

AFLAC PLUS RIDER CLAIM FORM

To file your claim online, upload documentation on an existing claim, check claim status or get paid fast by signing up for direct deposit, register on Aflac.com or download the MyAflac mobile app.

- Benefits of filing online include faster claim processing time and receiving claim communications by email.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.
- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

*Policy Number:														
Policyholder Information: This * denotes a required field.														
*Last Name Suffix *First Name N														
*Date of Birth (mm/dd/yy) Telephone Number where we can reach you														
*Home Address														
*City *State *Zip Code														
Check box if this is a permanent address change.														
Patient Information: This * denotes a required field.														
*Last Name														
*Sex: Male Female *Relationship: Primary Policyholder Dependent Child • Symptoms first occurred on:														
First date of treatment for this condition:														
 Was death a result of this condition? \[\sum_{No} \text{Yes} \) (If yes, please submit a copy of the death certificate and legal documents verifying the person authorized to handle the affairs of the deceased). 														
• Was the patient injured in a motor vehicle accident? No Yes (If yes, please submit a copy of the Police Report.)														
Please indicate and submit medical documentation for the condition the patient is filing for below(additional conditions listed on page 2): Advanced Alzheimer's Disease - Medical documentation indicating the diagnosis as well as the loss of intellectual capacity involving impairment of memory and judgment and the inability to perform three or more of the Activities of Daily Living without direct personal assistance. Advanced Parkinson's Disease - Medical documentation indicating the diagnosis as well as the exhibition of two or more of the following manifestations: muscle rigidity, tremor, or bradykinesis, as well as the inability to perform three or more of the Activities of Daily Living without direct personal assistance. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease) - Medical documentation indicating the diagnosis as well as the permanent clinical impairment of motor function. Bacterial Meningitis - Medical documentation indicating the diagnosis. Bird Flu/H5N1 - Medical documentation indicating the diagnosis.														

American Family Life Assurance Company of Columbus (Aflac)
ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999
For information or to check claim status, visit aflac.com or call 1-800-99-AFLAC (1-800-992-3522)
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

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	the duration of the coma, and the ranking on the coma scale.																										
 Coronary Artery Bypass Graft Surgery - Medical documentation or the operative report indicating the type of procedure performed. 																											
	procedure performed. Cystic Fibrosis - Medical documentation indicating the diagnosis.																										
	Ebola - Medical documentation indicating the diagnosis.																										
	Encephalitis - Medical documentation indicating the diagnosis.																										
	Heart attack - Medical documentation indicating the diagnosis.																										
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	 Osteomyelitis - Medical documentation indicating the diagnosis. Paralysis - Medical documentation indicating the complete and total loss of use of two or more limbs as a result of a 																										
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Permanent Loss of Sight, Hearing, or Speech - Medical documentation indicating the diagnosis. Include degree of visual restriction for loss of sight.														of													
☐ Pn	Pneumonia - Medical documentation indicating the diagnosis.																										
Sic	Sickle Cell Anemia - Medical documentation indicating the diagnosis.																										
☐ Str	Stroke - Medical documentation of a neurological deficit with complete or partial function loss for more than 24 hours.														ırs.												
☐ Su	Sudden cardiac arrest - Medical documentation indicating the diagnosis.																										
	Sustained Multiple Sclerosis - Medical documentation indicating the diagnosis as well as muscular weakness, loss of coordination, or speech and visual disturbances present for a continuous period of at least 90 days.																										
☐ Sy	stemic l	Lupi	us - N	/ledic	cal d	ocum	enta	tion	ind	icatir	ng the	diag	nosis.														
	Traumatic Brain Injury - Medical documentation indicating the diagnosis as well as the itemized hospital bill showing an inpatient hospital confinement of 48 hours or more.														ing												
	Type 1 Diabetes - Medical documentation from a provider who specializes in diabetes indicating the diagnosis and the requirement of exogenous insulin in order to maintain life.														1												
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.													or														
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