

# Aflac

## Accident Advantage

### ACCIDENT-ONLY INSURANCE – OPTION 3

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC ACCIDENT ADVANTAGE

## ACCIDENT-ONLY INSURANCE – OPTION 3

Policy A36000VA and Rider A36050VA



### Be prepared for life's unexpected mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless otherwise assigned), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.



## Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

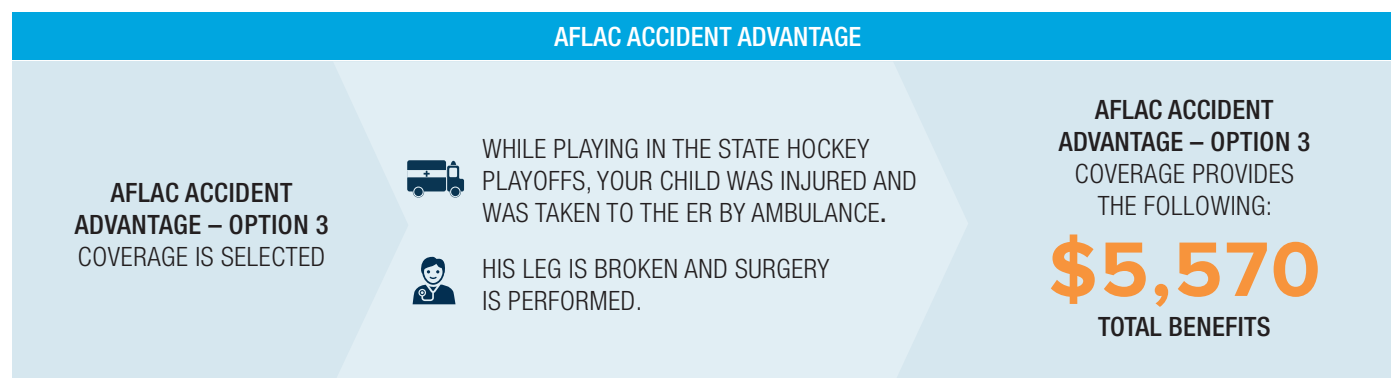
### What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

### Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer<sup>1</sup>
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

### How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of \$200 (ground ambulance transportation); Accident Treatment Benefit of \$200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$1,750 (fractured leg (femur)—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$1,000; Accident Hospital Confinement Benefit of \$250 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$200 (CT scan); Appliances Benefit of \$300 (wheelchair); Therapy Benefit of \$315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$210 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$125 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$1,000.

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions. Policy A36000VA, Rider A36050VA and Application Form A36001cVA.

<sup>1</sup>Association and associate-only accounts have one underwriting question.

## AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$250 per day, up to 365 days per covered accident, per covered person
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day for up to 15 days, per covered accident, per covered person Payable once per 24-hour period and only once per covered accident, per covered person
ACCIDENT TREATMENT BENEFIT	Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation
BLOOD/PLASMA/PLATELETS BENEFIT	\$200 once per covered accident, per covered person
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person
THERAPY BENEFIT	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$300      Wheelchair: \$300      Walker: \$100 Body jacket: \$300      Leg brace: \$125      Walking boot: \$100 Knee scooter: \$300      Crutches: \$100      Cane: \$25 Payable once per covered accident, per covered person
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime
REHABILITATION FACILITY BENEFIT	\$150 per day
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <b>DISLOCATIONS</b> .....\$100–\$3,750 <b>BURNS</b> .....\$125–\$12,500 <b>SKIN GRAFTS</b> ..... 50% of the burns benefit .....amount paid for the burn involved <b>EYE INJURIES</b> Surgical repair .....\$300 Removal of foreign body by a physician .....\$65 <b>LACERATIONS</b> Not requiring sutures.....\$35 Less than 5 centimeters.....\$65 At least 5 cm but not more than 15 cm .....\$250 Over 15 centimeters.....\$500 <b>FRACTURES</b> .....\$125–\$3,500 <b>CONCUSSION (BRAIN)</b> .....\$150 <b>EMERGENCY DENTAL WORK</b> Broken tooth repaired with crown.....\$400 Broken tooth resulting in extraction.....\$130 <b>COMA</b> .....\$12,500 <b>PARALYSIS</b> Quadriplegia .....\$12,500 Paraplegia .....\$6,250 Hemiplegia .....\$4,750 <b>SURGICAL PROCEDURES</b> .....\$200–\$1,250 <b>MISCELLANEOUS SURGICAL PROCEDURES</b> .....\$120–\$300 <b>PAIN MANAGEMENT (NON-SURGICAL)</b> Epidural.....\$100
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident Other Accident
	INSURED      \$150,000      \$40,000
	SPOUSE      \$150,000      \$40,000
	CHILD      \$25,000      \$10,000
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$300–\$40,000
WELLNESS BENEFIT	\$60 once per calendar year
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met
WAIVER OF PREMIUM BENEFIT	Yes
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident

