Welcome to

Aflac

How to Reconcile and Pay Your Aflac Invoice

American Family Life Assurance Company of Columbus (Aflac)
Worldwide Headquarters • Columbus, Georgia 31999
aflac.com
A Fortune 500 company, Aflac insures more than 40 million people worldwide. We are a leader in insurance coverage marketed at the worksite in the United States. We are a leader in cafeteria plan services.

This reference guide outlines the services that Aflac offers payroll accounts. As you review the document, you will find information about paying your invoices, instructions on filing claims, answers to frequently asked questions, and much more! We hope this guide will prove beneficial to you.

If you have any questions about your account, please call us toll-free at 1-800-99-AFLAC (1-800-992-3522) or visit our Web site at aflac.com.

We are pleased to have you as a member of our Aflac Family and look forward to serving you and your employees.
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</tr>
</tbody>
</table>
SAMPLE INVOICE – SECTION A

An example of your Aflac invoice is provided on the next pages, along with explanations for each field.

SECTION A

PREMIUM STATEMENT
PREMIUM DUE DATE: 10/01/2007  INVOICE NO: 000001
MODE OF PAYMENT: Monthly  ACCOUNT NO: A1234
DATE PREPARED: 09/11/2007  PAGE NO: 1

Attn: Jane Doe
ABC Company
1234 Elm Lane
Columbus, GA 31999

CLAIM FORMS ARE NOW AVAILABLE ONLINE AT AFLAC.COM.
IF YOU HAVE ANY QUESTIONS ABOUT YOUR STATEMENT, PLEASE CALL 1-800-99-AFLAC (1-800-992-3522).

ATTENTION CAFETERIA PLAN SPONSORS

Coverage modifications made prior to the end of the current cafeteria plan year must be made on account of, and attributable to a change in status (i.e., marriage, divorce, birth, adoption, death, or change in employment status). You, as plan sponsor, bear sole responsibility for making this determination.

**IMPORTANT**
A COPY OF THIS STATEMENT MUST BE REMITTED WITH YOUR PREMIUM IF ADJUSTMENTS ARE REQUIRED

PLEASE USE THE REVERSE SIDE OF THIS STATEMENT FOR REPORTING CURRENT MAILING ADDRESS OF EMPLOYEES NO LONGER PARTICIPATING WITH THIS INSURANCE PROGRAM.

PLEASE UPDATE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN THE SPACE PROVIDED BELOW.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREMIUM DUE DATE</td>
<td>Date the statement is due for payment.</td>
</tr>
</tbody>
</table>
| MODE OF PAYMENT        | Frequency of payment.  
                        | 28-Day – One invoice every 28 days (13 times a year)  
                        | Biweekly – One invoice every 2 weeks (26 times a year)  
                        | Monthly – One invoice per month (12 times a year) |
| DATE PREPARED          | Date the statement was prepared                                             |
| INVOICE NUMBER         | Aflac-assigned statement number                                             |
| ACCOUNT NUMBER         | Aflac’s identification number for your account                               |
| ADDRESS BLOCK          | Name of your company, point of contact, and mailing address  
                        | Note: It is a good idea to verify that this information is accurate to help us keep our records accurate. |
| ADDRESS CORRECTION     | Information to be corrected if your company’s mailing address and/or point of contact have changed (by marking out the current information and writing in the new address and/or point of contact) |
| INFORMATION BLOCK      | Information about Aflac coverage or new services and Aflac’s customer service number(s) |
**SAMPLE INVOICE – SECTION B**

Section B of the premium statement cover page is a remittance document. **It is to be returned with your payment to ensure prompt processing.**

---

**SECTION B**

<table>
<thead>
<tr>
<th>INVOICE NO.</th>
<th>ACCOUNT NO.</th>
<th>DUE DATE</th>
<th>MODE</th>
<th>TOTAL NO. OF EMP.</th>
<th>AMOUNT DUE</th>
<th>AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>{DATA}</td>
<td>{DATA}</td>
<td>{DATA}</td>
<td>{DATA}</td>
<td>{DATA}</td>
<td>${DATA}</td>
<td>$_________</td>
</tr>
</tbody>
</table>

SEND PAYMENT TO:

AFLAC
ATTN: REMITTANCE PROCESSING SERVICES
1932 WYNNTON ROAD
COLUMBUS, GEORGIA 31999-0001

PLEASE DO NOT STAPLE, FOLD, OR BEND
PLEASE MAKE SURE CHECK IS SIGNED AND PAYABLE TO AFLAC.

