Disability Claims Checklist

Identify your policy *(Please include at least three pieces of identifying information.)*

☐ Policy number. ☐ Policyholder's name. ☐ Policyholder's date of birth. ☐ Policyholder's address.

What you need to file a claim

☐ Patient's name and date of birth.

☐ Patient's relationship to policyholder.

For injuries:

☐ Date and description of injury.

☐ Location of the injury.

For illnesses:

☐ Date symptoms first occurred.

☐ Date of first treatment.

For pregnancy:

☐ Approximate conception date for pregnancy.

Definitions & acronyms

- Itemized hospital bill (IHB).
- UB04 (itemized hospital bill).
- HCFA 1500 (non-hospital bill).
- Motor vehicle accident (MVA).
- Authorization to obtain information (AU). *(This allows Aflac to request additional documentation on your behalf.)*

Proof of services *(Please obtain the supporting documents for the corresponding benefit.)*

☐ **Physician's statement completed in its entirety.**

☐ **Disability due to pregnancy.**

- ☐ **Hospital discharge summary** - Indicating the delivery date and type of delivery.
- ☐ **Physician office notes** - If the physician placed patient on disability prior to delivery.

☐ **Hospital confinement** - IHB or UB04.

☐ **Prior year's tax records** - Needed if self-employed or the policy is less than 2 years old.

☐ **Employer's statement completed in its entirety.**

MyAflac® helpful tips:

My Claims

Follow your claim from start to finish and receive alerts if we need additional information through our integrated Claim Status Tracker.

My Coverage

Here you'll find a copy of your policy and benefit details to see what's covered and benefit amounts.

My Account

Enroll in direct deposit and receive eligible claims benefits faster. Be sure to enroll at least 24 hours before filing a claim. Otherwise, we will mail you a check.

Aflac coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by Aflac New York.
This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments or act as an all-inclusive list.
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