REFER TO THE FOLLOWING PAGES AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

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# ACCIDENT-ONLY COVERAGE

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)

**ACCIDENT-ONLY COVERAGE**

**THE POLICY PROVIDES LIMITED BENEFITS.**

**BENEFITS PROVIDED ARE SUPPLEMENTAL  
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

1. **Read Your Policy Carefully.** This document provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
2. Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
3. **Benefits.** Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT HOSPITALIZATION BENEFIT:** Aflac will pay \$1,000 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or Aflac will pay \$2,000 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**ACCIDENT HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$250 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Aflac will pay this benefit up to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

**INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay an additional \$400 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**SERVICE BENEFITS:**

**ACCIDENT TREATMENT BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$200
Hospital Emergency Room without X-Ray	\$170
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$150
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$120

Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**AMBULANCE BENEFIT:** Aflac will pay \$200 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,500 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

**BLOOD/PLASMA/PLATELETS BENEFIT:** Aflac will pay \$200 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

**MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Aflac will pay \$200 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** Aflac will pay \$35 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received

under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

**THERAPY BENEFIT:** Aflac will pay \$35 per therapy treatment when a Covered Person receives treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. **The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

**APPLIANCES BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

Back brace	\$300
Body jacket	\$300
Knee scooter	\$300
Wheelchair	\$300
Leg brace	\$125
Crutches	\$100
Walker	\$100
Walking boot	\$100
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS BENEFIT:** Aflac will pay \$800 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:** Aflac will pay \$800 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**REHABILITATION FACILITY BENEFIT:** Aflac will pay \$150 per day when a Covered Person is admitted for a Hospital Confinement and is

transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

**HOME MODIFICATION BENEFIT:** Aflac will pay \$3,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:** When a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident, Aflac will pay specified benefits ranging from \$35–\$12,500 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management. See policy for specific amounts payable.

**ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident, irrespective of total disability, or occur within one year from the date of the accident and during a period of continuous total disability resulting from the accident and commencing within thirty (30) days of the date of the accident.

Named Insured or Spouse-	
Common-Carrier Accident	\$150,000
Other Accident	\$40,000
Child-	
Common-Carrier Accident	\$25,000
Other Accident	\$10,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident, irrespective of total disability, or occur within one year from the date of the accident and during a period of continuous total disability resulting from the accident and commencing within thirty (30) days of the date of the accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is

a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you or no beneficiary is designated in the application, Aflac will pay the benefit to your estate.

**ACCIDENTAL-DISMEMBERMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident, irrespective of total disability, or occur within one year from the date of the accident and during a period of continuous total disability resulting from the accident and commencing within thirty (30) days of the date of the accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

**Named Insured or Spouse-**

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$40,000
Two eyes, feet, hands, arms or legs	\$40,000
One eye, foot, hand, arm, or leg	\$10,000
One or more fingers and/or one or more toes	\$2,000
Partial Dismemberment of finger or toe	\$625

**Child-**

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$12,500
Two eyes, feet, hands, arms or legs	\$12,500
One eye, foot, hand, arm, or leg	\$3,750
One or more fingers and/or one or more toes	\$625
Partial Dismemberment of finger or toe	\$300

Only the highest single benefit per Covered Person will be paid for Dismemberment. Benefits will be paid only once per Covered Person, per covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

**ADDITIONAL BENEFITS:**

**WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable):** Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood

screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

**FAMILY SUPPORT BENEFIT:** Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. Aflac will pay this benefit up to 30 days per covered accident.

**ORGANIZED SPORTING ACTIVITY BENEFIT:** Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching. This benefit is limited to \$1,000 per policy, per Calendar Year.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

**WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to do all of the Usual and Customary Duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (or proof of your total inability to perform three or more ADLs) and a Physician's statement certifying your total inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**Not Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued total inability. For premiums to be waived, Aflac will require a Physician's statement certifying your total inability to perform said



activities, and may each month thereafter require a Physician's statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 36 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

**TRANSPORTATION BENEFIT:** Aflac will pay \$600 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident.

Aflac will also pay \$600 per round trip when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

**FAMILY LODGING BENEFIT:** Aflac will pay \$125 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

#### 4. Optional Benefit

**Additional Accidental-Death Benefit Rider:  
(Series A36050) Applied For: Yes No**

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER: Aflac will not pay benefits under the rider for an Accidental-Death that is caused by or occurs as a result of a Hazardous Activity Accident. Refer to your policy for additional Limitations and Exclusions.

