



An Independent Agent Representing Aflac

## Attention Members of IBEW Local 573

**Aflac is being made available to you!**

**A rep. from Aflac will be at the next**

**Union Meeting - Friday, July 13<sup>th</sup> starting at 7pm.**

During this time, you can find out more about Aflac, ask questions and enroll in coverage.

**Things to know about Aflac:** Is not health coverage - Can be purchased even if you don't have health coverage - Doesn't take away or coordinate with any other type of coverage you have - Pays cash benefits directly to you (not the Dr. or Hosp.) - Covers treatments for injuries that occur on or off your job - Rate won't go up on you - Offering Group rates.

### **Aflac Supplemental Coverage Available:**

**Accident Indemnity** - Covers treatments due to an injury that occurs on or off your job. Covers minor & major injuries (Chipped teeth, poison ivy, strains, fractures, & even accidental death).

*\*National Safety Council reported 44.5 million injuries in the US in 2016. Out of that number, over 161,000 resulted in death. Accidents are listed as the #4 cause of death in the US (Medical News Today).*

**Critical Care & Recovery** - Pays large cash benefits for treatments related to a serious illness (Heart attack, stroke, coronary artery by-pass surgery, sudden cardiac arrest & 5 other critical illnesses).

*\*Center for Disease Control (CDC) listed Heart Disease as the #1 cause of death in the US & Strokes as #5.*

**Cancer Care** - Pays large cash benefits for treatment for internal cancer and skin cancer.

(Dependent child coverage at NO additional cost). *\*Center for Disease Control (CDC) listed Cancer as #2 cause of death in the US.*

**Hospital Choice** - Helps with the cost of a hosp. confinement, Physician visits, medical testing & (MRI, etc). *\*The National Center for Health Statistics for the US in 2016: Number of hospital visits:*

*141.4 million - Number of emergency department visits resulting in hospital admission: 11.2 million - Number of emergency department visits resulting in admission to critical care unit: 1.8 million*

**Life Insurance** - Whole & Term life; spouse coverage & juvenile policies for children under 17

**Aflac Essential Dental** - Can be purchased even if you currently have Dental insurance (available with optional orthodontia rider).

Come find out what all the "quacking" is about with Aflac.

**Accidents Happen - Life Happens.**

**Don't let it "happen" to you before you get Aflac!**

# Why Aflac? Get the Aflacts.

## 1 AFLAC IS DIFFERENT FROM HEALTH INSURANCE; IT'S INSURANCE FOR DAILY LIVING.

Major medical pays for doctors, hospitals, and prescriptions. Aflac pays cash directly to you, unless otherwise assigned, to help with daily expenses due to a covered illness or accident.

## 2 AFLAC IS AN EXTRA MEASURE OF FINANCIAL PROTECTION.

When you're sick or hurt, Aflac pays cash benefits directly to you to help you and your family with unexpected expenses. The benefits are predetermined and paid regardless of any other insurance you have.

## 3 AFLAC PAYS YOU CASH BENEFITS TO USE AS YOU SEE FIT.

You can use your Aflac benefits check to help pay for groceries, child care, or rent. It's totally up to you.

## 4 AFLAC BENEFITS HELP WITH UNEXPECTED EXPENSES.

Your Aflac benefits check helps you pay for the many out-of-pocket expenses you incur when you are sick or hurt—like the cost of transportation to and from medical facilities, parking, and additional child-care expenses.

## 5 AFLAC BELONGS TO YOU, NOT YOUR COMPANY.

When you have an Aflac policy—it's yours. You own it. Even if you change jobs or retire, you can take your Aflac policy with you.

## 6 AFLAC IS AFFORDABLE.

We have a range of products that can fit most budgets. Aflac can help provide you and your family with coverage and security to help maintain your everyday lifestyle in case of illness or injury. And, Aflac rates don't go up even when you file a claim.

## 7 AFLAC PROCESSES CLAIMS QUICKLY—USUALLY WITHIN 4 DAYS.

Aflac provides prompt service and fast payment of qualifying claims to help you pay your bills. While you're focusing on your health, we focus on getting you cash as quickly as possible.

## 8 AFLAC CLAIMS ARE EASY TO FILE.

When you're sick or hurt, the last thing you need is a complicated form to fill out. Aflac benefits are easy to understand, and our forms are easy to complete.

## 9 AFLAC PAYS YOU CASH BENEFITS EVEN WHEN YOU'RE HEALTHY.

We want you to be healthy—that's why several of our policies promote preventive care.

## 10 AFLAC IS ACCOUNTABLE.

Because Aflac is accountable to our customers, employees and shareholders, our worldwide headquarters has been named to Ethisphere's list of World's Most Ethical Companies five years in a row, FORTUNE's list of 100 Best Companies to Work For for 10 consecutive years, and FORTUNE's list of World's Most Admired Companies 10 times.

For more information visit [Aflac.com](http://Aflac.com).



