

ACCIDENT POLICY WELLNESS CLAIM FORM

AFLAC Worldwide Headquarters
ATTN: Claims Department
1932 Wynnton Road
Columbus, Georgia 31999
Toll-Free Fax: 1-877-442-3522

Accident Policy Number: _____

IMPORTANT: A copy of the charges must be attached. The annual Wellness Benefit becomes available following each anniversary of the policy's effective date. It is payable for services received during the following policy year and is payable only once per policy year.

Patient's Name: _____

Relationship to Policyholder: Self Spouse Child

Patient's Date of Birth: _____ Male Female

Policyholder's Name: _____

Street Address: _____

Check here if this is a new address

City, State, Zip: _____

Telephone No: _____

Treatment Date: _____