

Aflac Group Prospect Information Form (PIF)

INSTRUCTIONS

- A preliminary meeting should be held with the decision maker prior to submitting a PIF.
- A PIF is required for all new payroll accounts and for all re-enrollments where additional products are offered. (Current in force products cannot be modified at re-enrollment.)
- Please complete ALL required fields prior to submission. All required fields are indicated with an asterisk (*).
- Completed PIFs should be submitted to your State Office for approval, once received by Aflac Group standard processing times apply.
- Aflac Group will notify the Field Force Point of Contact (POC) within 3 business days if additional information is required.
- Any form with missing information will be pended and returned to the State Office, thus impacting the delivery date of the proposal.

* Proposal Due Date: _____ / _____ / _____ Anticipated Effective Date: _____ / _____ / _____

Please select the appropriate option:

- New Aflac Group Payroll Account
 Re-enrollment

Completed PIF must be submitted to Aflac Group based on the processing times listed below:

- 5 days for Standard Requests (minimum)
- 10 days for Exceptions (minimum)
- 15 days for Formal RFP (minimum)

1. General Account Information

* Name of Account: _____

* Type of Business: _____ Tax ID No (Optional): _____

* Situs State (situs/headquarters/domicile state): _____ * Number of Eligible Employees: _____

* Mailing Address: _____

* City: _____ * State: _____ * ZIP: _____

* Number of Locations: _____ If multi-location account, list states: _____

* Employee eligibility: Hours per week: _____ Length of employment: _____ (in days)

Voluntary Products in Force/ Carrier (Not Aflac): _____

* Payroll Billing Frequency: Weekly Bi-Weekly Monthly Semi-Monthly Other _____

2. Existing Aflac Account

NOTE: Please complete this section only if your account has in-force Aflac individual products. By offering a group product that is similar to (like) the in-force individual product, you acknowledge that you have advised the payroll account of the potential difference between the two products.

Aflac Individual Account Number: _____

* Will individual products continue to be offered with Aflac Group products? Yes No

* Please indicate reason for offering group products:

- | | | |
|--|------------------------------|-----------------------------|
| • Low penetration on existing products | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Multi-location/state account: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • To add a new line of business: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Competitive situation: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, list the name of the competitor: _____

3. Field Main Point of Contact

* Name: _____ * Email: _____

* Address: _____

* City: _____ * State: _____ * ZIP: _____

* State Operation: _____ * Writing Number: _____ * Phone: _____

Should anyone other than the Field Point of Contact be copied on the proposal and/or questions related to the proposal?

Yes No If yes, please list information below:

Name: _____ Email: _____ Writing Number: _____

Name: _____ Email: _____ Writing Number: _____

4. Requested Product Information (*select all that apply)

Critical Illness

- Tobacco-Distinct Rates Uni-Tobacco Rates Without Cancer Heart Rider
 Incident Rider Genetic Testing Rider CI Wrap HSA Compatible (subject to availability)

Riders are not available with HSA Compatible option

Accident

Select only one: Low Option High Option

Select only one: Nonoccupational 24-Hour

HSA Compatible (subject to availability) Sickness Rider Catastrophic Rider (high option only)

*The sickness rider is not available with HSA Compatible option

Hospital Indemnity (Select only one Hospital Admission benefit amount per plan. If no amount is selected, the standard benefit will apply.)

Plan 1 Plan 2 Plan 3 Plan 4 HSA Compatible (subject to availability)

Dental

Basic Plan Standard Premier

Whole Life

Face Purchase Premium Purchase (only available for cases over 1,000 lives)

Term Life

5-Year 10-Year 15-Year 20-Year 30-Year (select only two)

Short-Term Disability (Select only one from each category)

24-Hour Benefit Nonoccupational

Benefit Period: 3-Month 6-Month 12-Month

Elimination Period: 0/7 7/7 0/14 14/14 30/30

Will the account require pre-tax documentation from Aflac Group? Yes No

If **yes**, please select all that apply: Premium-Only Plan Flexible Spending Accounts (*Additional setup time required*)

5. Enrollment Information

Anticipated Enrollment Dates: Start: _____ End: _____ Coverage/Billing Effective Date: _____

Enrollment Method(s): 1 on 1 paper 1 on 1 SNGG (Complete Section 10) 1 on 1 Third-Party Laptop Call Center Web
 HR/Group Meetings

NOTE: One on one Laptop enrollments (not SNGG when available), web and call center enrollments require the use of a 3rd party vendor and may require additional set up time and a commission reduction. Please refer to the Electronic Enrollment Guidelines on myaflac/Markets/Aflac Group/Sales and Enrollments.

Enrollment Company (if applicable): _____

NOTE: Applications must be in-house on the 15th of the month prior to the coverage/billing effective date or 15 days prior to the deduction register due date, whichever is earlier, OR 30 days prior to the coverage/billing effective date for CI wrap and CI wrap with other products.

6. Licensing and Commission Information

NOTE: All enrollers/associates taking applications must be licensed and appointed in the situs state, as well as any states they will be taking applications, prior to the start of the enrollment. All brokers and coordinators (in all enroller/associate hierarchies) must be licensed and appointed in the situs state for commission purposes.

Custom commission packages may be available on accounts over 1,000 lives and require approval from the SSC, Territory Director, Aflac Group and Aflac WWHQ. Please allow at least 6 weeks prior to enrollment to request a custom commission package.

Commission Packages (Select only one):

Package 1 (Broker Lead) Package 2 (Commissioned) Package 3 (Per Diem)
 Package 4 (Broker does all) Non-Broker Other: _____

7. Contact Information (complete all that apply)

Please complete the following information for the requesting writing agent and/or broker for this specific case:

Brokerage Firm: _____ Market VP: _____

Broker Name: _____ Key Account Manager: _____

Broker Location: _____ Originating Assoc. Name: _____

Broker E-Mail: _____ Originating Assoc. Writing Number: _____

Broker Phone: _____ Originating Assoc. Email: _____

SSC Name: _____ SSC Email: _____

BDC Name: _____ BDC Email: _____

STC Name: _____ STC Email: _____

RSC Name: _____ RSC Email: _____

DSC Name: _____ DSC Email: _____

If this account is over 1,000 lives and requires more than one invoice, please see the Multi-Invoice Guidelines at myaflac/Markets/Aflac Group/Operations. For accounts requesting multiple invoices, the paperwork must be submitted at least 60 days in advance.

8. Special Instructions

Please include any additional special instructions as applicable:

9. Approval for Submission

* Agent / Broker Submitting PIF: _____ Date _____
(Please Print/Type)

* Name of Approver _____ Date _____
(Please Print/Type)

Title of Approver: SSC BDC STC MVP

Please review, approve and submit to grouprequests@aflac.com .