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This authorized reprint contains material excerpted from a recent Celent report profiling and evaluating 19 different life insurance claims administration systems. The full report is 186 pages long. This report was not sponsored by Neutrinos in any way.

This reprint was prepared specifically for Neutrinos, but the analysis presented has not been changed from that presented in the full report. The full report description can be found at Claims Administration Systems: Global Life Insurance Edition. For more information on the full report, please contact Celent at info@celent.com.

Claims Administration Systems: Global Life Insurance Edition

SolutionScape

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Contents

Executive Summary

This report marks the second time that Celent has reviewed claim administration systems available to life insurers globally. Our prior report was written over ten years ago. An increase in insurance inquiries and spending on claims system prompted Celent to author this research.

We profile 19 claims administration systems, providing an overview of their functionality, customer base, technology, implementation, and support.

Introduction

For years, life insurance companies have relied on manual processing to handle claims. Even though some have digitized parts of the process, investments in claims departments lag behind new business and other parts of the value chain. However, as demographic changes accelerate and claims volumes increase, life insurers are looking for ways to make their processes more efficient. This includes looking for systems to automate their claims department and investigating how to use AI in their claims processes. As insurers look to digitize their operations to come more efficient, claims has become an area of interest and potential investment.

Claims administration impacts an insurer's liquidity and exposure. The payout ratio measures the insurer's ability to payout claims. High payout rates indicate that the insurer is effectively managing its claims, which can lead to better financial performance and customer satisfaction. Conversely, low payout rates may signal issues with the insurer's claims management or a decline in the quality of its claims process.

Claims payouts mean something entirely different to the policy holder. Life insurance provides essential protection against unforeseen circumstances, ensuring that loved ones are taken care of when the policy holder dies. It may cover debts, replace lost income, or leave a legacy. However, when a policy holder dies, life insurance benefits are not paid automatically: Claim forms must be completed by the beneficiary and a death certificate must be provided. Most claims are paid shortly after the paperwork is received, but there are times when insurance companies contest claims.

Claims related to disability, critical illness, and long-term care are often more complex and require different treatment than life insurance claims. Annuities are payouts that exist while the contract holder is still alive but could include death benefits.

While the insurance company desires to treat beneficiaries and claimants in a sensitive manner, they often find themselves working within tedious, often ad hoc or manual processes that may result in long time frames, or worse, errors and omissions. The claimant expects the claim to be paid in a free and expedient manner when the need arises. To better ensure this happens, Celent believes technology must serve as a strategic enabler in the management of this important function.

Let's look at some of the trends that are driving insurers to look at their claims administration processes globally.

Life and Annuity Insurance Claims Trends

The North American life insurance market, led by the US, continues to see growth in both claims and premiums. The US was anticipated to experience the highest life insurance claims volume globally for 2025, with Canada also recording steady expansion, driven by an aging population and a growing emphasis on retirement planning and protection products. In the UK and continental Europe, pension and annuity lines are gaining traction, partly due to pension reforms and an increased awareness among aging populations. Throughout the rest of the world, increased wealth and growing demand for life insurance will have a delayed impact on claims.

In the last five years, insurers replaced their legacy core systems, including claims, at rates faster than the previous five years. While system changes are mostly driven by growth, in claims there is expectation to see efficiency gains and improved customer experience. Cloud-based platforms, automation tools, and health management apps are unlocking new efficiencies in claims and policy servicing, while facilitating personalized product designs and customer engagement. Insurers are increasingly leveraging data analytics, digital underwriting, and automated claims processes to improve efficiency, speed, and customer experience. This digital transformation is also facilitating the launch of products that combine protection with savings elements, addressing evolving customer needs for both income and security later in life, which will lead to ongoing payouts and claims from policy holders. Insurers are using AI and data analytics for fraud detection, streamlining (though not fully automating) the underwriting and claims process.

For a more detailed explanation of claims trends, please see So You Want to Buy a Claims Administration System.

Evolution of Claims Administration Technology

Early digitization in life insurance began in the 1990s with document imaging systems, which transitioned the industry from cumbersome paper-based processes to electronic document management. This shift reduced storage needs and operational costs, laying the foundation for more agile and decentralized operations. Subsequently, insurers integrated workflow and business process management tools to standardize and automate document routing and task assignments, enhancing efficiency and consistency. The advent of optical character recognition (OCR) further minimized manual data entry, though its effectiveness was initially hampered by image quality limitations.

