

# Town of Lakeville Interest Sheet

**Tell me more about the Aflac insurance policies:**

- |  |   |
|--|---|
| <input type="checkbox"/> Short Term Disability     | <input type="checkbox"/> Accident       |
| <input type="checkbox"/> Cancer Protection         | <input type="checkbox"/> Hospital       |
| <input type="checkbox"/> Lump Sum Critical Illness | <input type="checkbox"/> Life Insurance |

## Contact Information

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name

age

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cell/home phone

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email

**Please Check:**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual          | <input type="checkbox"/> One-Parent Family |
| <input type="checkbox"/> Individual & Spouse | <input type="checkbox"/> Two-Parent Family |

**Please turn in your form at the end of the presentation. Thank You.**

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