AFLAC INTEREST SURVEY
(This is not an application for coverage)

Money paid directly to you when you need it most

Last Name _____ First _____ Middle_____

Address_____

City _____ State _____ Zip _____

Birth Date _____ Home/Cell Phone _____

Work Phone _____ Dept/Ext _____

Spouse _____ Birth Date _____

Dependent Children ☐ Yes ☐ No Beneficiary/Relationship _____

Occupational/Shift _____ Job Duties _____

Please mark the Aflac plans that are of interest to you.

☐ **Personal Cancer Indemnity**
Cancer Screening Wellness Benefit, 1st occurrence Benefit, Building Benefit & Much More!

☐ **24 Hour Accident Indemnity Advantage**
Accident Protection 24 hours a day, on or off the job. Annual wellness benefit.

☐ **Critical Care and Recovery**
1st Occurrence Benefit, Re-Occurrence Benefit, & Hospital Confinement Benefit.

☐ I would like to speak to my Aflac agent regarding possible coverage or my existing policies.

☐ I do not want to make any changes to my Aflac coverage.

☐ I do not wish to participate in Aflac this year.

Signed _____ Dated _____

This is not an application for coverage.