

CANCER POLICY WELLNESS CLAIM FORM

AFLAC WORLDWIDE HEADQUARTERS
ATTN: CLAIMS DEPARTMENT
1932 WYNNTON ROAD
COLUMBUS, GA 31999

Cancer Policy Number:

(The following policies contain the wellness benefit: Premier Cancer - Levels 4 (series A-5400) and 5 (series A-55000) ONLY, Personal Cancer Expense (series A-5800) and Personal Cancer Protector Plan (series A-59000))

IMPORTANT: A copy of the charges must be attached.

Patient's Name: _____

Relationship to Policyholder: Self Spouse Child

Patient's Date of Birth: _____ Male Female

Policyholder's Name: _____

Street Address: _____

City, State & Zip: _____

Telephone Number: (____) _____

Treatment Date: _____

Mail Check to Associate

Writing #: _____

Name: _____

Address: _____