

**Aflac**

An Independent Agent Representing Aflac

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# Town of Somerset

Name: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Evening Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

YES, I want to speak with our AFLAC representative about:

- Disability (19 or more hrs/week)**  
*(Pays cash for lost wages due to illness/accidents)*
- Accident/ Injury Indemnity**  
*(Pays cash for treatment of an injury)*
- Cancer Protection**  
*(Pays cash for diagnosis and treatments related to cancer)*
- Lump Sum Critical Illness**  
*(Pays 10K to 30K lump sum for heart attack, stroke, etc)*
- Dental**  
*(Pays cash for Dental treatments)*
- Life Insurance**  
*(Pays lump sum to beneficiary of deceased)*

**Disability Quotes**

Hourly Rate _____		
Salary _____		
Monthly Benefit _____		
	30/30 days	60/60 days
6 months		
12 months		

NO thanks, I will be choosing to waive my right to participate this year.

**PLEASE NOTE:** Your responses on this form **DO NOT OBLIGATE YOU TO ANYTHING**. The information collected simply enables us to plan our time more effectively, thereby saving you time when we meet on a one-on-one basis.

★ **BY THE WAY:** Did you know that the vast majority of businesses (and employees) don't even know that these kinds of benefits exist? I would love to share these valuable programs with anyone you might know! Obviously, it is up to each person and/or company to decide if AFLAC would be a fit, but can you help give them a chance to take a look at AFLAC through me, and then decide for themselves?

Here is someone who might be interested: \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone number: \_\_\_\_\_