---

In this section, we will address only the fields that were not defined in Section A.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL NO. OF EMPLOYEES</td>
<td>Total number of full-time employees in your company</td>
</tr>
<tr>
<td>AMOUNT DUE</td>
<td>Total amount due for this statement</td>
</tr>
<tr>
<td>AMOUNT PAID</td>
<td>Total amount paid for this statement</td>
</tr>
</tbody>
</table>

On the back of your invoice, space is available for you to provide the current mailing address of employees who are no longer participating in Aflac’s insurance program. We will mail letters telling them how they may continue their Aflac coverage.
### SECTION C

**Aflac**

PREMIUM DUE DATE: 10/01/2005  
MODE OF PAYMENT: Monthly  
DATE PREPARED: 09/11/2005  
ACCOUNT NO: A1234

<table>
<thead>
<tr>
<th>POLICY CONTRACT</th>
<th>TYPE COVERAGE</th>
<th>CT</th>
<th>DEPT NO.</th>
<th>EMPLOYEE NUMBER</th>
<th>NAME</th>
<th>RM</th>
<th>PREMIUM</th>
<th>TOTAL PREMIUM</th>
<th>EC</th>
<th>LINE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678</td>
<td>ICARE</td>
<td>F</td>
<td></td>
<td></td>
<td>Jones, William</td>
<td>6.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12345679</td>
<td>CANCER</td>
<td>F</td>
<td></td>
<td></td>
<td>Jones, William</td>
<td>20.00</td>
<td>26.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02345619</td>
<td>DENTAL</td>
<td>I</td>
<td></td>
<td></td>
<td>Adams, John NEW</td>
<td>5.00</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL AMOUNT DUE:**  
**PAGE TOTAL:**

**(+,-) TOTAL ADJUSTMENTS:**  
**ADJUSTMENTS:**

**AMOUNT PAID:**  
**PAGE SUB-TOTAL:**

### CT – COVERAGE TYPE

- **F** FAMILY  
- **I** INDIVIDUAL  
- **P** PRIMARY and SPOUSE  
- **S** SINGLE PARENT FAMILY

### RM – REMARKS

- **PA** PAID IN ADVANCE OF INVOICE DUE DATE  
- **CV** PENDING CONVERSION ON POLICY  
- **PC** PENDING CONVERSION ON PAID AHEAD POLICY  
- **T** EMPLOYMENT TERMINATED (BILL AT HOME)  
- **C** CANCEL AT REQUEST OF EMPLOYEE  
- **D** EMPLOYEE DECEASED  
- **L** LEAVE WITHOUT PAY (NO DEDUCTION)  
- **N** FIRST MISSED DEDUCTION  
- **F** FAMILY MEDICAL LEAVE  
- **R** RETIRED  
- **0** OTHER (EXPLANATION ATTACHED)
Section C of the premium statement is the invoice page. If you are paying the amount billed, without any adjustments on this page, it is not necessary to include this page with your payment. If adjustments are being made to an invoice page, please return that page with the entire payment. **Always include Section B of your invoice with your payment.**

Various print sequences are available to assist you with your statement reconciliation. If you would like to change the current print sequence of your statement, please call 1-800-99-AFLAC (1-800-992-3522) or visit us at aflac.com.

In this section, we will address the fields that were not defined in Sections A and B.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY CONTRACT</td>
<td>Eight-character policy number assigned by Aflac</td>
</tr>
<tr>
<td>POLICY TYPE</td>
<td>Type of coverage requested on corresponding policy number (Cancer, Accident, etc.)</td>
</tr>
<tr>
<td>CT</td>
<td>Denotes Individual (I), Family (F), Primary and Spouse (P), or Single-Parent Family (S) coverage for the corresponding policy number</td>
</tr>
<tr>
<td>DEPARTMENT NUMBER</td>
<td>Four-digit department number (if your account requires these)</td>
</tr>
<tr>
<td>EMPLOYEE NUMBER</td>
<td>Ten-digit employee identification number (if your account requires these)</td>
</tr>
<tr>
<td>NAME</td>
<td>Policyholder or billing name (employee)</td>
</tr>
<tr>
<td>NEW</td>
<td>&quot;NEW&quot; (prints for newly issued policies)</td>
</tr>
<tr>
<td>RM</td>
<td>Remarks associated with corresponding policy number (listing of remark codes is provided at the bottom of the invoice)</td>
</tr>
<tr>
<td>PREMIUM</td>
<td>Premium amount due for each policy</td>
</tr>
<tr>
<td>TOTAL PREMIUM</td>
<td>Total premium due for all policies for each policyholder</td>
</tr>
</tbody>
</table>
| EC              | Reason for nonpayment (a list of event codes is provided at the bottom of the invoice). To prevent any interruption in coverage for the employee, please provide a reason for all nonpayments.  
  Note: Use “O” for other, and include an explanation so we may assist with policy changes other than those associated with nonpayment. |
| LINE NUMBER     | Automatically generated line count                                         |
| TOTAL AMOUNT DUE | Total amount of invoice                                                   |
| TOTAL ADJUSTMENTS | The total amount added or deducted from the billed amount                  |
| AMOUNT PAID     | The total amount submitted with the premium statement                      |
| PAGE TOTAL      | Total premium for each page of the invoice                                 |
| ADJUSTMENT      | The total adjustment for each page with premium adjustments                |
| PAGE SUBTOTAL   | The total amount from the page that will be submitted with the premium statement |

