



**Application for Hospital Confinement Indemnity Insurance
(B40000 Series)**

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

Worldwide Headquarters • Columbus, Georgia 31999

- New
- Conversion
- Downgrade

Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____

Email Address _____

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's* name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

*Spouse includes domestic partner

Account Name _____ Account No. _____

Name of Employer _____

**PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS
(NOT REQUIRED FOR A DECREASE IN HOSPITAL CONFINEMENT BENEFIT AMOUNT ONLY)**

1. Are you, the Proposed Insured, currently reporting to work (not out on leave, FML, disability, hiatus, or layoff) with the employer listed on this application? Yes No
If no, a policy will not be issued; therefore, do not submit this application.
2. (a) Is your Spouse, if applying for coverage, currently reporting to work (not out on leave, FML, disability, hiatus, or layoff)? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to work due to a physical or mental impairment? If yes to 2(b), your Spouse is not eligible for coverage. Yes No N/A

Are you or anyone to be covered, currently covered by Medi-Cal? Yes No
If yes, then a policy will not be issued.

Are you or anyone to be covered, currently covered by Medicare Parts A and B AND a Medicare Supplement policy or certificate, or contract and coverage for excess charges under Part B? Yes No
If yes, then a policy will not be issued.

Are you or each person proposed for coverage, currently covered by a hospital or medical expense insurance, health care service plan, a health maintenance organization (HMO) contract, or major medical expense insurance? Yes No
If no, then that person(s) without medical, hospital, and surgical coverage is not eligible for this hospital confinement indemnity coverage and a policy cannot be issued.

