Claimants' overall view of the insurer is shaped primarily by how supported they feel during the claim. To isolate which factors independently drive positive post-claim perception, we used a multivariate regression model that controls for demographic and claim-related variables such as age, gender, and claim characteristics.

This approach measures the independent effect of each variable, allowing to identify which aspects of the experience have the strongest, unique impact on perception rather than simply reflecting correlation. Four variables emerged as independent predictors:

### What Drives Positive Perception After A Claim



\*Marginally Significant ( $p < .10$ )      ● Standardized effect size ( $\beta$ )

Taken together, these findings show that beneficiaries who feel informed, prepared, and cared for, form the strongest positive impressions of the carrier.

# What doesn't move the needle?

Once claimants feel informed and supported, operational details have a limited independent impact on perception. The following criteria had no statistically significant effect:

## Variables That Don't Impact Perception

Driver	Significance
Payment timeliness	$p > .10$
Documentation burden	$p > .10$
Contact frequency	$p > .10$
Claim complexity	$p > .10$

Faster or more frequent contact alone does not compensate for unclear or unhelpful guidance. A carrier that pays in 10 days instead of 14 will not be remembered differently. A carrier that reaches out six times instead of three will not be perceived more favorably. But a carrier that communicates with clarity, treats a family with compassion, and provides a single dependable point of contact will be remembered, trusted, and chosen again.

### Key takeaway

Post-claim perception is the single most powerful lever carriers have for driving advocacy, purchase intent, and long-term engagement. Operational excellence sets the stage, but it is the overall impression the carrier leaves behind that determines the outcome.

Whether beneficiaries felt informed, supported, and treated with genuine empathy throughout the process matters more than speed and volume. The path to building trust and lasting relationships is through smooth, human experiences and clear, compassionate support.



## Chapter 03

# The journey begins before the claim is filed

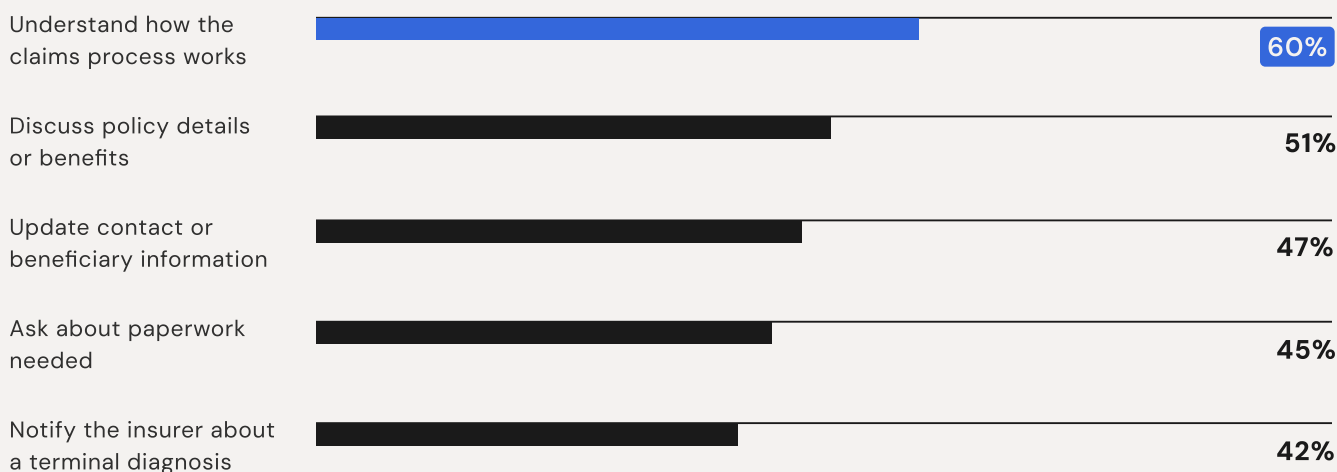
## Beneficiaries often engage before filing

It's common to define the claims journey as starting the moment paperwork is submitted.

But for the majority of beneficiaries, the first interaction with the carrier happens well before any claim is filed, and often during a period of acute or anticipatory grief and uncertainty. How the carrier shows up in these moments sets the tone for everything that follows.