In the 2010s, the sector advanced with rules engines and robotic process automation (RPA), enabling dynamic changes to business rules and automating repetitive tasks across disparate systems without requiring major IT overhauls. The early adoption of machine learning techniques in underwriting allowed insurers to analyze historical data, predicting potential claim complexities and identifying patterns indicating fraud. These innovations introduced data-driven feedback loops that refined both risk selection and claims management, marking the onset of predictive, connected insurance operations.

Moving to today, life insurers and reinsurers are beginning to apply generative AI (GenAI) to transform document-intensive claims workflows. Given the massive amount of documentation—all data related to the death, coverages, policy documents—an AI assistant to retrieve and summarize information is a popular use case. They are increasingly leveraging GenAI tools to tackle the challenge of unstructured data in claims processes, such as death certificates, medical reports, and correspondence. By extracting

and summarizing relevant information, GenAI accelerates case adjudication, reduces manual workloads, and helps claims handlers quickly understand key details, leading to quicker processing and lower costs.

According to Celent's GenAI-oneers in Life Insurance survey, about 36% of insurers have already implemented GenAI for data extraction and summarization, while a smaller share—about 15%—use it for improving first notice of loss (FNOL) and triage, supporting automated customer interactions and streamlined claim initiation. Additionally, GenAI-powered "copilots" provide real-time recommendations to claims adjusters, and about 5% of insurers use GenAI for fraud detection or claimant communications, enabling earlier fraud detection and improved customer support through AI-driven chatbots and virtual assistants.

Survey data underscores accelerating momentum: Nearly 60% of insurers expect GenAI to significantly impact claims in the coming years, shifting their focus from employee services and traditional coding toward automating high-impact processes. There has also been rapid growth in expectations for GenAI's use in claims and underwriting, with anticipated adoption rates jumping to 58% and 56% respectively—more than double the figures from 2024. Platform and service providers are responding in kind, with substantial capital investments planned for AI/GenAI capabilities, platform modernization, and talent acquisition. Already, 90% of core platform providers have integrated GenAI into their claims services, highlighting the sector's commitment to AI-driven transformation for efficiency and decision support across the insurance value chain.

While insurers have made some changes to become more digitally enabled and data-driven in their claims processing, the reality is that much of the claims journey remains very manual due to legacy technology and the inability to gather documentation a digital manner. The good news is technology is available from software vendors that can automate the claims process and provide insurers with tools they need to optimize their processes using digital document evaluation and other AI tools.

Looking forward, agentic AI presents significant opportunities for early adopters in the insurance industry. Early adopters are implementing agentic AI, leveraging its capabilities to enhance efficiency, improve decision-making, and drive innovation. Opportunities in claims processing and administration include:

- Streamlining the claims intake process by guiding claimants through forms via voice, chat, or web applications, identifying missing information in real time, and automatically populating insurer systems with standardized data—reducing the need for follow-up between the insurer, agent, and beneficiary.
- Automating the evaluation of claims by analyzing data, detecting patterns, and assessing the validity of claims in real time. This reduces the time and effort required from claims adjusters.
- Identifying anomalies and potential fraud patterns in claims data, enabling insurers to flag suspicious claims more effectively.
- Authorizing payments and triggering notifications to help achieve straight-through processing. For borderline cases, the agent can provide a structured recommendation and an audit trail to the claims representative, preserving human oversight.

Celent's evaluation of claims systems highlights which systems have made strides into AI.

For further discussion on claim technology trends, please see Life Insurance Claims Automation.

Evaluation of Claims Administration Systems

It has been over ten years since Celent evaluated claims systems available to life insurance companies globally. This report profiles many of the claims administration systems available today. These systems may offer a suite of tools such as a claims intake portal, a claims rule engine, and a claims examiner workbench. A few have begun to offer GenAI and agentic AI tools.

In addition to this report, a companion report is being released. So You Want to Buy a Life Insurance Claims Administration System outlines the latest developments in functional and technical capabilities in claims administration systems. It also includes an explanation of the tools and components used by insurers to meet their claims processing and regulatory requirements in the different regions.

