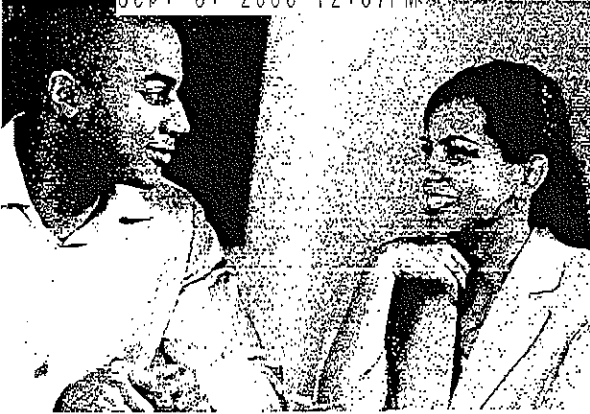


# Maximum Difference<sup>SM</sup>

*Cancer Indemnity Insurance*

Policy Series 776000





# Understanding the Risk

Despite the best efforts of doctors, researchers, and countless organizations, cancer remains a concern for many individuals and families. People from all walks of life are at risk regardless of age, sex, or ethnic background. Here are a few statistics to help you understand the role cancer plays in America's overall health. According to the American Cancer Society:\*

- In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.
- About 1,444,920 new cancer cases are expected to be diagnosed in 2007.
- An estimated 10,400 new cases are expected to occur among children ages 0-14 in 2007.

Advances in treatment also mean that Americans diagnosed with cancer are living longer than ever. The five-year relative survival rate for all cancers combined between 1996 and 2002 is 66%, up from 50% in 1975-77.\*

Although major medical insurance can help with the costs of cancer treatment, you still may have to cover deductibles and copayments on your own. Additionally, cancer treatment can necessitate out-of-pocket expenses that aren't covered by major medical insurance, including travel, food, lodging, long-distance calls, child care, and household help.

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled.

By paying cash benefits directly to you, unless you choose otherwise, Aflac's Maximum Difference™ policy allows you the freedom to use those funds as you see fit, helping you with the financial consequences of cancer that may not be covered by major medical insurance.

\*Cancer Facts and Figures 2007



# Quick-Reference Chart of Benefits Information

Benefits are paid only for Covered Persons who receive Physician-prescribed treatment approved by the National Cancer Institute (NCI) or the Food and Drug Administration for Cancer (unless stated otherwise) or an Associated Cancerous Condition, as applicable. To be payable, the benefits listed below require a charge to be incurred for the applicable treatment or service, except for the Experimental Treatment Benefit (as detailed below), the Hospital Confinement Benefit (when confined in a U.S. government hospital), and the Hospice Care Benefit.

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
<b>DIRECT NONSURGICAL TREATMENT BENEFITS</b>			

Benefits are payable the calendar week or calendar month, as applicable, during which a Covered Person receives and incurs a charge for the applicable treatment. Benefits will not be paid for each week of continuous infusion of medications dispensed by pump, implant, or patch. Benefits will not be paid for each week a radium implant or radioisotope remains in the body. The Initial Treatment, Injected Chemotherapy, Radiation Therapy, and Experimental Treatment Benefits are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person.

<b>Initial Treatment</b>	\$3,000	\$3,000	Payable the first time Radiation Therapy, Injected Chemotherapy, or Oral Chemotherapy Benefits are received.
<b>Injected Chemotherapy</b>	\$900 once per calendar week	None	Limited to the calendar week in which the charge for medication(s) or treatment is incurred.
<b>Oral Chemotherapy</b>	<p>Nonhormonal \$400 per medication, per calendar month</p> <p>Hormonal \$400 per medication, per calendar month up to 24 months</p> <p>\$100 per medication, per calendar month after 24 months of paid benefits of hormonal oral chemotherapy</p>	<p>None</p> <p>None</p>	Total benefits (nonhormonal and hormonal) are payable for up to 3 different medications per calendar month, up to a maximum of \$1,200 per calendar month. Oral Chemotherapy Benefits are limited to the calendar month in which the charge for the medication(s) or treatment is incurred. Refills within the same calendar month are not considered a different chemotherapy medicine. Examples of hormonal oral chemotherapy are Nolvadex, Arimidex, Femara, and Lupron or generic versions such as Tamoxifen
<b>Radiation Therapy</b>	\$500 once per calendar week	None	Benefit is limited to the calendar week in which the charge for the therapy is incurred.
<b>Experimental Treatment</b>	\$500 once per calendar week if charge incurred; \$125 once per calendar week if no charge incurred for inclusion in a clinical trial	None	Benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefit is limited to the calendar week in which the charge for the treatment is incurred, if there is a charge

The policy has limitations that may affect benefits payable. This brochure is for illustrative purposes only. See the policy for complete details, limitations, and exclusions.

