

## Accident Plan

The Aflac Accident plan provides cash benefits **directly to you** to help with out-of-pocket expenses - medical and nonmedical - associated with treatment in the event of a covered accident. A sudden accident might stop you in your tracks, but your bills — mortgages, utilities, groceries and out-of-pocket costs will keep on coming. Accident insurance can help cover the costs associated with the treatment of a covered accidental injury. More importantly, the plan helps you focus on getting better, not worrying about how you will pay your bill.



Plan Benefit Summary	
Doctor visits due to injury	\$75 - \$200
Emergency dental work	\$30 - \$120
Hospital Admission	\$900
Additional Daily Hospital and Intensive care unit confinement	\$225 - \$525
Follow up treatments	\$25 - \$35
Travel/Lodging when injured 100 miles from home or treatments	\$150 - \$250

Monthly Rates	
<input type="checkbox"/> Employee	\$10.56
<input type="checkbox"/> Employee + Spouse	\$17.94
<input type="checkbox"/> Employee + Child(ren)	\$25.04
<input type="checkbox"/> Family	\$32.40

## Short Term Disability

It happens more than most people imagine. A disabling sickness or injury can leave a wage earner out of work and out of options.

Aflac group disability insurance offers essential income replacement benefits that help protect employees from loss of income due to a disabling sickness or injury.



Plan Benefit Summary	
Benefit Amount	\$400-\$6,000(per-month)
Benefit Duration	3 Month
Elimination Period (Injury/Illness)	0/14
Monthly Rates per \$100 of monthly benefit	
Age	\$100
18-49	\$1.32
50-64	\$1.42
65-74	\$1.70

## Cancer Plan (Traditional)

Cancer is a serious disease that, unfortunately, many people can relate to. Today, the chances of surviving cancer are better than ever, but the financial impact of cancer can be devastating. An Aflac Cancer Care Plan can help you and your families better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs.



Traditional Cancer Plan – Monthly Rates				
Age	Employee	Employee + Spouse	Employee + Child(ren)	Family
18-75	<input type="checkbox"/> \$17.94	<input type="checkbox"/> \$29.00	<input type="checkbox"/> \$17.94	<input type="checkbox"/> \$29.00

## Hospital Plan

The Aflac Group Hospital Indemnity Plan provides cash benefits *directly to you* to help cover some of the costs - medical and nonmedical - associated with a covered hospital stay due to a sickness or accidental injury.

Plan Benefit Summary	
Hospital Admission (per confinement) Once per covered sickness or accident per calendar year	\$1,000
Hospital Confinement (per day) Maximum confinement period: 31 days per covered sickness or covered accident	\$150
Hospital Intensive Care (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$150
Intermediate Intensive Care Step-Down Unit (per day) Maximum confinement period: 10 days per covered sickness or covered accident	\$75
Health Screening Benefit (Payable once per calendar year per insured)	\$50

Semi-Monthly Rates	
<input type="checkbox"/> Employee	\$20.78
<input type="checkbox"/> Employee + Spouse	\$38.48
<input type="checkbox"/> Employee + Child(ren)	\$31.36
<input type="checkbox"/> Family	\$49.06

## Employee Contact Information

NAME	D.O.B
_____	
PHONE	
_____	
Address	
_____	
Social	EMAIL
_____	

Are you covering children? Y / N

Are you covering Spouse? Y / N

Spouse Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ M / F

Primary Beneficiary: \_\_\_\_\_ D.O.B \_\_\_\_\_ M / F

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M / F

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M / F

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M / F

## Ask About our Critical Illness, Dental, Vision, and Life.

**Aaron Olson**

Phone/Text: (509) 991.9727 \* Email: [aaron\\_olson@us.aflac.com](mailto:aaron_olson@us.aflac.com)