

QUALIFICATION AND PARTICIPATION GUIDELINES - HOCKEY -

The ultimate objective of the AF-Kids Program is to generate funds that support the research and cure of pediatric cancer and blood disorders for kids. The 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 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 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 HOCKEY!

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

**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 Aflac 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 Aflac products through payroll deduction.

After you complete the form, please return it to the Aflac-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!

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 Aflac 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 Aflac 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: _____

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 Aflac 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.

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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): _____

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 Aflac 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 Aflac products through payroll deduction. A qualified individual is a person that is real; resides in MN, and, does not currently have an Aflac policy or have access to Aflac policies through payroll at their place of work.

After you complete the form, please return it to the Aflac-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!

Your Name: _____

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

I nominate _____ to participate in the Aflac 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 Aflac 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): _____

Your Name: _____

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

I nominate _____ to participate in the Aflac 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 Aflac 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): _____