Frequently Asked Questions:

Q: How do I enroll my eligible children in the Critical Illness Insurance?
A: Your eligible dependent children are covered under your employee Critical Illness insurance plan with no child enrollment needed. Tax dependent relatives are also covered under this plan with no enrollment required by you. Proof of eligibility for tax dependent relatives is requested by Aflac at the point of claim.

Q: My spouse/domestic partner also works at Microsoft. Do we both enroll in Critical Illness and/or Accident Insurance?
A: If both you and your spouse/domestic partner (DP) are employed by Microsoft and are eligible for coverage, you have the option to enroll as a dependent under your spouse’s/DP’s coverage OR enroll for your own separate coverage, but not both. Because the spouse rate is lower than the employee only rate, one of you may want to be covered as spouse rather than both enrolling as employee only.

As an example if Jack and Jill are both Microsoft employees, Jack would enroll in spouse Critical Illness coverage for Jill. Eligible dependent children are automatically covered under Jack's critical illness plan. Jack would select Aflac Accident family tier coverage to cover Jill and the eligible dependent children. Jill would waive coverage for Aflac Critical Illness and Accident.

Q: What is the difference between Aflac's Accident Insurance and Accidental Death and Dismemberment Insurance?
A: Accidental death and dismemberment (AD&D) insurance pays benefits in the event of an accident-related death or an injury that causes the loss of a limb(s) or certain senses.

Aflac Accident insurance pays benefits in the event of certain personal injuries that occur off the job such as a fractured bone or dislocated joint.

Q: Employee asks how to add a beneficiary for Aflac Critical Illness or Accident coverage.
A: Aflac manages beneficiary information for Critical Illness and Accident Insurance. You will find beneficiary forms for Aflac on this site.
Q: What is a tax dependent relative and what coverage is provided for tax dependent relatives?

A: **Dependent Relative** means:

Your child not otherwise covered under the certificate; and

A person related to you in one of the following ways: your brother, sister, half-brother, half-sister, stepbrother, or stepsister; your father, mother, grandparent, or other direct ancestor, but not foster parent; your stepfather or stepmother; a son or daughter of your brother or sister; a son or daughter of your half-brother or half-sister; a brother or sister of your father or mother; and your son-in law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law.

The person’s gross income for the year must be less than $3,900; and

You must provide more than half of the person’s total support for the year.

The dependent relative rider benefit is equal to 25% of the primary insureds face amount.

Q: What is a pre-existing condition?

A: There are no pre-existing conditions associated with the Aflac Accident Plan.

The pre-existing condition for the Critical Illness plan is defined as:

A sickness or physical condition that existed within the 12-month period before the insured’s effective date. For this pre-existing condition, a medical professional must have advised, diagnosed, or treated the insured.

Q: What is a plan exclusion?

A: Plan exclusions are an item or risk within the Aflac plans that are not covered by the policy. To find a complete listing of the Limitations and Exclusions, please review the product brochures on this site.

Q: When will my coverage be effective?

A: Your coverage for both your Aflac Accident and Critical Illness plans will become effective on January 1st, 2015. Only dates of service, or sickness or injuries occurring as of January 1st, 2015 would be covered under the Aflac plans.

Q: How do I know whether to select the tobacco/non tobacco rate?

A: If you, or your spouse, or your domestic partner have used any form of a tobacco product within the last twelve (12) months, you should chose the tobacco rate.

Q: What does Active at work mean?

A: Actively at Work refers to an Insured’s ability to perform his regular employment duties for a full normal workday. The Insured may perform these activities either at his employer’s regular place of business or at a location where the Insured may be required to travel to perform the regular duties of his employment.
Q: When can I enroll if I am on leave of absence?

A: You may enroll in Critical Illness & Accident within 30 calendar days from your return from leave of absence. Please contact Microsoft Benefits for assistance with enrollment upon your return from leave at (425) 706-8853 or benefits@microsoft.com

Q: If I am on leave of absence, can I enroll my spouse?

A: No, you may not enroll your spouse when you are on leave of absence. You, the employee, and primary insured must elect coverage, in order for your spouse or domestic partner to elect coverage.

You may enroll in Critical Illness & Accident within 30 calendar days from your return from leave of absence. Please contact Microsoft Benefits for assistance with enrollment upon your return from leave at (425)706-8853 or benefits@microsoft.com

Q: The enrollment asked whether my spouse was disabled. What does disabled mean? When can I add my spouse if my spouse is hospitalized or disabled?

A: If your spouse is disabled, or unable to work they are not eligible to enroll in Aflac coverage. When your spouse no longer meets this definition, and is able to return to work, they would then meet Aflac’s eligibility requirements, and could be able to elect coverage.

Q: Am I covered if I travel outside of the United States?

A: The Critical Illness plan requires that diagnosis must be made and treatment must be received in the United States.

The Accident plan has no travel limitations, however, all medical records must be received in English and all claim payments will be made in United States Dollars.

Q: How is this coverage different from major medical insurance?

A: Major medical insurance pays for doctors and hospitals. Our coverage is designed to provide you with cash benefits, unless otherwise assigned, that you can use to help with daily expenses when you're sick or hurt—cash to be used as you wish to help you and your family with unexpected expenses.

Q: How do I file a Claim?

A: Our claim forms are available under the Filing a Claim Tab on http://www.aflac.com/microsoft. Please read and follow the detailed instructions for each applicable form, making sure to complete it in its entirety and signing where requested. If you have questions or need help completing a form, call the Customer Service Center at 1-844-576-4353.

Q: What if all of the provisions of the certificates are not met? How will it affect my claims processing time?

A: Claims submitted for benefits that may be subject to pre-existing condition exclusion, a waiting period, or the certificate’s contestability period may require additional medical information that can extend processing time. Also, you will be notified within 7 to 10 business days if a claim form is not completed in its entirety or is not signed. Incomplete or unsigned forms will delay claim processing.
Q: Will my claim be expedited if I send my claim form to you by express mail?

A: Sending your claim form by express mail will expedite the receipt of your claim form but will not expedite claim processing. Claims are processed in the order in which they are received; they are not prioritized by delivery method.

Q: How long do I have to file a claim?

A: There is a one-year timely filing provision in your certificate. Please review the provision and call the Customer Service Center at 1-844-576-4353 with any questions.

Q: How do I submit my claim form for processing?

You can mail your claim form to Post Office Box 84075, Columbus, GA. 31993. You may also fax your claim form to our claims department at 1-866-849-2970 or scan and email your claim form to groupclaimfiling@aflac.com.

Q: What information do I need to file a claim?

A: Group Accident Insurance Claims – Using the appropriate claims form, send us a complete description of your accident. If you were involved in a motor vehicle accident, we’ll need a copy of the police or accident report. If your injury occurred on the job, please attach a copy of the first report of injury filed with your employer. If you were first treated in an emergency room, please attach a copy of the discharge papers from the hospital. All medical bills and supporting documents related to your injury should verify the diagnosis, the specific procedure or treatment and the supplies used.

Group Critical Illness Insurance Claims – Notice that the claimant’s birth certificate is required with the other critical illness insurance claim documentation. Please make sure your treating physician completes the second page (Attending Physician’s Statement).

Q: I submitted a claim form. Did you receive it?

A: Once a claim form has been received, it normally takes two to three working days to pre-process the claim before it is sent to the claims examiner for processing. During this pre-processing stage, the claim form is not accessible for review. It will become accessible once pre-processing is complete and the claim is entered into the claim system. Please closely follow the instructions on the claim form and sign in all places indicated before mailing it and all required documentation to us.