**68%** of claimants had **pre-claim contact** with the insurer.

### Top Reasons For Pre-Claim Contact:



## Early interactions are widely valued

Many beneficiaries enter the claims process without understanding what steps or documents are required, creating an orientation gap that leads to confusion and stress during an already overwhelming time. This is where pre-claim contact proves its value.

Beneficiaries unanimously say these interactions make the process easier and more seamless. Early practical guidance helps set expectations, reduces ambiguity, and provides a roadmap for what comes next. Among those who had no pre-claim contact, 71% say it would have been helpful.

83%

rated pre-claim interactions as very or extremely helpful.

91%

said early contact made the claims process easier.

## Timing and helpfulness matter

These early interventions have real power to impact conversion and retention down the line. Pre-claim helpfulness correlates with the overall claims experience ( $r = .45$ ) and independently predicts post-claim perception ( $\beta = .17, p = .002$ ).

However, the data shows that what matters is the quality of that contact, not simply that it occurred. A perfunctory call doesn't register. A thoughtful, informative interaction does.

Timing also plays an important role. Beneficiaries prefer simple, human-based interactions early (such as confirmation of receipt or guidance on next steps), while more detailed support is welcomed later, once cognitive load is lower.

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***"Bombarding with information at an early stage is not effective."***

Female, age 43



### Key takeaway

The claims experience often begins before a claim is filed. Proactive, high-quality, early engagement is a critical leverage point. The key is keeping it light-touch up front, with deeper support introduced later when beneficiaries have more capacity to absorb it.

For carriers, this represents a powerful opportunity to shape perception before the claim process even starts.



# The delivery gap nobody talks about

## Post-claim support has a transformative impact

The payout is where most carrier relationships end. It is also where most beneficiary needs truly begin. When carriers continue to show up after the claim with meaningful support, the impact on beneficiaries is dramatic.

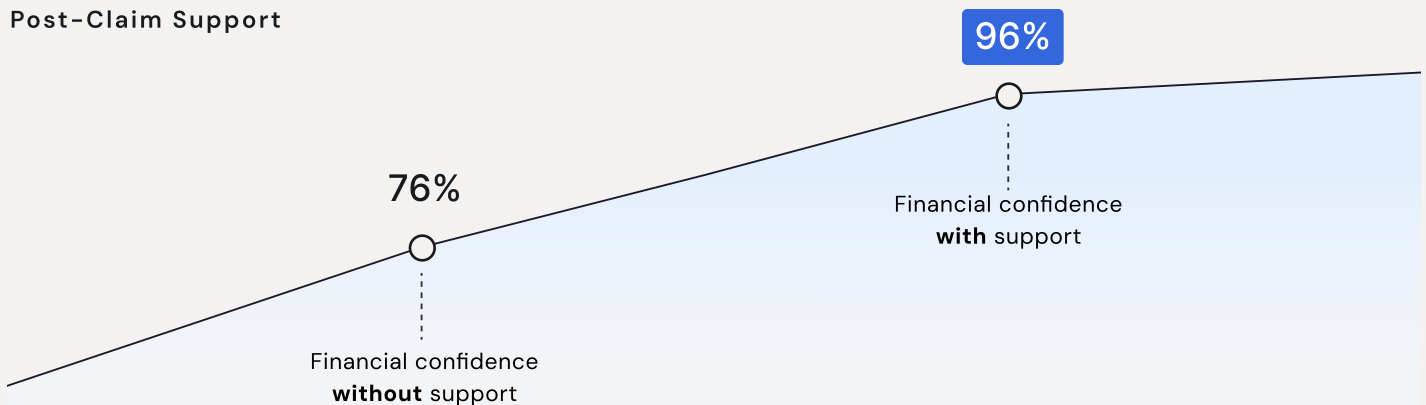
For example, among beneficiaries who received financial education from the insurer after a claim, confidence in managing payout funds jumped from 76% to 96%, signaling a 20-percentage-point leap driven by a relatively straightforward intervention.

**84%**

say dedicated **post-claim support** would have made the carrier more appealing

This proves that providing timely and relevant services can drive critical business outcomes, like asset retention, while making a real difference in beneficiaries' lives.

