

CANCER INSURANCE - AFLAC

I am interested and will contact the appointed AFLAC representative to receive more information regarding the following insurances:

Personal Cancer protector Plan

Personal Recovery Plus

Personal Hospital intensive Care Insurance

Personal Accident Expense Plus

Voluntary Indemnity Plan

Life Assurance

Personal Short-term Disability

I elect to **decline** the AFLAC insurances

Employee Signature

Date

Employee Name (Please Print)

To enroll please call
Ellen Richardson
AFLAC representative
P O Box 2
Bethany, Louisiana 71007
Office phone: (318) 629-8118
Fax: (318) 798-5507
Website: Aflac.com