INITIAL ASSISTANCE BENEFIT 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 your claim online include faster claim processing time and receiving claim communications by email.**

- Complete all required sections.
- Do not attach receipts, statements or other claim documentation to this form.
  - Please keep proof of services documentation handy in case additional information is needed by Aflac.
- Please sign, date and mail/fax the completed form to the Aflac address/fax number shown below.
- Please use black or blue ink only and print legibly when completing this form in its entirety.

***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:

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

*Sex: ☐ Male ☐ Female

*Relationship: ☐ Primary Policyholder ☐ Spouse ☐ Dependent Child

Date of Pre-certification: M M D D Y Y Y Y

***Expected/First Date of Hospital Admission:** M M D D Y Y Y Y

*Hospital's Phone Number:

*Hospital's Name

*Hospital's Street Address

*Hospital's City | *State: | *Zip:

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.

The Provider listed above is authorized to validate the information I have provided.

Policyholder's Signature **Date**

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)