TO ENROLL COMPLETE THIS FORM AND SEE YOUR AGENT
CALL: 1-212-858-0070
OR EMAIL: ray@sensiblebenefits.com

AFLAC PAYS CASH DIRECTLY TO THE POLICYHOLDER TO HELP WITH ALL EXPENSES...
BECAUSE RENT, MORTGAGE, UTILITY BILLS, LOANS, ETC. KEEP ON COMING WHETHER
WE ARE SICK OR WELL. MEDICAL INSURANCE PAYS DOCTOR'S...AFLAC PAYS YOU!
HAVING AFLAC HELPS TO ENSURE THAT THESE EVERYDAY LIVING EXPENSES ARE COVERED!

ACCIDENT PLAN

OPTION 1				
INDIVIDUAL	\$6.24			
INSURED & SPOUSE	\$9.62			
ONE-PARENT FAMILY	\$10.79			
TWO-PARENT FAMILY	\$15.21			

OPTION 2				
INDIVIDUAL	\$7.35			
INSURED & SPOUSE	\$11.83			
ONE-PARENT FAMILY	\$12.87			
TWO-PARENT FAMILY	\$17.23			

The accident plan pays cash directly to the insured for treatment of accidental injury. Coverage is the same for each option; however, Option 2 pays more for AD&D.

CANCER PLAN

BASE PLAN

OPTION 1 - PREFERRED		
IND/1-PF	\$8.00	
INS/SP/2-PF	\$12.48	

OPTION 2 - SELECT			
IND/1-PF	\$9.95		
INS/SP/2-PF	\$16.06		

OPTION 3 - CLASSIC			
IND/1-PF	\$16.45		
INS/SP/2-PF	\$28 15		

OPTION 4 - PREMIER			
IND/1-PF INS/SP/2-PF	\$23.92 \$41.80		
1110/01/211	Ψ+1.00		

OPTIONAL RIDERS

		IDR	DCR	SHE
18-35	INDIVID.	\$2.93	\$0.00	\$4.75
36-45		\$2.93	\$0.00	\$7.80
46-55		\$2.93	\$0.00	\$10.73
56-75		\$2.93	\$0.00	\$13.39
18-35	INS/SPS	\$6.50	\$0.00	\$8.06
36-45		\$6.50	\$0.00	\$13.39
46-55		\$6.50	\$0.00	\$19.63
56-75		\$6.50	\$0.00	\$27.11
18-35	1-P FAM	\$2.93	\$0.46	\$5.07
36-45		\$2.93	\$0.46	\$7.87
46-55		\$2.93	\$0.46	\$10.79
56-75		\$2.93	\$0.46	\$13.78
18-35	2-P FAM	\$6.50	\$0.46	\$8.06
36-45	•	\$6.50	\$0.46	\$13.39
46-55	•	\$6.50	\$0.46	\$19.63
56-75		\$6.50	\$0.46	\$27.11

The cancer plan pays cash directly to the insured upon the diagnosis and treatment of cancer. All options pay for the same types of treatment. Higher level options cost more and pay more. Optional riders may be added to any option: IDR - (inflation protection) Increases the initial payout by \$500 per year up until Age 65 (or a minimum of 5 years); DCR - Increases initial payout by \$10,000 in the event of a covered child's diagnosis; SHE- Includes a full schedule of benefits triggered by: heart attack, stroke, sudden-cardiac arrest or kidney failure.

LET US KNOW IF YOU HAVE INTEREST IN QUOTES ON ANY OTHER INSURANCE PRODUCTS



AFLAC HOSPITAL CHOICE

Great for Maternity or as an Added Layer of Protection

\$1,000 BENEFIT OPTION FOR 24 HOUR CONFINEMENT

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	\$12.55	\$4.29	\$5.33	\$22.17
50-59		\$12.74	\$4.88	\$7.15	\$24.77
60-75		\$13.07	\$4.94	\$9.56	\$27.57
18-49	INSURED/SPOUSE	\$16.71	\$9.04	\$9.95	\$35.70
50-59		\$17.55	\$10.14	\$14.37	\$42.06
60-75		\$18.53	\$10.21	\$18.40	\$47.14
18-49	ONE-PARENT FAMILY	\$15.86	\$8.91	\$8.00	\$32.77
50-59		\$16.06	\$9.10	\$9.23	\$34.39
60-75		\$16.25	\$9.30	\$12.48	\$38.03
18-49	TWO-PARENT FAMILY	\$18.27	\$11.38	\$10.66	\$40.31
50-59		\$18.40	\$11.57	\$10.40	\$40.37
60-75		\$19.50	\$12.09	\$20.67	\$52.26

\$1,500 BENEFIT OPTION FOR 24 HOUR CONFINEMENT

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	\$16.71	\$4.29	\$5.33	\$26.33
50-59		\$16.84	\$4.88	\$7.15	\$28.87
60-75		\$17.55	\$4.94	\$9.56	\$32.05
18-49	INSURED/SPOUSE	\$23.14	\$9.04	\$9.95	\$42.13
50-59		\$24.31	\$10.14	\$14.37	\$48.82
60-75		\$26.20	\$10.21	\$18.40	\$54.81
18-49	ONE-PARENT FAMILY	\$20.93	\$8.91	\$8.00	\$37.84
50-59		\$21.13	\$9.10	\$9.23	\$39.46
60-75		\$21.32	\$9.30	\$12.48	\$43.10
18-49	TWO-PARENT FAMILY	\$24.25	\$11.38	\$10.66	\$46.29
50-59		\$25.48	\$11.57	\$10.40	\$47.45
60-75		\$27.43	\$12.09	\$20.67	\$60.19

\$2,000 BENEFIT OPTION FOR 24 HOUR CONFINEMENT

		Premium	EBR	HSSCR	Total
18-49	INDIVIDUAL	\$21.39	\$4.29	\$5.33	\$31.01
50-59		\$21.58	\$4.88	\$7.15	\$33.61
60-75		\$22.69	\$4.94	\$9.56	\$37.19
18-49	INSURED/SPOUSE	\$30.62	\$9.04	\$9.95	\$49.61
50-59		\$32.11	\$10.14	\$14.37	\$56.62
60-75		\$35.04	\$10.21	\$18.40	\$63.65
18-49	ONE-PARENT FAMILY	\$26.72	\$8.91	\$8.00	\$43.63
50-59		\$26.91	\$9.10	\$9.23	\$45.24
60-75		\$27.11	\$9.30	\$12.48	\$48.89
18-49	TWO-PARENT FAMILY	\$31.98	\$11.38	\$10.66	\$54.02
50-59		\$33.61	\$11.57	\$10.40	\$55.58
60-75		\$36.60	\$12.09	\$20.67	\$69.36

EBR: Extended Benefit Rider Premium (Available for ages 18-75) HSSCR: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75) *PRODUCTS AND RATES ILLUSTRATED FOR NY - PLEASE CALL US FOR RATES IN ANY OTHER STATE

