

**AMERICAN FAMILY LIFE ASSURANCE CO (AFLAC)**  
Rev 10/10/2019

The following products are approved for payroll deduction for state employees in accordance with the Payroll Deduction rule. Products listed below followed by **(FBP)** are products that are approved for the Flexible Benefits Plan (FBP) and are pre-tax deductions. **NOTE:** All employees are in the Flex Plan and are locked into their Flex Plan elections for the twelve (12) months of the Plan Year unless they experience a qualified event for a Change in Status. For more information, review the **Flexible Benefits Plan Summary** available on the [Office of Group Benefits website](#) and contact your Employee Administration Unit or Human Resource/Payroll Office with any questions. Products followed by **N/S** are products that are no longer being sold by the Insurance Company to State of LA Employees and are not available to new applicants. Products followed by **C/V** are **Cash Value** products. **Please review the Website Disclaimer for important information about the contents of this page.**

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[AMERICAN FAMILY LIFE ASSURANCE CO \(AFLAC\)](#) Click on the company name to link to the vendor's website.

ACCIDENT/DISABILITY	HOSPITAL INDEMNITY <b>(FBP)</b>
CANCER <b>(FBP)</b>	TERM LIFE

**AMERICAN FAMILY LIFE CONTACT INFORMATION**

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