Please remit deductions for all employees. If an employee does not appear on your invoice, add the name of the employee and the amount deducted on the last page of your invoice.
Helpful Tips for Reconciling Your Aflac Invoice

- **Review each employee’s deduction for any discrepancies.**

- **Mark through the mismatched deduction beside the policy in question and indicate the deduction that was made.**

- **Add any new employees whose names do not appear on the invoice. Include the remitted premium amount for each one.**

- **Explain why there are no deductions for the employees under the column labeled EC.**

  *Note: A list of the missed deduction event codes is provided on the next page. These codes should also be used when paying for an employee and indicating that he or she should be removed from the invoice.*

- **Add the total premiums for each page and put the grand total on the first page.**

- **Review the invoice to ensure that all missed deductions have been indicated and an explanation provided.**

- **Provide the correct address for insureds no longer participating on the payroll account.**

- **Send payment and a copy of the invoice to Aflac Worldwide Headquarters.**
# Aflac Missed Deduction Event Codes

**These codes can also be used when paying for employees who should be removed from the invoice.**

<table>
<thead>
<tr>
<th>Event Code</th>
<th>Description</th>
<th>Information needed to reconcile booking</th>
<th>Action taken by Aflac</th>
</tr>
</thead>
</table>
| T          | Employment Terminated Bill at home               | • Use “T” to indicate the employee has terminated employment and must be removed from billing.  
• Give the date of termination.  
• Can also be used when the last deduction is made. | • Remove the employee from the account invoice and send confirmation.  
• Provide a letter to the employee offering continuation of coverage on direct bill. |
| C          | Cancel at Request of Employee                    | • Use “C” to indicate the employee has elected to cancel Aflac coverage and must be removed from billing.  
• Can also be used when last deduction is made.  
• Required – Include written authorization from employee to cancel. | • Remove the employee from the account invoice and send confirmation.  
• Provide a letter to the employee offering continuation of coverage on direct bill if authorization is not received. |
| D          | Employee Deceased                                | • Use “D” to indicate the employee must be removed from billing due to death.  
• Give the date of death, if available. | • Provide a letter to the employee’s estate, notifying termination of coverage or  
• Provide a letter to the employee’s spouse, offering continuation of coverage if applicable. |
| L          | No Deduction On Leave without Pay Other than FML | • Use “L” to indicate the employee is on leave and premiums will not be remitted during period of leave.  
• Give expected length of time employee will be on leave. | • Provide a letter to the employee, requesting that premium be remitted by employee until he/she returns to work. |
| N          | Missed First Deduction New Policy                | • Use “N” to indicate new policy for employee and that the first deduction has been missed.  
• Give reason for missing the first deduction. | • Provide a letter/report to the account requesting that missed and current premiums be remitted with next invoice payment. |
| F          | Family Medical Leave Act                         | • Use “F” to indicate the employee is on Family Medical Leave.  
• Give the expected length of time employee will be on leave. | • Provide a letter to the account requesting notification upon employee’s return to work. |
| R          | Employee Retired                                 | • Use “R” to indicate employee is retiring and must be removed from billing. | • Remove the employee from the account invoice.  
• Provide letter to employee, offering continuation of coverage on direct bill. |
| O          | Other Explanation Attached                      | • Indicate any changes to be made to the invoice, but not listed in this chart. | • Aflac will handle appropriately according to requested changes. |

Examples of sample premium statements are provided on the following pages.
SAMPLE PREMIUM STATEMENTS

