



Product Tips

Accident: (Most Popular Plan) Pre-Tax PAYROLL Deductions

Accidents happen, don't let them "break" you financially. With AFLAC, you will receive cash benefits if you see a doctor due to a covered accident. Accidents can include, but are not limited to: **Sports/Work** related injuries, falls, cuts, car wrecks, dog bites, broken (chipped) teeth, and more. Benefits can help cover medical expenses, lost wages, household bills, or whatever you need at the time you receive the benefit.

- Provides On and Off the Job accident protection
- Benefits include: Initial visit \$120, Hospitalization \$1500, Surgeries, broken bones, cuts, and more.
- Accidental Death- \$50,000 employee & spouse; \$15,000 children
- Guaranteed Issue - No underwriting is required to qualify for coverage.
- \$60 Wellness Benefit annually.

Short Term Disability

If you miss work due to an injury, serious illness, or **pregnancy**, how will you pay your bills? AFLAC provides cash benefits up to 60% of your take home pay. You choose amount based on income and budget.

- Pays \$1000-\$4000 monthly benefit.
- Guarantee Issue, no underwriting required to qualify.
- Up to \$6000 per month available with underwriting questions.

Critical Care, with Cancer: Post-Tax Deductions

A cancer diagnosis, heart attack, stroke, coma, Paralysis, End stage renal failure, or a Major Human Organ Transplant can be scary and very expensive, let AFLAC help you financially with a \$10,000 diagnosis benefit!

Hospital Insurance: Pre Tax

- Pays benefits directly to policy holder for hospital stays (\$2000 1st day), and certain treatments.

Life Ins. Not a payroll deduction

- Permanent life insurance available. Underwritten by Accordia Life, see agent for details.

AFLAC Interest Form

Please tell me more about the following Aflac insurance policies:

Accident Advantage *Hospital Choice*

Lump Sum Critical Illness

Short Term Disability- Gross Income _____

NAME: _____ **Date of Hire:** ____ / ____ / ____

SS#: _____ - ____ - _____ **DOB:** ____ / ____ / ____

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:(WORK) _____ **(HOME/CELL)** _____

Email: _____

Beneficiary: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

DOB: ____ / ____ / ____ **Relationship:** _____

_____ **YES, I am interested in learning more about the AFLAC program and how it can benefit me and/or my family in time of need**

_____ **I am an AFLAC Policyholder and would like to visit with my AFLAC Agent regarding my coverage and/or Wellness benefits**

_____ **No, I am not interested in participating and have decided to Waive my opportunity to enroll at this time**

Name: _____

Date: _____

***Disclaimer- Completing this form does Not constitute enrollment in AFLAC. Please visit with your AFLAC Agent for details. james_gibbs@us.aflac.com or 505.506.7696**



Coverage is underwritten by American Family Life Assurance Company of Columbus.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



FFA 2018

Rate sheet prepared by Web User on 7/27/2018 10:16:43 AM.
New Mexico Payroll Premium rates are Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000
Benefit Period	Age	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400
3 MONTHS	18-49	\$44.85	\$47.84	\$50.83	\$53.82	\$56.81	\$59.80	\$62.79	\$65.78	\$68.77	\$71.76
	50-64	\$52.65	\$56.16	\$59.67	\$63.18	\$66.69	\$70.20	\$73.71	\$77.22	\$80.73	\$84.24
	65-74	\$62.40	\$66.56	\$70.72	\$74.88	\$79.04	\$83.20	\$87.36	\$91.52	\$95.68	\$99.84
6 MONTHS	18-49	\$58.50	\$62.40	\$66.30	\$70.20	\$74.10	\$78.00	\$81.90	\$85.80	\$89.70	\$93.60
	50-64	\$70.20	\$74.88	\$79.56	\$84.24	\$88.92	\$93.60	\$98.28	\$102.96	\$107.64	\$112.32
	65-74	\$87.75	\$93.60	\$99.45	\$105.30	\$111.15	\$117.00	\$122.85	\$128.70	\$134.55	\$140.40

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$50,000	\$52,000	\$54,000	\$56,000	\$58,000	\$60,000	\$61,000	\$63,000	\$68,000	\$73,000
Benefit Period	Age	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400
3 MONTHS	18-49	\$74.75	\$77.74	\$80.73	\$83.72	\$86.71	\$89.70	\$92.69	\$95.68	\$98.67	\$101.66
	50-64	\$87.75	\$91.26	\$94.77	\$98.28	\$101.79	\$105.30	\$108.81	\$112.32	\$115.83	\$119.34
	65-74	\$104.00	\$108.16	\$112.32	\$116.48	\$120.64	\$124.80	\$128.96	\$133.12	\$137.28	\$141.44
6 MONTHS	18-49	\$97.50	\$101.40	\$105.30	\$109.20	\$113.10	\$117.00	\$120.90	\$124.80	\$128.70	\$132.60
	50-64	\$117.00	\$121.68	\$126.36	\$131.04	\$135.72	\$140.40	\$145.08	\$149.76	\$154.44	\$159.12
	65-74	\$146.25	\$152.10	\$157.95	\$163.80	\$169.65	\$175.50	\$181.35	\$187.20	\$193.05	\$198.90