Increase In Financial Confidence Following Post-Claim Support



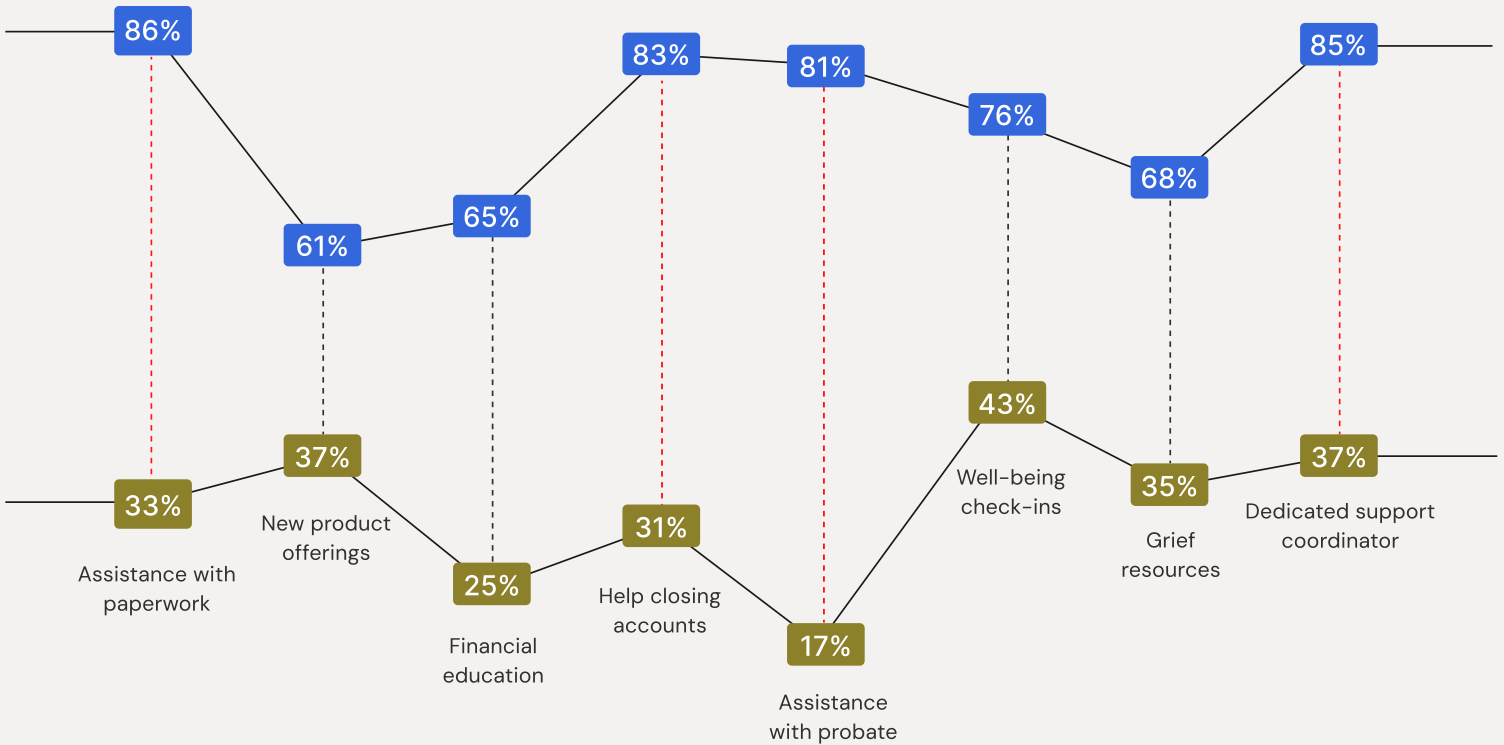
# The delivery gap

Despite the proven impact of post-claim support, there is a stark disconnect between what beneficiaries want and what they actually receive.

Across virtually every category, demand far outpaces delivery, leaving significant value on the table for carriers.

