



## AFLAC Open Enrollment Request

Company/ Employer Name \_\_\_\_\_

Please check all that apply below;

I would like to request a follow up phone call:

Name: \_\_\_\_\_

Ph# \_\_\_\_\_ Best time to call \_\_\_\_\_

I would like a follow email:

Email address: \_\_\_\_\_

I am interested in knowing more about the Plans checked below:

Accident

Cancer

Hospital

Maternity

Critical Illness

Life Protector

I need assistance with: \_\_\_\_\_

Please Return your form to: [Yolanda\\_richman@us.aflac.com](mailto:Yolanda_richman@us.aflac.com) or call (818) 744-5619