

Group Accident Insurance FAQ

When can I enroll in this program?

City of Fort Collins' newly hired and newly benefit-eligible employees and their spouses are able to apply within 31 days of becoming eligible for benefits. Employees will be allowed to apply each year during City of Fort Collins' annual enrollment period; or, during their 31 day window following a qualifying life event (such as a marriage, birth...etc).

What is guaranteed-issue coverage?

Guaranteed issue means you are guaranteed coverage without having to submit proof of your/your spouse's good health. To be eligible for coverage you must be actively-at-work.

When will my coverage become effective?

Your coverage becomes effective on the first of the month, following 30 days from your date of hire.

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

After your enrollment period ends, you will receive a welcome letter directly from Aflac and the City of Fort Collins will be notified of the premium amount to withhold from your pay.

Who is eligible to apply for this coverage?

All full-time benefit eligible employees, working at least 20 hours or more weekly are eligible.

If an employee is eligible, their spouse is eligible to apply for coverage and all children of the insured who are younger than 26 years of age are eligible. Seasonal and temporary workers are not eligible to participate.

Can my spouse apply if I don't apply?

No. You must apply for the Accident Insurance plan in order for you to elect spouse coverage.

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

Actively at work means you are not on a leave of absence. Employees on leave of absence and their spouses are not eligible to apply until the employee returns to work

If I am on Leave of Absence, when can I apply?

Upon return from a benefits-eligible leave of absence, you can apply for yourself and spouse within 31 days. You will also have an opportunity to apply during City of Fort Collins' next Annual Enrollment.

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

Yes. Employees may add family members to coverage during annual enrollment or due to a qualifying life event throughout the year. Dropping coverage after you are issued coverage can only be done through your employer via a change/drop form, and can only be done either during open enrollment or due to a qualifying life event.

Can I continue coverage if I retire or leave City of Fort Collins?

Yes. One of the advantages of this program is that you can take your insurance with you if you leave City of Fort Collins. Please refer to your certificate for details.

How much does coverage cost?

Premiums vary depending on the members of your family who are covered.

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 a Leave of Absence to be covered under the plan. Aflac will send you information regarding making premium payments directly to them.

How do I file a claim?

You can file claims directly with Aflac at aflacgroupinsurance.com. You can also contact Aflac's customer service at 1-800-433-3036, Monday – Friday, 9:00 AM to 8:00 PM eastern time to get started over the phone.

Mailing Address: Aflac, P.O. Box 84075, Columbus, GA 31993

Fax number: 1.866.849.2970

Email: groupclaimfiling@aflac.com

I do not remember my certificate number to file my claim, how do I get that?

You can either reach out to Aflac at 1-800-433-3036 to request this information; or, you can put your Employee ID in place of your certificate number when filing and Aflac can find you that way.

What is the deadline to submit claims?

Aflac asks that you begin to submit documentation for a claim within 90 days.

I have multiple documents to file for my claim, do I have to submit these as separate claims to get paid?

The easiest way to file a claim with Aflac is to wait until you have gathered all documentation from your initial visit, possible surgeries/treatments and follow up visits. Once you have collected itemized invoices for each, submit those in one batch to Aflac as one claim.

How do I submit for my annual Wellness Benefit?

Submit wellness claims at aflacgroupinsurance.com. These benefits are available to everyone covered on your Aflac plan, once every calendar year.

This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

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