

Post Office Box 84075 Columbus, GA 31993
Phone (800) 433-3036
Fax (866) 849-2970
groupclaimfiling@aflac.com



WELLNESS AND HEALTH SCREENING CLAIM FORM

Failure to complete all prognosis with respect to any physical or mental condition and/or treatment and any American Insurance Company or its legal representative, any and all such information information pertaining to diagnosis, care or treatment for psychiatric disorder, drug or treatment of HIV (AIDS virus) and/or other sexually transmitted diseases, including information obtained by use of the Authorization will be used by Continental American under an existing certificate. Any information obtained will not be released by Continental organization EXCEPT to re-insuring companies, or other person or organization [(or2

Post Office Box 84075 Columbus, GA 31993
Phone (800) 433-3036
Fax (866) 849-2970
groupclaimfiling@afac.com

