



# Interest Form - Oxnard School District



Your Name: \_\_\_\_\_ Your Date of Birth / Age: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

**For More Information or to Enroll** – Complete this form and Email or Fax it to:

**Lynn Novak Pernet** – Aflac Agent  
**carolynn\_novak@us.aflac.com** (805) 375-7715 - office  
CA Insurance License 0C30429 (805) 375-7716 – fax

Coverage Type:	Individual	Insured + Spouse	One Parent Family	Two Parent Family
Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## How Aflac Works

- Aflac plans provide financial protection for injuries and illnesses and do not coordinate with health insurance
- Aflac plans pay CASH benefits directly to the policyholder, not the doctor or hospital
- Aflac benefits can be used to help cover copays, deductibles, medical costs and daily living expenses
- Aflac plans are guaranteed renewable and portable at the payroll rates
- Aflac has a history of rate stability
- Aflac pays claims in as little as 24 hours via online claims submission
- Aflac has been named Ethisphere's World's Most Ethical Companies list for 13 consecutive years
- Aflac policies can cover spouse and children (all children covered at one rate)

## Available Plans and Sample Premiums – See policy brochures for complete benefits summary

**Accident Advantage 4 with Wellness**

- ❖ Initial emergency visit \$125 - \$205
- ❖ X-ray, MRI, follow up, hospitalization, death benefit
- ❖ Acupuncture, chiropractic and physical therapy benefits
- ❖ 24 hour a day coverage – at work, at home, on vacation
- ❖ Pays \$1,500 initial Hospitalization benefit + \$300 per day
- ❖ Pays cash benefits for specific injuries and treatment
- ❖ Annual wellness benefit of \$60 for routine screening
- ❖ And much more...

**Accident Advantage Plan Level 4 with Wellness**

**Monthly Premiums**

Individual	\$25.09
Insured +Spouse	\$35.88
One Parent Family	\$43.03
Two Parent Family	\$56.16

Riders are available – ask Agent for details

**Hospital Choice 1000**

- ❖ Guaranteed issue option available
- ❖ Covers hospitalization for accidents, sickness and childbirth
- ❖ Hospitalization \$500-\$2000
- ❖ Surgeries, imaging, invasive diagnostics, ER visits, ambulance
- ❖ \$25 for doctor visits and \$35 for labs and x-ray

**Hospital Choice 1000**

**Monthly Premiums starting at**

Individual	\$27.56
Insured + Spouse	\$39.13
One Parent Family	\$34.97
Two Parent Family	\$41.47

Riders are available – ask Agent for details

**Short Term Disability**

- ❖ Guaranteed issue option
- ❖ Benefits from \$500 to \$6,000 per month
- ❖ Benefits are paid under own occupation
- ❖ Accident, sickness and pregnancy disability
- ❖ Agent will assist with policy details and premiums
- ❖ Premiums based on gross annual income, benefit length (6, 12, 18 or 24 months), age and elimination periods selected

***Policyholders do not need to exhaust sick leave, vacation pay, or any other earned source when filing a claim under the Aflac Short Term Disability policy.***

Short Term Disability Sample Monthly Premiums – Age 18-49	Example: 6 month benefit length Elimination periods:		
	Monthly Benefit	Acc 0 / Sick 7	Acc 0 / Sick 14
Gross Annual Income			
38,000 to 39,999	\$1900	\$91.39	\$64.22
40,000 to 41,999	\$2000	\$96.20	\$67.60
42,000 to 43,999	\$2100	\$101.01	\$70.98
44,000 to 45,999	\$2200	\$105.82	\$74.36
46,000 to 47,999	\$2300	\$110.63	\$77.74
48,000 to 49,999	\$2400	\$115.44	\$81.12
50,000 to 51,999...	\$2500	\$120.25	\$84.50

**Cancer Protector Assurance Level 2**

- ❖ \$4,000 initial diagnosis with \$500 annual building benefit
- ❖ Imaging, chemotherapy, radiation, stem and bone marrow transplant, skin cancer benefit
- ❖ Hospitalization, ambulance, surgeries, egg harvesting, lodging and transportation for out of area treatment
- ❖ Coverage for 32 specified diseases
- ❖ Annual \$75 cancer screening benefit
- ❖ Children covered at no extra cost to age 26

**Cancer Protector Assurance Level 2  
Monthly Premiums**

Individual	\$40.36
Insured + Spouse	\$72.60
One Parent Family	\$40.36
Two Parent Family	\$72.60

Includes First Occurrence and Specified Disease Riders

**Critical Care 3**

- ❖ Covers health events like heart attack, stroke, by-pass, end stage renal failure, cardiac arrest, coma, paralysis...
- ❖ \$7,500 initial diagnosis with \$500 annual building benefit
- ❖ \$300 per day for hospitalization
- ❖ \$800-\$1300 daily for confinement in ICU
- ❖ Ambulance, continuing care, transportation benefits and more

**Critical Care 3 – Monthly Premiums**

<b>Individual</b>	
Ages 18-35	\$21.32
Ages 36-45	\$32.37
Ages 46-55	\$46.93
Ages 56-64	\$63.70
<b>Talk to Agent to get family rates</b>	

**Dental**

- ❖ No Network - you can see your own dentist
- ❖ No deductible
- ❖ No pre-certification requirements
- ❖ Pays in addition to any other dental plan

**Dental Essentials – Monthly Premiums**

Individual	\$24.05
One Parent Family	\$42.12
Insured + Spouse	\$42.38
Two Parent Family	\$60.71
Ortho and Cosmetic Riders Available	

**Life Insurance**

- ❖ 10, 20, or 30 year term life & whole life policies
- ❖ No physical examination – simplified issue
- ❖ Benefit amounts as high as \$500,000
- ❖ Portable policy at the same rate if you change jobs
- ❖ Rates vary – talk with Agent for quote

**Vision Now**

- ❖ No Network. Choose any Eye Care Provider
- ❖ Benefits for eye exams, glasses/contacts, LASIK
- ❖ Cash benefits for eye surgeries, eye diseases and loss of vision
- ❖ Contact Agent for policy options and premiums

**IF YOU HAVE QUESTIONS OR WOULD LIKE TO ENROLL:**

**SEND THIS FORM TO AFLAC AGENT LYNN NOVAK PERNETT [carolynn\\_novak@us.aflac.com](mailto:carolynn_novak@us.aflac.com). YOU NEED TO COMPLETE POLICY APPLICATIONS IN PERSON OR VIA PHONE WITH OUR AFLAC AGENT TO ENROLL.**

