

Aflac Group Accident Advantage Insurance Frequently Asked Questions

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I. General Information

What is Group Accident Advantage insurance?

Group Accident insurance helps pay for out of pocket costs that arise from covered a covered accident such as fractures, dislocations and lacerations.

When can I enroll in this program?

Outside of annual open enrollment, newly hired and newly benefit-eligible employees and their spouses are able to apply within 60 days of the employee becoming eligible for benefits. A schedule of the effective dates appears on this site.

Employees and their spouses will be allowed to apply each year during the annual open enrollment period. Anyone who does not elect coverage during their initial enrollment period and wishes to make an election during a subsequent annual enrollment period will be considered a Late Enrollee and will not have an opportunity to enroll until that time.

When will payroll deductions start?

If you are a 22-pay or 26-pay employee deductions will start on the paycheck that includes the first day of the month you become covered. Example: if coverage becomes effective September 1 your first deduction will occur on the first paycheck that includes September 1.

If you are paid 22 times per year and enroll for an August 1 coverage effective date during the months you are not paid, you must remit premium directly to Aflac Group until your payroll resumes.

What is guaranteed-issue coverage?

Guaranteed-issue means you are guaranteed coverage without having to submit proof of your/your spouse's good health and without having to answer health questions.

Can I continue coverage if I retire or leave?

Yes. One of the advantages of this program is that you can take your insurance with you if you leave employment. Please refer to the sample Certificate of Insurance on this site and Section IV of this document regarding portability.

When will my coverage become effective?

If you apply within 60 days of becoming eligible your coverage becomes effective on the first of the

month following those 60 days, provided you do not terminate employment prior to the first premium deduction. EXAMPLE: Date of hire is August 1. You apply by September 29 and your coverage is effective October 1.

How and when will I know if my requested coverage is approved?

Within 2 weeks after your 60-day enrollment period ends, you will receive a Certificate of Insurance which will describe the plan features. Your employer will be notified of the premium amount to withhold from your pay.

What happens to my coverage when I travel outside of the United States?

Because your coverage doesn't have travel exclusions, your Aflac Accident plan remains intact when you visit other countries as long as:

- You still reside in the United States, and
- Your employer's group plan remains active. (If your employer cancels the group plan, all coverage issued under that plan will terminate as well. This includes coverage for current employees, former employees, and dependents.

Please read your certificate of coverage carefully, and call Aflac toll-free at 1-800-433-3036 if you have any questions about your coverage.

Please remember that Aflac can only process claims that are presented in U.S. dollars and payable benefits will be in U.S. dollars.

II. Eligibility

Who is eligible to apply for this coverage?

An actively-at-work, benefit eligible permanent full-time employee who works 30 hours or more per week or 130 hours monthly, or other benefit eligible employees who work less than 30 hours and are pension- eligible.

If an employee is eligible, his/her spouse is eligible for coverage and all children of the insured who are younger than 26 years of age are eligible. Casual and seasonal employees, substitutes and temporary workers are not eligible to participate.

How do I sign up my new spouse?

To add your spouse, you must have existing coverage. Your spouse must not be currently disabled or unable to work. The benefit plan you elect for your spouse must be the same benefit plan elected by the employee. You must elect coverage for your new spouse within 30 days of the qualifying event. If you are paid 22 times per year and add a new spouse during the months in which you are not paid, you must remit the additional premium for spouse coverage directly to Aflac Group until your payroll deductions resume.

If my Spouse and I are both employees can we elect the coverage amount as both employee and as a spouse?

No. An employee should not be covered under both his/her own and his/her spouse's plan.

What does it mean to be actively-at-work?

Actively- at- work means you are not on a leave of absence, including family and medical leave. Employees on leave of absence are not eligible to apply until they return to work.

If I am on Leave of Absence, when can I apply? If you are on unpaid leave of absence during the initial enrollment period, you can apply for yourself, your spouse, and your dependent children within 31 days of returning to actively at work status. You will also have an opportunity to apply during the next Annual Open Enrollment. Please see Section V of this document for details about going on unpaid leave after you have enrolled.

Do I have to be actively at work for my spouse or children to be eligible to enroll?

Yes. You must be actively at work for your spouse and children to be eligible to enroll.

If my spouse is hospitalized during my enrollment period, when will be the next opportunity to add him/her?

A spouse returning from hospitalization will be given an opportunity to elect coverage at the next annual enrollment.

III. Applying for Coverage

How do I apply for myself, my spouse and children?

- (1) If you are a new hire and would like to apply for coverage for yourself and your spouse you can enroll on this site within 60 days of hire.
- (2) If you are already enrolled in Aflac Group Accident Advantage and become married or have a new child, you have 30 days from the event to apply for coverage for them. You must be enrolled in Aflac Group Accident Advantage prior to the event to add family members to your coverage.

