

## INITIAL DISABILITY CLAIM FORM

Thank you for trusting Aflac with your Initial Disability needs.

> 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.

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.

- 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.
- > 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.

| *Po                                                                                 | licy    | Nui                     | nb                          | er                      | : [                          |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
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| Policyholder Information: This * denotes a required field.  *Last Name  *First Name |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     | -       |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         | *Firs                       | t Na                     | me                        |                       |                        | _                      |                            | _                     |            |                   |                   |                  |            | MI |
|                                                                                     |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| *Date                                                                               | of Birt | h (mn                   | n/dd/                       | /vv)                    |                              |                           |                   | Tele                       | ohon                     | e Nı                       | umb                       | er whe                         | re v                   | ve c                      | an re                        | ach             | you                        |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  | J          |    |
|                                                                                     | 1       | $\overrightarrow{\Box}$ |                             | 1                       |                              |                           |                   |                            |                          |                            | _                         | П                              | Т                      |                           |                              |                 |                            |                              |                         | ]                           |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     | ′       |                         |                             | _′_                     |                              |                           |                   |                            |                          |                            | _                         |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| *Home                                                                               | e Addı  | ess                     |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        | _                      | _                          | $\overline{}$         |            |                   |                   | _                |            | _  |
|                                                                                     |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| *City                                                                               |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         | *Sta                        | te                       |                           | 'Zip                  | Cod                    | de                     |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| $\vdash$                                                                            |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          | l                         |                       |                        |                        |                            |                       |            |                   |                   |                  |            | Щ  |
| L C                                                                                 | heck    | box i                   | f thi                       | s is                    | a pe                         | rma                       | ane               | nt a                       | ddre                     | ess (                      | cha                       | nge.                           |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| Pati                                                                                | ent     | Info                    | rn                          | nat                     | ion                          | 1:                        |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| *Last                                                                               | st Name |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     |         |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                | l                      |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       | /          |                   |                   | /                |            |    |
| *Sex:                                                                               |         | Male                    | , [                         | $\neg$                  | Fema                         | ale                       |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| *Rela                                                                               |         |                         |                             |                         | nary                         |                           | licvl             | hold                       | er                       |                            | Spc                       | ouse                           |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     |         |                         |                             |                         | ,                            |                           | - ,               |                            |                          |                            |                           | Initia                         | ıl C                   | Dis                       | abili                        | tv              | Ch                         | eckl                         | ist                     |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| ls dis                                                                              | abilit  | v due                   | to                          | a si                    | ckne                         | ss?                       | · [               | No                         |                          | Ye                         |                           |                                |                        |                           |                              | -,              |                            |                              |                         | -                           |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| Is dis                                                                              |         |                         |                             |                         |                              | _                         |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     |         | •                       |                             |                         |                              |                           |                   |                            |                          |                            | stic                      | ns re                          | ate                    | ed t                      | to the                       | in              | jury                       | :                            |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| • [                                                                                 | Date o  | of the                  | inj                         | ury:                    |                              |                           | /                 |                            | /                        |                            |                           | _                              |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| • [                                                                                 | Descr   | ibe h                   | ow                          | the                     | injur                        | у о                       | ccu               | rred:                      | :                        |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            | _  |
|                                                                                     |         |                         |                             | -                       |                              |                           | -                 |                            |                          |                            |                           | ccurre                         |                        |                           | -                            |                 |                            | -                            |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     | Vas t   |                         |                             | tor                     | vehi                         | cle                       | acc               | iden                       | t in                     | whi                        | ch t                      | he pa                          | tie                    | nt v                      | was t                        | ne              | driv                       | er?                          |                         | No                          |                          | Yes                       | (If                   | yes                    | , p                    | leas                       | se :                  | sub        | mit               | a c               | ору              | of t       | he |
| For a                                                                               |         | -                       |                             | ease                    | oo e                         | mpl                       | ete               | all                        | rem                      | ain                        | ing                       | secti                          | on                     | s.                        |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
| • \                                                                                 | Was t   | he pa                   | atiei<br>I I I              | nt c                    | onfin                        | ed<br>HCI                 | to tl<br>FA       | he h<br>1500               | ospi<br>ງ)               | ital                       | as a                      | a resu                         | lt c                   | of th                     | nis co                       | nd              | litio                      | n? [                         | JΝ                      | lo [                        | ∃Y                       | es (                      | lf y                  | es,                    | ple                    | ease                       | e si                  | ubn        | nit tl            | ne i              | tem              | izec       | 1  |
|                                                                                     | lospi   |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            |                              |                         |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            |    |
|                                                                                     | City: _ |                         |                             |                         |                              |                           |                   |                            |                          |                            |                           |                                |                        |                           |                              |                 |                            | Sta                          | te:                     |                             |                          |                           |                       |                        |                        |                            |                       |            |                   |                   |                  |            | _  |
| Any<br>appl<br>the p<br>insu                                                        |         |                         | vho<br>or i<br>of i<br>t, w | kr<br>nsi<br>nis<br>hio | now<br>uran<br>lead<br>ch is | ing<br>ice<br>ding<br>s a | or<br>g, i<br>cri | and<br>stat<br>nfoi<br>me, | wit<br>tem<br>rma<br>and | th i<br>ent<br>itio<br>d s | nte<br>t of<br>n c<br>ubj | nt to<br>clair<br>once<br>ects | de<br>n de<br>rn<br>su | efra<br>cou<br>inc<br>ich | aud<br>ntair<br>g any<br>per | an<br>in<br>/ f | y ir<br>g a<br>act<br>n to | nsur<br>ny r<br>mat<br>o cri | an<br>nat<br>eri<br>imi | ce<br>teri<br>ial t<br>inal | con<br>ally<br>her<br>an | npa<br>fal<br>eto<br>d ci | ny<br>se<br>cc<br>vil | or<br>info<br>mr<br>pe | ot<br>ori<br>nit<br>na | her<br>mat<br>s a<br>litie | p<br>tio<br>fr<br>es. | ers<br>n c | on<br>or c<br>dul | file<br>on<br>ent | es a<br>cea<br>t | in<br>Is f | or |
| POLI                                                                                | CVLIC   | N DEF                   | ) /D A                      | TIE                     | NT C                         | ION                       | A.T.1             | IDE                        |                          |                            |                           | FARM                           |                        | DE                        | :1 AT1                       | <u> </u>        | OL III                     | \ IF <b>\</b>                | IOT                     | · DO                        | 110                      | (1101                     | <u> </u>              | _                      |                        | -                          | \TF                   | _          |                   |                   |                  |            |    |

