



By completing this form you are simply stating you are interested in hearing more information, you are not signing up for any coverage.

Yes! I am interested in learning more about:
(Please check all that apply)

- Accident (level 2)
- Hospital (level 2)
- Cancer

Name: _____

Phone: _____

School: _____

- No – I acknowledge Aflac products are offered via payroll deduction at a low group rate but I am not interested in any further information.

Thank you for your time!