

Aflac

PLEASE PRINT APPLICANT INFORMATION

APPLICANT'S

NAME: _____ DOB: _____ M ___ / F ___
LAST FIRST MONTH / DAY / YEAR

DEPENDENT CHILDREN (UNDER AGE 26): ___ YES ___ NO

DEPT. # _____

PLEASE PRINT SPOUSE INFORMATION

SPOUSE'S

NAME: _____ DOB: _____ M ___ / F ___
LAST FIRST MONTH / DAY / YEAR

PLEASE PRINT CONTACT INFORMATION

ADDRESS: _____
STREET APT #

CITY STATE ZIP

PHONE: _____ EMAIL: _____

EMPLOYEE ID # _____ HIRE DATE : _____

JOB TITLE: _____ SALARY: _____

Please circle the biweekly b rate for desired policies:

Accident Advantage

	<u>18-75</u>
Individual	\$14.28
One Parent Family	\$19.02
Insured & Spouse	\$22.14
Full Family	\$427.90

SHORT TERM DISABILITY AVAILABLE

Please contact Jackie for a quote and additional information

Aflac Hospital Choice

	PPO			HSA		
	<u>18-49</u>	<u>50-59</u>	<u>60-75</u>	<u>18-49</u>	<u>50-59</u>	<u>60-75</u>
Individual	\$12.36	\$12.60	\$12.96	\$14.52	\$14.94	\$17.52
One Parent Family	\$15.66	\$15.90	\$16.14	\$16.80	\$17.10	\$18.06
Insured & Spouse	\$17.46	\$18.48	\$19.80	\$21.12	\$24.72	\$29.40
Full Family	\$18.54	\$18.72	\$20.04	\$21.36	\$24.96	\$29.64

Cancer Care Classic

	<u>18-75</u>	SDR	DCR
Individual	\$14.64	<u>\$0.42</u>	<u>\$0.00</u>
One Parent Family	\$14.64	\$0.42	\$0.42
Insured & Spouse	\$24.90	\$0.78	\$0.00
Full Family	\$24.90	\$0.78	\$0.42

Critical Care & Recovery

	<u>18-35</u>	36-45	46-55	56-70
Individual	\$4.20	\$6.54	\$9.06	\$12.24
One Parent Family	\$4.68	\$6.78	\$9.36	\$12.54
Insured & Spouse	\$6.00	\$10.02	\$15.00	\$22.02
Full Family	\$6.96	\$11.04	\$16.32	\$23.52

Vision

	<u>18-39</u>	40-49	50-70
Individual	\$6.42	\$8.72	\$13.11
One Parent Family	\$10.57	\$12.28	\$15.18
Insured & Spouse	\$10.11	\$14.72	\$22.57
Full Family	\$13.34	\$17.22	\$23.03

Dental Essentials

	18-70
Individual	\$11.10
One Parent Family	\$19.44
Insured & Spouse	\$19.56
Full Family	\$28.02

PLEASE PRINT

CHILDRENS NAME	DATE OF BIRTH	SEX
_____	____/____/____	M____F____
_____	____/____/____	M____F____
_____	____/____/____	M____F____
_____	____/____/____	M____F____
_____	____/____/____	M____F____
_____	____/____/____	M____F____

PRIMARY BENEFICIARY

NAME: _____ DATE OF BIRTH: _____
RELATIONSHIP: _____ PHONE: ____/____/____ Per PERCENTAGE _____%
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PRIMARY BENEFICIARY

NAME: _____ DATE OF BIRTH: _____
RELATIONSHIP: _____ PHONE: ____/____/____ Per PERCENTAGE _____%
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

To schedule a meeting or phone conference contact Jackie Barta

jackie_barta@us.aflac.com

520-456-4295

PROTECT YOUR PAYCHECK



You've earned it. Now you need a plan to help secure it.

Aflac is different from health insurance; it's insurance to cover the unexpected costs and daily living expenses that don't stop when you have an illness or injury. Benefits are paid directly to you, regardless of any other coverage you may have.*

Learn how we can help you protect what you work so hard for every day.

Too busy to set down and enroll for Aflac coverage. We have a new enrollment solution for Cochise County employees. Starting March 31st - April 30th, you will be able to click on the following link to schedule an appointment with the Aflac Benefits Counselor. Cochise County Virtual Call Center Enrollments will be available by appointment to service existing policy holders or enroll new.

- You can call or email Jackie_barta@us.aflac.com
- We'll email you an interest sheet and prices and brochures
- When you want to enroll or have additional questions please login to the below link to schedule an appointment. www.aflac.com/schedule/CochiseCounty
- **We are now offering Short Term Disability to fill your 45-day gap. Get your quote to see how we can protect your paycheck.**
- We can enroll and have and payroll deduction forms completed without you leaving your house or car.



Jackie Barta-Agent/Contact
Jackie_bartal@us.aflac.com
(520) 456-4295

*Unless otherwise assigned. Applicable to Aflac short-term disability insurance policy only. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999