TERMINATION, NO PREMIUM REMITTED

PREMIUM STATEMENT

THE BUNN CORPORATION
ATTN: JEAN BUNN
PO BOX 123
BARKLEY, PA 10030

PREMIUM DUE DATE: 02/01/06
INVOICE NO: 123456

MODE OF PAYMENT: MONTHLY
ACCOUNT NO: A1234

DATE PREPARED: 01/15/06
PAGE NO: 2

<table>
<thead>
<tr>
<th>POLICY CONTRACT</th>
<th>POLICY TYPE</th>
<th>CT</th>
<th>DEPT NO</th>
<th>EMPLOYEE NUMBER</th>
<th>NAME</th>
<th>RM</th>
<th>PREMIUM</th>
<th>TOTAL PREMIUM</th>
<th>EC</th>
<th>LINE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1234567</td>
<td>ACC</td>
<td>I</td>
<td></td>
<td></td>
<td>DOE, JOHN</td>
<td>26.50</td>
<td>26.50</td>
<td>00001</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1234566</td>
<td>HOSP</td>
<td>F</td>
<td></td>
<td></td>
<td>DOE, JANE</td>
<td>30.50</td>
<td></td>
<td>00002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1234565</td>
<td>CANCER</td>
<td>F</td>
<td></td>
<td></td>
<td>DOE, JANE</td>
<td>40.00</td>
<td>70.50</td>
<td>00003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1234564</td>
<td>INT CARE</td>
<td>I</td>
<td></td>
<td></td>
<td>DONALD, DAVID</td>
<td>23.00</td>
<td></td>
<td>00004</td>
<td>T</td>
<td>1/1/06</td>
</tr>
</tbody>
</table>

Example shows employment terminated effective 1/1/06.

TOTAL AMOUNT DUE: |
PAGE TOTAL: |

(+,-) TOTAL ADJUSTMENTS: |
ADJUSTMENTS: |

AMOUNT PAID: |
PAGE SUB-TOTAL: |

CT – COVERAGE TYPE
F FAMILY
I INDIVIDUAL
P PRIMARY and SPOUSE
S SINGLE PARENT FAMILY

RM – REMARKS
PA PAID IN ADVANCE OF INVOICE DUE DATE
CV PENDING CONVERSION ON POLICY
PC PENDING CONVERSION ON PAID AHEAD POLICY

EC – EVENT CODES
T EMPLOYMENT TERMINATED (BILL AT HOME)
C CANCEL AT REQUEST OF EMPLOYEE
D EMPLOYEE DECEASED
L LEAVE WITHOUT PAY (NO DEDUCTION)
N FIRST MISSED DEDUCTION
F FAMILY MEDICAL LEAVE
R RETIRED
0 OTHER (EXPLANATION ATTACHED)
# CANCELLATION, PREMIUM REMITTED

**PREMIUM STATEMENT**

**THE BUNN CORPORATION**

**ATTN: JEAN BUNN**

**PO BOX 123**

**BARKLEY, PA 10030**

**INVOICE NO: 123456**

**MODE OF PAYMENT: MONTHLY**

**ACCOUNT NO: A1234**

**DATE PREPARED: 01/15/06**

**PAGE NO: 2**

<table>
<thead>
<tr>
<th>POLICY CONTRACT</th>
<th>POLICY TYPE</th>
<th>CT</th>
<th>DEPT NO</th>
<th>EMPLOYEE NUMBER</th>
<th>NAME</th>
<th>R M</th>
<th>PREMIUM</th>
<th>TOTAL PREMIUM</th>
<th>EC</th>
<th>LINE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1234567</td>
<td>ACC</td>
<td>I</td>
<td></td>
<td></td>
<td>FRANKLIN, JOHN</td>
<td>16.50</td>
<td>16.50</td>
<td></td>
<td>C</td>
<td>00001</td>
</tr>
<tr>
<td>A1234566</td>
<td>HOSP</td>
<td>F</td>
<td></td>
<td></td>
<td>GREEN, JANE</td>
<td>29.50</td>
<td></td>
<td></td>
<td></td>
<td>00002</td>
</tr>
<tr>
<td>A1234565</td>
<td>CANCER</td>
<td>F</td>
<td></td>
<td></td>
<td>GREEN, JANE</td>
<td>35.00</td>
<td></td>
<td>64.50</td>
<td></td>
<td>00003</td>
</tr>
</tbody>
</table>

Example shows employee elected to cancel coverage effective 2/1/06.

**TOTAL AMOUNT DUE:**

<table>
<thead>
<tr>
<th>(+,-) TOTAL ADJUSTMENTS:</th>
</tr>
</thead>
</table>

**AMOUNT PAID:**

<table>
<thead>
<tr>
<th>PAGE TOTAL:</th>
</tr>
</thead>
</table>

**EC – EVENT CODES**

- **F**: FAMILY
- **I**: INDIVIDUAL
- **P**: PRIMARY and SPOUSE
- **S**: SINGLE PARENT FAMILY
- **A**: PAID IN ADVANCE OF INVOICE DUE DATE
- **C**: CANCEL AT REQUEST OF EMPLOYEE
- **T**: EMPLOYMENT TERMINATED (BILL AT HOME)
- **D**: EMPLOYEE DECEASED
- **L**: LEAVE WITHOUT PAY (NO DEDUCTION)
- **N**: FIRST MISSED DEDUCTION
- **F**: FAMILY MEDICAL LEAVE
- **R**: RETIRED
- **0**: OTHER (EXPLANATION ATTACHED)
### ADDING AN INSURED

