CITY OF ALBANY EMPLOYEE BENEFIT INTEREST FORM

Please check the boxes below that best represent your interest: (Premiums shown are Weekly B)

☐ I would want **cash benefits** that may help if I, or a member of my family, is injured in an ACCIDENT OPT 4.
Individual $7.20, Insured/Spouse $9.57, One Parent Family $11.13, Two Parent Family $14.01.

☐ Aflac PLUS RIDER Guaranteed Issue! Add to Accident or Hospital Plan to Boost Protection!

Individual	Ages 18-29 $0.72	Ages 30-39 $1.02	Age 40-49 $1.74	Age 50-70 $ 2.97
Hus/Wife	$1.35	$2.01	$3.30	$ 5.67
1 Parent Fam.	$1.44	$1.56	$2.10	$ 3.06
2 Parent Fam.	$1.74	$2.25	$3.39	$ 5.70

☐ I would want **cash benefits** to help me manage my expenses if I, or a member of my family, was diagnosed with CANCER. No age band and kids are covered to age 26, at no additional premium.
Levels to choose from (Select, Classic, Premier). Premiums shown below for Classic Plan: Age 18-75
Individual $7.32, Insured/Spouse $12.45, One-Parent Family $7.32 Two Parent Family $12.45

☐ I would want **cash benefits** if I, or a member of my family, were to be admitted to a HOSPITAL.
Benefits paid for ER, Physician Visits, Lab, Daily confinement, Surgery, Diagnosis and Maternity.
Choice 500 Individual Age Banded 18 - 49 $11.10, Age 50-59 $12.81, Age 60-75 $14.67
Choice 1000 Individual Age Banded 18 – 49 $13.44, Age 50-59 $15.15, Age 60-75 $17.07

☐ Increased CRITICAL CARE PROTECTION! I would want cash benefits if I, or a member of my family, were to have a HEART ATTACK, STROKE, COMA, PARALYSIS, ICU, HEART SURGERIES AND MORE.
Three Levels to choose from. Age Banded Premiums. Individual Premium starts $4.11 to $11.88.

_____ ____/____/____ _____

Print Name Date of Birth Phone Best Time to Call

_____ _____ _____

Company Name & Position Date of Hire Dept. /Location Email Address

ENROLL BY TELEPHONE AT YOUR CONVENIENCE BY CONTACTING 503-**706-2099**
OR SCHEDULE A ONE ON ONE CONSULTATION

THOMAS CHAMBERS **EMAIL: T_CHAMBERS@US.AFLAC.COM**
FAX INTEREST SHEET TO 971-304-7280

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