Please note that when first accessing the self enrollment site, you will be asked to create an account. Make sure to observe the special instructions to use a “**substitute**” **social security** number instead of your actual social security number as you establish your profile. That substitute SSN is described on the landing page as a combination of special leading numbers and the last six digits of your employee ID.

The enrollment site does not recognize my information. Why?

As described above, and on the enrollment site, you must use a **substitute social security** number when you first establish your profile. In addition, if your last name includes a suffix such as “Jr.” or “Sr.” the site may expect you to include that suffix with no punctuation. EXAMPLE: John Doe, Jr. is recognized with the name of “Doe Jr” with no punctuation.

If the site does not recognize you after you attempt variations of your name, please call your agency Human Resources Benefit Representative to confirm how your last name actually appears in the State’s payroll system.

IV. Coverage Specifics

Will I be able to increase/decrease coverage after I elect coverage?

Yes. During the annual open enrollment period you may change your plan election of Low or High,

as well as change coverage of family members. Once open enrollment has ended, however, you may not change plans. You may cancel coverage or remove family members from coverage by contacting Aflac Group Customer service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time or by submitting the Service Request Form from this site.

Will I still have coverage after I receive a benefit payment?

Yes. There is no limit to the number of claims you can file under the accident plan.

Once I have coverage, can I collect benefits right away?

Once coverage is effective, you must be enrolled and pay for coverage before Aflac will pay benefits for a covered accident. For a covered accident which occurs after you enroll, you may file a claim and have it reviewed for benefits, but claims payment will pend until after your premium is received at Aflac Group.

If I terminate employment what happens to coverage for me and my spouse?

Upon termination of employment, you and your covered spouse/children will have the option of continuing coverage on a direct-pay basis through the Aflac portability process. You must contact Aflac Group Customer Service at 1-800-433-3036, 8:00 am to 8:00 pm Eastern Time (choose the “policyholder” prompt) to request to continue coverage after termination of employment.

What is Portability?

Portability means that when coverage would otherwise terminate under this plan because you end employment, you may elect to continue coverage. The coverage that may be continued is that which you had on the date your employment terminated, including spouse/children coverage then in effect. You must apply to us in writing within 31 days after the date that the insurance would terminate. Coverage will cease on the earliest of these dates: the date you fail to pay any required premium or the date the group master policy is terminated. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates. Premium for ported coverage is paid directly by you.

V. Premiums/Rates

How much does coverage cost?

Premiums vary depending on the member(s) of your family who are covered. Your payroll deductions will be within a few pennies of the premium displayed at time of enrollment due to rounding. If you are paid 22 times per year, during certain pay cycles your deductions will be multiplied as occurs with your other benefits.

Are my premiums taxed?

No. Your premiums are deducted on an after tax basis.

Are my benefits taxed?

Because your premiums are being remitted on an after-tax basis Aflac will not report claims payments to the IRS as income to you. Please consult your tax advisor regarding your personal tax reporting.

Do my rates change if my health declines?

No. Rates do not change based on the status of your health.

How long do I have to pay premiums?

You pay premiums as long as the coverage is in force, even after you file a claim.

Will I have to continue to pay premiums if I become disabled or am on a leave of absence?

Yes. You will be required to continue paying premiums if you become disabled or are on an unpaid leave absence to be covered under the Accident Insurance plan. Just contact Aflac Group Customer Service at 1-800-433-3036, 8:00 am to 8 pm Eastern Time (choose the “policyholder” prompt) within 31 days of your event and they will send you information regarding making premium payments directly to them. If you do not make arrangements to continue premium payments within 90 days of going on unpaid leave, and return to premium deduction during that time period, you will experience a gap in coverage for the unpaid period. However, if your unpaid leave extends more than 90 days your coverage will lapse if no premiums are paid and you will not be eligible to re-apply until the next annual open enrollment.

VI. Claims

What do I need to do to file a claim?

You must submit a claim form completed by you and your physician, along with supporting documentation of treatment, diagnoses, procedures, and charges if required. You will receive claim forms with your certificate of insurance after the coverage effective date. A link to claim forms is located on this site. Or, you can also contact the Aflac customer service at 1-800-433-3036, Monday – Friday, 8:00 am to 8:00 pm Eastern Time (choose the “policyholder” prompt) to request these forms.

Can my surviving spouse or surviving family members file a claim if I die from an Accident?

Yes. The benefit would be payable to the beneficiary of the plan that you designated during the enrollment process.

This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Information in this document is subject to the terms, conditions, and limitations of Policy Series CAI2800.

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