**Aflac**

**Tina S. Milner**

Associate  
An Independent Agent Representing Aflac

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Account Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Group No.: \_\_\_\_\_ Writing No.: \_\_\_\_\_

## Nonpayroll Insurance Program Acknowledgment

*All applicable sections must be completed for processing.*

### INSTRUCTIONS

- The Authorization and Signatures section must be completed for **ALL** accounts.
- If completed on paper, fax the completed form to 1.866.AFL.NASA (1.866.235.6272).

#### 1. GENERAL INFORMATION

- A. ☐ Changes/Additions to an Existing Aflac Nonpayroll Account – Account Number: \_\_\_\_\_  
 B. ☐ New Aflac Nonpayroll Account  
     ☐ Association  
     ☐ Credit Union (ACH/Draft only)  
     ☐ Labor Union  
     ☐ Employer Account (Accounts that want a bill but do not qualify for payroll rates)  
     ☐ Employee Direct Bill (W-2 employees only)

- C. Bill Form: ☐ Invoice Account (List Bill)  
                   ☐ Paper Invoice ☐ Online Billing  
                   ☐ Aflac premium will be deducted from one of the following:  
                     ☐ Credit Union Account ☐ Association or Union Dues  
                     ☐ Wages ☐ Other: \_\_\_\_\_  
                   ☐ Direct Bill Policyholder  
                   ☐ ACH/Draft (Credit Union only): ACH Routing Number: \_\_\_\_\_  
                     ☐ Checking ☐ Savings ☐ Both

- D. Name of Employer/Organization: \_\_\_\_\_  
 Nature of Employer/Organization: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

- E. Web Address of Employer/Organization (if applicable): \_\_\_\_\_

- F. Industry Classification: ☐ A ☐ B ☐ C ☐ D ☐ E Internet Request No: \_\_\_\_\_

- G. Affiliate/Subsidiary of (if applicable): \_\_\_\_\_ Master Account No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Location Address: ☐ (Check if same as mailing address – P.O. Box is not acceptable):

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax (if applicable): ( ) \_\_\_\_\_

Total No. Employees/Members: \_\_\_\_\_

**American Family Life Assurance Company of Columbus**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**1.800.992.3522 • aflac.com**

Account Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Group No.: \_\_\_\_\_ Writing No.: \_\_\_\_\_

### 1. GENERAL INFORMATION (Cont'd)

Is there an established New York nonpayroll account? ☐ Yes ☐ No

If yes, provide name and account number: Name: \_\_\_\_\_ Acct. No. \_\_\_\_\_

H. Is this a multi-location (MLA) account? ☐ Yes ☐ No

I. What led to your organization's making Aflac insurance policies available to employees/members? (Check all that apply.)

- |                                                                    |                                                       |
|--------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Benefits advisor or broker recommendation | <input type="checkbox"/> Benefits package improvement |
| <input type="checkbox"/> Employee/member request                   | <input type="checkbox"/> Commercial advertising       |
| <input type="checkbox"/> Sales associate/agent                     | <input type="checkbox"/> Value of Aflac products      |
| <input type="checkbox"/> Other: _____                              |                                                       |

### 2. ACCOUNT CONTACT INFORMATION

Contact Name: ☐ Mr. ☐ Ms. \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ (a.m. or p.m.) Best Day to Call: \_\_\_\_\_

Fax (if applicable): (\_\_\_\_) \_\_\_\_\_

Contact Email: \_\_\_\_\_

**NOTE: Aflac will contact the person listed above to review account information, if applicable.**

### 3. PREMIUM PAYMENT AND BILLING INFORMATION (Complete only if requesting an invoice or electronic billing.)

A. Initial deduction: When will premiums begin?

Date of first premium payment: \_\_\_\_/\_\_\_\_/\_\_\_\_

B. Invoice due date: Would you like your first Aflac invoice to be due on the 1st or the 15th of the month?

☐ 1st ☐ 15th

C. Billing frequency: How often would you like to receive your invoice from Aflac?

☐ Monthly (12 invoices)

☐ Quarterly (4 invoices)

☐ Semiannually (2 invoices)

☐ Annually (1 invoice)

*For quarterly, semiannual, and annual invoices, initial premiums must be submitted with applications.*

D. Organization contributions: Does the organization pay any portion of the benefit?

☐ Yes ☐ No If yes, please provide percent: \_\_\_\_\_% OR flat dollar amount: \$\_\_\_\_\_

Aflac herein means American Family Life Assurance Company of Columbus.

Account Name: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Group No.: \_\_\_\_\_ Writing No.: \_\_\_\_\_

#### 4. AUTHORIZATION AND SIGNATURES

##### A. The following applies only to Direct Bill Accounts with payroll rates

Aflac agrees to hold Employer/Organization harmless from any claims against Employer/Organization due to any disagreements between your employees/members and our Company with respect to the coverage provided under our insurance policies issued to your employees/members except where caused by misconduct or negligence committed by Employer/Organization or violations of Employer/Organization's responsibilities under state or federal laws.

