



**EMPLOYEE BENEFITS  
ELECTION FORM**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Add Dependents (Circle One) Yes / No      **If Pre Tax**      SS# \_\_\_\_\_

Gender: Male / Female      Date of Hire: \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

\_\_\_\_\_ I am interested in (**CIRCLE OPTION BELOW**) \_\_\_\_\_ I am not interested in coverage at this time

<b>Lincoln Financial Group</b>		After Tax Bi-Weekly <i>26 DEDUCTIONS</i>
<b>Short Term Disability</b>	Individual	

<b>AFLAC Group</b>					Pre-Tax Semi-Monthly <i>24 DEDUCTIONS</i>	After-Tax Semi-Monthly <i>24 DEDUCTIONS</i>
<b>Accident</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Hospital Indemnity</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Critical Illness</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
<b>Whole Life</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		

<b>AFLAC Traditional</b>					Pre-Tax Semi-Monthly <i>24 DEDUCTIONS</i>	After-Tax Semi-Monthly <i>24 DEDUCTIONS</i>
<b>Cancer</b>	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		
	Individual	Ind. & Spouse	1 Parent Family	2 Parent Family		

Signature \_\_\_\_\_ Date \_\_\_\_\_