**BENEFIT**

**BENEFIT  
AMOUNT**

**LIFETIME  
MAX/INSURED**

**ADDITIONAL BENEFIT INFORMATION**

**INDIRECT/ADDITIONAL THERAPY BENEFITS**

The Immunotherapy and Anti-Nausea Benefits are not payable based on the number, duration, or frequency of immunotherapy or anti-nausea drugs received by the Covered Person. The Immunotherapy and Anti-Nausea Benefits are limited to the calendar month in which a Covered Person receives and incurs a charge for the applicable treatment.

<b>Immunotherapy</b>	\$500 once per calendar month	\$2,500	Benefit is payable for an immunotherapy treatment regimen for Internal Cancer or an Associated Cancerous Condition. Not payable for medications paid under the Injected Chemotherapy, Oral Chemotherapy, Radiation Therapy, or Experimental Treatment Benefits.
<b>Anti-Nausea</b>	\$150 once per calendar month	None	Anti-nausea drugs must be prescribed while receiving Radiation Therapy Benefits, Injected or Oral Chemotherapy Benefits, or Experimental Treatment Benefits.
<b>Stem Cell Transplantation</b>	\$10,000	\$10,000	Payable for a peripheral stem cell transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Does not include bone marrow transplantations.
<b>Bone Marrow Transplantation</b> Covered Person Donor	\$10,000 \$ 1,000	\$10,000	Payable for a bone marrow transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Donor benefit is payable to the Covered Person's bone marrow donor for expenses incurred as a result of the transplantation procedure. Does not include stem cell transplantations.
<b>Blood and Plasma</b> Inpatient	\$150 times the number of days paid under the Hospital Confinement Benefit	None	Inpatient benefit is payable for blood and/or plasma transfusions during a covered Hospital confinement. Outpatient benefit is payable for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. Does not pay for immunoglobulins, immunotherapy, antihemophilia factors, or colony-stimulating factors.
Outpatient	\$250 per day		

**SURGICAL TREATMENT BENEFITS**

<b>Surgical/Anesthesia</b>	\$140-\$5,000 (based on Schedule of Operations listed in the policy)  25% of the benefit amount shown in the Schedule of Operations will be paid for the administration of anesthesia during a covered surgical operation.	None	The maximum (Surgical/Anesthesia) daily benefit will not exceed \$6,250. Payable when a surgical operation is performed for a diagnosed Internal Cancer or an Associated Cancerous Condition. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the highest eligible benefit.
<b>Skin Cancer Surgery</b>	\$50-\$600	None	Payable when a surgical operation is performed for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer. The indemnity amount includes anesthesia services. Maximum daily benefit: \$600

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
<b>HOSPITALIZATION BENEFITS</b>			
<p><b>Hospital Confinement, Days 1-30</b>                      Named Insured/Spouse                      Dependent Child</p> <p><b>Hospital Confinement, Days 31+</b>                      Named Insured/Spouse                      Dependent Child</p>	<p>\$300 per day                      \$375 per day</p> <p>\$600 per day                      \$750 per day</p>	<p>None</p>	<p>For hospitalization of 30 days or less, Aflac will pay benefits for each day a Covered Person is confined to a Hospital for treatment and is charged for a room as an inpatient. During any continuous period of Hospital confinement for 31 days or more, Aflac will pay benefits as described for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, benefits for Days 31+ will be payable for each day a Covered Person is charged for a room as an inpatient. No charge is required for confinement in a U.S. government Hospital.</p>
<p><b>Outpatient Hospital Surgical Room Charge</b></p>	<p>\$300 per day</p>	<p>None</p>	<p>Payable when a surgical operation is performed for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition. Benefit is not payable for any surgery performed in a Physician's office. Surgery must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. Benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. Benefit is payable in addition to the Surgical/Anesthesia Benefit. Benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. Maximum daily benefit: \$300.</p>
<b>CONTINUING CARE BENEFITS</b>			
<p><b>Extended-Care Facility</b></p>	<p>\$150 per day</p>	<p>None</p>	<p>Payable when hospitalized and receives Hospital Confinement Benefits and is later confined, within 30 days of the covered Hospital confinement, to an Extended-Care Facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such (an <i>Extended-Care Facility</i>). For each day this benefit is payable, Hospital Confinement Benefits are NOT payable. If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives Hospital Confinement Benefits and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement. Benefits are limited to 30 days per calendar year, per Covered Person.</p>
<p><b>Home Health Care</b></p>	<p>\$150 per visit                      (Limit of 10 visits per hospitalization and 30 visits per calendar year for each Covered Person)</p>	<p>None</p>	<p>Payable when hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided by a licensed, certified, or duly qualified person, other than an immediate family member. Visits must begin within 7 days of release from the Hospital. Benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services. Benefit is not payable the same day the Hospice Care Benefit is payable</p>