**PREMIUM STATEMENT**

THE BUNN CORPORATION
ATTN: JEAN BUNN
PO BOX 123
BARKLEY, PA 10030

PREMIUM DUE DATE: 02/01/06  INVOICE NO: 123456
MODE OF PAYMENT: MONTHLY  ACCOUNT NO: A1234
DATE PREPARED: 01/15/06  PAGE NO: 2

---

<table>
<thead>
<tr>
<th>POLICY CONTRACT</th>
<th>TYPE COVERAG E</th>
<th>CT</th>
<th>DEPT NO</th>
<th>EMPLOYEE NUMBER</th>
<th>NAME</th>
<th>RM</th>
<th>PREMIUM</th>
<th>TOTAL PREMIUM</th>
<th>EC</th>
<th>LINE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1234567</td>
<td>ACC</td>
<td>I</td>
<td></td>
<td></td>
<td>KIMBLE, JIMMY</td>
<td>14.95</td>
<td>14.95</td>
<td></td>
<td></td>
<td>00001</td>
</tr>
<tr>
<td>A1234564</td>
<td>ACC</td>
<td>I</td>
<td></td>
<td>123456789</td>
<td>Add On: Louie, Bob</td>
<td>20.50</td>
<td>20.50</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example shows employee who does not appear on invoice.

Please provide the policy number when an employee is added to the invoice.

TOTAL AMOUNT DUE:  PAGE TOTAL:

(+,-) TOTAL ADJUSTMENTS:  ADJUSTMENTS:

AMOUNT PAID:  PAGE SUB-TOTAL:

CT – COVERAGE TYPE | RM – REMARKS | EC – EVENT CODES
---|---|---
F FAMILY | PA PAID IN ADVANCE OF INVOICE DUE DATE | T EMPLOYMENT TERMINATED (BILL AT HOME)
I INDIVIDUAL | CV PENDING CONVERSION ON POLICY | C CANCEL AT REQUEST OF EMPLOYEE
P PRIMARY and SPOUSE | PC PENDING CONVERSION ON PAID AHEAD POLICY | D EMPLOYEE DECEASED
S SINGLE PARENT FAMILY | | L LEAVE WITHOUT PAY (NO DEDUCTION)
| | N FIRST MISSED DEDUCTION
| | F FAMILY MEDICAL LEAVE
| | R RETIRED
| | 0 OTHER (EXPLANATION ATTACHED)
**PREMIUM STATEMENT**

**THE BUNN CORPORATION**  
**ATTN: JEAN BUNN**  
**PO BOX 123**  
**BARKLEY, PA 10030**

- **PREMIUM DUE DATE:** 02/01/06  
- **INVOICE NO:** 123456
- **MODE OF PAYMENT:** MONTHLY  
- **ACCOUNT NO:** A1234  
- **DATE PREPARED:** 01/15/06  
- **PAGE NO:** 2

<table>
<thead>
<tr>
<th>POLICY CONTRACT</th>
<th>TYPE COVERAGE</th>
<th>CT</th>
<th>DEPT NO</th>
<th>EMPLOYEE NUMBER</th>
<th>NAME</th>
<th>RM</th>
<th>PREMIUM</th>
<th>TOTAL PREMIUM</th>
<th>EC</th>
<th>LINE NO.</th>
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</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td>Smith, Joey</td>
<td></td>
<td>35.00</td>
<td>42.00</td>
<td>O</td>
<td>00028</td>
</tr>
<tr>
<td>A6646450</td>
<td>HOSP</td>
<td>F</td>
<td></td>
<td></td>
<td>Smithers, Herman</td>
<td></td>
<td>36.00</td>
<td></td>
<td></td>
<td>00029</td>
</tr>
<tr>
<td>A6646451</td>
<td>CANCER</td>
<td>F</td>
<td></td>
<td></td>
<td>Smithers, Herman</td>
<td></td>
<td>26.50</td>
<td>62.50</td>
<td></td>
<td>00030</td>
</tr>
<tr>
<td>P2325611</td>
<td>INT CARE</td>
<td>I</td>
<td></td>
<td></td>
<td>Truman, Blake</td>
<td></td>
<td>32.50</td>
<td>32.50</td>
<td></td>
<td>00031</td>
</tr>
<tr>
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"O" = Joey Smith is paying for family coverage.

This sample shows premium discrepancy (remitting something other than what Aflac billed). Explanation provided.