These reports together should help insurers define their claims administration system requirements and, where appropriate, create a shortlist of vendors for evaluation. Expanded claims administration functionality and improved technology mean that insurers continue to have a wide set of systems and vendors to consider when looking for a solution to fit their needs. Insurers are encouraged to contact the authors of this report through analyst access to learn more about the vendors and solutions.

Report Methodology

Celent's objective in this report is to include as many as possible of the leading claims administration systems being used or actively sold to life insurers across their respective regions. Celent actively reviews vendor systems in the insurance software market and invites the vendors to participate in reports like these.

Approach

To analyze the capabilities of claims administration systems active in the insurance marketplace, Celent invited a broad set of vendors to participate in this year's report. Not all vendors chose to participate. There was no cost for vendors to be included.

Celent used a Microsoft Excel spreadsheet to gather RFI data from each vendor. RFIs were completed for 19 products in the global market. This report presents certain extracts of the information provided by the vendors about their systems and client base.

The RFI for this research gathered information across multiple dimensions, including:

- Company information
- Product overview
- Specific information about the vendor and the system—including, but not limited to:
  - Functionality
  - Technology
  - Implementation and support
  - Commercial terms
  - Customer base and lines of business supported

Celent used the data provided by the vendors in their RFI to draft profiles but did not independently confirm the information provided by the vendors. Vendors had an opportunity to review their profiles for factual accuracy. Some of the vendors profiled in this report are Celent clients, and some are not. No preference was given to Celent clients for inclusion in either the report or the subsequent profile.

Demonstration

Each vendor was provided the opportunity to present their claims administration system to Celent analysts. Each followed a scripted agenda that focused on product and rules configuration, workflow, usability, and functionality for internal users, and the overall architecture of the system. When available, the vendors highlighted their AI capabilities.

About the Profiles

Each profile is structured the same way. Profiles present information about the vendor and its claims administration system, geographic presence, and client base. Tables provide more detailed information about specific features such as functionality, technology, implementation timing, and partnerships.

The 19 profiles are presented in alphabetical order.

Limitations

Celent recognizes that the strength of any claims administration system is somewhat dependent on an insurance company's needs and business. A solution ranked low in Celent's rankings may be a perfect fit for several insurers for various reasons, including price, business-specific functionality, target customer base, existing technology environments, or simple preference. For this reason, these rankings are purely the opinion of Celent. Insurers should use them in the context of their own specific situations.

Celent believes that this study provides valuable insights into current claims administration system offerings in the market today. However, readers are encouraged to consider these results in the following context.

1. The vendors self-reported. Although Celent viewed a system demonstration, we could not confirm all the solution details and client base information self-reported by participants was accurate.
2. The initial data collection commenced in September 2025, and the vendors have had the opportunity to update their profile information since that initial outreach.
3. As part of the RFI process, Celent gathered much more information about each solution than is reflected in this report. Subscription clients can leverage analyst access to connect with the author and learn more about the vendors.
4. This report did not use VendorMatch for data collection therefore any data an insurer finds online at Celent.com may not be reflective of the data captured for this report. Consider this report to be the most current data.

