



Frequently Asked Questions

Supplemental Group Critical Illness, Hospital Indemnity and Accident Insurance Coverage

Plan Options:

How is this coverage different from major medical insurance?

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.

Can I enroll in one option, or do I have to enroll in all three?

You do not have to enroll in all three options. For example, you may elect to enroll in Critical Illness coverage and decline Hospital Indemnity or Accident Insurance coverage. You also have the option in enrolling in all three plans if you wish. Note, these are voluntary benefits and there is no requirement for you to enroll in any of the voluntary benefit plans.

Which options provide coverage for my family?

All three plans offer options to provide coverage for your family.

Where can I find what the costs for coverage are?

Detailed information about the three plan options, including the cost of coverage can be found by visiting www.aflac.com/paypal

Who is considered an eligible dependent?

Eligible dependents are your spouse or legal domestic partner and your children (biological, step-children, and children covered by a guardianship/adoption under age 26). In the event you have a child that is dependent on you due to a mental or physical handicap, you would need to submit proof of the handicap and coverage could be continued beyond the age of 26.

Enrollment Information:

How do I enroll?

You can enroll as a new hire or during PayPal's annual enrollment period by visiting Your Benefits Resources™ (YBR) ([@Work](#)) | ([Log In](#)). PayPal will send you a confirmation of your enrollment.

Can I change my election after Annual Enrollment?

You can cancel/remove someone from the plan at any time. The only time increasing benefit amounts or adding children/spouse can occur is through a qualified life event (death, loss of job, birth, divorce, and marriage)

This is a brief product overview only. The plans have limitations and exclusions that affect benefits payable. Refer to the plans for complete details. 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. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.



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Whom do I call with questions about my coverage?

Call Aflac's dedicated PayPal Customer Service line at [1-866-235-2211](tel:1-866-235-2211) from 8 a.m. to 8 p.m. Eastern time. Representatives are prepared to address questions about your insurance.

Can I increase my coverage at any time if I continue my coverage on an individual basis?

No, the option to increase coverage is only available on a group basis

What if I want to cancel my coverage?

Please send your cancellation request to paypalincbenefits@paypal.com.

Will my benefit checks be payable to me?

Benefits will be paid directly to you, the insured, unless otherwise required by law or otherwise assigned. You can also choose to direct a hospital, physician, or other health care provider to receive your benefits. This is called assigning benefits, and you can do so by signing the appropriate section on the claim form or by signing an assignment of benefits at the health care provider's office.

Can my benefits be paid by Direct Deposit?

Yes, unless you live in the state of NY. Your direct deposit information should be submitted with your claim when filing online or when manually submitting documents.

Are my benefits taxable?

No.

Claim Filing Information:

How do I file a claim?

Our claim forms are available under the Filing a Claim tab . 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 PayPal's dedicated line at [1-866-235-2211](tel:1-866-235-2211) or visit www.aflac.com/paypal. You can also chat live with an Aflac Customer Care Specialist via the website from 8:00 am- 6:00 pm Eastern Time and the Virtual Assistant is able to assist you outside of the normal business hours.

You may submit your claim form online for an Accident, Hospital Indemnity or Critical Illness benefit at www.aflacgroupinsurance.com. You can mail your claim form to Post Office Box 84075, Columbus, Georgia 31993. You may also fax your claim form to our claims department at [866.849.2970](tel:866.849.2970) or scan and email your claim form to groupclaimfiling@aflac.com

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

Claims submitted for benefits that may be subject to a 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.

Will my claim be expedited if I send my claim form to you by express mail?

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.

How long do I have to file a claim?

There is a one-year timely filing provision in your certificate. Please review the provision and call us with any questions.

What information do I need to file a claim?

It's important to follow the detailed instructions included on each claim form and to sign each form where indicated. Our claim forms are all available on the Claims tab, and instruct you to consider the following:

Group Hospital Indemnity Insurance Claims - We'll need an itemized bill showing admission and discharge dates, inpatient room charges for semiprivate or private rooms, a diagnosis, and any additional forms or bills related to your treatment.

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).

- Cancer Insurance Claims - When you send your cancer insurance claim documentation, include a pathology report used in the diagnosis of a malignant

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cancer, any itemized medical bills with the diagnosis and procedure codes, and the claimant's birth certificate. The birth certificate only applies to a critical illness claim for a child or a dependent relative, all other information is needed for the claim. In the event it is needed for a dependent relative a power of attorney showing that information will need to be provided.

- Beneficiary's Statement for Death Claim - Certified copies of the deceased person's birth certificate and death certificate are needed to process your claim. If the cause of death is an injury or accident, include a copy of any related police report and/or newspaper articles. The beneficiaries must sign and print their name at the bottom of the claim form.

[I submitted a claim form. Did you receive it?](#)

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.

[Termination of Employment:](#)

[If I am eligible to keep my coverage on an individual basis, what payment options do I have?](#)

If you terminate your employment with PayPal, you may opt to continue your current Aflac Group plan on an individual pay basis. Please see your certificate for details.

You will have four payment options:

- Monthly electronic draft from your banking account
 - Quarterly, semiannual, or annual direct billing.
- Electronic draft is available for monthly payment only. Notices will be generated for premiums paid quarterly, semiannually, or annually when due.

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