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident, irrespective of total disability, or occur within one year from the date of the accident and during a period of continuous total disability resulting

from the accident and commencing within thirty (30) days of the date of the accident..

	<u>Named Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accident	\$35,000	\$35,000	\$7,000
Other Accident	35,000	35,000	7,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident, irrespective of total disability, or occur within one year from the date of the accident and during a period of continuous total disability resulting from the accident and commencing within thirty (30) days of the date of the accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you or no beneficiary is designated in the application, Aflac will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider (subject to the Grace Period Provision listed in the policy), or your death.

#### 5. Exceptions, Reductions and Limitations of the Policy:

**Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.**

**For any benefit to be payable, the Injury, treatment, or loss must occur on or after the Effective Date of coverage and while coverage is in force.**

**Aflac will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or**

malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage.

Aflac will not pay benefits for an Injury, treatment, or loss that is caused by or occurs as a result of a Covered Person's:

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve (Aflac will upon receipt of written notice of military service, refund all premiums as is applicable to such persons on a pro rata basis.);
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);

- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary (cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect); or
- Having dental treatment except as a result of Injury.

**6. Renewability.** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.**

**REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.**

## TERMS YOU NEED TO KNOW

**ACCIDENTAL-DEATH:** Death of a covered person caused by a covered injury. See the limitations and exclusions for injuries not covered by the policy.

**ACTIVITIES OF DAILY LIVING (ADLs):** Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing your personal independence in everyday living.

The ADLs are:

- Bathing: Washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
- Maintaining continence: Controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
- Transferring: Moving between a bed and a chair, or a bed and a wheelchair;
- Dressing: Putting on and taking off all necessary items of clothing;
- Toileting: Getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
- Eating: Performing all major tasks of getting food into your body.

**CATASTROPHIC LOSS:** An injury that results in total and permanent or irrevocable loss of: the sight of one eye; the use of one hand/arm; or the use of one foot/leg.

**COMMON-CARRIER ACCIDENT:** An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A common-carrier accident does not include any accident directly involving private, on demand, or chartered transportation in which a covered person is a passenger at the time of the accident.

**COVERED PERSON:** Any person insured under the coverage type you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you

desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage provided under any one-parent family or two-parent family policy will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and who became so incapacitated prior to age 26 and are chiefly dependent upon the policy owner for support and maintenance. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. A dependent child (including persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered injury. Confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause. See the limitations and exclusions for injuries not covered by the policy.

**ORGANIZED SPORTING ACTIVITY:** A competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The organized sporting activity benefit is not payable for injuries that are caused by or occur as a result of a covered person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching.

**OTHER ACCIDENT:** An accident that is not classified as a common-carrier accident and that is not specifically excluded in the limitations and exclusions.

**SICKNESS:** An illness, disease, infection, disorder, or condition not caused by an injury, occurring on or after the effective date of coverage and while coverage is in force.

**Refer to the policy for complete benefit details, definitions, limitations and exclusions.**

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, clinic, or other such location.

The term hospital does not include any institution or part thereof used as a rehabilitation facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician, occupational therapist, physical therapist, or speech therapist does not include you or a member of your immediate family.

Burns must be treated by a physician within 72 hours after a covered accident. If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50 percent of the burns benefit amount that we paid for the burn involved.

Dislocations must be diagnosed by a physician within 72 hours after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two dislocations per covered accident, per covered person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation.

Coma must have a duration of at least seven days. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. We will pay for no more than one emergency dental work benefit per covered accident, per covered person.

Fractures must be diagnosed by a physician within 14 days after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two fractures per covered accident, per covered person. For the closed reduction for chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown in the policy.

Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician. A laceration resulting from an open fracture will not be payable under the laceration benefit.

Paralysis must be confirmed by the attending physician. The duration of the paralysis must be a minimum of 30 days. This benefit will be payable once per covered person.

Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

A miscellaneous surgical procedures benefit is only payable for one miscellaneous surgical procedure, per 24-hour period, even though more than one surgical procedure may be performed.

When a covered person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a hospital or a physician's office for injuries sustained in a covered accident, we will pay a pain management benefit amount. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per covered person.

Aflac will not be liable for any loss resulting from the insured's being drunk, or under the influence of any narcotic, unless taken on the advice of a physician.



