Aflac™ PREMIUM DEDUCTION AUTHORIZATION/WAIVER OF PARTICIPATION

Employee's name _____
Last First MI

SSN/Emp. ID _____

I hereby authorize my employer:

_____,

employer Payroll Account No. _____, to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance policy(ies) purchased through Aflac. In the event of a rate change, I authorize a corresponding change in the amount deducted from my earnings.

In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next policy(ies) anniversary date(s), unless due to a change in family status and permitted by my employer.

Signature of Applicant _____ Date _____

WAIVER OF PARTICIPATION

I certify that the features and benefits of Aflac's guaranteed-renewable insurance policies have been explained to me completely.

I understand that these policies are offered through my employer by payroll deduction.

XX ☒ I am NOT currently an Aflac policyholder and have decided to waive my opportunity to participate at this time.

☐ I am currently an Aflac policyholder and have decided not to upgrade to any newer policies at this time.

EMPLOYEE SIGNATURE _____ DATE _____

Dept. No. _____

Location _____

Date of first deduction _____

Deduction Mode ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

	OLD AFTER-TAX	OLD PRE-TAX	NEW AFTER-TAX	NEW PRE-TAX
☐ Other _____	$		$	
☐ Specified-Disease (Cancer) _____	$		$	
☐ Return of Premium Rider _____	$		$	
☐ Dental _____	$		$	
☐ Vision _____	$		$	
☐ LTC _____	$		$	
☐ Hospital Intensive Care _____	$		$	
☐ Specified Health Event _____	$		$	
☐ Hospital Confinement Indemnity _____	$		$	
☐ Accident _____	$		$	
☐ Disability Rider _____	$		$	
☐ Short-Term Disability _____	$		$	
☐ Life _____				
Employee	$		$	
Dependent	$		$	
TOTAL	$		$	

The amount of deduction and frequency thereof shall be determined by my employer and based on a plan that will comply with the payment checked above.

WAIVER OF PARTICIPATION

PAYROLL ACCOUNT

Insurance Agent/Producer	Date	Insurance Agent/Producer's Writing No.	Insurance Agent/Producer's Phone No.