

Rates are monthly Heidi Heineman 206 940 2042

Accident – Most Popular – Life Happens.

From the serious car accidents, sports accidents to those embarrassing oops moments.

Individual	\$23.27	1 Parent Family	\$37.70
Employee/Spouse	\$33.02	2 Parent Family	\$49.94

Dental – Supplements ALL Dental Programs. Pays directly to your Dental Provider. Because a tooth ache can't wait. Put more bite in your coverage.

Individual	\$24.05	1 Parent Family	\$42.12
Employee/Spouse	\$42.38	2 Parent Family	\$60.71

Cancer Care – The plan pays a cash benefit upon initial diagnosis of an internal cancer. This engages the Policy and a multitude of additional benefits become available, allowing the insured to focus on recovery and wellness.

Plans	Classic	Premier
Individual	\$37.57	\$51.74
Employee/Spouse	\$66.95	\$92.95

Hospital Protection – When quick visit to the ER turns into an overnight stay or more, this program pays down your high deductible. Additional benefits are paid for services rendered, i.e., surgery, imaging, transportation and many more.

Individual	\$41.73	1 Parent Family	\$55.12
Individual and Spouse	\$70.33	2 Parent Family	\$72.41

Short-Term Disability – Our plan allows you to design coverage and financial assistance on your terms, with little or no medical questions, and we provided for partial disability. Rates are based on your income.

Life Insurance – Because you never know. You choose the amount and the term of time. Our programs are all portable, so you keep them as long as you like.

Aflac Wellness/Physician Benefits

Please take a few moments and review your policies to ensure the coverage is current and appropriate.

- ✓ If you have the Accident policy or Life policy, are the Beneficiaries listed current, and correct?
- ✓ If you covered children, are they under the age of 26?
- ✓ Certain policies have Wellness/Physician Benefits, are you up to date with filing these benefits?
- ✓ Do you have claims?
- ✓ If you have Disability or Paycheck Protection, has your income increased over the years?
- ✓ If you covered a spouse, are you still married?

Contact me directly to make these changes, file claims and ask questions.

Heidi Heineman

206 940 2042 – Text

Heidi_heineman@us.Aflac.com

ENROLLMENT PROCEDURES PLEASE READ

Due to locations and/or limited time allotted, we will be offering a variety of enrollment options i.e, in person, phone or computer.

On the **backside of these instructions** is the primary information required for all applications. Once completed take a picture of the form and text or email it back to me. We then, can enter the information in and begin building applications. A secure link (Everwell/Aflac) will be sent to you to complete the application process. This is a fast and secure method that allows you the freedom of enrolling and reviewing anytime, anywhere.

SECURE LINK

The secure link is active for **24 hours**. If you missed it or could not react in time – let me know I can resend it. The link requires you to create a couple of passwords - please write these down, so you have them accessible. Once you are in the program, it will begin by verifying your name, address, etc., then depending upon the type of application, it will run through underwriting questions regarding your health. At the end of each application, your signature is typed in. After you have completed all application(s) a Payroll Authorization Form will follow and will need your signature. Once signed close out, all the forms will automatically be forwarded back to me.

Policies/Claims

You will receive your policies within 1-2 weeks after your effective date, either by email or regular mail – your choice (the program defaults to email). Claims are filed online. Register your policies online. Once you have a claim - upload all documents before beginning a claim, physician notes, billing statements, pre-post-operative reports, imaging reports etc. The Online Claims site will walk you through the process and accept your documents. Turn around time is dependent on your documents. Generally, it takes 24 hours.

If you have questions, please call me. 206 940 2042.

Please text/email this for to:

Heidi Heineman – 206 940 2042 or heidi_heineman@ us.Aflac.com

Full
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

The Secure link will be sent via:

Text _____ Email _____

Coverage Section

Check the Plan and Circle of Who is Included.

- | | | | | | |
|--------------------------|----------------|------------|-----------------------------------|-------------------|-------------------|
| <input type="checkbox"/> | Accident: | Individual | Indiv/Spouse | One Parent Family | Two Parent Family |
| <input type="checkbox"/> | Dental: | Individual | Indiv/Spouse | One Parent Family | Two Parent Family |
| <input type="checkbox"/> | Cancer: | Individual | Indiv/Spouse | One Parent Family | Two Parent Family |
| <input type="checkbox"/> | Critical Care: | Individual | Indiv/Spouse | One Parent Family | Two Parent Family |
| <input type="checkbox"/> | Disability: | Individual | SEE ME FOR ADDITIONAL INFORMATION | | |
| <input type="checkbox"/> | Term Life : | Individual | SEE ME FOR ADDITIONAL INFORMATION | | |

Spouse full Name: _____ DOB _____ Male/Female

Child Name: _____ DOB _____ Male/Female

Child Name: _____ DOB _____ Male/Female

Child Name: _____ DOB _____ Male/Female

Employer/Company Name: _____

Your Signature to Begin the Application Process
