2024 JPS AFLAC Interest Form

Fax: 630-245-4601

_____

FIRST NAME MIDDLE INITIAL LAST NAME CELL PHONE NUMBER

_____

EMAIL BEST TIME TO CALL

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 Enrollments must be completed by 12/29/2023.

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: jen.munsell@bbrown.com

RICHELLE CELL: 815/791-1845