

# PHYSICIAN'S STATEMENT

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.

Insured: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Maiden Name/Alias: \_\_\_\_\_

Deceased's full name: \_\_\_\_\_ SSN: \_\_\_\_\_

Residence at time of death: \_\_\_\_\_

Date of death: \_\_\_\_\_ Place of death: \_\_\_\_\_

What was the immediate cause of death? \_\_\_\_\_

How long did the deceased suffer from this condition? \_\_\_\_\_

Was the death due to suicide, homicide or an accident?  Yes  No If death was due to an accident, please describe:

\_\_\_\_\_  
 \_\_\_\_\_

What were the contributory causes of death?

Disease	Duration

How long did you know the deceased? \_\_\_\_\_ Date of last visit: \_\_\_/\_\_\_/\_\_\_

Give particulars of each condition for which you treated or advised the deceased:

Nature of Condition	Date	Duration	Result

To your knowledge, was the insured hospitalized during the last year of life?  Yes  No

Hospital's Name and Address	Reason	Dates

Please list the names and addresses of other physicians who attended the deceased during the past three years:

Name	Address	Condition

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

Please print name \_\_\_\_\_ Please print address \_\_\_\_\_

**American Family Life Assurance Company of Columbus (Aflac)**

Attention: Claims Department

Worldwide Headquarters: 1932 Wynnton Road, Columbus, GA 31999

For information or help filing your claim, please call toll-free 1-800-99-Aflac (1-800-992-3522) or visit our Web site at [www.aflac.com](http://www.aflac.com)

Toll-free fax number 1-877-44-Aflac (1-877-442-3522)