



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 MI

*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 *First Name *Date of Birth (mm/dd/yy)

*Sex: ☐ Male ☐ Female

*Relationship: ☐ Primary Policyholder ☐ Spouse ☐ Dependent Child

- Symptoms first occurred on: _____
- First date of treatment for this condition: _____
- Was death a result of this condition? ☐ No ☐ 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 bradykinesia, 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)

