

To Taylors International Services Inc. Employees,

We are pleased to announce that Taylors International offers *AFLAC* to our employees on a voluntary basis.

Empowering you ...the moment you need it.

In case of an accident or illness, *AFLAC* insurance policies pay cash benefits directly to you, unless assigned, regardless of any other insurance you may have. Plus, there's no preauthorization or strings attached. Use the cash benefits for such expenses as:

- Escalating deductibles, copayments, out-of-network charges, and any other expenses not picked up by your major medical coverage.
- Travel-related expenses for treatment in distant medical centers, including airfare, hotels, and meals.
- Everyday living expenses like mortgage (or rent) payments, car notes, groceries, and utility bills.
- Lost income, resulting in a "double whammy" if the healthy spouse has to leave work to care for the recuperating one.

Give your financial planning a boost. Because, if the moment ever comes, the support and compassion of *AFLAC* can make all the difference in the world.

We expect the unexpected.

If selected the products are payroll deducted, pre-tax under IRS section 125 cafeteria plan (except STD).

Jeff DeRouen our *AFLAC* agent is available to review the *AFLAC* benefits with you. Please call Jeff on his cell phone at (337) 849-5717 if you would like to set up an appointment, if you have any questions, or if you would like to purchase any *AFLAC* benefits.

If you wisely chose to take advantage of the *AFLAC* benefits complete the election sheet and return it to Jeff DeRouen at:

Jeff DeRouen
106 Oil Center Drive, Suite 103, Lafayette, LA 70503
Mobile: 337-849-5717 Office 337-289-5624
E-Mail: jeffderouen@bellsouth.net

The benefits shown below are a limited outline of the *AFLAC* brochures, and do not constituted the full benefits or limitations of these policies. If you would like to view all of the benefits in each policy picked up *AFLAC* brochures at the Taylors International office in Lafayette, or to be mailed a copy contact Jeff at (337) 849-5717.

Refer to the policy for complete details, limitations, and exclusions.

Personal Cancer Indemnity Plan (Level 1) Policy Series A-75100

First-Occurrence Benefit

Aflac will pay \$1,500 for the insured, \$1,500 for the spouse, or \$2,250 for children when a covered person is diagnosed with internal cancer.

Hospital Confinement Benefit

Aflac will pay \$200 per day when a covered person is confined to a hospital for treatment of cancer and is charged for a room as an inpatient. *Benefits increase to \$400 per day* beginning with the 31st day of continuous confinement.

Radiation and Chemotherapy Benefit

Aflac will pay \$200 per day

Surgical/Anesthesia Benefit

Aflac will pay the indemnity (\$95 to \$3,000) listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer and a charge is incurred.

Skin Cancer Surgery Benefit

Aflac will pay the indemnity (\$100 to \$600) listed when a surgical operation is performed on a covered person for a diagnosed skin cancer and a charge is incurred for the specific procedure.

Cancer Screening Wellness Benefit

This is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.

Aflac will pay \$40 per calendar year when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear, Thin Prep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA, CA 125, PSA, thermography, colonoscopy, or virtual colonoscopy.

Personal Accident Indemnity Plan (level 1) Policy Series A-34000

Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.

Accident Emergency Treatment Benefit

Aflac will pay \$120 for the insured and the spouse, and \$70 for children if a covered person receives treatment for injuries sustained in a covered accident.

Initial Accident Hospitalization Benefit

Aflac will pay \$1,000 when a covered person is confined to a hospital for at least 24 hours for injuries sustained in a covered accident.

Accident Hospital Confinement Benefit

Aflac will pay \$200 per day for each day of hospital confinement when a covered person is confined to a hospital for at least 18 hours for treatment of injuries sustained in a covered accident.

Intensive Care Unit Confinement Benefit

Aflac will pay an additional \$400 per day for each day a covered person is receiving the Accident Hospital Confinement Benefit and is confined to a room in an intensive care unit.

Accident Specific-Sum Injuries Benefit

Aflac will pay \$25–\$10,000 for: Dislocations Burns Skin Grafts Eye Injuries Lacerations Fractures Broken Teeth Comas Brain Concussions Paralysis Surgical Procedures

Major Diagnostic Exams

Aflac will pay \$150 if a covered person requires one of the following exams for injuries sustained in a covered accident: CT, MRI, or EEG.

Ambulance Benefit

Aflac will pay \$150 for ground ambulance transportation or \$1,000 for air ambulance transportation.