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)

## \*Policy Number: **Policyholder Information:** This \* denotes a required field. \*Last Name Suffix \*First Name \*Date of Birth (mm/dd/yy) \*Employee's Name (Last Name, Suffix, First Name, MI) \*Employer's Name/Account # \*Employer's Phone Number \*Employer's Address \*City \*State \*Zip Code First date of disability: \_ Was this disability caused by an incident that occurred while performing the duties of his/her employment? UNO UYes Prior to this disability, number of hours worked per week: \_ Gross annual income prior to disability: \*Income is subject to verification at time of claim. Self-employed? \( \subseteq \text{No} \) \( \subseteq \text{Yes} \) (If yes, your gross annual income is the average of your net earnings for the past two years. Please submit tax records for the past two years.) Has the employee returned to work? $\square$ No $\square$ Yes If no, expected return to work date: \_ If yes, date returned to work: \_ If the employee has returned to work is he or she working: Full-Time Part-Time Light Duty If working part time or light duty, please provide the number of working hours per week: If part-time/light duty, date expected to return to work to full-time: \_\_\_\_/\_ If part-time/light duty, is/was the employee earning at least 80% of his/her pre-disability salary? $\square$ No $\square$ Yes Please complete this section only for W-2 Employees and/or Contract 1099. (Please contact payroll and/or check the policyholder's Salary Redirection Agreement/Premium Deduction Authorization card for the answer to these questions.) Are Disability Rider or Short-Term Disability premiums deducted from the policyholder's paycheck on a pre-tax basis? Does the employer pay a portion of the disability premium for the policyholder? $\square$ No $\square$ Yes (If yes, what percent? Policyholder is: (Check all that apply.) Exempt from Social Security Exempt from Medicare Subject to RRTA Is the person still employed? ☐ No ☐ Yes If no, last date of employment: \_\_\_ The employer is required to report disability benefits paid on pre-tax plans on Form 941 and the employee's Form W-2. 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. **EMPLOYER'S SIGNATURE EMPLOYER'S PRINTED NAME DIRECT PHONE NUMBER** DATE