Celent's Technical Capability Matrix

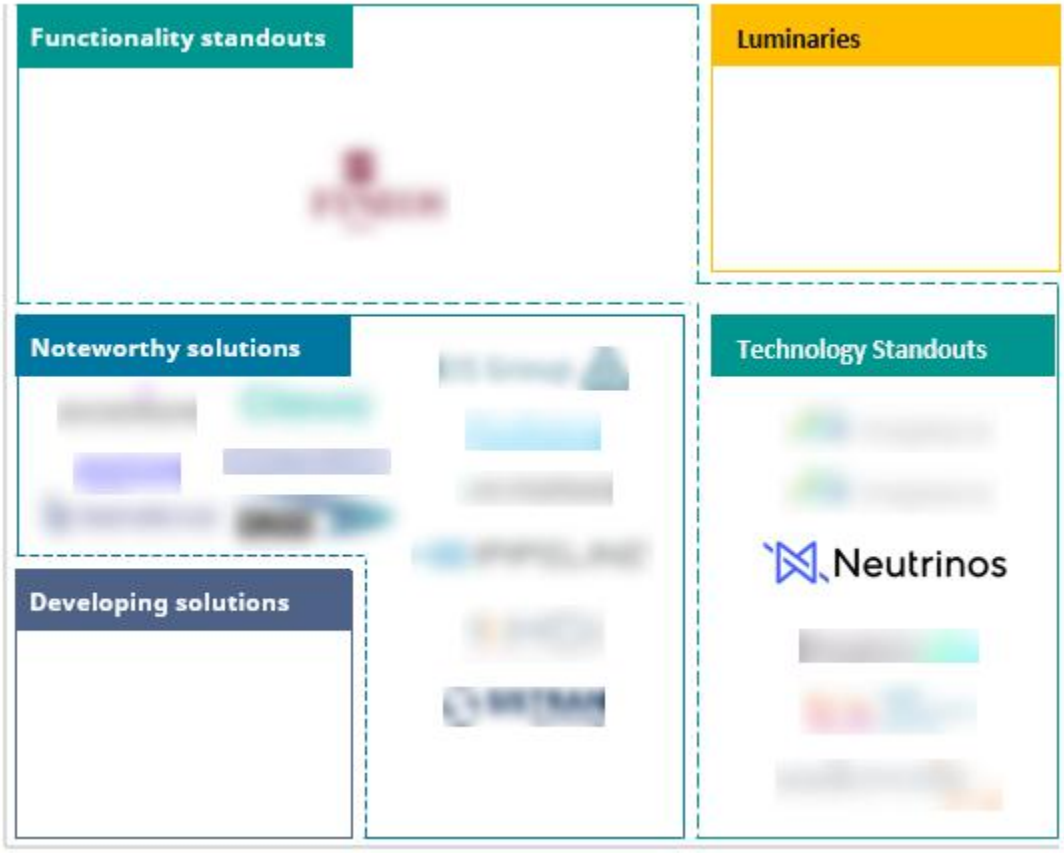
The Celent Technical Capability Matrix

Celent ranks vendors using a Technical Capability Matrix. We've placed each solution into one of five categories based on the sophistication and breadth of its technology and functionality (i.e., plotting the A and B dimensions). Solutions are not ranked within the assigned category; they are listed alphabetically.

The five categories are:

- **Luminary:** Excels in solution capabilities; generally, has a leading market presence.
- **Technology Standout:** Excels in technology modernity, although often without the same depth of features as leading competitors. Frequently newer, these solutions have chosen a focused set of functions with which to begin their journey.
- **Functionality Standout:** Excels in functionality and likely to have a large installed base. Often more established, these solutions have built out a robust set of features over many years.
- **Noteworthy Solution:** Potential challengers to the more established competition. They may occupy a niche place in the market, whether by targeted use case, sector-leading features, client size, or geography.
- **Developing Solution:** Typically, new to the market. They may have the potential to mature into a market challenger.

Figure 1: Celent Technical Capability Matrix



Source: Celent

Neutrinos: Life and Health Claims Automation Suite

Company and Product Snapshot

Table 1: Company Snapshot

Year Founded	2017
Headquarters	Singapore
Number of Employees	250
Revenues (USD)	Confidential
Financial Structure	Private

Source: Vendor RFI

Table 2: Product Snapshot

Name	Life and Health Claims Automation Suite
Year Originally Released	2019
Current Release and Date of Release	25.3/2025
Revenue Derived from Product (USD)	$7.2 million
R&D Expense (last two years)	35% of total revenue attributed to this solution
FTEs Providing Professional Services for Product	120
Notable Clients	Not provided

Source: Vendor RFI

Celent Opinion

Summary

- Neutrinos Claims Automation Suite applies AI across the entire claims lifecycle. Designed for life and health insurers, the platform supports automation from intake through adjudication and fraud detection using AI-enabled tools for document processing, auto-adjudication, and fraud analytics. It also features a collaborative claims workbench and compliance framework intended to improve transparency and regulatory alignment.

Strengths:

- The platform has a no-code modular architecture. The server side designer is low-code/no-code tool for developers and administrators to configure user interface components and connect systems.

