

Case Build Setup Sheet

Profile

Account Name _____ Aflac Group/Account Number _____

Tax ID _____ Building on Aflac license or Broker/Client's? _____

Who will have access to the account and reports (Broker / HR / Payroll contact)

Name _____ Email _____

Name _____ Email _____

Are there different categories of employees (i.e. under 2 years, Exec, coverage area) that will effect eligibility to benefits? Yes No

Benefits

Info Needed For Each Plan:	Plan Names	Carrier	Rate Sheets	Renewal Docs	Policy Number (Email me all Documentation)
<input type="checkbox"/> Medical	Medical	Employer Contribution:	EE _____ % or \$	Dependents _____ % or \$	
<input type="checkbox"/> Dental	Dental	Employer Contribution:	EE _____ % or \$	Dependents _____ % or \$	
<input type="checkbox"/> Vision	Vision	Employer Contribution:	EE _____ % or \$	Dependents _____ % or \$	
<input type="checkbox"/> Group Life					
<input type="checkbox"/> Voluntary Life		HRA Employer Contribution:	EE _____ % or \$		
<input type="checkbox"/> EAP		HAS Employer Contribution:	EE _____ % or \$		
<input type="checkbox"/> Benefit Allowance (Product Specific) AFLAC		FSA Employer Contribution:	EE _____ % or \$		

AFLAC	Pre-tax	Post-tax
Accident	<input type="text"/>	<input type="text"/>
Hospital	<input type="text"/>	<input type="text"/>
Cancer	<input type="text"/>	<input type="text"/>
Critical Illness	<input type="text"/>	<input type="text"/>
STD	<input type="text"/>	<input type="text"/>
Term Life	<input type="text"/>	<input type="text"/>
Whole Life	<input type="text"/>	<input type="text"/>

If Aflac Traditional will this be self-enrolled or agent-assisted?

(NOTE: STD and Life require approval from WWHQ for self-enroll)

Agent-Assist Self-Enroll (except Life and STD) All Self-Enroll

If Aflac Group, has the build/renewal kit been requested from CSM?

Yes No

AFLAC Dental and Vision If Grp, EW or Residential Effective Date _____

Dental (Grp) _____

Dental (Ind) _____

Vision (Grp) Open Enrollment Dates _____

Vision (Ind) _____

Employee Deduction Cycle

Weekly Biweekly Semi-Monthly Monthly Other

Enroller Agents to Add

Traditional -> aflacpartner.ease.com/enrollersignup *Must have sit code*

Group -> aflacresidential.ease.com/enrollersignup

Employee Waiting period

First of the Month following _____ days or Immediately following _____ days

Aflac Enrollers/Sit Code:

Does the Broker use a General Agent (GA) or Third Party Administrator (TPA)

GA - for carrier file submissions

TPA - for COBRA, HRA, HAS, FSA

GA: _____

TPA: _____

What are they administering: HRA HSA FSA COBRA

COBRA Eligible Percent: _____%

Documents required by Broker for EEs to read? (Cover Letter, General info sheets)

Please have them sent to me in PDF form

Notes: