

The ultimate objective of the AF-Kids Program is to generate funds that support the research and cure of pediatric cancer and blood diseases for kids. These funds will be distributed to the Aflac Cancer Center and Blood Disorder Service. This organization is recognized as one of the top three pediatric cancer centers in the country for childhood cancer, hematology, sickle cell anemia, and blood marrow transplant programs. The Aflac research team works with other prominent researchers at centers such as Children's Hospital, Mayo Clinic, St. Jude's and numerous other prominent research centers to find cures and help at-risk infants, children, adolescents and young adults. All clinical work is performed at the Aflac Cancer Center hospitals in Atlanta, GA. Unfortunately, the demand continues to climb

The AF-Kids Program will contribute a percentage of all new business revenue generated by the AF-Kids Program team to the Aflac Cancer Center and Blood Disorder Service. This program is an *Outreach Program* to the communities. It does not seek donations nor purchases of Aflac products from parents. Instead the program merely asks members of the community to help the AF-Kids Program team to identify those individuals and/or companies that may have an interest in Aflac products and services. The AF-Kids Program will compensate those members of the community who provide referrals regardless of whether the referred individual or organization makes a purchase or not. Essentially, the AF-Kids Program pays parents to participate!

**HELP US HELP KIDS AND WE WILL REWARD YOU WITH CASH AND FUN!**

**PARENTS WHO PARTICIPATE IN THE AF-KIDS PROGRAM CAN RECEIVE CASH!  
HELPS PAY FOR EXPENSES ASSOCIATED WITH KIDS PLAYING SPORTS!**

## **HOW TO PARTICIPATE AND QUALIFY FOR CASH AND PRIZES?**

The AF-Kids Program starts with members of the various communities including coaches and parents of players participating in youth athletics as well as the public at-large. These individuals:

1. Provide a qualified\*\* referral of those special people, companies, or organizations that may have an interest in one or more of the our unique supplemental insurance plans that are available;
2. Identify the Community Athletic Association that they support; and,
3. Identify which youth athletic team with which they have an affiliation.

## **HOW TO MAKE A NOMINATION (REFERRAL)**

Simply complete the attached nomination forms and transmit it to the AF-Kids Program Team (Form has details).

## **TYPICAL NOMINATIONS (REFERRALS)**

Typical *organizational referrals* by members of the community include: Their own employer, employers of family members, companies owned by friends and family members, contractors that provide services, private schools, and similar establishments. Typical *individual referrals* by members of the community include: Siblings or other family members, friends and neighbors, co-workers, and similar.

## **PARTICIPANTS RECEIVE CASH AND SPECIAL BONUSES FOR PARTICIPATION FOR QUALIFIED REFERRALS**

The AF-Kids Program will pay the individual who submitted the qualified organization referral the sum of \$5.00 for each qualified organization submitted. The AF-Kids Program will pay the individual who submitted the qualified individual referral the sum of \$3.00 for each qualified individual submitted.

The AF-Kids Program, in conjunction with corporate alliance partners and sponsors, will also award special bonuses and prizes to those groups, teams, and parents who actively participate in the program. Some of these will be sport-specific. They will generally include, but not be limited to, such things as:

- Free Team Package as guest of AF-Kids Program for professional sports events
- Gift certificates to youth sports camps
- Gift certificates for private instructional lessons for kids
- Team and individual autograph sessions with professional athletes

#### **BASEBALL - QUALIFYING TO HOST A *SPOTLIGHT GAME OF THE WEEK***

A *Spotlight Game* is a special event during which the St. Paul Saints professional baseball organization brings the Midway Stadium experience to a youth baseball field including the music, public address system, mascots, and that special brand of fun that has become a trademark of Saints baseball. Ten (10) Spotlight Games are planned in the spring and summer of 2007.

There will a special recognition on **August 12<sup>th</sup>, 2007** where two youth baseball teams will be the guests of AF-Kids and the St. Paul Saints to play an evening game in Midway Stadium following the Saints late afternoon game.