BENEFIT	BENEFIT AMOUNT	LIFETIME MAX/INSURED	ADDITIONAL BENEFIT INFORMATION
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**CONTINUING CARE BENEFITS**

<p><b>Hospice Care</b></p> <p>Day 1</p> <p>Additional Days</p>	<p>\$1,000 (one-time benefit)</p> <p>\$50 per day</p>	<p>\$12,000</p>	<p>Payable when diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate. Medical prognosis must be one in which there is a life expectancy of 6 months or less as the direct result of Internal Cancer or an Associated Cancerous Condition. Benefit is not payable the same day the Home Health Care Benefit is payable.</p>
<p><b>Nursing Services</b></p>	<p>\$150 per day</p>	<p>None</p>	<p>Payable while confined in a Hospital and requiring full-time private care and attendance by private nurses (other than an immediate family member) for services other than those regularly furnished by the Hospital. Benefit is limited to the number of days the Hospital Confinement Benefit is payable.</p>
<p><b>Surgical Prosthesis</b></p>	<p>\$3,000</p>	<p>\$6,000</p>	<p>Surgically implanted prosthetic devices must be prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Benefit does not include coverage for tissue expanders or a breast transverse rectus abdominis myocutaneous (TRAM) flap.</p>
<p><b>Prosthesis Nonsurgical</b></p>	<p>\$250 per occurrence</p>	<p>\$500</p>	<p>Nonsurgically implanted prosthetic devices (such as voice boxes, hairpieces, and removable breast prostheses) must be prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition.</p>
<p><b>Reconstructive Surgery</b></p>	<p>\$350-\$3,000 25% of the benefit amount will be paid for administration of anesthesia during a covered reconstructive surgical operation.</p>	<p>None</p>	<p>The specified indemnity listed in the policy is payable when a listed reconstructive surgical operation is performed. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the specified indemnity amount for the operation most nearly similar in severity and gravity. Maximum daily benefit: \$3,000</p>

**AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS**

<p><b>Ambulance</b></p> <p>Ground</p> <p>Air</p>	<p>\$ 250</p> <p>\$2,000</p>	<p>None</p>	<p>Payable for ambulance transportation to or from a Hospital where confined overnight. Limited to 2 trips per confinement. The ambulance service must be performed by a licensed, professional ambulance company.</p>
<p><b>Transportation</b></p>	<p>50 cents per mile, up to \$1,500</p>	<p>None</p>	<p>Payable for transportation of the Covered Person requiring treatment and a companion (if applicable), limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person. Benefit will pay for 2 adults if the Covered Person receiving treatment is a Dependent Child and commercial travel is necessary. Benefit is not payable for transportation to a facility located within a 50-mile radius of the Covered Person's residence. Does not cover transportation provided by ambulance.</p>
<p><b>Lodging</b></p>	<p>\$80 per day</p>	<p>None</p>	<p>Payable for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment. Limited to 90 days per calendar year. Hospital or medical facility where treatment is received must be more than 50 miles from the Covered Person's residence. Benefit is not payable for lodging occurring more than 24 hours prior to treatment or more than 24 hours after treatment.</p>



**OPTIONAL INITIAL DIAGNOSIS BENEFIT RIDER SUMMARY PAGE  
(Policy Rider Series A76000)**

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

**Initial Diagnosis Benefit**

Primary Insured/Spouse  \$2,500  \$5,000  \$7,500  \$10,000  
 Dependent Child  \$5,000  \$10,000  \$15,000  \$20,000

Aflac will pay the amount shown in the Policy Schedule when a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition while the rider is in force. This benefit is payable only once for each Covered Person. In addition to the positive medical diagnosis, additional information from the attending Physician and Hospital may be required.

