

## **Group Critical Illness Insurance FAQ**

### **What is critical illness insurance?**

Critical illness insurance is coverage that pays you a lump sum cash benefit directly (unless otherwise assigned) when you are diagnosed with a covered critical illness, such as heart attack, cancer, or stroke. You can spend the cash anyway that you want; to pay for everyday expenses or travel to a treatment center of choice.

### **I already have health insurance. Why do I need this coverage?**

After diagnosis of a covered critical illness, unexpected expenses can add up. Health insurance will pay a large portion of the medical expenses; however, some out-of-pocket expenses following a critical illness may not be covered. Aflac group Critical Illness Insurance benefits can be used to help pay for those out-of-pocket expenses.

### **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. You and your spouse will be guaranteed coverage up to \$20,000 if you apply during the initial enrollment period. To be eligible for guaranteed-issue coverage you must be actively-at-work.

### **How do I know how much coverage is right for me?**

There are several factors to consider, including your family health history, your budget, and income. To make a decision that is right for you, think about out-of-pocket expenses that may arise after a diagnosis and the extra cash you think you would need.

### **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, the spouse is also eligible to elect coverage up to 100% of the employee's election. All children of the insured, who are younger than 26 years of age, are covered for free on the plan - up to 50% of the employee's election. Seasonal and temporary workers are not eligible to participate.

### **How do I sign up my spouse?**

In order to apply for spouse coverage, you must also apply. Your spouse can receive up to 100% of your elected amount, but may not exceed your amount.

### **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 non-benefits-eligible leave of absence, you can apply for yourself and your spouse within 31 days. You will also have an opportunity to apply during City of Fort Collins' next Annual Enrollment, but you will need to answer health questions, and your coverage will be subject to Aflac's approval.

**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.

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

Yes, as long as premium payment remains current.

**If I am diagnosed with a covered critical illness is coverage 100% for each illness?**

No. There are some covered illnesses for which partial coverage is provided. Refer to your certificate for details.

**Once I have coverage, can I collect benefits right away if I receive a diagnosis of a covered critical illness?**

Yes. There is no waiting period for benefits to be paid.

**How much does coverage cost?**

Premiums vary depending on your age at time of coverage, effective date, and the amount of protection you purchase. Your payroll deductions will be within a few pennies of the premium displayed at time of enrollment due to rounding.

**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.

**How do I file a claim?**

You can file claims directly with Aflac at [aflacgroupinsurance.com](http://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](mailto: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.

**How do I submit for my annual Wellness Benefit?**

Submit wellness claims at [aflacgroupinsurance.com](http://aflacgroupinsurance.com). These benefits are available to and your spouse, once every calendar year.

**Can my surviving spouse or surviving family members file a claim if I die from a covered critical illness?**

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

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. Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.