**Refer to the policy for complete benefit details, definitions, limitations and exclusions.**



**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



Peace of Mind *and*  
Cash Benefits



**PERSONAL CANCER INDEMNITY**  
CANCER INDEMNITY INSURANCE

**PCI<sup>1</sup>**



We've got you under our wing.®

# PERSONAL CANCER INDEMNITY

## CANCER INDEMNITY INSURANCE

Policy Series A-75100

# PCI<sup>1</sup>

## The Need

Despite the best efforts of doctors, researchers, and countless organizations, cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role cancer plays in America's overall health. According to the American Cancer Society:\*

- 1** In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women, the risk is a little more than 1-in-3.
- 2** About 1,596,670 new cancer cases are expected to be diagnosed in 2011.

\*Cancer Facts & Figures 2011.



## ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

### HERE'S HOW WE CAN HELP.

Aflac's Personal Cancer Indemnity insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1** Your coverage is portable, which means it goes with you if you change jobs.
- 2** Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3** Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of Columbus.



## PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

**FIRST-OCCURRENCE BENEFIT:** *Aflac will pay \$1,500 for the insured, \$1,500 for the spouse, or \$2,250 for children* when a covered person is diagnosed with internal cancer. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy. Internal cancer includes melanomas classified as Clark's Level III and higher, or a Breslow level greater than 1.5 mm. In addition to the pathological or clinical diagnosis required by the policy, we may require additional information from the attending physician and hospital. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.

**HOSPITAL CONFINEMENT BENEFIT:** *Aflac will pay \$200 per day* when a covered person is confined to a hospital for treatment of cancer and is charged for a room as an inpatient. *Benefits increase to \$400 per day* beginning with the 31st day of continuous confinement.

A person confined to a U.S. government hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When cancer treatment is received in a U.S. government hospital, the remaining benefits do not require a covered person to be charged for such services.

**MEDICAL IMAGING BENEFIT:** *Aflac will pay \$100 per calendar year* when a charge is incurred for each covered person who receives an initial diagnosis or follow-up evaluation of internal cancer using one of the following medical imaging exams: CT scans, MRIs, bone scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, or transrectal ultrasounds. These exams must be performed in a hospital, an ambulatory surgical center, or a physician's office. This benefit is payable once per calendar year, per covered person.

**RADIATION AND CHEMOTHERAPY BENEFIT:** *Aflac will pay \$200 per day* as follows when a charge is incurred for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of cancer:
  - a. Injection by medical personnel in a physician's office, clinic, or hospital.
  - b. Self-injected medications (limited to \$200 per daily treatment).
  - c. Medications dispensed by a pump or implant (limited to \$200 for the initial prescription and \$200 for each pump refill).
  - d. Oral chemotherapy, regardless of where administered (limited to \$200 per prescription).
2. Radiation therapy.
3. The insertion of interstitial or intracavitary application of radium or radioisotopes.

Self-injected medications and oral chemotherapy will be administered based on the receipt of (a) a standard prescription (30-day supply) for oral chemotherapy and (b) the initial prescription for an infusion pump (or a refill thereof), which can be administered by the covered person without the supervision of medical personnel. Treatments must be FDA- or NCI-approved for the treatment of cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulations, dosimetries, treatment plannings, or other procedures related to these therapy treatments. Benefits will not be paid for each day the radium or radioisotope remains in the body, or for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable the same day the Experimental Treatment Benefit is paid.



CANCER  
IS THE

# 2nd

**MOST COMMON CAUSE OF DEATH  
IN THE UNITED STATES, EXCEEDED  
ONLY BY HEART DISEASE.\***

**IN THE UNITED  
STATES, MEN HAVE  
SLIGHTLY LESS  
THAN A**

# 1 IN 2

**LIFETIME RISK OF DEVELOPING CANCER.\***

\*Cancer Facts & Figures 2011, American Cancer Society.

**EXPERIMENTAL TREATMENT BENEFIT:** *Aflac will pay \$200 per day* when a charge is incurred for a covered person who receives one or more of the following experimental cancer treatments, prescribed by a physician, for the purpose of modification or destruction of abnormal tissue:

- Treatment administered by medical personnel in a physician's office, clinic, or hospital.
- Self-injected medications (limited to \$200 per daily treatment, subject to a monthly maximum of \$1,600).
- Medications dispensed by a pump (limited to \$200 for the initial prescription and \$200 for each refill, subject to a monthly maximum of \$800).
- Oral medications, regardless of where administered (limited to \$200 per prescription, subject to a monthly maximum of \$800 for all prescriptions).

Treatments must be approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments. Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant. This benefit is not payable the same day the Radiation and Chemotherapy Benefit is paid.

**IMMUNOTHERAPY BENEFIT:** *Aflac will pay \$300 per calendar month* during which a charge is incurred for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by a physician as part of a treatment regimen for internal cancer. Any medications paid under the Radiation and

Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit. Lifetime maximum of \$1,500 per covered person.

