

**Aflac's Worldwide Headquarters**  
**1932 Wynnton Road, Columbus, Georgia 31999**  
For information call 1.800.99.AFLAC (1.800.992.3522).  
Visit our website at aflac.com

**Application to remove Skin Cancer Exclusion Rider**

If you have been Skin Cancer treatment free for five years, you are eligible to apply to have your **Skin Cancer Exclusion Rider** removed from your Cancer policy with Aflac.

Applicants or family members with a history of Skin Cancer may apply for removal of his/her Skin Cancer Rider, providing there has been no recurrence or treatment of any Skin Cancer within the five years, preceding this application date.

This form must be completed for any individual who qualifies under these guidelines and is subject to underwriting by our worldwide headquarters. If the application is not approved, the rider will remain on the policy.

The individual must have been examined by his/her Physician within six months prior to the date of the application.

\_\_\_\_\_ had Skin Cancer first diagnosed on \_\_\_\_\_  
(Applicant's Name) (Month / Day / Year)

as \_\_\_\_\_. The last treatment for Skin Cancer was on \_\_\_\_\_  
(Type/Location) (Month / Day / Year)

Based on the medical history and the last examination on \_\_\_\_\_, there has been no  
(Month / Day / Year)

recurrence or treatment for Skin Cancer within the past five years.

Current Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street or Post Office Box)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date Last Seen by Physician \_\_\_\_\_

Reason for Last Visit \_\_\_\_\_

Policyholder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.**

Applicant's Signature \_\_\_\_\_ Sign Date \_\_\_\_\_