### What Beneficiaries Want Vs. What They Receive After The Claim

● Would Have Been Helpful ● Received From The Insurer





# Beneficiaries are open, willing, and waiting

## Near-universal openness to engagement

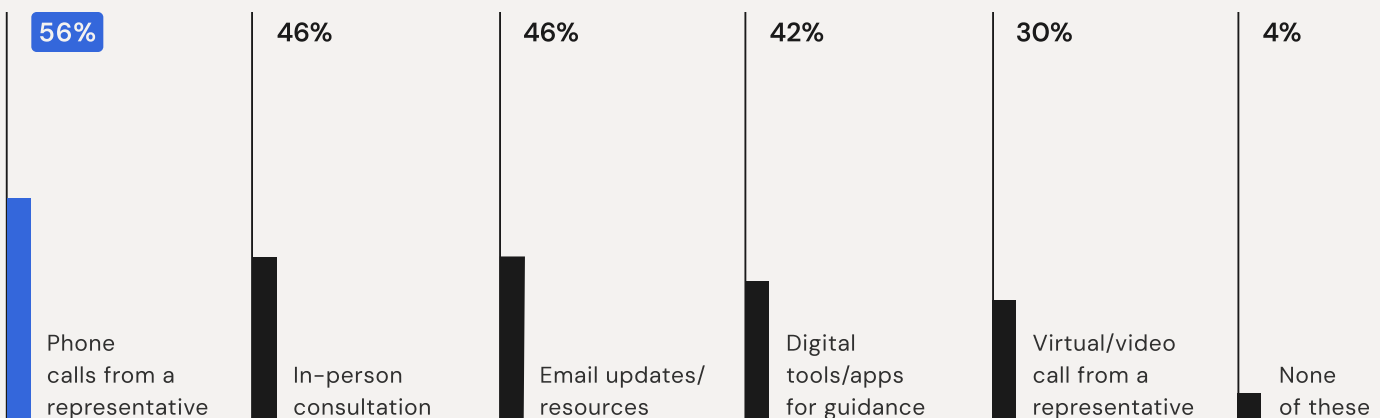
There is a persistent assumption in the industry that beneficiaries want to disengage from the carrier once the claim is settled, and that any further outreach would be unwelcome, poorly timed, or tone-deaf. The data dismantles this decisively. Beneficiaries are not only willing to hear from carriers after the claim, but they actively prefer continued engagement.

When asked about preferred channels and methods of communication, the responses reflect a desire for personal, human-centered connections.

In fact, 87% prefer to continue engaging with the same agent or representative who handled their claim. This shows that the relationship built during the claims process is not something beneficiaries are eager to leave behind.

**96%** of beneficiaries say they are open to **post-claim communication** and engagement

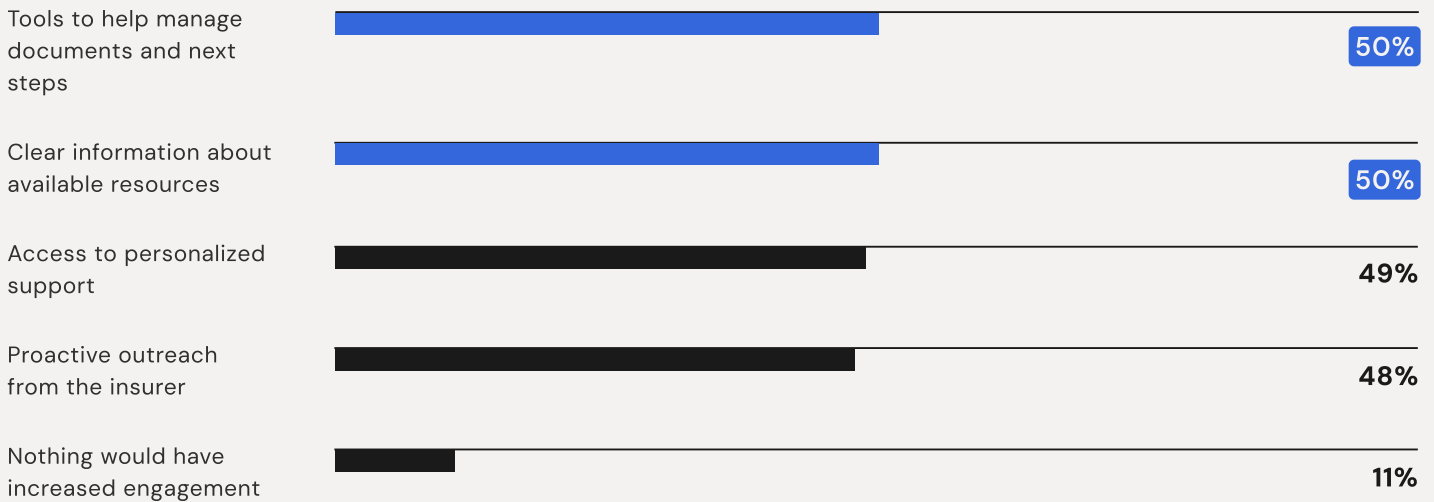
Preferred Communication Channels For Post-Claim Engagement