- A visual rule designer is available for building decision flows (e.g., claim requirements, eligibility, assessment, fraud rules) and the testing functionality for individual and bulk test cases, including tracing rule execution and outputs.
- The adjudication engine includes rule libraries, master data management (e.g., exclusion lists, state variations), audit logs, execution logs, and error tracing capabilities. The claims rules engine offers computation rules for various products (i.e., term life, whole life, variable annuity, disability). Interest, exclusions, and complex formulas can be applied, with options for testing and decimal precision.
- The claimant's “smart claims submission” portal experience includes options for document upload. This is in turn drives AI-driven document classification and extraction, and completeness scoring, which all feeds into the claim examiner workbench. The platform’s AI decision engine enables straight-through processing.
- AI and GenAI automate claim submission by extracting data from documents and intake channels, validating it against policy records, and identifying missing information or additional requirements. Agent-based orchestration prioritizes submissions, initiates FNOL creation, and routes claims to the right handler. GenAI also drafts summaries and acknowledgements to speed up communication.

Areas for Improvement:

- Despite being a low-code platform, the platform could be difficult to configure because many of the product rules require IT staff to do the configuration. The same is true for some of the workflow rules.
- The JSON-based data model (i.e., claim object, policy definition) is central to driving the rules, user interface, and AI integrations. Celent found that to be more complex than expected and targeted to an IT user.

Functionality

Table 3: Functionality

= Available out of the box	= Configurable through a scripting language/coding	= Under development/on road map
= Configurable using simple tools for business user	= Available with integration to a third party solution	= Could develop, would be considered customization
= Configurable using simple tools for IT user	= Available with integration to a separate module provided by this vendor	= Not available/not applicable

Function	In production	Supported but not in production	Not supported
First Notice of Claim Processing			
Customer service representative (CSR) death claim/annuity payout/injury intake screens	●		
Policy holder/beneficiary death claim/annuity payout/injury intake screens (via portal)	●		
Claim forms with dynamic/reflexive questions	●		
Claims handling dashboard with status of claims	●		

Function	In production	Supported but not in production	Not supported
Claims scripting for CSR	●		
Dynamic search to identify all claims for one claimant	●		
Dashboard with notes, diaries, reminders, and calendaring capabilities	●		
Multi-channel claim submission capability with real-time data exchange to ensure claim status is available for other transactions, including administrative changes and financial movements	●		
External policy data integration to automate policy, covered item, and coverage information entry	●		
Automated follow-ups, reminders, texts, and integrated email to streamline communication and task management.	●		
Claims Rules Management			
Pre-defined claim cause (e.g., death, diagnosis, claim type, etc.)	●		
Initial claim scoring and coverage verification	●		
Auto-adjudication rules configuration for tax options, beneficiary options, settlement options, product types, compliance changes	●		
Business rules that identify they need for human intervention (e.g., non-straight-through processing)	●		
Beneficiary validation rules	●		
Current tax rules and regulations configuration	●		
Workflow			
Role based workflow (e.g., only certain roles can do certain tasks)	●		
Claims workflow managed at the beneficiary level not the policy/contract level	●		
Interrupted processes can be saved and resumed at a later date by another claims processor, including communications	●		
Calculations			
Simplified issue amount calculated for death benefit structure based on claim form/health data	●		
Automatic calculations of tax reductions and application of interest	●		
Taxable transactions identified in sequential order to generate the appropriate tax forms	●		
Interest calculated from date of death to payout	●		
Death claims processed with any date in the past	●		

Function	In production	Supported but not in production	Not supported
Automatic calculation of applicable taxes on annuity payments and generation of necessary tax reports for both the annuitant and tax authorities	●		
Escheatment, Litigation, Fraud			
Inventory of all claims that are not fully paid	●		
Inactive or unclaimed accounts or asset detection	●		
Adherence to state-specific escheatment laws and regulations	●		
Claims litigation / dispute resolution tools		●	
Configurable fraud detection rules and algorithms	●		
Fraud analysis / risk scores	●		
Life Insurance Claims Payments			
Multiple payment types supported	●		
Single claims can be paid with multiple beneficiaries and multiple payment options	●		
Death claims paid as each beneficiary paperwork is received (e.g., partial death claims process)	●		
Multiple claims paid with one payment identifying the policies that are included in the payment		●	
Annuity Claim Payments			
Various annuity payout options supported such as lump sum, periodic payments, or customized schedules based on the annuitant's preferences	●		
All payouts comply with relevant regulations and laws, such as required minimum istributions (RMD) and other jurisdiction-specific requirements	●		
Robust offering of annuitization, SPIA, and DIA (i.e., fixed, variable, COLA, and inflation) payout options supported	●		
Reporting, Analytics, and AI			
Predictive analytics		●	
Data analytics module		●	
Intelligent automation & decision support tools	●		
GenAI / LLMs		●	

