

# ***JOLIET PUBLIC SCHOOL DISTRICT 86 2022 AFLAC OPEN ENROLLMENT***



**Due to COVID there will be  
NO Group Presentations this year!**

**For your review, we have attached a PDF  
of each brochure.**

**If you are interested in enrolling or making changes to  
your existing coverage, please complete the attached  
interest form and return, ASAP.**

**COVERAGES AVAILABLE:**

- **SHORT TERM DISABILITY (INCLUDES MATERNITY COVERAGE)**
- **CANCER**
- **CRITICAL CARE**
- **ACCIDENT**
- **HOSPITAL**

**IS YOUR FAMILY COVERED BY AFLAC???**  
***DISTRICT 86 OPEN ENROLLMENT***  
***Don't miss your chance to enroll!!***



## **2022 JPS AFLAC Interest Form**

**Fax: 630-245-4601**

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FIRST NAME	MIDDLE INITIAL	LAST NAME	CELL PHONE NUMBER
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EMAIL	<b>SCHOOL</b>	PLANNING PERIOD/GYM/LUNCH/BREAK
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**\*\*Due to COVID, there will be no group presentations. \*\***

Place a checkmark next to the coverage(s) that interest you. Filling out this form **DOES NOT** enroll you for Aflac. You must meet with Richelle to enroll in any plans.

DISABILITY \_\_\_\_\_

ACCIDENT \_\_\_\_\_

CANCER \_\_\_\_\_

HOSPITAL \_\_\_\_\_

CRITICAL CARE \_\_\_\_\_

**I am an existing policyholder and need assistance with the following:**

\_\_\_\_\_ Make changes to my current plan(s)

\_\_\_\_\_ Filing a claim

\_\_\_\_\_ Other: \_\_\_\_\_

**All Follow Up Appts must be scheduled by December 17, 2021.**

**IF YOU ARE INTERESTED IN ENROLLING OR MAKING CHANGES TO YOUR EXISTING  
AFLAC, FAX OR EMAIL THIS FORM TO OUR OFFICE,  
SO WE CAN SCHEDULE YOU AN APPOINTMENT**

**FAX: 630-245-4601**

**EMAIL: [j.munsell@bbofillinois.com](mailto:j.munsell@bbofillinois.com)**

GROUP ACCIDENT ADVANTAGE PLUS	
INDIVIDUAL	\$9.07
EMPLOYEE & SPOUSE	\$13.59
ONE PARENT FAMILY	\$15.90
TWO PARENT FAMILY	\$20.42

CANCER PROTECTION ASSURANCE	AGE 18-75
INDIVIDUAL	\$18.63
ONE PARENT FAMILY	\$18.63
INSURED & SPOUSE	\$33.51
TWO PARENT FAMILY	\$33.51

DISABILITY INCOME PROTECTION ADVANTAGE		
0 Day Wait For Accident 7 Day Wait For Sickness		
INCOME	AGE 18-49	AGE 50-64
\$500 per month	\$ 6.60	\$ 6.90
\$600 per month	\$ 7.92	\$ 8.28
\$700 per month	\$ 9.24	\$ 9.66
\$800 per month	\$ 10.56	\$ 11.04
\$900 per month	\$ 11.88	\$ 12.42
\$1000 per month	\$ 13.20	\$ 13.80
\$1100 per month	\$ 14.52	\$ 15.18
\$1200 per month	\$ 15.84	\$ 16.56
\$1300 per month	\$ 17.16	\$ 17.94
\$1400 per month	\$ 18.48	\$ 19.32
\$1500 per month	\$ 19.80	\$ 20.70
\$1600 per month	\$ 21.12	\$ 22.08
\$1700 per month	\$ 22.44	\$ 23.46
\$1800 per month	\$ 23.76	\$ 24.84
\$1900 per month	\$ 25.08	\$ 26.22
\$2000 per month	\$ 26.40	\$ 27.60
\$2100 per month	\$ 27.72	\$ 28.98
\$2200 per month	\$ 29.04	\$ 30.36
\$2300 per month	\$ 30.36	\$ 31.74
\$2400 per month	\$ 31.68	\$ 33.12
\$2500 per month	\$ 33.00	\$ 34.50
\$2600 per month	\$ 34.32	\$ 35.88
\$2700 per month	\$ 35.64	\$ 37.26
\$2800 per month	\$ 36.96	\$ 38.64
\$2900 per month	\$ 38.28	\$ 40.02
\$3000 per month	\$ 39.60	\$ 41.40

3 Month Benefit

\*DISABILITY DEDUCTIONS ARE AFTER TAX

CRITICAL CARE PROTECTION OPTION 1	AGE 18-35	AGE 36-45	AGE 46-55	AGE 56-70
INDIVIDUAL	\$ 5.46	\$ 8.88	\$ 11.94	\$ 15.48
ONE PARENT FAMILY	\$ 6.06	\$ 9.24	\$ 12.30	\$ 15.90
INSURED/SPOUSE	\$ 8.52	\$ 14.52	\$ 20.58	\$ 28.44
FAMILY	\$ 9.54	\$ 15.78	\$ 22.02	\$ 30.12

AFLAC CHOICE HOSPITAL \$1,000 CONFINEMENT	AGE	BASE HOSPITAL PLAN	EXTENDED BENEFITS RIDER	HOSP STAY & SURGICAL RIDER
INDIVIDUAL	18-49	\$ 12.24	\$ 5.28	\$ 8.34
INDIVIDUAL	50-59	\$ 12.48	\$ 6.00	\$ 10.68
INDIVIDUAL	60-75	\$ 12.84	\$ 6.06	\$ 13.92
ONE PARENT FAMILY	18-49	\$ 15.54	\$ 10.50	\$ 11.52
ONE PARENT FAMILY	50-59	\$ 15.78	\$ 10.74	\$ 13.14
ONE PARENT FAMILY	60-75	\$ 16.02	\$ 10.98	\$ 17.22
INSURED & SPOUSE	18-49	\$ 17.34	\$ 11.10	\$ 15.24
INSURED & SPOUSE	50-59	\$ 18.36	\$ 12.42	\$ 21.18
INSURED & SPOUSE	60-75	\$ 19.62	\$ 12.54	\$ 26.52
FAMILY	18-49	\$ 18.42	\$ 13.44	\$ 15.54
FAMILY	50-59	\$ 18.60	\$ 13.68	\$ 21.42
FAMILY	60-75	\$ 19.86	\$ 14.28	\$ 28.38