**Initial Diagnosis Building Benefit**

Aflac will increase the Initial Diagnosis Benefit by \$500 on each rider anniversary date. This benefit is payable under the same terms as the Initial Diagnosis Benefit. This benefit will cease to build for each Covered Person on the anniversary date of the rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. Regardless of the age of the Covered Person on the Effective Date of the rider, the benefit will accrue for a period of at least five years unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

**National Cancer Institute (NCI) Evaluation/Consultation Benefit**

Aflac will pay \$1,000 when a Covered Person seeks evaluation or consultation at an NCI-designated Cancer center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person and is not payable the same day the Additional Surgical Opinion Benefit is payable.

**Additional Surgical Opinion Benefit**

Aflac will pay \$300 per day when a charge is incurred for an additional surgical opinion by a Physician concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

**Medical Imaging With Diagnosis Benefit**

Aflac will pay \$200 per calendar year when a charge is incurred for each Covered Person who receives an initial diagnosis or follow-up evaluation for Internal Cancer or an Associated Cancerous Condition using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. Exams must be performed in a Hospital, an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per calendar year, per Covered Person. No lifetime maximum.

**Limitations and Exclusions**

The rider contains a 30-day waiting period. If Cancer or an Associated Cancerous Condition is diagnosed in a Covered Person before coverage has been in force 30 days from the Effective Date, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring two years after the Effective Date of the rider or, at your option, you may elect to void the rider from its beginning and receive a full refund of premium. The Initial Diagnosis Benefit and Initial Diagnosis Building Benefit of the rider are not payable for (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Cancer or Associated Cancerous Condition; (2) Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit or an Initial Diagnosis Building Benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

**Termination**

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.

**Effective Date**

The Effective Date of the rider is the Effective Date listed on the Policy Schedule

Refer to the policy and rider for complete details, limitations, and exclusions.

**OPTIONAL SPECIFIED-DISEASE BENEFIT RIDER SUMMARY PAGE**  
**(Policy Rider Series A76000)**

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

**Specified-Disease Initial Benefit**

**Aflac will pay \$1,000** while coverage is in force if a Covered Person is first diagnosed with any of the covered Specified Diseases after the Effective Date of the rider. This benefit is payable only once per covered disease, per Covered Person. No other benefits are payable for any covered Specified Disease not provided for in the rider.

**Hospital Confinement Benefits**

**Aflac will pay \$200 per day** when a Covered Person is confined to a Hospital for 30 days or less for a covered Specified Disease. During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, **Aflac will pay \$500 per day**, beginning on the 31st day of confinement

**Definition of Covered Diseases**

**Specified Disease** means one or more of the diseases listed below:

- Adrenal hypofunction (Addison's disease)
- Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- Botulism
- Bubonic plague
- Cerebral palsy
- Cholera
- Cystic fibrosis
- Diphtheria
- Encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Malaria
- Meningitis (bacterial)
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Necrotizing fasciitis
- Osteomyelitis
- Polio
- Rabies
- Reye's syndrome
- Scleroderma
- Sickle cell anemia
- Systemic lupus
- Tetanus
- Toxic shock syndrome
- Tuberculosis
- Tularemia
- Typhoid fever
- Variant Creutzfeldt-Jakob disease (mad cow disease)
- Yellow fever

For benefits to be paid, these diseases must be first diagnosed by a Physician 30 days following the Effective Date of the rider. The diagnosis must be made by and upon a tissue specimen, culture, and/or titer. If any of these diseases is diagnosed prior to the rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force two years.

**Termination**

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.

**Effective Date**

The Effective Date of the rider is the Effective Date listed on the Policy Schedule

**Refer to the policy and rider for complete details, limitations, and exclusions.**



**OPTIONAL CANCER SCREENING AND ANNUAL CARE BENEFIT RIDER SUMMARY PAGE  
(Policy Rider Series A76000)**

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

**Cancer Vaccine Benefit**

**Aflac will pay \$40** if a Covered Person incurs a charge for receiving any Cancer vaccine that is approved by the Food and Drug Administration for the prevention of Cancer. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per Covered Person, per calendar year.

