

For more information and pricing on Aflac benefits, please call Michael Howard at (903)-513-6284. You can also email him at michael_howard@us.aflac.com.

Aflac Information Sheet

Name _____ Gender M/F
(first) (MI) (last)

DOB _____ Social Security # _____ State of Birth _____
Month/day/year

Date of hire: _____ Job Title: _____
Month/day/year

Home Address _____

City, State, Zip _____

Home phone: _____ Cell phone: _____

Email: _____

Spouse/Dependent Information:

Name: _____ DOB _____ Gender M/F

Name: _____ DOB _____ Gender M/F

Name: _____ DOB _____ Gender M/F

Name: _____ DOB _____ Gender M/F

Please circle which policies and coverage you are interested in:

Accident – Employee, Employee + Spouse, Employee + Children, 2 Parent Family

Cancer – Employee, Employee + Spouse, Employee + Children, 2 Parent Family

Critical Care (heart/stroke)/ Aflac Plus Rider – Employee, Employee + Spouse, Employee + Children, 2 Parent Family

Hospital Indemnity – Employee, Employee + Spouse, Employee + Children, 2 Parent Family

Beneficiary Information (for Accident and Life insurance only)

1. Name _____ DOB _____

Address _____

Phone # _____ % _____ Relationship to policyholder _____

2. Name _____ DOB _____

Address _____

Phone # _____ % _____ Relationship to policyholder _____