



**American Fidelity
Assurance Company**

A member of the American Fidelity Group

www.afadvantage.com

Local Phone # (405) 523-5025

Toll Free # (800) 662-1113

Fax Toll Free # (800) 818-3453

**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

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.

STATEMENT OF POLICYHOLDER

Patient's Name: _____

Relationship to Policyholder: Self Spouse Child

Patient's Date of Birth: _____ Male Female

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

School Name: _____

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

Policyholder's Name: _____

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

Street Address: _____

Check if address has changed

City, State, Zip: _____

Telephone Number: _____/_____/_____

PLEASE ATTACH BILL, RECEIPT OR EVIDENCE OF THE TEST.

DIAGNOSTIC TESTING BENEFIT

- Covered diagnostic test and benefit amounts vary by series of the plan.
- Please read your policy for the covered diagnostic tests and the exact amount of your benefit.

MAIL TO:

**American Fidelity Assurance Company
American Fidelity Educational Services
Attn: Benefits Dept - Cancer Claim
P.O. Box 25160
Oklahoma City, OK 73125-0160**