



**SACRAMENTO COUNTY RETIRED
EMPLOYEES' ASSOCIATION
(SCREA)**

I would like more information about Aflac's

- Cancer Protection Assurance Plan**
- Critical Care – Intensive Care Plan**

I AM INTERESTED IN:

- Individual Coverage
- Family Coverage



NAME: _____

ADDRESS: _____

CITY/ZIP _____

PHONE: cell: _____ home: _____

BIRTHDATE: _____ Email Address _____

BEST TIME TO REACH ME: _____

**Fax, Mail or email this form to
Aflac Representative Kathy Morris
P O Box 852, Citrus Heights, CA 95611
Fax: 916.728-1730 email: kathy@kathleenmorris.net
Kathy Morris – 916-947-8461**

(note: plans available to members/spouse 64 years of age and younger)