INITIAL DISABILITY CLAIM FORM - EMPLOYER'S STATEMENT

American Family Life Assurance Company of Columbus (Aflac)
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Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

|       |                                | I            | NΙΊ      | ΠΑ           | L     | DI    | SA       | BI    | LI       | ΤY    | C     | LA                             | ۱N                        | 1 F                       | OF                        | RM                           | -                            | PΗ                          | Y                      | SI                         | CIA                          | ۱N                          | 'S                         | S                      | ΓΑ                       | TE                          | ΞM                       | E١                 | <b>1</b> T          |                 |           |        |
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| *Po   | licy                           | Νι           | ımk      | er           | : [   |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | icył                           |              |          |              |       | ma    | tio      | n:    | Th       | is *  | · de  | กก                             | tes                       | : a                       | rec                       | nuir                         | ed                           | fiel                        | d                      |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | Name                           |              |          |              | •     |       |          |       | • • •    |       | 40    | ,,,,                           |                           | <i>,</i> u                |                           | 14                           | Suff                         |                             | ۵.                     | *Fin                       | st Na                        | ame                         |                            |                        |                          |                             |                          |                    |                     |                 |           | MI     |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             | Π                          |                        |                          | Т                           | Т                        | T                  | Т                   | Т               |           |        |
| *Date | of Bir                         | th (m        | nm/dc    | 1/\^\        |       |       |          |       |          |       |       |                                |                           |                           |                           | J                            |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             | Щ                        |                    | Щ                   |                 | J         | L      |
| Date  | /                              | 丁            | TITI/ GC | <i>,</i> yy) |       |       | 1        |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | /                              |              |          |              |       |       | J        |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| Pat   | ient                           | In           | forr     | nat          | tioi  | า:    |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| Last  | Name                           | <del>)</del> |          | 1            |       |       | 1        |       | _        | _     | _     |                                | 7                         | *Firs                     | st Na                     | ame                          |                              |                             |                        | _                          |                              |                             | _                          | 7                      | *D                       | ate o                       | f Birt                   | th (m              | m/d                 | d/yy)           | 1         | _      |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             | /                        |                    |                     | /               |           |        |
| Phι   | /sic                           | ian          | Inf      | orr          | nai   | hio   | n·       |       | <u> </u> |       |       |                                | _                         |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            | _                      |                          |                             |                          |                    |                     |                 |           |        |
| -     | ne Nur                         |              |          | 011          | IIa   |       | •••      |       |          |       |       | *Fax                           | x Nu                      | mbei                      | r                         |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| Т     | Т                              | Τ.           |          | П            |       | Ī _   | Т        |       | Π        | Т     | 7     |                                |                           | Τ                         | _                         |                              | Π                            |                             | _                      | Τ                          |                              |                             |                            | 7                      |                          |                             |                          |                    |                     |                 |           |        |
| Dh    | ioio:='                        | NI-          |          |              |       |       | <u> </u> |       |          |       | J     |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            | J                      |                          |                             |                          |                    |                     |                 |           |        |
| rnys  | ician's                        | o ival       | iie      | Π            |       |       | Т        | Ι     | Ι        | Τ     | Т     | Τ                              | Т                         | Т                         |                           |                              | Π                            |                             |                        | Т                          |                              |                             | Τ                          |                        | Т                        | $\top$                      | $\top$                   | $\top$             | $\top$              | $\top$          | Τ         | $\top$ |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    | $\perp$             | 上               |           |        |
| Addı  | ess                            |              |          |              |       |       |          |       |          | _     |       |                                | _                         |                           |                           |                              |                              |                             |                        |                            |                              |                             | _                          |                        | _                        | _                           |                          |                    | _                   |                 | _         |        |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| City  |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        | Stat                       | te                           |                             | Zip                        | Cod                    | e                        |                             |                          |                    |                     |                 |           |        |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        | Г                        |                             |                          | Τ-                 | Т                   |                 |           |        |
|       |                                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              | J                           |                            |                        |                          |                             |                          |                    | Щ                   | Щ               |           | Щ      |
|       | Prima                          | -            | -        |              |       |       |          | -     |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             | -                          |                        | _                        |                             |                          |                    |                     |                 |           |        |
