



EMPLOYEE NAME: _____

I HAVE RECEIVED INFORMATION ON THE SUPPLIMENTAL PLANS OFFERED THROUGH AFLAC, AND I AM INTERESTED IN SPEAKING TO AN AFLAC REPRESENTATIVE ABOUT THE FOLLOWING COVERAGE;

<input type="checkbox"/> WHOLE LIFE INSURANCE	<input type="checkbox"/> HOSPITAL CONFINEMENT
<input type="checkbox"/> TERM LIFE INSURANCE	<input type="checkbox"/> ACCIDENT INDEMNITY
<input type="checkbox"/> SHORT TERM DISABILITY	<input type="checkbox"/> CRITICAL CARE AND RECOVERY
<input type="checkbox"/> CANCER CARE	<input type="checkbox"/> JUVENILE LIFE

PHONE NUMBER: _____

EMAIL ADDRESS: _____

WAIVER OF PARTICIPATION

I CERTIFY THAT I HAVE RECEIVED THE INFORMATION PACKET ON AFLAC'S GUARANTEED RENEWABLE INSURANCE POLICIES AND I UNDERSTAND THAT THESE POLICIES ARE OFFERED THROUGH ADVANCED INDUSTRIAL SERVICES, INC. BY PAYROLL DEDUCTION.

I HAVE DECIDED TO WAIVE MY OPPORTUNITY TO PARTICIPATE AT THIS TIME.

EMPLOYEE SIGNATURE: _____ DATE _____