Selection of teams to host Spotlight Games in the series is based on the highest number of Spotlight Points earned (one credit per each qualified referral, organization/company or individual) by the **July 21<sup>st</sup>, 2007**. The community member making the referral must designate the youth baseball team that is to be the recipient of the Spotlight Point at the time the referral is submitted. A youth baseball team may host a maximum of one (1) Spotlight Game during the first nine games in the series but may qualify for the special recognition game at Midway Stadium.

## GREAT FUNDRAISER FOR COMMUNITY ATHLETIC ORGANIZATIONS WHO PARTICIPATE IN THE AF-KIDS PROGRAM!

#### **COMMUNITY ATHLETIC ASSOCIATIONS CAN RECEIVE CASH**

Community Athletic Associations (organizations) can also participate in the program – ***It makes a great fundraiser!*** To participate, you may download a Association Participation form from the website (<http://www.af-kids.com>) and transmit it to the AF-Kids Program Team (Form has details).

**\*\* Note 1:**

A *qualified organization* or business referral is defined as follows:

- The company or organization is *real* and have at least five (5) employees who receive a paycheck (W-2) – Entrepreneurs including self-employed individuals plus organizations with less than three W-2 employees are considered as *qualified Individuals* for purposes of qualification;
- The corporate headquarters is located in MN, IA, SD, ND, or WI or the company the North American HQ is located in these states; and,
- Our products and services are *NOT* currently being offered to the employees.

**\*\* Note 2:**

A *qualified individual* referral is defined as follows:

- The person is *real* and over 18 years of age;
- The individual resides in MN, IA, SD, ND, or WI; and,
- The individual does not currently own our insurance policies nor have access to our products through their employer.

## **For Companies with more than 5 Employees**

*Helping us to help the kids is simple!  
You don't have to sell or buy anything!*

### How to participate and get cash

Identify (refer) one or more businesses or organizations who may have an interest in making our supplemental products and services available to their employees. For each qualified nominee, you will receive \$5.00 in cash.

Typical referrals by members of the community include:

- Their full-time employer
- Their part-time employer
- Employer of family members
- Companies owned by friends
- Companies owned by family members
- Retail establishments (e.g., plumbers
- Service contractors (e.g., plumbers, hairdresser)
- Realtors, mortgage and title companies
- Medical clinics and hospitals
- Churches and private schools
- Fraternal organizations (e.g., American Legion Post)

For each qualified nominee, you will receive \$5.00 in cash. A qualified nominee is a business or organization that is real; has five or more employees on its payroll; has their HQ in MN, WI, IA, ND, or SD; and, does not currently offer our supplemental products through payroll deduction.

After you complete the form, please return it to the -Kids Program Team for processing - You may also fax the form (fax # 952-895-5486) or mail it to: AF-Kids Program, Attn: Mr. Lynn B. Keefer, National Program Director, 201 West Burnsville Parkway, Suite 118, Burnsville, MN USA 55337.

*Thank you for helping us to help the kids!*

Af-Kids

Date: \_\_\_\_\_

I Want to Help the kids!

Here is where to send the money!

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

- Home
- Work
- Cell

Best time to call me: \_\_\_\_\_  AM  PM

Mail address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address (primary): \_\_\_\_\_@\_\_\_\_\_

Community Athletic Org: \_\_\_\_\_

Also:

- Contact me about Fundraising programs!
- Contact me about your products and services!
- Contact me about career opportunities!

Af-Kids Program Headquarters  
201 West Burnsville Parkway, Suite 118  
Burnsville, MN USA 55337  
Phone: 952-895-5584  
Fax: 952-895-5486

Your Name: \_\_\_\_\_

**Nominate a Company/Organization**

**\$5.00**

Company/Organization must have 5 or more employees with HQ in MN, WI, IA, ND, or SD.

I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or organization name)

**Estimated Number of Employees:** \_\_\_\_\_

Name of the person to contact:

- Title:**  
 Owner    President/CEO  
 CFO or Controller  
 Other (specify): \_\_\_\_\_

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

- A member of my immediate family works there
- A friend of my family works there
- Other (Specify, include name): \_\_\_\_\_



**Nominate another Company/Organization**

**\$5.00**

Company/Organization must have 5 or more employees with HQ in MN, WI, IA, ND, or SD.

