

## **CONTINUING DISABILITY CLAIM FORM**

Thank you for trusting Aflac New York with your Continuing Disability needs.

If you are interested in uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

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American Family Life Assurance Company of New York
ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999-7255
For information or to check claim status, visit aflac.com or call 1-800-366-3436
Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

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**CONTINUING DISABILITY CLAIM FORM - EMPLOYER'S STATEMENT** 

American Family Life Assurance Company of New York ATTN: Claims Department • 1932 Wynnton Road • Columbus, GA 31999-7255 For information or to check claim status, visit aflac.com or call 1-800-366-3436 Claims may be faxed to 1-877-44-AFLAC (1-877-442-3522)

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