



**American Fidelity
Assurance Company**

A member of the American Fidelity Group

www.afadvantage.com

Toll Free # (800) 437-1011

Fax Toll Free # (888) 243-3453

Local Fax # (405) 523-5762

**ACCIDENT ONLY WELLNESS BENEFIT
RETURN THIS BENEFIT FORM AND ATTACHMENTS TO:
AMERICAN FIDELITY ASSURANCE COMPANY
AWD Benefits Department
P.O. BOX 268898
OKLAHOMA CITY, OK 73126-8898**

INSTRUCTION TO INSURED

1. Complete STATEMENT OF INSURED
2. Please attach bill, receipt, or evidence of the test
3. Be sure to include your account number or Social Security number on all documents.

STATEMENT OF INSURED

1. INSURED FULL NAME _____ Account No. _____
(Please Print) (Last) (First) (M.I.)

Date of Birth ____/____/____ Insured Social Sec. # ____-____-____
(MO) (Day) (YR)

2. Address _____
(Street) (City) (State) (Zip Code)

3. If claim is for dependent, give name of dependent _____ Date of Birth ____/____/____
Relationship _____ (Mo) (Day) (YR)

**MAIL TO:
American Fidelity Assurance Company
AWD Benefits Department
P.O. Box 268898
Oklahoma City, OK 73126-8898**

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.