TOTAL AMOUNT DUE:  

(+,-) TOTAL ADJUSTMENTS:  

AMOUNT PAID:  

CT – COVERAGE TYPE  

- **F** FAMILY  
- **I** INDIVIDUAL  
- **P** PRIMARY and SPOUSE  
- **S** SINGLE PARENT FAMILY  

RM – REMARKS  

- **PA** PAID IN ADVANCE OF INVOICE DUE DATE  
- **CV** PENDING CONVERSION ON POLICY  
- **PC** PENDING CONVERSION ON PAID AHEAD POLICY  

EC – EVENT CODES  

- **T** EMPLOYMENT TERMINATED (BILL AT HOME)  
- **C** CANCEL AT REQUEST OF EMPLOYEE  
- **D** EMPLOYEE DECEASED  
- **L** LEAVE WITHOUT PAY (NO DEDUCTION)  
- **N** FIRST MISSED DEDUCTION  
- **F** FAMILY MEDICAL LEAVE  
- **R** RETIRED  
- **0** OTHER (EXPLANATION ATTACHED)
ONLINE SERVICES/ONLINE BILLING
In addition to Express Reconciliation, Aflac has provided you with the ability to manage your account online, including submitting payments. To use the Online Services option, Aflac requires you to register your account online. Conducting business online is fast and easy! Additional information about our Online Services/Online Billing feature can be found by visiting aflac.com or by calling us toll-free at 1-800-99-AFLAC (1-800-992-3522).

EXPRESS RECONCILIATION
Aflac has the ability to accept your premium deduction information electronically! To use the Express Reconciliation option, Aflac requires you to send a data file consisting of your participating employees’ deduction information for a given billing period. Additional information about Express Reconciliation can be found by visiting aflac.com or by calling us toll-free at 1-800-99-AFLAC (1-800-992-3522).

PAY BY PRINTOUT
Aflac can also accept your payroll deduction information via printout. To utilize this process, Aflac requires that you send a deduction report consisting of your participating employees’ deduction information for a given billing period, a check for the amount listed, and a list of employees who have terminated employment or canceled coverage. It’s as simple as printing the payroll deduction information sheet, preparing a check for the amount on the printout, attaching the bottom portion of the Aflac premium statement, and sending all documents to Aflac Worldwide Headquarters.
Benefit Services provides our Section 125 Cafeteria Plan service. A *cafeteria plan* is an employee benefits plan that allows employees to pay their share of the cost of benefits on a pre-tax basis. Since not all employees require the same level of coverage, employees are allowed to choose qualified benefits that best suit their needs. By doing this, employees redirect a portion of their salaries to cover eligible benefit costs, which ultimately saves money for the employees and decreases the overall taxable payroll for the employer. The amount saved by choosing this method will vary for each participant depending on family status, deductions, tax rates, and actual premium amounts. We also provide other services, including the following:

**Transit Plan Services**
This is our Section 132 service. Similar to a Section 125 plan, this service allows tax-saving of transportation benefits for employees who incur parking expenses at or near their place of work and/or transit expenses for transportation on a bus, subway, train or ferry while commuting to work. To enroll, employees must submit a Transit Plan Document Request, which can be obtained through the Aflac Web site or by calling 1-800-323-5391.

**Single-Point Billing Services**
Single-point billing (SPB) helps to relieve an employer of complex and costly administrative functions. It involves the consolidation of multiple benefit products from multiple providers onto a single statement. SPB helps employers add new benefits if they have limited or no additional slots in their current payroll system or feel that the addition of new benefits is more work for their staff. This service is offered in conjunction with Aflac insurance products through an alliance partner.

**COBRA Services**
COBRA is a federal law giving former employees and their families the right to temporarily continue health coverage under certain circumstances. Employers with 20 or more full- or part-time employees are required to comply with COBRA. The tasks involved with compliance can be tedious and manually extensive, and the penalties for noncompliance can be severe. Employers can shift the liability and burden, allowing them to refocus on their core business functions by using this service through an Aflac alliance partner.

**Customer Service**
Customer Service is available to plan administrators and participants through our toll-free number 1-800-323-5391, Monday through Friday from 8 a.m. to 7 p.m. Eastern Time. Benefit Services also has an IVR system which is available to participants and accounts 24 hours a day, 7 days a week at 1-877-353-9487.

**Toll-Free FSA Claims Fax Number**
Request for Reimbursement forms for flexible spending accounts can now be faxed toll-free to Aflac Benefit Services at 1-877-353-9256.
The mission of the Aflac Claims department is to fulfill the promises of our policy contracts during a claimant’s time of need. We strive to instill the values of commitment, integrity, and compassion in our employees as we teach them the Aflac Claims philosophy. We value all our policyholders and are dedicated to providing them with the excellent claims service they expect and deserve.

**2008 Statistics**
- Aflac processed 7.1 million claims in 2008
- Aflac paid $1.8 billion of benefits in 2008

**Features**
- Toll-free Claims fax (1-877-442-3522)
- Paperless processing
- Overnight claims processing capability
- 350 plus employees dedicated to processing our policyholders’ claims

Claims forms and filing instructions, specific to your state and plan, are available through Aflac’s online Policyholder Services.

To access policy and claim information:

- Go to aflac.com.
- Click on **Policyholders**.
- Click on **Policyholder Services**.
- Enter required information and log in today.

