

AFLAC NEW BUSINESS TRANSMITTAL

- Bank Draft Payroll Association Direct
 Credit Card Employee Nonpayroll Conversion

2. Date: _____
 3. State Business Written In: _____
 4. Multi-State/Multi-Location Account
 Yes No
 If yes, has account been registered with Marketing/Multi-Location Department?
 Yes No

1. Associate's Transmittal No. (Two Digits Only)

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5. ASSOCIATE INFORMATION

A. % Payable to: _____ Writing No.: _____ Sit Code: _____ Phone No.: _____
Writing Associate Name

Associate's Address: _____ Fax No.: _____

B. % Payable to: _____ Writing No.: _____ Sit Code: _____ Phone No.: _____
Secondary Associate

Associate's Address: _____ Fax No.: _____

Split Business Requirements: "I, the writing associate, certify that it is my desire to have all compensation paid as indicated above."
 The associate who signed the applications must sign this statement. If applications were signed by two different associates, both must sign below.

Signature(s) of Writing Associate(s)

6. IF EMPLOYEE OR ASSOCIATION BUSINESS, COMPLETE THIS SECTION:
 By completing this section, I certify that this account meets the requirements set forth by AFLAC and that each applicant is a valid member/employee of the account.

Name & Address of Employer or Association:

If PEO/Leasing or Staffing Company, list contracted Company Name: _____

_____ Approved AFLAC ID #: _____

Has SIC/Industry Code been approved by SIC Unit at AFLAC? If not, seek approval before submitting applications.

7. New Account
 Additions to Existing Acct. No.
 Is this acct. sponsored by employer?
 Yes No (PA residents only)

8. Non-Soliciting Broker General Agent
 Name: _____
 Broker/General Agent No.: _____
 Level No.: _____

9. FLEX ONE® OR CAFETERIA Information (if applicable):

Plan Year: _____
Beginning (MM/DD/YY) Ending (MM/DD/YY)

New FLEX ONE® account
 Addition to existing FLEX ONE® Account No.: _____
 Existing AFLAC payroll account to be converted to a new FLEX ONE® account.
 Other cafeteria plan _____

FOR WWHQ USE ONLY:

Summary Number: _____
 Specialist Name: _____
 Date Processed: _____
 Effective Date: _____ Specification Code: _____

10. Name of Applicant			11. New or Existing Employee	12. Line of Business	13. Modal Prem. Sold * After-Tax	14. Dept. No.	15. Premium Remitted
Last	First	Middle Initial					
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

16. SEND POLICY TO: (01) Applicant (02) Associate (03) Account (04) State Office Other (EXPLAIN BELOW)

17. REQUESTED EFFECTIVE DATE: _____

18. SPECIAL INSTRUCTIONS/INFORMATION: _____

FOR RPS USE ONLY:

SEE REVERSE SIDE FOR INSTRUCTIONS

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC) • COLUMBUS, GEORGIA 31999
 SUBMIT ONE COPY FOR OFFICE USE



PROCEDURES FOR COMPLETING THE AFLAC TRANSMITTAL

GENERAL INFORMATION

- This form is to be used for all lines of business.
- Please submit Medicare supplement, Long-Term Care, or Life business on separate transmittals from other lines of business. Do not submit new business and conversion applications on the same transmittal.
- If sales are made on more than one account, prepare a separate transmittal form for each account. This applies to Payroll and Nonpayroll account business.
- Attach applications to transmittal form in the same sequence that they are listed on the transmittal.
- To avoid delays in processing, make sure all applications contain complete information (including signatures when applicable) and that the information shown is legible.
- Submit an application requiring skin cancer or other exclusion riders on a separate transmittal.
- Please submit one transmittal copy to worldwide headquarters.

HOW TO COMPLETE THE NEW BUSINESS TRANSMITTAL

1. Number each transmittal with a two-digit identification number (e.g., 01, 02) in the space provided under Associate's Transmittal No. When worldwide headquarters issues you a commission check for a particular transmittal, the number that you furnish will be printed on the stub. This is for your convenience in reconciling checks with transmittal copies. We suggest that you start numbering your transmittals at the first of the month with the number 01, and number them consecutively throughout the month. Start over with 01 at the first of the next month, etc.
2. Write the date the transmittal is being completed.
3. It is imperative that you indicate the state business is written in. Example: Applicant resides in Alabama, but the application is written in Georgia. This means that the business is produced in the state of Georgia. Therefore, Item 3 should show Georgia.
4. Indicate whether payroll account is a multi-state or multi-location account. If "yes," indicate whether account has been registered with Marketing/Multi-Location Department.
5. A. Please complete the writing associate's percent of commission, name, address, phone number, fax number, writing number, and proper situation code.
B. Complete this section if this is a split commission. The associate(s) who signed the applications must provide his or her legal signature under the split-business requirement.
6. Complete this section if this is employee or association business.
7. Check the appropriate box for new or existing account and give account number. (If PA residents, the question concerning employer sponsorship must be answered.)
8. If the account is a broker account, this box must be checked and the nonsoliciting broker or general agent's name, writing number, and level number must be provided.
9. To maintain accurate records, it is important that this section be appropriately completed for all FLEX ONE[®]/cafeteria accounts. All premium listed will be considered pre-tax unless indicated as after-tax on No. 13. If this is an existing account that is converting to a FLEX ONE[®]/cafeteria plan, please submit, with the initial business, a copy of the previous month's invoice noting whether the premiums are to be pre-tax or after-tax.
10. Print applicant's last name, first name, and middle initial.
11. If the account is a FLEX ONE[®]/cafeteria account, indicate whether employee is new or existing. This is essential in assigning effective dates.
12. Enter the proper abbreviation in the line of business: Accident=**AD**, Cancer=**CA**, Dental=**DE**, Group Medicare Supplement=**GMS**, Group Short-Term Disability=**GS**, Hospital Indemnity=**HP**, Intensive Care=**IC**, Long-Term Care=**LT**, Payroll LifeAssurance=**LC**, Preferred Life & Voluntary Group Term Life=**AL**, Short-Term Disability=**SD**, Specified Event=**SE**, Term to Age 25, Life Needs, and Conversion Whole Life=**LP**
13. Please enter the premium amount for the mode on the applications. Example: Applicant chooses quarterly, family, payroll coverage—the amount should be listed in this column minus any registration fee. Note: For FLEX ONE[®] business, indicate (*) for after-tax. If an asterisk (*) is not present or if the modal premium is not listed, the premium will be considered pre-tax.
14. Enter the department number, if applicable.
15. If money is being remitted with the application, enter the dollar amount, including the registration fee (if applicable) in this space. If this is COD payroll business, enter "PR" in this space.
16. Check the appropriate box to indicate where the policy should be mailed. If no box is checked, the policy will be mailed to the applicant.
17. Please indicate the requested effective date required. Otherwise, normal effective date procedures will be followed.
18. This space is provided for the associate's special instructions or comments. When submitting multi-state conversions, use this space to indicate the statement that should receive production credit.