

**Aflac's Worldwide Headquarters
1932 Wynnton Road, Columbus, Georgia 31999
ATTENTION: POLICYHOLDER SERVICES (PHS)**

Application to remove Skin Cancer Exclusion Rider

If you have been Skin Cancer treatment free for five years (10 years on non-payroll), you are eligible to apply to have your **Skin Cancer Exclusion Rider** removed from your Cancer policy with Aflac.

Please have your Physician complete the statement below and return to:

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The following section is to be completed by your Physician:

It is not necessary for this form to be completed by the Physician who treated the applicant for Cancer. It is permissible to allow another Physician to complete this form, based upon history as disclosed to him by the applicant and based upon an examination of the applicant. **The applicant must have been examined by the Physician completing this form within 12 months prior to date of the application.**

I have reviewed the medical history of _____. This person had
Applicant's Name

Nonmelanoma Skin Cancer first diagnosed on _____ as _____.
Month / Day / Year Type

The last treatment for Nonmelanoma Skin Cancer was on _____.
Month / Day / Year

Based on this review of the medical history and the last examination on _____,
Month / Day / Year

I believe there has been no recurrence or treatment for Nonmelanoma Skin Cancer for five years (10 years on non-payroll).

Physician's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Physician's Signature: _____ Date: _____

Policyholder Name: _____ Policy Number: _____