

Fax to Amy 1-(970)225-2296

Aflac PRE-ENROLLMENT SHEET

The Company That Pays You!

Name _____
Last First MI

Sex: M / F

Date of Birth: ___/___/___ Job Title: _____ Company Name: Genesis Labs

SS#: _____ - _____ - _____ Job Duties: _____

Home Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone () _____ - _____

Annual Salary (No OT) _____ (only complete if applying for disability)

If applying for Spouse / Family Coverage; please complete additional information:

Spouse Name: _____
Last First MI

Spouse Date of Birth: ___/___/___ Sex: M / F # of Children: _____

I am interested in the following programs:

	Ind / ES / EC / Family	Premium per check
Accident	_____	_____
Cancer Insurance	_____	_____
Hospital Plan	_____	_____
Critical Illness	_____	_____
Disability	___ Individual ___	_____
3 month, 6 month, 12 month or 24 month		
Elimination ___/___		
Monthly amount \$ _____		