CANCER VACCINE BENEFIT CLAIM FORM

Your policy pays a Cancer Vaccine Benefit for receiving any FDA approved vaccine for the prevention of cancer, after the effective date of your policy. This benefit is limited to one payment per covered person, per calendar year. Please refer to your policy to verify your eligibility for this benefit.

- Please sign, date and mail or 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.
- Claims for all other benefits covered under this policy should be filed separately.
- Failure to complete all sections may result in a delay in processing this claim.
- Submit each additional vaccination date (if filing for multiple years or additional covered persons) on a separate claim form.

Policy Number:

All Fields are required.

Policyholder Information:

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 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 Cancer Vaccine M M D D Y Y Y Y

Vaccine CPT Code (obtained from your physician):

Physician's Phone Number: - -

Physician's Name

Physician's Street Address

Physician's City | State: | Zip:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

POLICYHOLDER/PATIENT SIGNATURE | **FAMILY RELATIONSHIP, IF NOT POLICYHOLDER** | **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)