Are you among the 57% of Americans who’ve had to pay an unexpected medical bill?\(^1\) Did you think, “But I have health insurance. I should be covered?” That’s why there’s Aflac. We can pay you money directly\(^2\) to help cover that bill. And for your prescriptions. And to help with your rent. And help with peace of mind when you, your clients and the employees you serve, need it most.

To learn more contact:
Bill Morales
803-760-4415 | william_morales@us.aflac.com
Aflac Interest Form

The information contained in this form is CONFIDENTIAL and is NOT an application for coverage.

Today’s Date: ____________________ Hire Date: ______________

Payroll Account:  STATE OF SC - 0GCD7 Agency ___________

Name: ___________________________  SS# ____________________
     First Name       MI       Last Name

Email:_________________________________________  DOB: ______________

Home Phone: (_______) ________ - ____________  Cell: (_______) ________ - ____________

Spouse: __________________        DOB: ______________
     First Name       MI       Last Name

Mailing Address: _________________________________________________________________

Number of Dependent Children: ___________
     Under 26 Years Old)

Name: ____________________    DOB  __________
Name: ____________________    DOB  __________
Name: ____________________    DOB  __________
Name: ____________________    DOB  __________

Annual Salary: __________

Please check below the things that you are most concerned about.

☐ Loss of Income if I am sick or hurt and can’t work  ☐ Cancer
☐ Deductibles and Co-Pays      ☐ Heart Attack/Stroke/Diabetes
☐ Not Enough Life Insurance  ☐ Accidents
☐ Monthly Bills          ☐ Life Ins / Disability Ins for Spouse

Please FAX or EMAIL completed form to :  1-843-620-1014
william_morales@us.aflac.com

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<thead>
<tr>
<th>Coverage</th>
<th>Type of Program</th>
<th>Deduction</th>
<th>REVIEW</th>
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<td>Cancer</td>
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<td>Hospital</td>
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</table>

I=Individual  S=1 Parent Family  P=Primary & Spouse  F=2 Parent Family  30 day wait & Pre-Tax Plan

Office Use Only

1. Effective Date
2. 30 Day Wait
3. Pre-Tax Plan
4. Claims Process
5. IM / TA
6. Referrals