



New Employee Interest Flyer

If you can answer “Yes” to one of these questions then you may need Aflac.

Y / N If a crisis occurs I would need cash benefits to help with my everyday bills such as: car payments, mortgage/rent, medical bills, food for myself/family.

Y / N If I couldn't work I would need help replacing my income.

Y / N I have Dental work that I have put off due to cost

Y / N I am thinking of starting a family and Myself/Spouse need help with Maternity leave

****Please check the box for each plan that you are interested in receiving information.**

DISABILITY – No Underwriting Questions Asked. This plan replaces a portion of your income if you are unable to work due to illness or off the job injury, including maternity. Each employee tailors this benefit to their personal lifestyle, budget and financial responsibilities. **This plan is part of our “Baby Duckling” Maternity package.**

ACCIDENT PLAN - This plan provides cash benefits in the event that you or a covered family member has an accident/injury on or off-the-job. There are benefits for the initial accident visit as well as follow up doctor/chiropractic visits, physical therapy, ambulance, diagnostic procedures, hospitalization, and more. Also included is a yearly Wellness Benefit.

HOSPITAL PLAN - No Underwriting Questions Asked. This policy pays cash benefits for Illnesses and Injuries. There are benefits for Hospital stay, ambulance, diagnostic exams, surgeries, rehabilitation benefits. **This plan is part of our “Baby Duckling” Maternity package**

SUPPLEMENTAL DENTAL Gives you \$1,200 per year in coverage and goes up \$100 per year for the next 5 years in coverage over and above your regular Dental. You can go to any Dentist you want. NO Networks

CANCER PLAN-This policy pays large cash benefits directly to the policyholder for the diagnosis and treatment of cancer. Our policyholders can then concentrate on recovery, rather than finances. These cash benefits are paid in addition to any medical plan. Also includes benefit for initial diagnosis that increases by \$500 a year!

CRITICAL ILLNESS (Rider to Cancer plan)- No Underwriting Questions Asked. This policy pays large cash benefits for Heart Attack, Stroke and 15 other major Diseases.

WAIVER- I certify that the features and benefits of Aflacs policies have been explained to me completely and have decided to waive my opportunity at this time.

Your Name: _____ Phone: _____

Email: _____

*Note: This is only a request for more information. Submitting this form does not obligate you to enroll.

Return to: reece_wilson@us.aflac.com or **Text picture to:** 509-987-3480