

# 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.

For injuries:

For illnesses:

Patient's relationship to policyholder.

Date and description of injury.

Date symptoms first occurred.

Location of the injury.

Date of first treatment.

For pregnancy:

Approximate conception date for pregnancy.

## Definitions & acronyms

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

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

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

**Hospital confinement** - IHB or UB04.

**Disability due to pregnancy.**

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

**Hospital discharge summary** - Indicating the delivery date and type of delivery.

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

**Physician office notes** - If the physician placed patient on disability prior to delivery.

## 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 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.