



Cancer Screening Wellness Benefit Claim Form

Some of the tests listed may not be covered under the Wellness Benefit of your policy. Please check your policy for a list of covered wellness procedures or call (1-800-3662-3436) for a Wellness Form specifically tailored for your policy.

Policy Holder Information

Please use black or blue ink only and print legibly when completing this form in its entirety. Keep a copy of the supporting documentation and this completed form for your records. Sign, date, and mail the completed form to the Aflac New York address shown below.

Policyholder's First Name:
 Middle Initial:
 Policyholder's Last Name:
 Policyholder's Birth Date: M M D D Y Y Y Y ZIP of mailing address:

Patient Information

First Name:
 Middle Initial:
 Last Name:
 Relationship: Primary Policyholder Spouse Dependent Child Sex: Male Female
 Patient's Birth Date: M M D D Y Y Y Y Policy Number:

Wellness Exam

Treatment Date: M M D D Y Y Y Y
 Colonoscopy Virtual colonoscopy Pap smear - ThinPrep Pap smear
 Hemocult stool specimen CEA (blood test for colon cancer) CA 125 (blood test for ovarian cancer) Mammogram
 Flexible sigmoidoscopy Thermography Chest X-ray PSA (blood test for prostate cancer) Breast ultrasound Biopsy
 Pap Smear Date: M M D D Y Y Y Y Mammogram Date: M M D D Y Y Y Y Provide Actual Cost for Mammogram: .

Physician Information

Phone Number: - -

Name:
 Street Address:
 City: State: Zip Code:

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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I certify that the information provided is true and correct:

 POLICYHOLDER'S SIGNATURE

 DATE

American Family Life Assurance Company of Columbus (Aflac New York)
 Attn: Claims Department - 1932 Wynnton Road - Columbus, GA 31999-7251
 1-800-366-3436) - aflacny.com