



**VISION NOW<sup>SM</sup> EYE EXAM/VISION CORRECTION  
MATERIALS CLAIM FORM**

**Please read all instructions.**

**Failure to follow these instructions will delay the processing of your claim.**

Your Aflac policy provides one Eye Exam Benefit per covered person per policy year, and this letter is designed specifically for this benefit. To receive your Eye Exam Benefit, complete the form by following the instructions provided.

Your Aflac policy also provides a Vision Correction Materials Benefit payable based on the option selected, and subject to waiting periods, if applicable. Please check your policy for specific details on this benefit. To receive your Vision Correction Materials Benefit please complete appropriate boxes on the form by following the instructions provided.

Please keep a copy of this completed form for your records. Please print a separate form for each additional covered family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under this policy must be filed separately using form S-00221 available at aflac.com or by calling 1-800-99-AFLAC (1-800-992-3522).

- **Do not write on form except as instructed.**
- **Incomplete forms cannot be processed and will be returned.**
- **Please do not fax this completed form to Aflac.**
- **Mark only wellness exam box(es) for test(s) that you had performed.**