● = Available out of the box
● = Configurable using simple tools for business user
● = Configurable using simple tools for IT user
● = Configurable through a scripting language/coding
● = Available with integration to a third party solution
● = Available with integration to a separate module provided by this vendor
● = Under development/on road map
● = Could develop, would be considered customization
● = Not available/not applicable

Source: Vendor RFI

Lines of Business Supported

Table 4: Lines of Business Supported

Individual Line of Business	NA	EMEA	APAC	LATAM
Life	✔	✔	✔	☐
Annuity	✔	☐	☐	☐
Health (e.g., ADD, CI, disability)	✔	✔	✔	☐
Other	☐	☐	☐	☐

Legend: ✔ = In production; ☐ = Supported but not in production; ✕ = Not supported

Source: Vendor RFI

Table 5: Lines of Business Supported

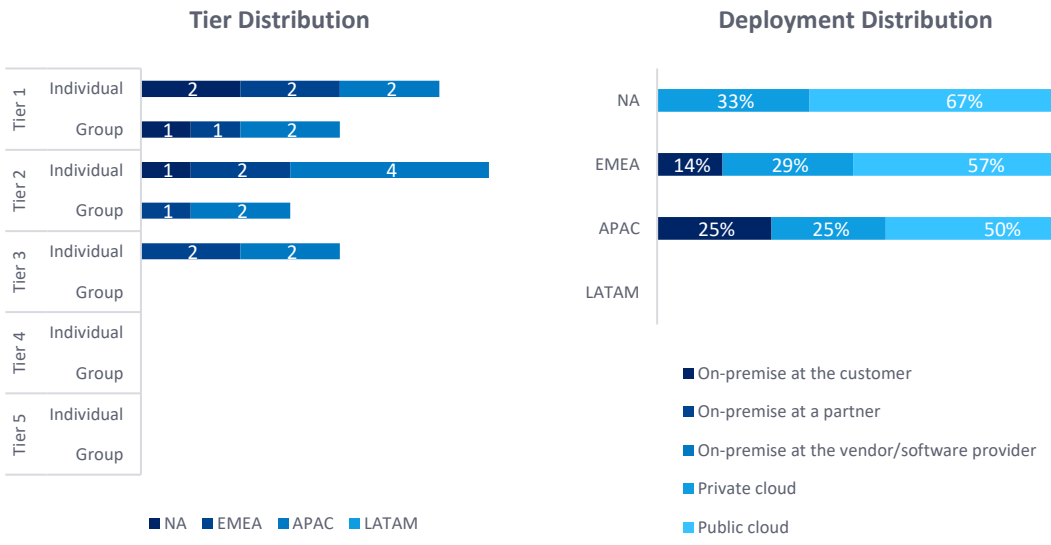
Group Line of Business	NA	EMEA	APAC	LATAM
Life	✔	✔	✔	☐
Annuity	✔	✔	✔	☐
Health (e.g., ADD, CI, disability)	✔	✔	✔	☐
Other	✔	✔	✔	☐

Legend: ✔ = In production; ☐ = Supported but not in production; ✕ = Not supported

Source: Vendor RFI

Customer Base

Table 6: Client Base by Size and Deployment Option (Global)



Source: Vendor RFI

Table 7: Implementations by Country

Region	Countries
North America	Bermuda, United States
Europe	
Middle East	Saudi Arabia, United Arab Emirates
Africa	Botswana, South Africa
Asia-Pacific	Hong Kong, India, Indonesia, Malaysia, Philippines, Vietnam
Central America	
South America	
Caribbean	

