

CANCER POLICY WELLNESS FORM

AFLAC Worldwide Headquarters

ATTN: Claims Department

1932 Wynnton Road

Columbus, Georgia 31999

Patient's Name: _____

Policyholder's Name: _____

Cancer Policy Number: _____

Address: _____

Telephone Number: _____

Treatment Date: _____

Note: A copy of the physician's bill must be attached.

AFLAC's Cancer Screening Wellness Benefit is a preventative benefit.

CANCER SCREENING WELLNESS BENEFIT: AFLAC will pay \$40 per calendar year to you or any covered person when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear (lab and procedure), biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography or colonoscopy. These tests must be performed to determine if cancer exists in a covered person. This benefit is limited to one payment per calendar year per covered person. **No lifetime maximum.**