



Charles County Gov  
Account 20458

P.O. Box 84075, Columbus, Ga 31993

Phone 800-433-3036

Fax 866-849-2970

Group Claim Fax Cover Sheet

**Attach this cover sheet with your documents.**

To help ensure timely processing of your request, please use this cover sheet so your documents are routed to the appropriate department.

The following pages of information are for:

Y Full name of Aflac Policyholder (required) \_\_\_\_\_

Full name of patient/claimant, if other than policyholder (required) \_\_\_\_\_

Patient/Claimant Relationship Spouse  Dependent  Other \_\_\_\_\_

Y Primary Policyholder's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month day year (4 digit)

Y Primary Policyholder's Full Address (required)

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

Y Policy Number (if available) \_\_\_\_\_

Y Phone number where Aflac can reach you if there are questions (required) \_\_\_\_\_

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**Account 20458**

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