Source: Vendor RFI

Technology

Table 8: Technology Options

Technology Options	Responses	
Code Base	JavaScript: 100%	
Integration Methods	API (restful or SOAP); web hooks; streaming services; web services; XML (not through web services); HTML; HTTP; RESTful HTTP-style services; JSON format; MQSeries, JMS, or similar queue technology; custom APIs; flat files; native messaging; GraphQL	
API Details	✔	The API is documented
	✔	External systems can trigger an event in the system, which can be responded to by a workflow or business rules system
	✔	API management supports local or global standards, such as ACORD application creation and rendering
	✔	API sample codes are available to clients
	✔	API developer portal is available for support and descriptions
	✔	API testing portal and the ability to use scripts on website is available
	✔	System allows API publishing in SOAP, REST, JSON, and XML style services as APIs
	✔	API version management is available
	✔	Access to the APIs is managed, and use of APIs tracked by developers
	✔	Training in extending the system is offered

Legend: ✔ = Available; ☐ = Not available

Source: Vendor RFI

Table 9: SaaS Capabilities

Elements	Availability
Supports a multi-tenant architecture	✔
Type of effort required to update the solution	Evergreen - client chooses when to upgrade
Cadence of upgrades for multi-tenant deployments	Every 6 months
Deployment approach supports elasticity	Yes, automatically
Current APIs-related strategy	Enabled by consumable APIs
Ability of the deployment model to leverage a serverless approach	✔
Ability to enable independent services (microservices)	✔
Proportion of the system architected as microservices	Over 80%
Supports automation of development and deployment processes (DevOps)	✔
Ability to run and deploy under containers to improve the application deployment	✔
Need for containerization to run in a cloud	✔
Ability of the system's functions and capabilities to be distributed among a private cloud and a public cloud	✔

Legend: ✔ = Yes ✕ = No

Source: Vendor RFI

Table 10: Change Tooling and Upgrades

Types of Changes	Availability
Business Rule Definition	✔
Data Definition	☐
Table Maintenance, List of Values, etc.	✔
Interface Definition	☐
Product Definition	✔
Role-Based Security, Access Control, and Authorizations	☐
Screen Definition	✔
Workflow Definition	✔

Legend: ✔ = Configurable via tools for business users; ☐ = Configurable via tools for IT users; ■ = Configurable via the vendor; ⊖ = Configurable via scripting; ● = Coding required; ✕ = Not available

Source: Vendor RFI

Table 11: Public Cloud Options

Providers	NA	EMEA	APAC	LATAM
Microsoft Azure	✔	✔	✔	
Amazon Web Services (AWS)	✔	✔	✔	

Providers	NA	EMEA	APAC	LATAM
Google Cloud Platform (GCP)	☐	☐	✔	
Alibaba Cloud	☐	☐	☐	
IBM Cloud / Bluemix	☐	☐	☐	
Oracle Cloud	☐	☐	☐	
Salesforce Cloud, Force.com, AppExchange				
Other				

Legend: ✔ = In production; ☐ = Supported but not in production; ✕ = Not supported

Source: Vendor RFI

Partnership

Table 12: Implementation and Support

Type of Partnership	Partner Vendor
Systems Integrators	Neutrinos also has formal partnerships with Cognizant, LTIM, and Infosys for implementations. In addition, Neutrinos collaborates with regional and client-preferred systems integrators on a project-specific basis when required.
FinTech Partners	Neutrinos work with partners in areas such as e-signature, digital payments, fraud analytics, document verification, credit scoring, health data exchange, and alternative data providers. Partnerships are typically established based on customer needs rather than fixed vendor exclusivity.

Source: Vendor RFI

Implementation, Support, and Pricing

Table 13: Implementation, Support, and Pricing

Typical Implementation Team Size	16 to 20
Resource Breakdown	Vendor: 60%; Client: 20%; Third Party: 20%
Location of Employees	Neutrinos has 10 employees in North America, 30 employees in EMEA, 60 employees in Asia-Pacific

Average Time to Implementation	Initial Implementation: 1 to 3 months 2nd and subsequent line of business: 1 to 3 months 2nd and subsequent states/jurisdictions: 1 to 3 months
Pricing Models	Term license, enterprise license, subscription-based license, and transaction-based pricing

Source: Vendor RFI

Path Forward

As insurers continue to digitize their operations, it is not surprising that the claims process may be considered for transformation. However, it hasn't been a priority until recently. Demographic changes and the development of GenAI and agentic AI are driving insurers to rethink their claims investments. Understanding the claims administration solutions available from vendors is very important. Insurers have choices in the market. The systems presented in this report enable an insurer to automate their claims rules in a vended solution and use AI to create efficiencies in the process. We believe these vendors offer options that insurers can use to transform their claims processes.

