



2025 AFLAC Enrollment Form Bolin Autos Trucks Tires

Employee Information:

Last Name:	First Name:	Middle Initial:
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Birthdate:	Hire Date:	What state were you born in?
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Employee Number:	Social Security Number:
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Home Address:
(include city, state and zip)

Contact Phone Number	<input type="checkbox"/> Home	<input type="checkbox"/> Cell
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Email Address:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Waive/Decline: I do not choose to participate in the AFLAC Accident

Enroll - AFLAC Accident

- Employee (6.78)
- Employee and Spouse (8.91)
- One-Parent Family (10.38)
- Two-Parent Family (12.81)

Waive/Decline: I do not choose to participate in the AFLAC Cancer

Note: In order to enroll in the Cancer policy, you must be cancer-free for at least 5 years.

Enroll - AFLAC Cancer

- Employee (9.10)
- Employee and Spouse (16.54)
- One-Parent Family (9.10)
- Two-Parent Family (16.54)

Waive/Decline: I do not choose to participate in the AFLAC Plus Rider

Note: In order to enroll in the Plus Rider, you must enroll in the Cancer policy

Enroll - AFLAC Plus Rider

- Employee Only: 18-29 (.72)
- Employee Only: 30-39 (1.02)
- Employee Only: 40-49 (1.74)
- Employee Only: 50-70 (2.97)
- Employee and Spouse: 18-29 (1.35)
- Employee and Spouse: 30-39 (2.01)
- Employee and Spouse: 40-49 (3.30)
- Employee and Spouse: 50-70 (5.67)
- One-Parent Family: 18-29 (1.44)
- One-Parent Family: 30-39 (1.56)
- One-Parent Family: 40-49 (2.10)
- One-Parent Family: 50-70 (3.06)
- Two-Parent Family: 18-29 (1.74)
- Two-Parent Family: 30-39 (2.25)
- Two-Parent Family: 40-49 (3.39)
- Two-Parent Family: 50-70 (5.70)

AFLAC Short-Term Disability:

Waive/Decline: I do not choose to participate in the AFLAC Short-Term Disability

Age Group

Annual Income

Enroll - AFLAC Elimination Period 0/7

Enroll - AFLAC Elimination Period 0/14

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000
Benefit Period	Age	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500
6 MONTHS	18-49	\$15.84	\$16.83	\$17.82	\$18.81	\$19.80	\$20.79	\$21.78	\$22.77	\$23.76	\$24.75
	50-64	\$20.16	\$21.42	\$22.68	\$23.94	\$25.20	\$26.46	\$27.72	\$28.98	\$30.24	\$31.50
	65-74	\$25.44	\$27.03	\$28.62	\$30.21	\$31.80	\$33.39	\$34.98	\$36.57	\$38.16	\$39.75

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/14 DAYS

Annual Income		\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000	\$50,000
Benefit Period	Age	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400	\$2,500
6 MONTHS	18-49	\$12.00	\$12.75	\$13.50	\$14.25	\$15.00	\$15.75	\$16.50	\$17.25	\$18.00	\$18.75
	50-64	\$15.84	\$16.83	\$17.82	\$18.81	\$19.80	\$20.79	\$21.78	\$22.77	\$23.76	\$24.75
	65-74	\$19.68	\$20.91	\$22.14	\$23.37	\$24.60	\$25.83	\$27.06	\$28.29	\$29.52	\$30.75

NOTE:

If you plan to add a spouse or dependents to the AFLAC policy, complete page 2

Employee Signature:

Date:



2025 AFLAC Enrollment Form

SPOUSE/DEPENDENT INFORMATION

Employee Information:

Last Name:	First Name:	Middle Initial:
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Spouse: Male Female

Last Name:	First Name:	Middle Initial:
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Birthdate:	Social Security Number:
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Dependent: Male Female

Last Name:	First Name:	Middle Initial:
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Birthdate:	Social Security Number:
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Dependent: Male Female

Last Name:	First Name:	Middle Initial:
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Birthdate:	Social Security Number:
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Dependent: Male Female

Last Name:	First Name:	Middle Initial:
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Birthdate:	Social Security Number:
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Dependent: Male Female

Last Name:	First Name:	Middle Initial:
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Birthdate:	Social Security Number:
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Employee Signature:

Date:
