



2024 Enrollment/Waiver Form - Bolin Enterprises

Name _____

Critical Illness Rates:

Employee - Non-Tobacco

	\$10,000	\$20,000	\$30,000
18-25	\$1.32	\$2.30	\$3.27
26-30	\$1.66	\$2.97	\$4.28
31-35	\$1.87	\$3.39	\$4.91
36-40	\$2.34	\$4.32	\$6.31
41-45	\$2.75	\$5.16	\$7.56
46-50	\$3.23	\$6.11	\$8.98
51-55	\$4.84	\$9.34	\$13.83
56-60	\$4.72	\$9.09	\$13.46
61-65	\$9.46	\$18.57	\$27.68
66+	\$16.54	\$32.73	\$48.92

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000
18-25	\$0.75	\$1.16	\$1.56
26-30	\$0.92	\$1.49	\$2.06
31-35	\$1.03	\$1.70	\$2.38
36-40	\$1.26	\$2.17	\$3.08
41-45	\$1.47	\$2.59	\$3.71
46-50	\$1.71	\$3.06	\$4.42
51-55	\$2.51	\$4.68	\$6.84
56-60	\$2.45	\$4.56	\$6.66
61-65	\$4.82	\$9.30	\$13.77
66+	\$8.36	\$16.37	\$24.39

Employee - Tobacco

	\$10,000	\$20,000	\$30,000
18-25	\$1.67	\$2.99	\$4.31
26-30	\$2.13	\$3.91	\$5.69
31-35	\$2.58	\$4.82	\$7.05
36-40	\$3.39	\$6.43	\$9.47
41-45	\$4.02	\$7.70	\$11.37
46-50	\$4.75	\$9.16	\$13.56
51-55	\$7.35	\$14.34	\$21.34
56-60	\$7.41	\$14.48	\$21.54
61-65	\$14.59	\$28.83	\$43.07
66+	\$25.02	\$49.68	\$74.35

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000
18-25	\$0.93	\$1.50	\$2.08
26-30	\$1.16	\$1.96	\$2.77
31-35	\$1.38	\$2.42	\$3.45
36-40	\$1.79	\$3.23	\$4.66
41-45	\$2.10	\$3.86	\$5.61
46-50	\$2.47	\$4.59	\$6.71
51-55	\$3.76	\$7.18	\$10.59
56-60	\$3.80	\$7.25	\$10.70
61-65	\$7.39	\$14.43	\$21.46
66+	\$12.60	\$24.85	\$37.10

Please mark the box above that applies to your enrollment option and complete below.

Employee Age Group:

Spouse Age Group:

Employee Dollar Option:

Spouse Dollar Option:

Accident Rates: Weekly

Employee	\$ 5.08
Employee & Spouse	\$ 8.14
1 Parent Family	\$ 10.59
2 Parent Family	\$ 13.65

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
6 MONTHS	18-49	\$10.80	\$11.70	\$12.60	\$13.50	\$14.40	\$15.30	\$16.20	\$17.10	\$18.00	\$18.90
	50-64	\$12.96	\$14.04	\$15.12	\$16.20	\$17.28	\$18.36	\$19.44	\$20.52	\$21.60	\$22.68
	65-74	\$16.20	\$17.55	\$18.90	\$20.25	\$21.60	\$22.95	\$24.30	\$25.65	\$27.00	\$28.35

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/14 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
6 MONTHS	18-49	\$7.56	\$8.19	\$8.82	\$9.45	\$10.08	\$10.71	\$11.34	\$11.97	\$12.60	\$13.23
	50-64	\$10.08	\$10.92	\$11.76	\$12.60	\$13.44	\$14.28	\$15.12	\$15.96	\$16.80	\$17.64
	65-74	\$12.60	\$13.65	\$14.70	\$15.75	\$16.80	\$17.85	\$18.90	\$19.95	\$21.00	\$22.05

Short Term Disability Enrollment Choices:

Elimination Period: 0/7 0/14

Age Group:

Annual Income:

As a reminder, to enroll in short-term disability for the first time, you must sign this form and contact Kim Eckerty at 217-932-2109 (office) or 217-549-1161 (cell)

If you are already enrolled and wish to keep the enrollment options the same, it will automatically renew as is.

If you need to make changes or cancel, please contact Kim Eckerty.

Enroll _____ Make Changes _____ Keep the same as 2023 _____ Cancel from 2023 _____ Decline _____

Signature _____

Date: _____