

- Complete this link within 31 days of termination of Aflac policy:

[Aflac Port Request](#)

- Verify your pay stub with HR.
- ACH/Bank Draft (only available monthly): mail forms to

American Family Life Insurance Company
(Aflac)

PO Box 84069

Columbus, GA 31908-4069

- Check (only available quarterly, semi-annual, or annual): mail the form along with a check to the address on the form.
- Questions? Contact Customer Service Dept, M-F 9 am - 7 pm, EST @ 800-433-3036

Port Coverage
to a Personal
Policy

Allow
Policies to
Terminate
6/30/2023

Aflac
Policy
Options

Consider
Switching to
Optavise/
Washington
National

Schedule a consultation
with the vendor during
open enrollment by
clicking here: **[Book
With Washington
National](#)**