

AFLAC NEW BUSINESS TRANSMITTAL

☐ Bank Draft ☐ Payroll ☐ Association ☐ Direct
☐ Credit Card ☐ Employee Nonpayroll ☐ Conversion

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

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

5. ASSOCIATE INFORMATION

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

Associate's Address: _____ Fax No.: _____

B. % Payable to: _____ Writing Agent Name _____ Writing No.: _____ Sit. Code: _____ Phone No.: _____

Associate's Address: _____ Fax No.: _____

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

Associate's Address: _____ Fax No.: _____

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

Associate's Address: _____ Fax No.: _____

Split-Business Requirements: "I, the writing associate A, 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 of Writing Associate A _____

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 and Address of Employer or Association: _____

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

Approved Aflac ID No.: _____

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

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

8. ☐ Nonsoliciting Broker ☐ General Agent

Broker/General Agent No.: _____

Level No.: _____

9. WingspanSM Cafeteria Plan or Cafeteria Information (if applicable):

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

- ☐ New WingspanSM Cafeteria Plan Account
☐ Addition to existing New WingspanSM Cafeteria Account No.: _____
☐ Existing Aflac payroll account to be converted to a new New WingspanSM Cafeteria Account
☐ Other cafeteria plan _____

FOR WWHQ USE ONLY:

Summary Number: _____

Specialist Name: _____

Date Processed: _____

Effective Date: _____ Specification Code: _____

10. NAME OF APPLICANT			11. New/Existing Employee	12. Line of Business	13. Modal Prem. Sold *After-Tax	14. Dept. No.	15. Premium Remitted
Last	First	MI					
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:

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

M0018R2



M0018R2
(12/2013)

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 the payroll account is a multi-state or multi-location account. If Yes, indicate whether the account has been registered with the Account Relations 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 a new or existing account and give the 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 WingspanSM Cafeteria Plan 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 WingspanSM Cafeteria Plan 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 WingspanSM Cafeteria Plan account, indicate whether the 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 and Voluntary Group Term Life=**AL**, Short-Term Disability=**SD**, Specified Event=**SE**, Term to Age 25, Life Needs, and Conversion Whole Life=**LP**, Vision=**VS**
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 WingspanSM Cafeteria Plan 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 that the statement should receive production credit.