

EMPLOYEE NAME: _____ EMPLOYER: _____

EE ID # _____ MODE OF DEDUCTION: _____ DATE OF FIRST DEDUCTION: _____

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

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.

Agents Signature: _____

Date: _____

PDA04 Benefit Communication and Education Consultants

PAY PERIOD _____
ENTERED BY _____
DATE _____
AUDITED BY _____