

AFLAC INTEREST SURVEY

(NOT an application for coverage)

First Name _____

Last Name _____

Middle _____

Job Title: _____ Hire Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ State of Birth: _____ SSN: _____

Phone #: _____ Annual Salary: \$ _____

Email: _____

Married: YES/NO

Spouse's Name: _____ Date of Birth: _____

Beneficiary: _____ Date of Birth: _____

Relationship: _____

Dependent Name: _____ Date of Birth: _____

Dependent Name: _____ Date of Birth: _____

Dependent Name: _____ Date of Birth: _____

Dependent Name: _____ Date of Birth: _____

INTEREST SURVEY: Please mark the Aflac programs that are of interest to you.

Disability Accident Cancer CI Hospital Dental/Vis Life

I understand this is only a **survey and does not obligate me in any way and does not mean I have any insurance coverage** until I have completed an application for insurance with our Aflac Representative.