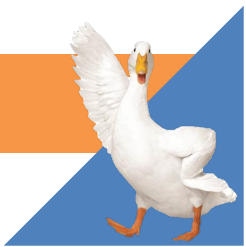


2020

AFLAC INTEREST FORM



Navajo Preparatory School, Please Check Your Pay Schedule

JSW83, bi-weekly paychecks all year

JTZ31, 10 monthly paychecks

Employee Information

Name _____

Phone Number _____

Address _____

Date of Birth _____

Date of Hire _____

Job Title _____

SSN _____

For Employee/Spouse & Family Coverages

Spouse Name _____

Phone Number _____

Date of Birth _____

Address is the same as applicant

Address _____

City / State / Zip Code _____

For Single Parent & Family Coverages

M F

Dependent 1 _____

Date of Birth _____

Dependent 2 _____

Date of Birth _____

Dependent 3 _____

Date of Birth _____

Dependent 4 _____

Date of Birth _____

Dependent 5 _____

Date of Birth _____

I AM INTERESTED IN:

Accident Indemnity Advantage – 24-Hr Accident, Option 4 (Series A36000)

Rates quoted are per paycheck and includes the Accidental Death Benefit Rider (ADB).

Individual
\$13.56 (12 mth)
\$35.26 (10 mth)

Employee/Spouse
\$19.32 (12 mth)
\$50.24 (10 mth)

One Parent Family
\$22.08 (12 mth)
\$57.41 (10 mth)

Two-Parent Family
\$29.04 (12 mth)
\$75.50 (10 mth)

Hospital Choice – Option 1 (Series B40100)

Rates quoted are per paycheck, age dependent and includes the \$1000 Confinement Benefit, Extended Benefit Rider (EBR) & Hospital Stay & Surgical Care Rider (HSSCR)

Age 18-49

Age 50-59

Age 60-75

| | <input type="checkbox"/> Age 18-49 | <input type="checkbox"/> Age 50-59 | <input type="checkbox"/> Age 60-75 |
|-------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Individual | \$26.10 (12 mth) \$67.86 (10 mth) | \$29.40 (12 mth) \$76.44 (10 mth) | \$33.06 (12 mth) \$85.96 (10 mth) |
| Employee & Spouse | \$44.04 (12 mth) \$114.50 (10 mth) | \$52.32 (12 mth) \$136.03 (10 mth) | \$59.16 (12 mth) \$153.81 (10 mth) |
| One-Parent Family | \$37.86 (12 mth) \$98.43 (10 mth) | \$39.96 (12 mth) \$103.89 (10 mth) | \$44.52 (12 mth) \$115.75 (10 mth) |
| Two-Parent Family | \$47.76 (12 mth) \$124.17 (10 mth) | \$54.06 (12 mth) \$140.56 (10 mth) | \$62.94 (12 mth) \$163.65 (10 mth) |

Short Term Disability (Series A57600)

\$ _____ or Born Outside of the U.S.
 Annual Income Birth State

Aflac Plus Rider

Rates quoted are per paycheck and can be added to Accident, Hospital or Short-Term Disability policies.

| | <input type="checkbox"/> Age 18-29 | <input type="checkbox"/> Age 30-39 | <input type="checkbox"/> Age 40-49 | <input type="checkbox"/> Age 50-70 |
|-------------------|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| Individual | \$1.44 (12 mth) \$3.74 (10 mth) | \$2.04 (12 mth) \$5.30 (10 mth) | \$3.48 (12 mth) \$9.05 (10 mth) | \$5.94 (12 mth) \$15.44 (10 mth) |
| Employee/Spouse | \$2.70 (12 mth) \$7.02 (10 mth) | \$4.02 (12 mth) 10.45 (10 mth) | \$6.60 (12 mth) \$17.16 (10 mth) | \$11.34 (12 mth) \$29.48 (10 mth) |
| One Parent Family | \$2.88 (12 mth) \$7.49 (10 mth) | \$3.12 (12 mth) \$8.11 (10 mth) | \$4.20 (12 mth) \$10.92 (10 mth) | \$6.12 (12 mth) \$15.91 (10 mth) |
| Two-Parent Family | \$3.48 (12 mth) \$9.05 (10 mth) | \$4.50 (12 mth) \$11.70 (10 mth) | \$6.78 (12 mth) \$17.63 (10 mth) | \$11.40 (12 mth) \$29.64 (10 mth) |

Cancer Protection Assurance Plan Level 3 (Series B70300)

Rates quoted are per paycheck and includes the Building Benefit Rider 5 Units (BBR5) and Specified Disease Rider (SDR).

| | | | |
|--------------------------------------|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Employee/Spouse | <input type="checkbox"/> One Parent Family | <input type="checkbox"/> Two-Parent Family |
| \$25.03 (12 mth) \$65.08 (10 mth) | \$44.22 (12 mth) \$114.98 (10 mth) | \$25.03 (12 mth) \$65.08 (10 mth) | \$44.22 (12 mth) \$114.98 (10 mth) |

In the past 5 years, has anyone had or been treated for cancer? Yes No

Life Insurance

Individual Spouse Dependent

Beneficiary _____ Social Security _____ Age _____

Dental Coverage

| Coverage Type | Essentials | Level 2 |
|--|--------------------|---------------------|
| <input type="checkbox"/> Individual | \$11.10 \$28.86 | \$17.70 \$46.02 |
| <input type="checkbox"/> Emp/Spouse | \$19.56 \$50.86 | \$34.68 \$90.17 |
| <input type="checkbox"/> 1-Parent Family | \$19.44 \$50.54 | \$34.44 \$89.54 |
| <input type="checkbox"/> 2-Parent Family | \$28.02 \$72.85 | \$51.78 \$134.63 |

Vision Now (Series VSN100)

| Coverage Type | 18-39 | 40-49 | 50-70 |
|--|--------------------|--------------------|--------------------|
| <input type="checkbox"/> Individual | \$6.42 \$16.68 | \$8.72 \$22.68 | \$13.11 \$34.08 |
| <input type="checkbox"/> Emp/Spouse | \$10.11 \$26.28 | \$14.72 \$38.28 | \$22.57 \$58.68 |
| <input type="checkbox"/> 1-Parent Family | \$10.57 \$27.48 | \$12.18 \$31.68 | \$15.18 \$39.48 |
| <input type="checkbox"/> 2-Parent Family | \$13.34 \$34.68 | \$17.22 \$44.76 | \$23.03 \$59.88 |

ACCEPTANCE OF PARTICIPATION

If I choose to elect coverage, I understand the features and benefits of the insurance policies have been explained to me completely. I also understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless due to a change in family status and permitted by my employer.

Signature _____ Date _____

WAIVER OF PARTICIPATION

I understand that the policies listed above are offered through my employer by payroll deduction. I am currently not a policyholder and am choosing to waive all benefits at this time.

Signature _____ Date _____