

University Medical Center

2018 Aflac Interest Form (Confidential)

To better serve you, simply fill out information requested. We will be calling you to schedule an appointment to sign your documentation for the Pre-Tax (Section 125) benefits and to enroll you in any supplemental AFLAC benefits if you so choose. These elections must be enrolled within 30 days of your eligibility or wait until the open enrollment. **You must enroll with a designated AFLAC agent.**

This is **NOT** an Enrollment Form

(Please print)

(Please return this form to the UMC Benefits Representative at Delta Point)

Name _____ Date of Hire _____

PRNR# _____ Department _____ Eligible Date _____

Work Location / Address _____

Work Phone: _____ Home Phone: _____

Email Address: _____

Pre-Tax Savings Plans

Unreimbursed Medical Expenses
(Max of \$2,650 per year)

Dependent Day Care
(Max of \$5,000 per year)

Option to Pre-Tax Health Ins. payroll deduction contribution (Self-Funded or HPN)

I Am interested In Getting Information on the Following Plans

Short Term Disability (Guaranteed Issue) Insurance: *If you are suddenly disabled, how will you continue to meet your financial obligations without a paycheck? Maternity benefits are included as any other illness. You select the monthly benefit amount and elimination period to fit your needs.*

Cancer Insurance: *Cancer patients experience all the normal living expenses plus medical out of pocket expenses, i.e., deductibles and co-pays as well as non-medical expenses, i.e., travel, food, lodging, child care, spouses income.*

Intensive Care/Critical Care Insurance: *Cash paid to you when you need it most.*

Accident Insurance: *Accidents happen in the home about every four seconds. Benefits paid for any accident (on or off the job) that you receive medical treatment. Benefits are paid directly to you to use as you see fit!*

Lana K. Padilla- Special Projects Coordinator, (O) 702.538.9999 (C) 702.768.4226
Email: lane_padilla@us.aflac.com Fax # 702.260.1526