## Fax cover sheet

from **Aflac** ("Company")

Indi	cate intended recipient below.			
То	: (check one)			Pages (including cover)
$\bigcirc$	New application submit (Use only for the original submission Fax: 877-380-2777		tion packet)	[] (including cover)
0	Follow up documentation (Use when sending additional info	•	ew Business policy submiss	ion or if requested by a case manager.)
	Attn:		Fax: 85	55-447-0391
0	Underwriting information requested (Use after new application submission only if contacted by Underwriting for additional information)			
	Attn:		Fax: 85	55-411-9633
Fro	om	Emai	1	
Pho	one	Fax •		Date •
l ha	ave included the following	g:		
$\bigcirc$ A	Application O Transmittal form	O Bank draft requirements	Other required forms	○ Trailing documentation
Applicant A name			Policy number	
Applicant B name			Policy number	
Со	mments			
•••••				

Due to HIPAA privacy of information, faxed responses will not include the name of a policyholder or applicant but, when appropriate, will reference the policy/application tracking number. Information will only be provided if your inquiry pertains to policyholders or applications for which you are either the writing agent or otherwise associated with the policy or application for coverage.

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