



AFLAC REQUEST TO SIGN UP FOR BENEFITS – Nassau County School Board

YOU MUST RETURN THIS FORM TO BE ENROLLED IN NEW AFLAC INSURANCE

SUSAN KNIGHT VIA EMAIL Susan@susanknight.net or Philip Green at pgreen276@me.com

Susan Knight 904-241-2482 and Philip Green 904-588-2261

NAME: _____ LOCATION YOU WORK _____

ADDRESS: _____

EMAIL ADDRESS: _____

CITY, STATE & ZIP: _____ . EMAIL ADDRESS: _____

CELL PHONE #: _____ OFFICE PHONE _____

DATE OF BIRTH: _____ State You Were Born in: _____

SOCIAL SS# _____ Annual Salary: \$ _____

SPOUSE NAME: _____ BIRTHDAY _____

BENEFICIARY NAME, BIRTHDAY, PHONE, ADDRESS & RELATIONSHIP

COVER CHILDREN: YES _____ NO _____

CHILDREN'S NAME AND BIRTHDAYS – COVERAGE UNTIL AGE 26

(LIST NAME AND BIRTHDAY)

I WANT COVERAGE FOR:

SHORT TERM DISABILITY YES _____ NO _____ 3 OR 6 MONTH COVERAGE?

ACCIDENT PLAN YES _____ NO _____

HOSPITAL CHOICE YES _____ NO _____

CANCER PLAN YES _____ NO _____ OPTION 1, 2 OR 3?

CRITICAL CARE YES _____ NO _____ OPTION 1, 2 OR 3?

LIFE INSURANCE YES _____ NO _____



AFLAC OFFICE OF SUSAN KNIGHT

Susan Knight 904-241-2482 – susan@susanknight.net
Philip Green – 904-588-2261 pgreen276@gmail.com

NASSAU COUNTY SCHOOL SUMMARY OF BENEFITS FOR OPEN ENROLLMENT

It's Open Enrollment time! If you are not making changes to what you have, no action is needed. Your coverage will automatically renew at the same price!

If you'd like to add a new plan or enroll for the first time, please return Request to Enroll Form to Susan Knight or Philip Green.

Personal Short Term Disability (3, 6, 12, 18 or 24 Month Benefit, 0/7 Elimination Period) –Pays Money to You For Lost Wages When You Are Unable to Work Due to Accident or Sickness

- Option of Benefit amount based on salary (\$500-\$6,000 monthly benefit)
- Only 12 Month Pre-existing!

Accident Indemnity Advantage 24 Hour Accident

- \$120 When Accident Occurs and See Doctor, Follow Up & Physical Therapy Visits
- Up to \$13,000 Specific Sum for treatment received by Doctor
- \$1500 When Admitted into Hospital & \$300 Daily Hospital Benefit
- \$125,000 Accident Death and \$500,000 Common Carrier and \$10,000 Hazardous Activity Death
- \$250 Ambulance and \$1,875 Air Ambulance Benefit
- Travel Benefit & \$ Hotel Benefit & \$60 Wellness Benefit

AFLAC Cancer Coverage - OTHER LEVELS AVAILABLE

Initial Diagnosis Benefit: \$1,000, \$4,000 or \$6,000 Available with Annual \$500 Building Benefit

- Hospital Confinement, Radiation & Chemo Benefit
- Surgical/Anesthesia Benefit & Skin Cancer Benefit
- Prosthetic Benefit & Travel Benefit
- Daily Home Health Care, Extended Care & Hospice Benefit & \$40, \$75 or \$100 Cancer Screening Wellness Benefit
- NEW Critical Illness Rider Available

AFLAC Hospital Choice – NEW

- Reimbursement for physician visits at \$25 each for 3 a year individual or 6 for family coverage
- Lab Work visits at \$35 twice annually
- \$500 to \$2000 Hospital Initial Confinement Benefit and \$100 Daily for 365 days
- \$500 daily ICU Benefit for 30 days
- \$100 ER Benefit
- \$150 Reimbursed for Covered Major Diagnostic Exam twice a year

Critical Care & Recovery (Covers: Heart Attack, Stroke, Coronary Artery Bypass Surgery, Coma, Paralysis, 3rd Degree Burns, End-Stage Renal Failure & Human Organ Transplant) – OTHER LEVELS AVAILABLE

- \$7500 First Occurrence Benefit with \$500 annual building benefit & \$300 Daily Hospital Benefit
- \$125 Continuing Care Benefit for 75 visits up to 6 Months