

2025 JPS AFLAC Interest Form

Fax: 630-245-4601

FIRST NAME MIDDLE INITIAL LAST NAME CELL PHONE NUMBER

EMAIL SCHOOL/LOCATION BEST TIME TO CALL

Place a checkmark next to the coverage(s) that interest you. Filling out this form **DOES NOT** enroll you for Aflac. **You must meet with Richelle to enroll in any plans.**

DISABILITY _____ ACCIDENT _____
CANCER _____ HOSPITAL _____
CRITICAL CARE _____

I am an existing policyholder and need assistance with the following:

_____ Make changes to my current plan(s)
_____ Filing a claim
_____ Other: _____

All Enrollments must be completed by 12/27/24.

**IF YOU ARE INTERESTED IN ENROLLING OR MAKING CHANGES TO YOUR EXISTING AFLAC, FAX OR EMAIL THIS FORM TO OUR OFFICE, SO WE CAN SCHEDULE YOU AN APPOINTMENT
FAX: 630-245-4601
EMAIL: jen.munsell@bbrown.com**

RICHELLE CELL: 815/791-1845