



SPECIFIED EVENT/LUMP SUM CRITICAL ILLNESS EVENT CLAIM FORM

Thank you for trusting Aflac with your Specified Event/Lump Sum Critical Illness Event needs.

- If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

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.

***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

Specified Event/Lump Sum Critical Illness Checklist

- Please indicate the condition the patient is filing for below and submit the appropriate medical documentation:
 - Coma** - Documentation from the health care provider indicating the duration of the coma and the ranking on the coma scale.
 - Burn** - Documentation showing the total percentage of the body with third degree burns.
 - Paralysis** - Documentation from the health care provider of complete and total loss of use of two or more limbs, including the duration of paralysis.
 - Heart attack** - Documentation of the electrocardiographic findings or clinical findings together with test results of blood enzymes diagnosing a heart attack.
 - Stroke** - Documentation of a neurological deficit with complete or partial function loss for more than 24 hours.
 - End stage renal failure** - Documentation of a diagnosis of permanent and irreversible kidney failure.
 - Persistent vegetative state** - Statements from two physicians indicating cognitive function has been substantially impaired and there is no reasonable expectation that the patient will regain cognitive function.
 - Sudden cardiac arrest** - Documentation or the discharge summary indicating the diagnosis.
 - Coronary artery bypass graft surgery** - Documentation from the health care provider indicating open-heart surgery was performed to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.
 - Major human organ transplant** - Documentation from the health care provider indicating the covered person has received, as a result of surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas.
 - Heart surgery** - Documentation from the health care provider indicating the type of heart surgery performed.
 - Bone marrow transplant** - Documentation from the health care provider indicating a bone marrow transplant was performed.
 - Internal cancer** - The initial pathology report or exam that initially diagnosed internal cancer.
 - Noninvasive cancer** - The initial pathology report or exam that initially diagnosed noninvasive cancer.
 - Skin cancer** - The initial pathology report or exam that initially diagnosed skin cancer.

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)