The market for claims administration systems remains strong globally, although many systems are only sold regionally. Today's claim systems can perform many repetitive evaluation activities for simple cases with minimal human support. The claim systems can help bring forth more straight-through processing adjudication and a better experience for the beneficiary.

While there are risks associated with a more streamlined, standardized, digitized claims process, not transforming the process could result in increased risk if the current process is not scalable.

For Insurers

There is no single best claims administration system for all insurers. There are several good choices to meet almost any set of insurer requirements. An insurer seeking an automated claim system should begin the process by looking both inward and outward. Every insurer has its own mix of products, existing channels, claims processes, staff capabilities, business objectives, and financial resources. This unique combination of factors, along with the organization's risk appetite, will influence the list of vendors meriting consideration.

Some vendors are a better fit for an insurance company with a large IT group that is deeply proficient with the most modern platforms and tools. Other vendors are a better fit for a company that has a small IT group and wants a vendor to take a leading role in maintaining and supporting its applications.

We recommend that insurers looking for a claims administration system narrow their choices by focusing on four areas:

- *The art of what is possible:* What can be done with advanced tools? Look at whether functionalities that the business needs are available out of the box for the lines of business and states desired. Check to see what is actually in production with the vendor's clients.

- *The technology:* Consider both the overall architecture and the configuration tools and environment. Perform proof-of-concept exercises with shortlisted vendors. This is a chance for vendors to show what they can do.
- *The vendor's stability, knowledge, and investment in the solution:* Consider the partnership dimension carefully. Key functional gaps are quickly closed by leading vendors.
- *Implementation and support capabilities and experience:* The relationship between an insurer and its claims system vendor will likely last years. Celent can help with selection projects; we know the vendors and the markets well.

For Vendors

As a group, claims administration systems are expanding their capabilities rapidly through significant investments. The solutions are delivering improved configuration tools. They're also more connected, with APIs and RESTful web services becoming the de facto standard. Lastly, some are developing GenAI and agentic AI capabilities. Although these trends are all excellent news for insurers, they make the competitive challenges facing vendors that much more daunting.

Celent recommends vendors differentiate themselves by:

- Focusing on improving usability for both new and experienced users and managers.
- Continuing to build out configuration environments to put change controls in the hands of the insurers. Configuration tools that business analysts can use get high scores from insurers assessing these solutions.
- Making implementation faster and less expensive.
- Continuing to expand functionality—especially in different lines of business and in the use of AI and analytics capabilities.
- Embedding cloud-native capabilities into the product.

Was this report useful to you? Please send any comments, questions, or suggestions for upcoming research topics to info@celent.com

Leveraging Celent's Expertise

If you found this report valuable, you might consider engaging with Celent for custom analysis and research. Our collective experience and the knowledge we gained while working on this report can help you streamline the creation, refinement, or execution of your strategies.

Support for Financial Institutions

Typical projects we support include:

Vendor short listing and selection. We perform discovery specific to you and your business to better understand your unique needs. We then create and administer a custom RFI to selected vendors to assist you in making rapid and accurate vendor choices.

Business practice evaluations. We spend time evaluating your business processes and requirements. Based on our knowledge of the market, we identify potential process or technology constraints and provide clear insights that will help you implement industry best practices.

IT and business strategy creation. We collect perspectives from your executive team, your front line business and IT staff, and your customers. We then analyze your current position, institutional capabilities, and technology against your goals. If necessary, we help you reformulate your technology and business plans to address short-term and long-term needs.

Support for Vendors

We provide services that help you refine your product and service offerings. Examples include:

Product and service strategy evaluation. We help you assess your market position in terms of functionality, technology, and services. Our strategy workshops will help you target the right customers and map your offerings to their needs.

Market messaging and collateral review. Based on our extensive experience with your potential clients, we assess your marketing and sales materials—including your website and any collateral.

Related Celent Research

So You Want to Buy a Life Insurance Claims Administration System
January 2026

Getting to “Yes” with AI
January 2026

Life Insurance Claims Automation
November 2025

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