| •     | If due                         | to a         | an in    | jury         | , ple | ease  | pro      | ovide | e th     | e da  | ate a | and (                          | deta                      | ails c                    | of th                     | ie in                        | jury                         | :                           |                        | /_                         |                              | -                           | /                          |                        | _                        |                             |                          |                    |                     |                 |           |        |
| ,     | Was                            | ·bio         | diaak    | .:1:4. ,     |       | d     | by c     | in    | منط      | ont t | hot d |                                | ırroo                     | امايدا                    | lo n                      | orfo                         | rno in                       | a the                       | . dı                   | ıtioo                      | of h                         | io/b                        |                            | m nl                   | 0) (0                    | n ont                       |                          |                    |                     | ٦٧,             |           | —      |
|       | vvas<br>Symp                   |              |          | -            |       |       | -        |       |          |       |       |                                |                           |                           | -                         |                              |                              | -                           |                        |                            |                              |                             |                            | -                      | -                        |                             |                          |                    |                     |                 |           |        |
|       | Patie                          |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           | -                            |                              |                             |                        | anc                        | GI, C                        | ale                         | , OI                       | HILLIC                 | ai u                     | iayi                        | USIS                     | ·· —               |                     |                 |           | _      |
|       | Was                            |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        | ПΝ                         | ωГ                           | ٦٧                          | <b>'</b>                   |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | lf yes                         |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             | CO                         |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | reati                          |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              | Pho                         | ne l                       | Num                    | nbe                      | r:                          |                          |                    |                     |                 |           |        |
|       |                                |              | ing '    |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           | _      |
| •     | Pregr                          | nanc         | y cla    | aims         | : Da  | ate d | of de    | elive | ery:     |       |       | /                              |                           | /                         |                           |                              |                              | √agiı                       | nal                    |                            | Ce                           | sare                        | ean                        |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | lf not                         | deli         | vere     | d, ex        | xpec  | cted  | del      | iver  | y da     | ate:  |       |                                | /                         |                           | /                         | '                            |                              | _                           |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | Pleas                          |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           | _      |
|       | First                          |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | Date                           |              |          |              |       |       |          |       |          |       |       |                                |                           |                           | _                         | 7                            |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| •     | Have                           |              |          |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        | ease                       | ed: _                        |                             |                            |                        |                          | /                           | —                        |                    | .)                  |                 |           |        |
|       |                                |              | ent re   |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              | _                            |                             | -                      |                            |                              |                             | ,                          | J .                    |                          |                             |                          |                    |                     |                 |           |        |
|       | l<br>If pat                    |              | rt tim   |              |       |       |          |       |          |       |       |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
|       | if pat<br>the d                |              |          |              |       |       |          |       |          |       |       |                                |                           |                           | ı ap                      | ppoli                        | แท                           | ent C                       | ate                    | j                          |                              |                             |                            |                        |                          |                             |                          | riea               | 156                 | aisc            | , pro     | JAIQ   |
| •     | ls pat                         | ient         | perr     | nan          | entl  | y dis | sabl     | ed?   |          | No    |       |                                |                           |                           | al r                      | eco                          | rds v                        | will b                      | e r                    | equ                        | ired                         | if p                        | erm                        | ane                    | ent                      | disa                        | bilit                    | y is               | indi <sup>,</sup>   | cate            | ed;       |        |
|       | pers<br>licat<br>purp<br>irand |              |          |              |       |       |          |       |          |       | ,     | ent i<br>f cla<br>con-<br>ject | to c<br>aim<br>cer<br>s s | defr<br>co<br>ning<br>uch | aud<br>nta<br>g a<br>n pe | d an<br>inin<br>ny f<br>erso | ny ii<br>ng a<br>act<br>on t | nsui<br>iny i<br>ma<br>o cr | rar<br>ma<br>ter<br>im | nce<br>iteri<br>ial<br>ina | cor<br>ially<br>thei<br>I an | npa<br>/ fa<br>reto<br>id c | any<br>Ise<br>o co<br>civi | or<br>info<br>mr<br>pe | otl<br>orr<br>nit<br>ena | her<br>nati<br>s a<br>Itie: | per<br>ion<br>frai<br>s. | sor<br>or (<br>udu | ı fil<br>con<br>len | es<br>icea<br>t | an<br>als | for    |
|       |                                |              |          |              |       |       |          |       |          |       | _     |                                |                           |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            |                        |                          |                             |                          |                    |                     |                 |           |        |
| PHY   | SICIA                          | N'S          | SIGN     | ATU          | RE    |       |          |       |          |       |       | DA                             | TE                        |                           |                           |                              |                              |                             |                        |                            |                              |                             |                            | TAX                    | ID                       |                             |                          |                    |                     |                 |           |        |

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