If you or your employees have questions about filing a claim, please contact your associate or Aflac Worldwide Headquarters at 1-800-99-AFLAC (1-800-992-3522).
**Frequently Asked Questions**

**How do I remove an employee from our company’s invoice?**

The codes at the bottom of the Aflac invoice are used to remove an employee. The codes indicate different reasons for the removal (e.g., T=Terminated, D=Deceased, R=Retired). Draw a line through the policy(s) and policyholder’s name to be removed, and place the appropriate code in the adjacent column. Since all Aflac policyholders have the option of continuing their coverage on a direct basis, also complete the employee information section located on the back of the remittance page to make sure we have the employee’s correct address. For those accounts that submit invoice changes via Aflac's Web site, the reason codes listed above are available for use and are required for all policyholders for whom payment will not be remitted.

In addition to making your changes on the invoice, you may also fax your request directly to us at 1-706-596-3100 or contact us through Aflac’s Web site, aflac.com. Simply select the Manage Accounts option and then the Online Services option to request changes to an invoice.

Policyholders may also change information on individual policies by requesting a Change Form (H-L0046) from the servicing associate. You may also contact your associate to complete this form through our SmartApp® system.

**How do I request a duplicate copy of my invoice?**

You may request a duplicate copy of your invoice by calling 1-800-99-AFLAC (1-800-992-3522), by faxing a request to 1-706-596-3100, or by contacting us through Aflac’s Web site, aflac.com. Select the Manage Accounts option and then the Online Services option to complete the online request for a duplicate invoice.

**When should I start deductions and how do I know how much to deduct?**

To be sure that you are able to remit the full amount due, please begin deductions at least one month before the due date of your first invoice. Your associate/agent can provide you with your invoice due date and will give you premium deduction authorization forms (PDA forms) or a premium spreadsheet for your records. This information provides you with the individual amounts to be deducted from each employee’s paycheck based on the frequency of the deductions. For example, if you deduct premiums 26 times a year, a biweekly amount is listed on the PDA form.
Why are requested changes not shown on the next invoice?
Often, the next month’s invoice has been prepared before we receive the requested change; therefore, the change is not shown. It is important to notify us immediately when employee changes occur. You can contact us through Aflac’s Web site, aflac.com, or fax the employee changes to us at 1-706-596-3100. Simply select the Manage Accounts option and then the Online Services option to notify Aflac of these changes. However, please notate any adjustments on the invoice you are currently paying.

May I pay invoices out of sequence?
No, it is not advisable to pay invoices out of sequence. Aflac encourages all customers to pay their invoices in order of receipt. For example, if you have a May and a June invoice due, you need to pay the May invoice before paying the June invoice. If you are paying both invoices with one payment, write this information on the remittance document and check stub.

What if I don’t pay the invoice on time?
To be sure that your employees’ coverage is not interrupted, submitting payment by the due date listed on your invoice is important. If payment is not received within ten days of the invoice due date, we will send you a reminder notice. If payment isn’t received within 25 days of the due date, we will send you a second reminder notice. If payment isn’t received after 40 days, we will discontinue billing your account and will send letters to policyholders offering them the opportunity to continue their coverage through direct billing.

Will my company’s employees be notified if our account lapses?
Yes, your employees receive letters from Aflac indicating that the payroll account has lapsed due to nonpayment. Your company’s employees are then provided the option to continue coverage on a direct-billed basis.

Your employees also have the option of continuing select Aflac coverage on a direct-billed basis if the employee is no longer employed at the account or if coverage has been canceled for this employee by the account.

How will Aflac contact me if I’ve requested information or changes to my account?
Aflac contacts you in writing about status changes, premium questions, overage/shortages of premiums, etc. The most important thing to remember about correspondence received from Aflac is to review it thoroughly and follow any instructions provided. If you have any questions, please call us at toll-free at 1-800-99-AFLAC (1-800-992-3522).

How do I receive a refund for premiums remitted for a terminated employee?
To receive a refund, attach a request to your next invoice, including the effective date of termination as well as all applicable policy numbers, or contact us through Aflac’s Web site at aflac.com. Simply select the Manage Accounts option and then the Online Services option to notify Aflac of your request.

If an employee leaves employment during a deduction period, reimburse the employee for the amount deducted; Aflac cannot accept partial payments. You may also request a refund for premiums remitted for a terminated employee by faxing a request to 1-706-596-3100.
The following is a brief description of correspondence you may receive from Aflac about late payments and/or employee missed deductions.

**Late Pay Letter**
Ten days past the invoice due date, Aflac will send you a friendly reminder that your invoice payment is past due and will request payment. Action is required as soon as possible to avoid any unnecessary notification to your employees. Your servicing associate will receive a courtesy copy.

