

COUNTY OF MONTEREY - #C0U57

MONTHLY / INDUSTRY "B"

Name					Birth D	Birth Date		SSN		
Last Home or Cell		First		E-Mail						
Spouse					Birth D	Birth Date		Dependent	Children	Y/N
Home							•	Sependent	onnuren	.,
A 1 1										
	Street	Address			City			State	Zip	
Employee ID# Date of Hire			re	Job Title			Duties			
Notes:										
				Individual		ad & Casu	- 1 Pa		2 Dev	aut Family
ACCIDENT ADVANTAGE (Series A36000 – Option 4)				Individual Insured & Spous		<u>se 1 Parent Family</u>		<u>2 Parent Family</u>		
				□ 35.23	□ 47.19		□ 52.78		□ 67.21	
□ SHORT-TERM		Y / <u>Employe</u>	<u>e Only</u> – 0/	7 Eliminatio	n Period					
(Series A5760 Annual Income	\$62,000	\$104,000	\$108,000	\$113,000	\$118,000	\$124,000	\$132,000	\$150,000	\$153,000	\$155,000
12 Month Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
Age 18 – 49	□ 89.57	□ 96.46	□ 103.35	□ 110.24	□ 117.13	□ 124.02	□ 130.91	□ 137.80	□ 144.69	□ 151.58
Age 50 – 64	🗆 111.54	□ 120.12	□ 128.70	□ 137.28	□ 145.86	□ 154.44	□ 163.02	□ 171.60	□ 180.18	□ 188.76
Annual Salary \$			_	Da	ays / Off-the	-Job	\$ Monthly Benefit			
Premium: \$Paycheck			Days / Sickness			Mo / Yr. Benefit Period				
 CANCER PROTECTION ASSURANCE (Series B70300 – Level 3) Base w/ Specified Disease & Bldg. Riders 			E	<u>Individual</u>	Insured	I & Spouse	<u>1 Parent Family</u>		2 Paren	it Family
			s	□ 54.23		95.82	□ 55.14		□ 96.73	
 CRITICAL CARE PROTECTION POLICY (Series A74300) 				<u>Individual</u>	Insured	I & Spouse	<u>1 Parent Family</u>		<u>2 Parent Family</u>	
Age 18 - 35			□ 21.32		41.21		34.06		46.02	
Age 36 - 45			□ 32.37		58.63		43.16		63.31	
Age 46 - 55					87.88		55.90		92.82	
	Age 56 - 6	04		□ 63.70		122.85		77.48		30.78
HOSPITAL CHOICE / Benefit Amount \$1500 (Series B40100)				<u>Individual</u>	ividual Insured & Spouse		<u>1 Parent Family</u>		<u>2 Parent Family</u>	
	Age 18 – 4			□ 69.69		116.22		98.15		122.72
Age 50 – 59 Age 60 – 64			□ 77.09 □ 86.32		135.98 153.66		102.83		141.70 162.24	
	Aye ov – t	U4		⊔ 80.32		103.00	Ц	113.23		102.24
	TOR									
\$ Whole Life			\$			Term Life (10, 20, 30 Year)				
			ler: Spouse							
\$		Rid	ler: Child	\$			Premium per Paycheck			

Completing this information does not constitute, imply, or guarantee coverage; the rates shown are for illustrative purposes only. You must meet with an AFLAC representative to apply for coverage. For more information about policy / plan benefits & limitations, please refer to the accompanying product brochure for each insurance policy / plan listed. (Rev. 4/2025)