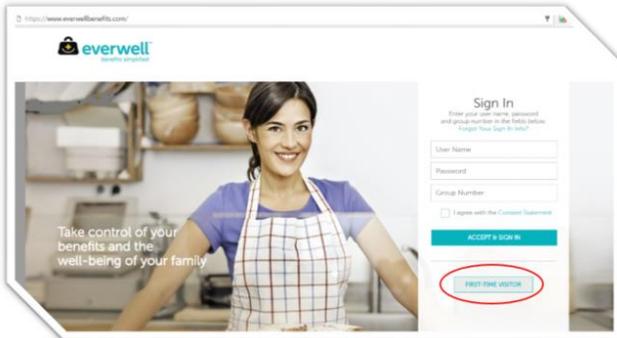


Register for Your Aflac Benefits Between July 10, 2017 to August 15, 2017

Step 1: Register as a “First-time User”

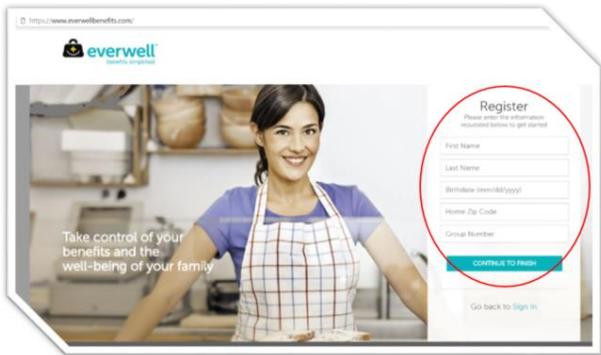


Create an Online Account:

Click on the provided link or enter www.everwellbenefits.com into your web browser. (Google Chrome is highly recommended.)

Click on the “First-Time Visitor” button.

FIRST-TIME VISITOR

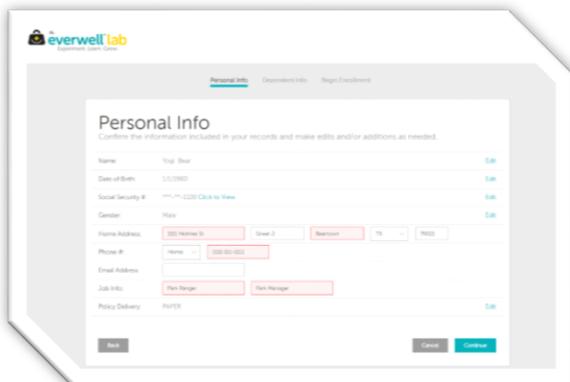


The page will then change, allowing you to enter your personal information.

For registration, your group number is: **60859**

Once your information has been entered, click the “Continue to Finish” button to begin your registration process.

Step 2: Enter Your Profile and Dependent Information



Register Your Account:

After entering your social security number, you will complete and confirm your personal information. Then you will be prompted to enter any dependents (Spouse or children) who you will be included when applying for coverage.

Step 3: Select Your Coverage

You may make edits to your 2016 elections

Listed below are all the benefits available to you and your family. Click on each product below to view plans and make elections.

You have completed 0 of 2 elections
Your total cost: \$0.00 bi-weekly
[View Details](#)

Accident
Whether you're at home, at work or on the road, accidents can happen. Make sure you're well-protected no matter where you are.
[View Plans](#)

Cancer
Cancer insurance can help you and your family better cover therapy, and copayments, if a qualified diagnosis of cancer ever occurs.
[View Plans](#)

Enrollment:

In the next step, you will use the “**View Plans**” button to either register for a plan or decline coverage.

[View Plans](#)

You must accept or decline coverage for all benefits.

Sign Your Application Forms

Prior to signing below, please read the application and any additional required forms displayed below in their entirety. Please ensure that all of the answers are complete and true, and that you have read and understood the Applicant's Statements and Agreements and any informational notices contained in the application or accompanying forms.

