



Employee Information sheet to add to Aflac/Everwell Enrollment System

Name:	Phone #:	Position:
Address:	City	State Zip
DOB: email:	Hourly Rate:	Salary:
Social Security #:	Job Duties:	
Spouse Name:	DOB:	
Phone #:	Social Security #:	
Primary Beneficiary for Accidental Policy or Life Insurance		
Name:	DOB:	
Address:	City	State: Zip
Relationship:	Phone #:	
Contingent Beneficiary for Accidental Policy or Life Insurance		
Name:	DOB:	
Address:	City	State: Zip
Relationship:	Phone #:	

Coverage Election:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accident Insurance – 24/7 coverage for accidental injury including accidental death benefits and if hurt in organized Sporting activity plan pays additional 25%. | <input type="checkbox"/> Hospital Choice – Covers ER, Physician Visits, and Hospitalization for Sickness or Accidents. Optional Rider for Alzheimer’s, ALS or Lou Gehrig’s, Parkinson or Multiple Sclerosis | <input type="checkbox"/> Short-Term Disability – replace your income. You design this benefit from 3 – 24 months of coverage for sickness or injury with elimination periods of 0 days for injury/7 or 14 days for sickness |
| <input type="checkbox"/> Cancer Insurance – coverage for you and your family to help with expenses relating to cancer treatment. Children are covered free to age 26 | <input type="checkbox"/> Critical Illness –includes Heart Attack, Stroke, End Stage Renal Failure, Coma, Paralysis, Third-degree burns, Major Human Organ Transplant | <input type="checkbox"/> Life Insurance – Whole and 10, 20 or 30-year Term Life available up to \$500,000 with minimal underwriting. You can add a rider for accidental death which pays out double face value and additional 25% if killed wearing seat belt |
| <input type="checkbox"/> Dental – Open Network Preventative Tiered Waiting Periods Up to \$1200/\$1400/\$1600 per covered person/per year | <input type="checkbox"/> Vision –Annual Screening Benefit, \$45. Includes Corrective Vision Benefits and Benefits for Diseases of the Eye | |

Coverage Type: Employee Only Emp/Spouse Emp/Child Family

I would like to enroll effective _____ for the above checked coverages and will allow payroll deduction for coverage starting with the following payroll. Signature: _____

Benefits Consultants: Bob Conner, 775.721.0457
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