The benefits shown above are a limited outline, and do not represent the full benefits or limitations of the policies. To view the complete benefits picked up brochures at Taylors International, or contact Jeff at (337) 849-5717.

Refer to the policy for complete details, limitations, and exclusions.

Personal Disability Income Protector Policy Series A-57400

If you are suddenly unable to work because of a disability, how will you continue to meet your financial obligations without a paycheck? The answer: Short Term Disability Insurance through ***AFLAC***.

- * \$ 800 per month benefit. * 12 Month Benefit Period *
- * Elimination Period: Accident off the job 0 days/Sickness 14 days. *

Dental Insurance (Standard Coverage) Policy Series A-81200

- * Freedom of choice (Choose any dentist) * Personal ownership * No deductible *
- * Benefits paid regardless of any other insurance. *

The benefits listed below are subject to waiting periods as shown and a policy year maximum of **\$1,400** per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force.

Dental Wellness Benefit \$50 per visit payable twice per year separated by 150 days (no waiting period)

X-Ray Benefit \$25 once per year (Payable with Dental Wellness Benefit) (no waiting period)

Fillings and Other Basic Restorative Benefits \$45 – \$75 (3 month waiting period.)

Pain Relief and Adjunctive Services Benefits \$30 – \$130 (3 month waiting period)

Extractions and Other Oral Surgery Benefits \$45 – \$800 (6 month waiting period)

Gum Treatments / Periodontic Benefits \$50 - \$300 (6 month waiting period)

Crowns and Other Major Restorative Benefits \$30 – \$370 (12 month waiting period)

Root Canals and Other Endodontic Benefits \$20 - \$325 (12 month waiting period)

Dentures and Other Prosthetic Benefits \$45 – \$450 (24 month waiting period)

The benefits shown above are a limited outline, and do not represent the full benefits or limitations of the policies. To view the complete benefits picked up brochures at Taylors International, or contact Jeff at (337) 849-5717.

Return this election sheet to Jeff DeRouen to set up your ***AFLAC***.

An Independent Associate Representing **AFLAC**
106 Oil Center Drive, Suite 103, Lafayette, LA 70503
Mobile: 337-849-5717 Office 337-289-5624

A complete application will be mailed to you along with an *AFLAC* brochure for each policy you select. Additional medical information may necessary.

Employee Name: _____

Job Title: _____

Cell Phone or Contact Number: (____)____-____-_____

SS#: _____ Date of Birth: ____-__-____

Spouses Name: _____

SS#: _____ Date of Birth: ____-__-____

Child's Name: _____ Date of Birth: ____-__-____

Child's Name: _____ Date of Birth: ____-__-____

Child's Name: _____ Date of Birth: ____-__-____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Deductions for the *AFLAC* benefits will be made **only** on your **first two pay periods for the month**. If you do not have two pay periods in a month the balance will carried over, and added to the first deduction of the next month.

Prices are per Semi-Monthly Payroll Deductions: (C Class) (Deducted from two checks each month)
Ex: Level I Individual Cancer \$9.35 X 2 pay period deductions = \$18.70 per month.

I would like to purchase the following *AFLAC* products:

Cancer:

Level I: Individual \$ 9.35 ___ Single Parent \$10.85 ___ Full Family \$15.25 ___

Accident: level 1 (C Class)

Individual \$11.95 ___ Single Parent \$15.40 ___
Employee/Spouse \$15.25 ___ Full Family \$18.75 ___

Short Term Disability: (C Class) (taken out after-taxed) 0/14 Elimination * 12 Month Benefit
\$ 800 per month benefit. Ages: 18-49 \$17.76 ___ 50-64 \$23.04 ___

Dental:

Individual \$15.20 ___ Single Parent \$29.20 ___
Employee/Spouse \$29.60 ___ Full Family \$44.15 ___

Additional/increased *AFLAC* benefits are available upon request.

The rates on STD and Accident policies for office/clerical personnel may be less based on individual job description. Please contact Jeff for more details.

1. I certify that my gross annual income (without overtime, unless contractual, bonuses or other incentives) for my fulltime job is \$ _____ (Hourly rate \$ _____ Hours worked per average week _____)

Applicant's Signature (X) _____ **Dated at on** ____/____/2006

A complete application will be mailed to you along with an *AFLAC* brochure for each policy you select. Additional medical information may necessary.