

AFLAC INTEREST FORM

This form will not enroll you!
You **MUST** see the Aflac Agent to participate.

Name: _____

Address: _____

City, Zip Code: _____

Phone #: _____

DOB: _____

Yes, I am interested in the Aflac benefits and I want more information.

No, I am not interested at this time *

*I understand that I need to sign a waiver from the Aflac representative.

Please check the programs you are interested in learning more about.

- Accident
- Cancer
- Hospital
- Disability
- Life
- Dental

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