

## ***Section 5***

### ***Setting Up the Account***

## SmartApp®

First and foremost, Aflac's Personal Accident Indemnity application is on SmartApp. If you haven't already done so, please attend a SmartApp certification class as soon as possible. SmartApp certification is a prerequisite to attending an Enrollment Certification Specialist workshop, which in turn is a prerequisite to working in many of the key accounts enrolled annually. In addition, the premium rates are on Premium Quote in SmartApp.

SmartApp applications are virtually the same as paper applications. Reviewing paper applications will assist you in learning the SmartApp applications.

## SIC Approvals

**Have you obtained SIC approval for the account, even on existing accounts?**

To avoid delays in processing business, obtain your approval **before** quoting rates or writing business!

## Industry Classifications

Industry classification is based on industry experience, economic trends, and Aflac's morbidity and lapse experience. The disability benefits are available for industry codes A, B, C, and E **only**. The **E** class represents former D industries that are eligible for disability coverage. Some entire industries will receive E classifications, while some D industries will be reviewed and assigned E ratings based on specific characteristics of an account. Some industries and groups still remain in the D classification and are ineligible for disability. For your reference, the new Industry Classification Manual indicates the D industries that cannot be considered for E classification.

Applicants in E industries must be employed with the group for at least one year before applying for any disability coverage. **A, B, and C rates are not available to any employees in a D or E account, regardless of job duties.**

The Industry Classification Manual (Form M-1042) must be used as several of the industries and guidelines have changed. This booklet is for the associate's use only. A copy of the book is located in Section 20 of this guide.

**Review the guidelines in the Industry Classification Manual for important changes. The previous Industry Classification Manuals (Forms M-0480 and M-0812R) can no longer be used.**

The significant changes are:

- **Health services** (all four-digit codes beginning with 80) are **moving from B to C**.
- **Governments** (all four-digit codes beginning with 91) are **no longer eligible for across-the-board A's**; however, individual applicants may still be eligible for A rates based on their job duties.

The following industries have been changed **from B to A**:

- **8711 – Engineering services**
- **8712 – Architectural services**
- **8721 – Accounting, auditing, and bookkeeping services**
- **8741 – Management services**
- **8742 – Management consulting services**
- **8748 – Business consulting services**

Before writing business, even on existing accounts, submit all SIC requests in writing to the SIC team. This can be done by any one of the following methods:

**Via Internet:** Complete and send the Payroll Industry Classification Request Form M-0988 located on the Aflac Web site (aflac.com) Associate Services section.

**Via E-Mail:** Send SIC requests only to SIC@Aflac.com. Include the following information: the associate's name, writing number, and the account's name, address, and telephone number. Any additional information (company profile, company Web site, etc.) that can help in the process should also be included.

**Via Fax:** Print the Form M-0988 located at the Aflac Web site (aflac.com) Associates Services section and fax to (706) 317-0783. Please note: This fax number is for SIC requests only.

**Via Mail:** Print the Form M-0988 located at the Aflac Web site (aflac.com) Associates Services section and mail it to Aflac Worldwide Headquarters, ATTN: SIC Team, 1932 Wynnton Road, Columbus, Georgia 31999.



**Note: When submitting SIC requests for multi-state locations,** please indicate that it is a multi-state account, what states are involved, and which is the domicile state.

## PAYROLL INDUSTRY CLASSIFICATION REQUEST FORM

Date: \_\_\_\_\_  
Associate name: \_\_\_\_\_ Writing number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Fax no.: \_\_\_\_\_

### **Required Information**

SIC confirmations will be delayed unless this section is completed.

Business name: \_\_\_\_\_  
Physical address (No P.O. boxes): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone no. (No toll-free numbers): \_\_\_\_\_ Web site address (if available): \_\_\_\_\_  
Number of employees: \_\_\_\_\_ If existing account, list account number: \_\_\_\_\_  
Advise associate if existing account information is located? Yes  No   
Type of business and what is produced (be descriptive): \_\_\_\_\_  
Are there any other locations? Yes  No  If yes, complete the Profile.1 form.  
Does the account have any subsidiaries? Yes  No  If yes, complete the Profile.1 form.  
Has the company's name/address changed within the past year? Yes  No  If yes, provide previous name/ address: \_\_\_\_\_  
Does the business have any secondary lines of business that should be considered? Yes  No  If yes, what are they? \_\_\_\_\_  
Number of years in business? \_\_\_\_\_ Projected enrollment date: \_\_\_\_\_  
**PRODUCTS BEING OFFERED MUST BE INDICATED: PAE  PSTD  PAI  PDIP**

### **Special Requirements**

If you answer yes to either question below, the requested information must be submitted with this form.

**Is this a NONPROFIT ORGANIZATION? Yes  No  If yes, the following information must be completed in full.**

- Length of time in business? \_\_\_\_\_
- Are the employees W2 employees? \_\_\_\_\_
- Total number of employees? \_\_\_\_\_ How many employees are full time and eligible for benefits? \_\_\_\_\_
- Describe the nature/purpose of the nonprofit organization. \_\_\_\_\_
- Does the organization offer job training assistance and/or job placement? Yes  No  If yes, will trainees be offered AFLAC products? Yes  No
- Attach a list from the business showing the hire dates of all eligible employees and their years of service.***

**Is the business a PEO/STAFFING/LEASING COMPANY, TEMPORARY AGENCY, HOLDING COMPANY or FRANCHISE Yes  No  MULTI-STATE OR MULTI-LOCATION BUSINESS? Yes  No  If yes, the domicile state must be provided: \_\_\_\_\_**

- If yes to any of the above, submit a list of all associated locations or contracted companies and list the PHYSICAL addresses, phone numbers (NO toll-free numbers), number of employees, business description/function, tax ID number and Web site (if available).

Fax this request to the SIC Unit at 1-706-317-0783, e-mail your request to [SIC@aflac.com](mailto:SIC@aflac.com), or submit the online request form located on the Associate Services Web page at [www.aflac.com](http://www.aflac.com).

### **WWHQ Use Only**

SIC assigned: \_\_\_\_\_ Classification assigned: \_\_\_\_\_  
Database record no. \_\_\_\_\_ Date assigned: \_\_\_\_\_

**Fax this form to the SIC Unit at (706) 317-0783.**  
American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, Georgia 31999