



HELP WITH EXPENSES HEALTH INSURANCE DOESN'T COVER

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 directly² 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

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¹NORC AmeriSpeak Omnibus Survey: Surprise Medical Bills. August 16-20, 2018. <https://www.norc.org/PDFs/Health%20Care%20Surveys/ Surprise%20Bills%20 Survey%20August%202018%20Topline.pdf> – accessed March 30, 2020.² Unless otherwise assigned. Aflac | Aflac New York | WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Z200344

Exp. 5/21

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 _____

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

Annual Salary: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Loss of Income if I am sick or hurt and can't work | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Deductibles and Co-Pays | <input type="checkbox"/> Heart Attack/Stroke/Diabetes |
| <input type="checkbox"/> Not Enough Life Insurance | <input type="checkbox"/> Accidents |
| <input type="checkbox"/> Monthly Bills | <input type="checkbox"/> Life Ins / Disability Ins for Spouse |

Office Use Only

Coverage	Type of Program	Deduction		REVIEW
Accident			1	Effective Date
Cancer			2	30 Day Wait
SHE/CI			3	Pre-Tax Plan
STD			4	Claims Process
Life/JVL			5	IM / TA
Hospital			6	Referrals

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