

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			Allstate Group Life	N/A	
Aflac Disability	N/A		Allstate Grand Total:		
Aflac Vision			Transamerica Life	N/A	
Aflac Critical Care			Legal Plan	N/A	
Aflac Other			Notes:		
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: _____

PAY PERIOD _____

ENTERED BY _____

DATE _____

AUDITED BY _____