



How do I file a claim?

- Our claim forms are available under the Filing a Claim tab. Please read and follow the detailed instructions for each applicable form, making sure to complete it in its entirety and signing where requested. If you have questions or need help completing a form, call our Customer Service Center at 1-800-433-3036

What if all the provisions of the certificate are not met? How will it affect my claims processing time?

- Claims submitted for benefits that may be subject to a pre-existing condition exclusion, a waiting period, or the certificate's contestability period may require additional medical information that can extend processing time. Also, you will be notified within 7 to 10 business days if a claim

Will my claim be expedited if I send my claim form to you by express mail?

- Sending your claim form by express mail will expedite the receipt of your claim form but will not expedite claim processing. Claims are processed in the order in which they are received; they are not prioritized by delivery method.

How long do I have to file a claim?

- There is a one-year timely filing provision in your certificate. Please review the provision and call us with any questions..

How do I submit my claim form for processing?

- You can mail your claim form to Post Office Box 84075, Columbus, Georgia 31993. You may also fax your claim form to our claims department at 1-866-849-2970 or scan and email your claim form to groupclaimfiling@aflac.com.

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What information do I need to file a claim?

It's important to follow the detailed instructions included on each claim form and to sign each form where indicated. Our claim forms are all available on the Claims tab, and instruct you to consider the following:

- **Group Disability Insurance Claims** – There are three areas on this form: one that requires specific information from you, one that requires specific information from your employer, and one that requires specific information from your attending physician. Be sure to sign and date the authorization portion of Part A, as well as all other applicable forms.
- **Group Supplemental Hospital Indemnity Insurance Claims** – We'll need an itemized bill showing admission and discharge dates, inpatient room charges for semiprivate or private rooms, a diagnosis, and any additional forms or bills related to your treatment.
- **Group Accident Insurance Claims** – Using the appropriate claims form, send us a complete description of your accident. If you were involved in a motor vehicle accident, we'll need a copy of the police or accident report. If your injury occurred on the job, please attach a copy of the first report of injury filed with your employer. If you were first treated in an emergency room, please attach a copy of the discharge papers from the hospital. All medical bills and supporting documents related to your injury should verify the diagnosis, the specific procedure or treatment and the supplies used.
- **Group Critical Illness Insurance Claims** – Notice that the claimant's birth certificate is required with the other critical illness insurance claim documentation. Please make sure your treating physician completes the second page (Attending Physician's Statement).
- **Group Cancer Insurance Claims** – When you send your cancer insurance claim documentation, include a pathology report used in the diagnosis of a malignant cancer, any itemized medical bills with the diagnosis and procedure codes, and the claimant's birth certificate.
- **Beneficiary's Statement for Death Claim** – Certified copies of the deceased person's birth certificate and death certificate are needed to process your claim. If the cause of death is an injury or accident, include a copy of any related police report and/or newspaper articles. The beneficiaries must sign and print their name at the bottom of the claim form.

I submitted a claim form. Did you receive it?

- Once a claim form has been received, it normally takes two to three working days to pre-process the claim before it is sent to the claims examiner for processing. During this pre-processing stage, the claim form is not accessible for review. It will become accessible once pre-processing is complete and the claim is entered into the claim system. Please closely follow the instructions on the claim form and sign in all places indicated before mailing it and all required documentation to us.

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How is this coverage different from major medical insurance?

- Major medical insurance pays for doctors and hospitals. Our coverage is designed to provide you with cash benefits, unless otherwise assigned, that you can use to help with daily expenses when you're sick or hurt—cash to be used as you wish to help you and your family with unexpected expenses.

Whom do I call with questions about my coverage?

- Call our Customer Service Center at 1-800-433-3036 from 8 a.m. to 8 p.m. Eastern time. Each of our representatives is prepared to address questions about your insurance, and we're proud to offer interpretation services for over 50 languages.

Can I increase my coverage at any time if I continue my coverage on an individual basis?

- No. The option to increase coverage is only available on a group basis.

What if I want to cancel my coverage?

- Call our Customer Service Center at 1-800-433-3036 for cancellation procedures.

Will my benefit checks be payable to me?

- Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned.
- You can also choose to direct a hospital, physician, or other health care provider to receive your benefits. This is called assigning benefits, and you can do so by signing the appropriate section on the claim form or by signing an assignment of benefits at the health care provider's office.

Are my benefits taxable?

- If you pay your premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all of your premiums, some of the benefits you receive may be taxable. Therefore, you may receive a W-2 form from your employer that will include the taxable benefits amount you received. If you have questions about taxability of benefits, discuss them with your employer or tax advisor.

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How do I make changes to my personal information, such as my name or address?

- You can download a Service Request Form from our Web site (located under the Service Request tab) or call our Customer Service Center at 1-800-433-3036 to request the form by mail. Please closely follow the instructions on the form to receive the most efficient service.

Who completes the Beneficiary's Statement?

- When a death occurs, the Beneficiary's Statement must be completed by the person or persons to whom the insurance may be payable. Please also note that if an assignment of benefits to a funeral home is made, this information will need to accompany the Beneficiary's statement/claim form.

If my disability claim is ongoing, will the initial claim form that I submit support my ongoing disability?

- No. Please submit all supplemental claim forms, updated medical information, and employer's verification that your claim examiner requests. Since disability claims can be ongoing, we will request periodic updates from you on your condition and return-to-work status.

If I am eligible to keep my coverage on an individual basis, what payment options do I have?

- If you terminate your employment with your employer, you may opt to continue your current Aflac Group plan on an individual pay basis as long as the Group Master Policy remains in effect.
- You will have four payment options: monthly electronic draft from your banking account, quarterly, semiannual, or annual direct billing. Electronic draft is available for monthly payment only. Notices will be generated for premiums paid quarterly, semiannually, or annually when due.

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