



A member of the American Fidelity Group

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INDIVIDUAL CANCER DIAGNOSTIC BENEFITS STATEMENT
RETURN THIS BENEFIT FORM AND ATTACHMENTS TO:

AMERICAN FIDELITY ASSURANCE COMPANY

American Fidelity Educational Services

ATTN: BENEFITS DEPARTMENT

P.O. BOX 25160

OKLAHOMA CITY, OK 73125

STATEMENT OF POLICYHOLDER

DIAGNOSTIC TESTING BENEFIT

1) Patient's Name: _____

2) Relationship to Policyholder: Self Spouse Child

3) Patient's Date of Birth: _____ Male Female

4) For dependent children between 21-25 years of age please provide

School Name: _____

If a full time student, please enclose a copy of transcript

5) Policyholder's Name: _____

6) Cancer policy number (account no.) _____ or Social Security number of policyholder _____

7) Street Address: _____

Check if address has changed

City, State, Zip: _____

Telephone Number: _____ / _____ / _____

PLEASE ATTACH BILL, RECEIPT OR EVIDENCE OF THE TEST.

Be sure to include your account number or Social Security number on all documents.

Warning: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information may be guilty of insurance fraud and subject to criminal and civil penalties.

For Residents of California

Warning: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Pennsylvania:

Warning: Any person who knowingly and with intent to defraud any insurance company or other people 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.

For Residents of Florida:

Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Arizona:

Warning: For your protection, Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.