I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or organization name)

**Estimated Number of Employees:** \_\_\_\_\_

Name of the person to contact:

- Title:**  
 Owner    President/CEO  
 CFO or Controller  
 Other (specify): \_\_\_\_\_

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

- A member of my immediate family works there
- A friend of my family works there
- Other (Specify, include name): \_\_\_\_\_

Your Name: \_\_\_\_\_

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I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or organization name)

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Name of the person to contact:

\_\_\_\_\_

**Title:**

- Owner  President/CEO
- CFO or Controller
- Other (specify): \_\_\_\_\_

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

- A member of my immediate family works there
- A friend of my family works there
- Other (Specify, include name): \_\_\_\_\_



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- Other (specify): \_\_\_\_\_

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

- A member of my immediate family works there
- A friend of my family works there
- Other (Specify, include name): \_\_\_\_\_

## **For Individual nominees or Small Companies**

*Helping us to help the kids is simple!*

*You don't have to sell or buy anything!*

### How to participate and get cash

Identify (refer) one or more individuals or companies that have less than three employees who may have an interest in our supplemental products and services. For each qualified nominee, you will receive \$3.00 in cash.

Typical referrals by members of the community include:

- Siblings or other family members
- Friends
- Neighbors
- Co-workers
- Services Providers (e.g., drycleaner, auto, financial planner)
- Members of the community that you know
- Members of volunteer organizations

For each qualified nominee, you will receive \$3.00 in cash. A qualified nominee is a business that is real; has less than three employees on its payroll; has their HQ in MN, WI, IA, ND, or SD and, does not currently offer our supplemental products through payroll deduction. A qualified individual is a person that is real; resides in MN, and, does not currently have a policy or have access to our policies through payroll at their place of work.

After you complete the form, please return it to the Af-Kids Program Team for processing - You may also fax the form (fax # 952-895-5486) or mail it to: AF-Kids Program, Attn: Mr. Lynn B. Keefer, National Program Director, 201 West Burnsville Parkway, Suite 118, Burnsville, MN USA 55337.

*Thank you for helping us to help the kids!*

Af-Kids

Date: \_\_\_\_\_

I Want to Help the kids!

Here is where to send the money!

Your Name: \_\_\_\_\_

Telephone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

- Home
- Work
- Cell

Best time to call me: \_\_\_\_\_  AM  PM

Mail address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address (primary): \_\_\_\_\_@\_\_\_\_\_

Community Athletic Org: \_\_\_\_\_

Also:

- Contact me about Fundraising programs!
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Af-Kids Program Headquarters  
201 West Burnsville Parkway, Suite 118  
Burnsville, MN USA 55337  
Phone: 952-895-5584  
Fax: 952-895-5486

Your Name: \_\_\_\_\_

**Nominate an Individual or Small Company**

**\$3.00**

I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or Individual's name)

**Estimated Number of Employees:** \_\_\_\_\_ (if company)

Name of the person to contact:

**Title (if company)**

Owner  President/CEO

CFO or Controller

Other (specify):

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

A member of my immediate family works there

A friend of my family works there

A neighbor

A Sibling or other family member

Other (Specify, include name): \_\_\_\_\_



**Nominate another Individual or Small Company**

**\$3.00**

I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or Individual's name)

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Name of the person to contact:

**Title (if company)**

Owner  President/CEO

CFO or Controller

Other (specify):

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

A member of my immediate family works there

A friend of my family works there

A neighbor

A Sibling or other family member

Other (Specify, include name): \_\_\_\_\_

Your Name: \_\_\_\_\_

**Nominate another Individual or Small Company** **\$3.00**

I nominate \_\_\_\_\_ to participate in the Af-Kids Program. (Enter Company or Individual's name)

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Name of the person to contact:

**Title (if company)**

- Owner  President/CEO  
 CFO or Controller  
 Other (specify):

**Telephone:**

**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

@

**Contact's e-mail address (primary)**

My affiliation with this company or organization is:

- A member of my immediate family works there  
 A friend of my family works there  
 A neighbor  
 A Sibling or other family member  
 Other (Specify, include name): \_\_\_\_\_



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 CFO or Controller  
 Other (specify):

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**City and State:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 A neighbor  
 A Sibling or other family member  
 Other (Specify, include name): \_\_\_\_\_