



Open Enrollment 2026

NEW!

NO HEALTH QUESTIONS ASKED ON LIFE INSURANCE



SCAN HERE TO VIEW ONLINE
RATES AND BROCHURES

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

Y / N If a crisis occurs, I will 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

CHECK BOX OF PLANS YOU WOULD LIKE MORE INFORMATION:

Return to: Email: susan_wright@us.aflac.com Text: 253-202-5500

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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.

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ACCIDENT PLAN - This plan provides cash benefits if 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.

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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. Part of our “Baby Duckling Package.”

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CRITICAL ILLNESS- This policy pays large cash benefits directly to the policyholder for the diagnosis and treatment of Heart Attack, Stroke and other Major diseases. Also includes benefit for Initial diagnosis that increases by \$500 a year!

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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.

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SUPPLEMENTAL DENTAL – No dental networks, no deductible or co-pay, rate stable, no pre-certification. Must plan ahead and enroll in this early, as there are short waiting periods.

NAME: _____ PHONE: _____

EMAIL: _____



&



Name: _____ D.O.B. _____

Address: _____ City/Zip _____

Social Sec. # _____ Phone: _____

Email Address: _____ Birth State: _____

Spouse Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Circle Below Plans You Wish to Enroll In:

PERSONAL ACCIDENT INDEMNITY – Monthly Rates

Individual	Employee & Spouse	1-Parent Family	2-Parent Family
28.60	38.09	43.03	54.34

HOSPITAL ADVANTAGE INDEMNITY – Monthly Rates

	Individual	Employee & Spouse	1-Parent Family	2-Parent Family
Option 2	\$37.57	\$60.32	\$54.99	\$68.77
Option 3	\$44.46	\$72.93	\$62.66	\$81.12
Option 4	\$53.43	\$89.57	\$72.15	\$94.51

DISABILITY 3 Month Accident 0 day/ Sickness 14 day Elimination Period- Monthly Rates

	Age	18-49	50-64	65-74
\$30,000 annual income = \$1,500		33.15	40.95	48.75
\$40,000 annual income = \$2,000		44.20	54.60	65.00
\$50,000 annual income = \$2,500		55.25	68.25	81.25

COMPREHENSIVE PACKAGE –

ACCIDENT, HOSPITAL ADVANTAGE (option2) and STD @ \$1,000 income replacement

Age	Ind	*Pre-Tax	Emp & Sp	*Pre-Tax	Single Parent	*Pre-Tax	Family	*Pre-Tax
18-49	88.27	67.70	120.51	100.83	120.12	100.52	145.21	119.79
50-64	93.47	72.90	125.71	106.03	125.32	105.72	150.41	124.99
65-74	98.67	78.10	130.91	111.23	130.52	110.92	155.61	130.19

CANCER – Monthly Rates

Have you ever had Cancer???? Y / N

	<u>Individual & 1-Parent Family</u>	<u>Employee & Spouse & 2-Parent Family</u>
Age 18-75	39.45	71.69

*Heart Attack/ Stroke Rider (see Susan)

SUPPLEMENTAL DENTAL – Monthly Rates

<u>Individual</u>	<u>Employee & Spouse</u>	<u>1-Parent Family</u>	<u>2-Parent Family</u>
24.05	42.38	42.12	60.71

LIFE INSURANCE- See Susan for a Quote. **NO Health Questions** asked and **NO Height and Weight** chart.

- I understand that the following conditions apply to Hospital and Disability :
 - Coverage is not provided for any illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre- existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage; and
 - Aflac will not pay benefits for a loss that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness).

Proposed Insured's Initials _____

- This policy contains a 30-day waiting period for Sickness that begins on the Effective Date of the policy. Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days unless the loss begins more than 12 months after the Effective Date of coverage.

Proposed Insured's Initials _____

Proposed Insured's Signature _____ Date : _____

Email: Susan_wright@us.aflac.com

Phone: 253-202-5500

Scan Here to View Online Brochures and Schedule a meeting.