Accident Advantage - 24-HOUR ACCIDENT OPTION 4 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$30.94	\$30.94
18-75 NAMED INSURED/SPOUSE	\$41.21	\$41.21
18-75 ONE-PARENT FAMILY	\$47.97	\$47.97
18-75 TWO-PARENT FAMILY	\$60.45	\$60.45

AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 2000 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$51.09	\$11.70	\$18.46	\$81.25
50-59	\$51.61	\$13.26	\$23.66	\$88.53
60-75	\$54.60	\$13.39	\$30.81	\$98.80
18-49 INSURED/SPOUSE	\$76.05	\$24.44	\$33.67	\$134.16
50-59	\$80.34	\$27.56	\$46.80	\$154.70
60-75	\$88.14	\$27.69	\$58.76	\$174.59
18-49 ONE-PARENT FAMILY	\$62.79	\$23.27	\$25.48	\$111.54
50-59	\$63.31	\$23.79	\$28.99	\$116.09
60-75	\$63.83	\$24.31	\$38.09	\$126.23
18-49 TWO-PARENT FAMILY	\$76.57	\$29.77	\$34.32	\$140.66
50-59	\$80.86	\$30.29	\$48.23	\$159.38
60-75	\$88.66	\$31.59	\$62.79	\$183.04

EBR* Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR* Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note - The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.



FFA 2018

Rate sheet prepared by Web User on 7/23/2018 12:42:52 PM.
 New Mexico Payroll Premium rates are Monthly for industry Class B.

The rates shown on this insert page are for illustration purposes only, they do not imply coverage.
 For more information about policy/plan benefits and limitations, please refer to the accompanying
 product brochure for each insurance policy/plan listed below.

LUMP SUM CRITICAL ILLNESS POLICY - Series A73100

Age	Coverage	Non-Smoker Premium	Non-Smoker LSCBR*	Non-Smoker Total
18-24	INDIVIDUAL	\$4.42	\$2.86	\$7.28
25-29		\$4.94	\$3.90	\$8.84
30-34		\$6.50	\$5.33	\$11.83
35-39		\$8.84	\$6.89	\$15.73
40-44		\$11.44	\$9.23	\$20.67
45-49		\$13.91	\$11.57	\$25.48
50-54		\$16.25	\$14.56	\$30.81
55-59		\$18.46	\$17.94	\$36.40
60-64		\$21.71	\$21.58	\$43.29
65-70	\$21.71	\$21.58	\$43.29	
18-24	HUSBAND WIFE	\$7.15	\$4.94	\$12.09
25-29		\$8.06	\$6.11	\$14.17
30-34		\$10.53	\$7.80	\$18.33
35-39		\$13.91	\$9.88	\$23.79
40-44		\$17.42	\$13.39	\$30.81
45-49		\$21.19	\$17.81	\$39.00
50-54		\$25.48	\$23.14	\$48.62
55-59		\$29.90	\$28.21	\$58.11
60-64		\$36.79	\$33.54	\$70.33
65-70	\$36.79	\$33.54	\$70.33	
18-24	ONE-PARENT FAMILY	\$4.42	\$2.86	\$7.28
25-29		\$4.94	\$3.90	\$8.84
30-34		\$6.50	\$5.33	\$11.83
35-39		\$8.84	\$6.89	\$15.73
40-44		\$11.44	\$9.23	\$20.67
45-49		\$13.91	\$11.57	\$25.48
50-54		\$16.25	\$14.56	\$30.81
55-59		\$18.46	\$17.94	\$36.40
60-64		\$21.71	\$21.58	\$43.29
65-70	\$21.71	\$21.58	\$43.29	
18-24	TWO-PARENT FAMILY	\$7.15	\$4.94	\$12.09
25-29		\$8.06	\$6.11	\$14.17
30-34		\$10.53	\$7.80	\$18.33
35-39		\$13.91	\$9.88	\$23.79
40-44		\$17.42	\$13.39	\$30.81
45-49		\$21.19	\$17.81	\$39.00
50-54		\$25.48	\$23.14	\$48.62
55-59		\$29.90	\$28.21	\$58.11
60-64		\$36.79	\$33.54	\$70.33
65-70	\$36.79	\$33.54	\$70.33	

Premium: Lump Sum Critical Illness(A73100) - Benefit Amount (\$10,000)

LSCBR*: Lump Sum Cancer Benefit Rider (Series A-73050) Premium