**Cancer Wellness Benefit**

\$50       \$75       \$100       \$125

Aflac will pay the amount shown in the Policy Schedule per calendar year when a Covered Person incurs a charge for one of the following:

- Mammogram
- Breast ultrasound
- Breast MRI
- CA 15-3 (tumor marker for breast cancer)
- Pap smear
- ThinPrep
- Biopsy
- Chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- Testicular ultrasound
- Thermography
- Flexible sigmoidoscopy
- Colonoscopy
- Virtual colonoscopy
- Hemoccult stool specimen (lab confirmed)

This benefit is limited to one payment per calendar year, per Covered Person. Tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

**Bone Marrow Donor Screening Benefit**

**Aflac will pay \$40** when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person, per lifetime.

**Annual Care Benefit**

**Aflac will pay \$500** on the anniversary date of a Covered Person's Internal Cancer diagnosis upon proof that the Covered Person is still under the active care of a Physician. This benefit is not payable for Associated Cancerous Conditions or nonmelanoma skin Cancers. Lifetime maximum of five annual payments per Covered Person.

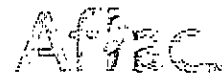
**Termination**

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.

**Effective Date**

The Effective Date of the rider is the Effective Date listed on the Policy Schedule.

**Refer to the policy and rider for complete details, limitations, and exclusions.**



**Cancer Screening 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 covered person, per calendar year, and this form is designed specifically for this benefit. To receive your Wellness Benefit, complete the form by following the instructions provided. Please print a separate form for each additional covered family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under your Cancer policy must be filed separately using the Cancer Claim Form.

If any of your wellness tests resulted in a diagnosis of cancer, please submit your claim for cancer treatment separately, using the Cancer Claim Form

If your Aflac policy also provides one Mammogram Benefit per calendar year, 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 one Pap Smear Benefit per calendar year, 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.

Please use black or blue ink only and print legibly when completing this form in its entirety. Keep a copy of the supporting documentation and this completed form for your records. Sign, date, and mail the completed form to the Aflac address shown below.

- **Do not write on the 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.**



### Cancer Screening Wellness Benefit Claim Form

Some of the tests listed may not be covered under the Wellness Benefit of your policy. Please check your policy for a list of covered wellness procedures or call 1-800-99-AFLAC (1-800-992-3522) for a Wellness Form specifically tailored for your policy.

Policyholder First Name:

Policy Number

Policyholder Last Name:

Policyholder Birth Date:

M M D D Y Y Y Y

ZIP of mailing address:

Patient First Name:

Middle Initial:

Patient Last Name:

Relationship to Policyholder:

Primary Policyholder  Spouse  Dependent Child

Patient Sex:

Male  Female

Patient Birth Date:

M M D D Y Y Y Y

Wellness Exam Treatment Date:

M M D D Y Y Y Y

- Colonoscopy
- Virtual colonoscopy
- Flexible sigmoidoscopy
- Pap smear - ThinPrep
- Pap smear

- Breast MRI
- Testicular Ultrasound
- Hemocult stool specimen
- CEA (blood test for colon cancer)
- CA 125 (blood test for ovarian cancer)
- Mammogram

- Chest X-Ray
- CA153
- Thermography
- PSA (blood test for prostate cancer)
- Breast ultrasound/Breast sonogram
- Biopsy

Pap Smear Date:

M M D D Y Y Y Y

Mammogram Date:

M M D D Y Y Y Y

Provide actual cost for Mammogram:

#### Doctor or Medical Facility Name and Address.

**Must be completed in its entirety.**

Phone Number

Name:

Street Address:

City:

State:

ZIP:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

I certify that the information provided is true and correct:

Policyholder Signature

Printed Name

Date

\*\*\*\*\*  
\*\*\* RX REPORT \*\*\*  
\*\*\*\*\*

RECEPTION OK

TX/RX NO	6331
RECIPIENT ADDRESS	
DESTINATION ID	
ST. TIME	09/03 13:13
TIME USE	04'17
PGS.	12
RESULT	OK