- The Employer/Organization authorizes and agrees to provide Aflac (and its agents) with certain information (including but not limited to employee/member census data, compensation, addresses, employment status, including information regarding any employees who are not working full time, etc.) about employees/members, when required, for Aflac (and its agents) to use in the one-on-one enrollment of Aflac products and services.
- The Employer/Organization authorizes and agrees to allow Aflac Associates to see all employees/members one-on-one at the worksite to offer products and take applications.
- Products will only be offered to active W-2 employees/members of Employer/Organization, subject to underwriting, and do not include retirees or 1099 workers. Employer/Organization will confirm that each employee/member is an active employee/member at the time of application.
- Aflac products are individually-issued policies and are individually underwritten. Some Aflac products may not be available.
- Either Employer/Organization or Aflac may terminate this agreement without cause or reason by giving 60 days' prior written notice. Employer/Organization is subject to periodic monitoring to ensure that all conditions have been met.
- Completed and signed applications must be received by Aflac and approved before a policy will be issued.
- Aflac policies issued to the employees/members of Employer/Organization will be paid on an after-tax basis by the employees/members through credit card or bank draft billing.

The undersigned agrees with the above statements and authorizes Aflac to offer this insurance program to our employees or members, as indicated above, in accordance with the above terms and conditions. I understand that all applicants must qualify for coverage based on the above product's underwriting requirements.

Authorizing Officer's Name/Title (please print): ☐ Mr. ☐ Ms. \_\_\_\_\_

Authorizing Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

##### B. The following applies only to Association Accounts

Please complete the following questions (Not applicable for employer accounts):

- Has the organization been in existence for at least two years? ☐ Yes ☐ No  
 What was the charter date? \_\_\_\_\_
- Does the organization have a constitution and bylaws? ☐ Yes ☐ No
- Does the organization have at least 50 dues-paying members? ☐ Yes ☐ No

For accounts with fewer than three policies or for those accounts that answer no to any of the questions above, Online Billing or Direct Bill Policyholder must be chosen on Page 1.

The undersigned agrees with the above statements and authorizes Aflac to offer this insurance program to our employees or members, as indicated above, in accordance with the above terms and conditions. I understand that all applicants must qualify for coverage based on the above product's underwriting requirements.

Authorizing Officer's Name/Title (please print): ☐ Mr. ☐ Ms. \_\_\_\_\_

Authorizing Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Name: \_\_\_\_\_  
Tax ID: \_\_\_\_\_ Group No.: \_\_\_\_\_ Writing No.: \_\_\_\_\_

**C. The following applies only to Invoice or Electronic Billing Accounts**

Aflac agrees to hold you harmless from any claims against you due to any disagreements between your members and our company with respect to the coverage provided under our insurance policies issued to your members except where caused by misconduct or negligence committed by you or any of your members, or violations of your responsibilities under state or federal laws. Aflac assures you that you will be reimbursed without question for premium you advance for any member who terminates after the premium is remitted but before premium can be collected.

- The Employer/Organization will deduct and remit to Aflac all premiums due, making adjustments for benefit and other changes.
- The Employer/Organization is not entitled to make any offset, recoupment, or any deduction whatsoever from Aflac premiums.
- Unassigned funds or funds that have no active policy must be promptly returned to the member.
- The Employer/Organization agrees to allow Aflac to audit its performance of the obligations imposed hereunder. Aflac's audit rights may include but not be limited to the authority to access, review, and copy billing records, deduction registers, bank, and other records that relate to Aflac's policies, or the deduction of all insurance premiums.
- The Employer/Organization is not entitled to charge for or collect from any member or Aflac policyholder any fees, expenses, or other compensation for deducting and remitting Aflac premiums.
- The Employer/Organization is solely responsible for ensuring its compliance with applicable state and federal laws, including applicable ERISA and third-party administrator laws, in connection with the Employer's/Organization's obligations hereunder and shall indemnify and hold Aflac harmless from any breach thereof.
- The Employer/Organization is authorized and agrees to provide Aflac (and its agents) with certain personally identifiable information (including but not limited to compensation, Social Security numbers, addresses, etc.) regarding its members, when required, for Aflac (and its agents) to use in the administration of Aflac products and services, and otherwise in accordance with Aflac's then-current privacy policy.
- If this coverage is provided through an Association, the Association represents that each individual for whom it deducts and remits premiums to Aflac will be an active member of the Association in accordance with its written charter and bylaws.

The undersigned agrees with the above statements and authorizes Aflac to offer this insurance program to our employees or members, as indicated above, in accordance with the above terms and conditions. I understand that all applicants must qualify for coverage based on the above product's underwriting requirements.

Authorizing Officer's Name/Title (please print): ☐ Mr. ☐ Ms. \_\_\_\_\_

Authorizing Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_