

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EE ID # \_\_\_\_\_ MODE OF DEDUCTION: \_\_\_\_\_ DATE OF FIRST DEDUCTION: \_\_\_\_\_

<u>COMPANY/POLICY</u>	<u>PRE TAX</u>	<u>POST TAX</u>	<u>COMPANY/POLICY</u>	<u>PRE TAX</u>	<u>POST TAX</u>
Aflac Accident			Allstate Group Accident		
Aflac Cancer			Allstate Group Critical Care		
Aflac Hospital			Allstate Group Hospital		
Aflac Sickness			Allstate Group Cancer		
Aflac Dental			<b>Allstate Grand Total:</b>		
Aflac Disability			<b>Transamerica Life Total</b>	N/A	
Aflac Vision			<b>Hyatt MetLaw Total</b>	N/A	
Aflac Critical Care			Notes:		
Aflac Other					
<b>Aflac Grand Total</b>					

Applicant Signature:  X  Date: \_\_\_\_\_

I hereby authorize my employer to deduct from my earnings such amounts as may now or hereafter be payable by me under the insurance plans purchased through BeneCom Agency. In addition, I understand that any pre-tax elections cannot be changed or revoked prior to the next plan anniversary date, unless due to a qualifying event permitted by my employer.

PAY PERIOD \_\_\_\_\_  
 ENTERED BY \_\_\_\_\_  
 DATE \_\_\_\_\_  
 AUDITED BY \_\_\_\_\_

Agents Signature: \_\_\_\_\_

Date: \_\_\_\_\_