**Lapse-Pending Letter**
Twenty-five days past the invoice due date, Aflac will send notification that your invoice is past due and that your account is in a lapse-pending status. Your servicing associate will receive a courtesy copy.

**Account Lapsed Notification Letter**
Forty days past the invoice due date, Aflac will send notification that your account has lapsed. Your employees will be contacted and offered continuation of coverage on direct basis.

**Unexplained Missed Deduction Letter With Report**
You will receive this letter/report when an invoice payment has been processed and there is an employee(s) for whom payment was not remitted and no explanation was provided

- Section A – New policyholder’s first missed deduction with no explanation
- Section B – New policyholder’s second consecutive missed deduction with no explanation

  *Note: All policyholders appearing on section B of the report will be removed from future invoices and notification of policy termination will be mailed to the policyholder.*

- Section C – Existing policyholder’s missed deduction with no explanation

  *Note: All policyholders appearing on section C of the report will be removed from future invoices to you account. However, if the payment for those identified was omitted in error and both the missed and current payments are received with your next invoice payment, the policy will be added back to your account and will continue to appear on future invoices received from Aflac.*

  *Note: To avoid unnecessary notification to your employees, call us at 1-800-99-AFLAC (1-800-992-3522) or fax us at 1-706-596-3100 with explanations for all employee missed deductions listed on this report.*
Policyholder/Employee Correspondence

The following is a brief description of correspondence your employees may receive from Aflac.

**New Policyholder First Notification Letter**
This letter will be sent to the policyholder/employee ten days after the Unexplained Missed Deduction Letter With Report is sent to you. This letter advises the policyholder/employee to contact his or her payroll administrator to ensure deductions have started and to request that the missed premium payment and the current premium payment be remitted with the next invoice.

**New Policyholder Second Notification Letter**
This letter will be sent to the policyholder/employee ten days after the Unexplained Missed Deduction Letter With Report is sent to you. This letter advises the policyholder/employee that Aflac did not receive required premium from the employer as requested in our previous letter and advises him or her that the policy has terminated and the termination effective date. 
*Note: Employee will be removed from future billings at this time.*

**Existing Policy First Notification Letter**
This letter will be sent to the policyholder/employee ten days after the Unexplained Missed Deduction Letter With Report is sent to you. This letter will advise the policyholder/employee of the missed payment and will request the premium payment needed to continue coverage if premiums are no longer being payroll deducted. This letter serves as a conservation attempt and if the premium payment requested is received, Aflac will transfer the policy to direct bill. If payment is not received within 15 days, a follow-up letter will be sent to the policyholder/employee. 
*Note: Employee will be removed from future billings at this time.*

**Existing Policy Second Notification Letter**
This letter will be sent to the policyholder/employee if a response is not received to the previous letter. The letter will notify the policyholder/employee that the premium needed to keep the coverage has not been received and will request the premium needed to continue the coverage. If payment is not received within 16 days, the policy will terminate. 
*Note: If both the missed and current premium payments are received with your next invoice payment for the policyholder, the policy will be added back to your account.*
Direct Bill Offer – Policyholder/Employee Requests Cancellation of Coverage Letter
This letter will be sent to the policyholder/employee when Aflac is advised that the policyholder/employee has elected to cancel Aflac coverage. This letter is used as a conservation attempt and will offer the option to continue coverage on a direct basis.
*Note: Employee will be removed from future billings at this time.*

Direct Bill Offer – Policyholder/Employee Retired Letter
This letter will be sent to the policyholder/employee when Aflac is advised that the policyholder/employee has retired from the account. This letter is used as a conservation attempt and will offer the option to continue coverage on a direct basis.
*Note: Employee will be removed from future billings at this time.*

Direct Bill Offer – Policyholder/Employee Terminates Employment Letter
This letter will be sent to the policyholder/employee when Aflac is advised that the policyholder/employee has terminated employment. This letter is used as a conservation attempt and will offer the option to continue coverage on a direct basis.
*Note: Employee will be removed from future billings at this time.*

Direct Bill Offer – Policyholder/Employee on Leave of Absence Letter
This letter will be sent to the policyholder when Aflac is advised that the policyholder/employee is on a leave of absence. This letter explains to the policyholder/employee how to remit premiums to Aflac while on leave. The policyholder/employee will be removed from your invoice until he/she returns to work unless premiums are remitted with the invoice payment.

Direct Bill Offer – Account Lapsed/Cancels Letter
This letter is mailed to the policyholder/employee providing the opportunity to continue coverage on a direct basis if your account cancels coverage with Aflac or if coverage lapses due to nonpayment of outstanding invoices. This letter is used as a conservation attempt and will offer the option to continue coverage on a direct basis.

Direct Bill Offer – Follow-Up Letter
This letter is mailed to the policyholder/employee providing a second opportunity to continue coverage on a direct bill basis if a response is not received to the first offer.