Account Name: MANDY1001 Account No: 78888888
Name of Employer: MANDY1001 Type of Business: _____
Job Dates: FROM: MM/DD/YYYY TO: MM/DD/YYYY
Job Title: FROM: MM/DD/YYYY TO: MM/DD/YYYY

Occupation Class: _____ Industry Code: _____
(Consulted by administrator) (Consulted by administrator)

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTION

1. Are you, the Participant, actively at work on the required date above? Yes No
(This applies only to the required date above. It does not apply to the application.)

2. Is this insurance intended to replace any other health insurance you're in now? Yes No
If you, please read and sign the Replacement Notice provided by your administrator, if applicable, and provide the policy number below.

Does anyone to be covered currently have any other Accident coverage with Aflac or have you, the Participant, ever had any other Accident coverage with Aflac that terminated within the last six months? Yes No
If yes, or to determine that other Accident coverage was in force within the last six months, this application will be processed as a continuation of that coverage. Please list current policy number and new Applicant's Statements and Agreements concerning continuation and replacement of coverage.

Form Number: AFD001178 1 of 6 © 2014 Aflac All Rights Reserved

If applying for optional **OPIDER**, please answer the following questions:
Is the long-term critical illness insurance under Aflac that I also intend to replace any other health insurance now in force? Yes No
(This applies only to the required date above. It does not apply to the application.)

I hereby acknowledge that by signing my name below, I am electronically signing forms displayed above and that my electronic signature has the same legal effect as an original, signed document. I certify that the information that I have provided herein is true, correct and accurate and that any authorization statements are to be filed as grounds for replacement. I also provide authorization to Aflac to use the information for the purposes necessary to provide the service that I am requesting, including to obtain information from third parties. Further acknowledgment that by signing my name in the block below, I am signing the following forms:
Application for Insurance

Enter Customer ID/Signature: _____
Agent Signature: _____
AGENT ID/ID: 00000000000000000000

You may review your signed documents on the Benefits Summary page.

[Go Back](#) [Submit](#)

To Enroll in a Plan:

1. Select the “**View Plans**” button under the corresponding plan.

[View Plans](#)

2. Select “**Continue**” next to the corresponding plan option. **The prices initially shown will not include dependent coverage. Premiums will update during the registration process.*

Aflac Accident Advantage | 24-Hour Accident-Only Insurance | Option 1
Aflac Accident Advantage | 24-Hour coverage
View Plan Information

\$7.20 bi-weekly
[Continue](#)

3. Follow the provided steps for electing coverage. The last screen will show a preview of your application, and request for a digital signature at the bottom of the screen. After pressing “**Submit**” you have successfully enrolled in the product.

To Decline Coverage:

1. Select the “**View Plans**” button under the corresponding plan.

[View Plans](#)

2. Select “**Decline This Benefit**” Button seen above the the plan options.

[Decline This Benefit](#)

3. Press “**Confirm**” when prompted.

You have completed 0 of 2 elections
Your total cost: \$0.00 bi-weekly
[View Details](#)

Accident
Whether you're at home, at work or on the road, accidents can happen. Make sure you're well-protected no matter where you are.
[View Plans](#)

Cancer
Cancer insurance can help you and your family better cover therapy, and copayments, if a qualified diagnosis of cancer ever occurs.
[View Plans](#)

Plans:

[Decline This Benefit](#)

Aflac Accident Advantage | Off-The-Job Accident-Only Insurance
Aflac Accident Advantage | Off-The-Job coverage
View Plan Information

\$10.50 bi-weekly
[Continue](#)

Aflac Accident Advantage | 24-Hour Accident-Only Insurance | Option 1
Aflac Accident Advantage | 24-Hour coverage
View Plan Information

\$7.20 bi-weekly
[Continue](#)

The policies and plans offered through the Everwell exchange are provided by multiple carriers. Please visit aflac.com/everwell for more details.