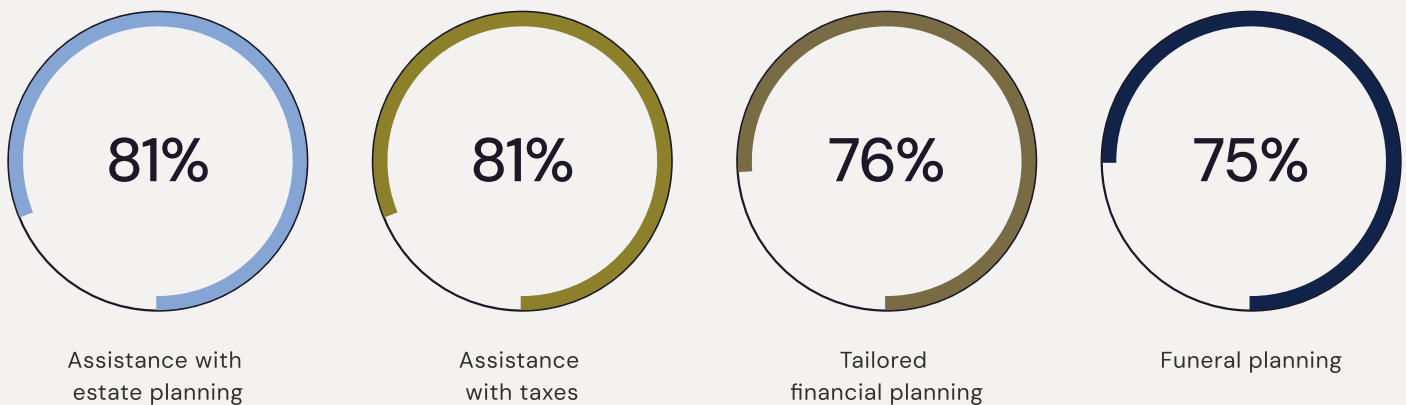
## Beneficiaries want guidance, not generic outreach

Openness to engagement does not mean tolerance for contact that prioritizes cadence over care. Beneficiaries are clear about what would have encouraged more interaction with the insurer and what additional services they find most appealing.

### What Would Have Encouraged More Engagement



### What Services Beneficiaries Find Most Appealing





## Key takeaway

The common industry assumption that beneficiaries want to disengage and move on after the claim is misplaced, as 96% say they are open to continued communication.

What they reject is outreach that offers nothing in return for their attention — no tools, no clarity, no relevance to their actual circumstances.

What they welcome is the opposite: practical, value-adding services tied directly to the challenges they are already navigating in the six to twelve months after a loss — and that insurers are uniquely positioned to deliver.



## Chapter 06

# From insight to action

The path to building generational loyalty does not require a massive operational overhaul. It requires a different design philosophy and approach, and three principles should guide that redesign.

**1. Start before they file.** The data on pre-claim contact is clear: when carriers engage early, the entire downstream experience improves. Beneficiaries arrive better prepared, experience less friction, and form stronger impressions of the carrier. But "early" does not mean "at the point of diagnosis." It means building touch-points into the policyholder relationship long before a claim is on the horizon — annual check-ins that confirm beneficiary designations, plain-language guides that explain what a claims process actually involves, a phone number that connects to a person who can answer questions before they become urgent.

Carriers that show up proactively earn something harder to manufacture later — familiarity, trust, and a place in the family's mind when the moment arrives.

