

Accident Claim Checklist



General Reminders:

- ☐ Login to [MyAflac](#) or download the [MyAflac](#) mobile app to register so that you can:
 - Check the status of your claim (opt in to receive claim updates electronically).
 - Sign up for Direct Deposit to receive benefit payments directly in your bank account.
 - Verify and/or update your mailing address.
- ☐ Ensure the policy number, primary policyholder's name and date of birth is include on all submitted documents.
- ☐ Review your state specific claim form and the exclusions/waiting periods listed in your policy prior to claim submission in order to prevent a delay in your claim(s) review process or additional documents being requested.
- ☐ Authorization to Obtain Information
 - After you have submitted your claim and its supporting documents; if additional documents are deemed necessary, we can assist in obtaining them with a signed/completed authorization form. There may be a delay in claim processing if we need to request additional documents on your behalf.
- ☐ If you are receiving a paper check, please allow for mail time once the claim has been processed.
- ☐ Utilize the checklist below to ensure completed claim forms are submitted.

Reminders for You:

- ☐ The Accident claim form must be completed in its entirety, to include:
 - Policyholder information (policy number, name, date of birth, and address).
 - Claimant information (name, date of birth, gender, and relationship to the policyholder).
 - Accidental injury checklist (if filing online via Aflac SmartClaim®, the system will walk you through the process).
- ☐ Medical Documents based on the accident and the treatments received.
- ☐ Follow-up or Continuing Claims
 - Additional treatments received after the initial claim should be filed as a new claim if filing as an *Aflac SmartClaim®*. If filing via fax or mail, include the claim number and/or date of injury.

Reminders for your Medical Documents:

- ☐ **Billing Statement:** Form's UB-04, HCFA 1500, or CMS 1500 can be requested from your medical facility.
- ☐ **Ambulance bill:** Was the claimant transported by ambulance (ground or air)?
- ☐ **Operative Report:** Did the claimant require surgery?
- ☐ **Police Report:** Was the accident due to a motor vehicle accident and the claimant was the driver of the vehicle?
- ☐ **Physician Office Notes:** This will provide details of the injury as reported to the medical facility.
- ☐ All medical documents should have the claimant name, diagnosis, type of service and/or procedure, date of service and providers information.

Ways to file your claim:

Fax: 1.877.44.AFLAC (1.877.442.3522)

Mail: Aflac, Attn: Claims Department
1932 Wynnton Road, Columbus GA 31999

Have questions or need assistance?

Visit [Aflac.com](#) or call 1.800.99.AFLAC (1.800.992.3522).

Our customer service representatives are here to assist you Monday through Friday from 8 a.m. to 8 p.m. Eastern time.

This checklist is intended to assist policyholders when filing claims and does not constitute a guarantee of claims payments. One Day PaySM is available for certain individual claims submitted online through the Aflac SmartClaim[®] process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim[®], including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim[®] is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2019.

Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. WWHQ | 1932 Wynnton Road | Columbus, GA 31999.