

# Aflac Enrollment Instructions

**\*\*PLEASE LOOK AT BOTH SIDES OF THE APPLICATION PAGES\*\***

**\*\*\*BROCHURES:** The Short Term Disability Policy and the Accident Policy are attached. These are two separate policies. You can enroll in one, or both of the policies.

**\*\*\*RATE SHEETS** The Short Term Disability and Accident Policy rate sheets are attached. For the Short Term Disability you need to find your **Gross Annual Income** and then find your **Age Bracket** to see what your monthly premium will be. The Accident premium will depend on the coverage chosen; Individual- you only, Husband/Spouse- you and your spouse, One Parent Family- you and any children under 26 years and Two Parent Family- You, Spouse and any children under 26 years.

## **\*\*\*AFLAC APPLICATION:**

**PAGE 1-** Please complete your name, SSN, Gender, DOB, Address, Class Occupation (teacher, aide etc), Hire Date at MPS, Email, Hours Per Week you work, Phone #, Spouse Information.

### **ALL APPLICANTS NEED TO COMPLETE THE NEXT 3 QUESTIONS**

If you are applying for Accident coverage and would like to cover your children please enter their information at this point.

If applying for Accident coverage, complete the beneficiary information.

**GROUP ACCIDENT COVERAGE:** ONLY complete if applying for Accident coverage. Choose your desired coverage.

### **SHORT TERM DISABILITY COVERAGE:**

If this is New Coverage, please check. If you are making a change to existing coverage, check Change in Coverage.

### **PAGE 2- SHORT TERM DISABILITY:**

Answer the first 2 questions.

Next enter your Annual Salary, Your Monthly Benefit and Your Monthly Premium. (You will find the benefit amount and premium on the Rate sheet.)

**Questions 1-8 NEED to be answered.** If you are applying for more than a \$3,000 monthly benefit amount coverage may be declined based on the information provided in this application.

### **PAGE 3:**

Sign and date

**\*\*\*PAYMENT AUTHORIZATION FORM: THIS IS HOW YOUR PREMIUMS ARE PAID**

Complete the top of the application with your name, address and phone number.

Complete the draft or credit card information section.

Sign and date.

**\*\*\*YOU WILL NEED TO FAX, SCAN OR EMAIL YOUR AFLAC APPLICATION AND PAYMENT AUTHORIZATION FORM TO KARA STADEL\*\*\* 4 PAGES IN TOTAL!**

**EMAIL:** kara\_stadel@us.aflac.com

**FAX:** 815-550-5553

**TEXT PICTURES:** 815.291.0005 (Make sure pictures are clear and I need to see all of the pages)

Call or Email Kara with any questions; Kara's Office Phone: 815.552.0595

**\*\*\*DEADLINE TO ENROLL IS December 28th\*\*\***