**2. Respect the emotional arc.** Grief is not linear, and neither is a beneficiary's capacity to absorb information, make decisions, or engage with new offerings. In the first days and weeks, what registers is minimal: confirmation that the claim was received, a clear explanation of what happens next, and a single point of contact.

Anything beyond that, however well-intentioned, competes with high levels of emotional overwhelm and cognitive overload. The deeper engagement that drives retention and conversion, such as financial planning resources, estate guidance, and product discussions, is best timed 30 to 60 days after payout, when beneficiaries are more receptive and transitioning into the long, practical work of rebuilding. Carriers that compress everything into the claims window will continue to see high satisfaction scores and low conversion. Carriers that design for the full arc will capture the relationship.

**3. Prioritize quality over quantity.** The instinct to increase touchpoints is understandable but misguided. Reaching out more often does not make carriers more trusted, more recommended, or more likely to win future business.

What does is whether each interaction was relevant, timely, and responsive to what the beneficiary was actually facing. This means replacing generic outreach cadences with value-adding services and guidance. It means training claims teams to listen for signals — a beneficiary struggling with estate paperwork, a family unsure how to manage payout funds — and responding with specific, actionable support. Carriers that lead with relevance and empathy will find that the relationship does the work that volume never could.

# Conclusion

Life insurance is more than a product — it's a promise. The claim is the moment when a family discovers whether the relationship they've been paying into for years delivers on its promise to be there for them during their most vulnerable moments. Beneficiaries aren't walking away from carriers because they are disengaged. They're walking away from an experience that gave them no reason to stay.

The largest retention gap in the customer life-cycle occurs after the check is issued. Support needs don't end at payout. Families face probate, estate settlement, financial restructuring, and grief, often simultaneously, often alone. Support delivery, meanwhile, usually stops.

Closing that gap with financial education, grief resources, dedicated coordination, and practical assistance doesn't just improve satisfaction scores. It transforms confidence, advocacy, and loyalty.

What carriers need is not a better claims process. They need a way to extend the relationship beyond the payout — to connect families with support that meets them where they are, takes the burden off their shoulders, and gives them the footing to face what's ahead. When families feel genuinely cared for, the business outcomes follow: retention, referrals, and a relationship that outlasts the claim.

The path forward is clear: start early, design for the emotional arc, and prioritize quality over quantity. The carriers who do this will capture the next generation of the industry.

# Methodology

This report, *From Claim to Connection: A Blueprint for Generational Loyalty*, was developed jointly by Empathy and LIMRA Applied Research Solutions. The findings are based on a hybrid, two-phase research study combining quantitative and qualitative methods to capture both the breadth and depth of beneficiary experiences.

The first phase consisted of a quantitative online survey of 272 life insurance claimants across the United States. The survey was designed to capture beneficiaries' experiences throughout the claims process, impact on attitudes and behaviors, as well as reactions to support strategies.

The second phase consisted of 12 in-depth interviews, each lasting approximately 30 minutes. These sessions built on survey findings to provide deeper emotional context and strategic nuance.

**Respondent Profile:** 55% female, 45% male, with a median age of 45, and 66% between the ages of 35 and 54. 91% received payouts within the past 18 months, with 70% concentrated in the \$100K–\$499K range. 59% filed a claim for a parent; 33% for a spouse or partner.

**Analytical Methods:** Multivariate regression models controlling for age, gender, and claim characteristics were used to isolate the independent effects of experience variables on post-claim outcomes. Where statistically significant relationships are identified in the text, significance levels are noted explicitly.



Empathy is a leading technology company transforming the way people plan for and navigate life's toughest moments. Supporting more than 50 million policyholders globally, Empathy partners with eight of the top ten U.S. life insurance carriers and helps manage one in five life insurance claims nationally.

With \$162 million in funding from top-tier venture firms, including Index Ventures, General Catalyst, Adams Street Partners, and other leading funds, as well as strategic investment from global financial institutions, Empathy enables insurers to extend support far beyond the payout. By combining cutting-edge innovation with compassion, Empathy's comprehensive platform addresses the full spectrum of needs families face during major life transitions, from financial guidance and estate administration to grief support and emotional wellbeing.



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