

Aflac helps with expenses health insurance doesn't cover

Please complete this form if you are interested in learning more about Aflac insurance policies.



I would like to have an Aflac agent contact me. I may be interested in learning more about Aflac. I may be especially interested in the following policies. (Check all that apply):

<input type="checkbox"/> Accident	<input type="checkbox"/> Hospital confinement indemnity
<input type="checkbox"/> Cancer/Specified disease	<input type="checkbox"/> Short-term disability
<input type="checkbox"/> Critical illness	<input type="checkbox"/> Vision
<input type="checkbox"/> Dental	
<input type="checkbox"/> I understand this is my Open Enrollment period through my employer.	

I am a current policyholder and would like to have an Aflac agent contact me regarding filing a claim/ wellness benefit or need assistance with any the following policies (check all that apply):

<input type="checkbox"/> Accident	<input type="checkbox"/> Hospital confinement indemnity
<input type="checkbox"/> Cancer/Specified disease	<input type="checkbox"/> Short-term disability
<input type="checkbox"/> Critical illness	<input type="checkbox"/> Vision
<input type="checkbox"/> Dental	

Please be advised you will need to speak with your Aflac agent if you wish to make changes to your current Aflac benefit elections. Aflac benefit elections will remain the same unless you make changes during open enrollment.

Name

Program

Location

Phone and best time to contact

Please contact your Aflac Representative, **Shawn Bridgeman**,
Agent Number AA24V, at **360-529-6690** or
email her at Shawn_bridgeman@us.aflac.com
or return to your HR Department



Please note that completing this form does not imply coverage or issuance of a policy. An Aflac insurance agent/producer will contact you in an attempt to solicit insurance. Coverage is underwritten by Aflac. Coverage may not be available in all states. Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

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