

AFLAC EASE/AmWINS ADVANTAGE ACCOUNT CONFIRMATION SETUP

Today's Date:			
For New Business – submit completed form to GMOGroupRequests@aflac.com & gb.aflac.gmo@amwins.com . For Renewals & Migrations – submit completed form to GMOMigration@aflac.com & gb.aflac.gmo@amwins.com .			
General Account Information			
Select One: <input type="checkbox"/> New Business <input type="checkbox"/> Migration		Situs State:	Tax ID:
Number of Eligible Employees:		Account Name:	
If multi-location, list states:			
Address:		City:	State: Zip:
Employee Eligibility			
Hours Per Week:		Length of Employment (days):	
Payroll Billing Frequency (Select One)			
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Points of Contact			
Aflac Sales			
BSP/OSA Name:		Title:	Email:
Phone:		Commission Package Code:	
Additional Enrollers (if applicable)			
Enroller 1 Name:		Enroller 1 Email:	
Enroller 2 Name:		Enroller 2 Email:	
Enroller 3 Name:		Enroller 3 Email:	
Account (for billing)			
Account POC Name:		Title:	Email:
Phone:			
Broker Firm			
Broker Firm Name:		Broker Firm POC Name:	
Broker Writing Number:		Email:	Phone:
Market Op Broker is Tracking To:			
Product Information			
<input type="checkbox"/> Aflac Ease Specific Base Plan		Was a Proposal Generated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Migration, will the same products and/or product series be offered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any employer-paid products? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Products			
Group Critical Illness..... <input type="checkbox"/> Yes <input type="checkbox"/> No		Term Life..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group Accident..... <input type="checkbox"/> Yes <input type="checkbox"/> No		Whole Life (No Children's Permanent Option)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Group Hospital Indemnity..... <input type="checkbox"/> Yes <input type="checkbox"/> No		BenExtend..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Short-Term Disability..... <input type="checkbox"/> Yes <input type="checkbox"/> No		DRMS Partner Products (True Group Life & Disability) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Continued on following page.

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New Business	
Coverage/Billing Effective Date:	
Anticipated Enrollment Start Date:	Anticipated Enrollment End Date:
Enrollment Method(s) <i>Select All That Apply</i>	
<input type="checkbox"/> Self-Service <input type="checkbox"/> Call Center	<input type="checkbox"/> 1-on-1 <input type="checkbox"/> HR/Group Meetings
(A completed notification form will be required to validate all enrollers are licensed and appointed prior to enrollment).	
Enrollment Platform: AmWINS Advantage	Unique Employee ID Type: <input type="checkbox"/> SSN <input type="checkbox"/> EE ID
Census Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a microsite being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes	
Additional Notes/Comments	
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