

Texas Migrant Council
AFLAC Benefit Options

Employee Name: _____
LAST FIRST MI
 Home Phone: _____ Work Phone: _____
 Date of Birth: ___ / ___ / ___ Location: _____

Weekly Payroll Deduction Amounts

Please circle the coverage you are interested in, and meet with an AFLAC agent to sign up for coverage.

Accident Indemnity Advantage Plan 1

Age 18-70 Employee	\$5.46
Age 18-70 One-Parent Family	\$8.01
Age 18-70 Employee & Spouse	\$7.17
Age 18-70 Two-Parent Family	\$9.99

Maximum Difference Cancer Plan

Age 18-35 Individual and One-Parent Family	\$3.72
Age 36-45	\$5.40
Age 46-55	\$7.62
Age 56-70	\$10.05

Age 18-35 Employee & Spouse and Two-Parent Family	\$6.90
Age 36-45	\$9.72
Age 46-55	\$14.25
Age 56-70	\$19.77

Disability Income Protection Advantage Plan 3 Month Benefit (0/7 elimination period)

Annual Income	12,000	12,000	12,000	17,000	19,000	22,000	34,000	71,000
Monthly Benefit	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,500	\$3,000
Age 18-49	3.90	4.68	5.46	6.24	7.02	7.80	11.70	23.40
Age 50-64	4.80	5.76	6.72	7.68	8.64	9.60	14.40	28.80

Life Insurance See AFLAC agent for further information and specific quotes.

To waive AFLAC coverage sign below:
