



# HOSPITAL INDEMNITY PLAN WELLNESS BENEFIT CLAIM FORM

**Please read all instructions.**

**Failure to follow these instructions will delay the processing of your claim.**

## **Do not include receipts, statements or other documentation with this form.**

Your Aflac policy provides one Wellness Benefit per policy year. Please note that these benefits are not payable for treatment within the first 12 months of the policy's effective date. To receive your Wellness Benefit, complete the form by following the instructions provided. Please keep a copy of this completed form for your records. Claims for all other benefits covered under your policy must be filed separately using the appropriate claim form.

If your Aflac policy also provides a Mammogram Benefit, please mark the appropriate box and indicate the date the mammogram was performed. Please check your policy for specific benefits covered under your policy.

If your Aflac policy also provides a Pap Smear Benefit, please mark the appropriate box and indicate the date the pap smear was performed. Please check your policy for specific benefits covered under your policy.

- **Do not write on form except as instructed.**
- **Incomplete forms cannot be processed and will be returned.**
- **Please do not fax this completed form to Aflac.**
- **Mark only wellness exam box(es) for test(s) that you had performed.**