**NURSING SERVICES BENEFIT:** *Aflac will pay \$100 per 24-hour day* if, while confined in a hospital, a covered person requires and is charged for private nursing services other than those regularly furnished by the hospital. Services must be required and authorized by the attending physician. This benefit is not payable for private nurses who are members of your immediate family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable.

**ANTI-NAUSEA BENEFIT:** *Aflac will pay \$100 per calendar month* during which a charge is incurred for a covered person who receives anti-nausea drugs that are prescribed while receiving radiation or chemotherapy treatments.

**SKIN CANCER SURGERY BENEFIT:** *Aflac will pay the indemnity (\$100 to \$600)* listed when a surgical operation is performed on a covered person for a diagnosed skin cancer and a charge is incurred for the specific procedure. The benefit listed in the policy includes anesthesia services.

**SURGICAL/ANESTHESIA BENEFIT:** *Aflac will pay the indemnity (\$95 to \$3,000)* listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer and a charge is incurred. If any operation for the treatment of cancer is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most similar in severity and gravity. (Exceptions: Surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit. Reconstructive surgery will be paid under the Reconstructive

Surgery Benefit.) Two or more surgical procedures performed through the same incision will be considered one operation, and the highest eligible benefit will be paid.

*Aflac will pay an indemnity benefit equal to 25 percent of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation. The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$3,750.*

**OUTPATIENT HOSPITAL SURGICAL BENEFIT:** *Aflac will pay \$200* when a surgical operation is performed on a covered person for a diagnosed internal cancer and an operating room charge is incurred. Surgeries must be performed on an outpatient basis in a hospital, to include an ambulatory surgical center. This benefit is not payable for surgery performed in a physician's office or for skin cancer surgery. This benefit is payable in addition to the Surgical/Anesthesia Benefit, is payable once per day, and is not payable the same day as the Hospital Confinement Benefit.

**PROSTHESIS BENEFIT:** *Aflac will pay \$2,500* when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. Lifetime maximum of \$5,000 per covered person.

*Aflac will pay \$200* when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Lifetime maximum of \$400 per covered person.

The Prosthesis Benefit does not include coverage for a breast transverse rectus abdominus myocutaneous (TRAM) flap procedure listed under the Reconstructive Surgery Benefit.

**RECONSTRUCTIVE SURGERY BENEFIT:** *Aflac will pay the indemnity (\$325 to \$2,500)* listed when a surgical operation is performed on a covered person for reconstructive surgery for the treatment of cancer and a charge is incurred for the specific procedure. *Aflac will pay an indemnity benefit equal to 25 percent* of the amount shown in the policy for the administration of anesthesia during a covered reconstructive surgical operation. If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the policy for the operation most similar in severity and gravity.

**IN-HOSPITAL BLOOD AND PLASMA BENEFIT:** *Aflac will pay \$50 times the number of days paid under the Hospital Confinement Benefit* if a covered person receives blood and/or plasma during a covered hospital confinement and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

**OUTPATIENT BLOOD AND PLASMA BENEFIT:** *Aflac will pay \$200 for each day* a covered person receives blood and/or plasma transfusions for the treatment of cancer as an outpatient in a physician's office, clinic, hospital, or ambulatory surgical center, and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

**SECOND SURGICAL OPINION BENEFIT:** *Aflac will pay \$200* when a charge is incurred for a second surgical opinion by a licensed physician concerning cancer surgery for a diagnosed cancer. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

**NATIONAL CANCER INSTITUTE (NCI) EVALUATION/CONSULTATION BENEFIT:** *Aflac will pay \$500* when a covered person seeks evaluation or consultation at an NCI-designated cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. If the NCI-designated cancer center is more than 50 miles from the covered person's residence, *Aflac will pay \$250* for the transportation and lodging of the covered person receiving the evaluation/consultation.

This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable only once under the policy per covered person.

**AMBULANCE BENEFIT:** *Aflac will pay \$200 for ground ambulance transportation or \$1,000 for air ambulance transportation when a charge is incurred for ambulance transportation* of a covered person to or from a hospital where the covered person receives cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company.

**TRANSPORTATION BENEFIT:** *Aflac will pay 40 cents per mile* for round-trip transportation between the hospital or medical facility and the residence of the covered person when a covered person requires cancer treatment that has been prescribed by the local attending physician. Benefits are limited to \$1,200 per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed. If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. This benefit is not payable for transportation to any hospital/facility located within a 50-mile radius of the residence of the covered person or for transportation by ambulance to or from any hospital.

**LODGING BENEFIT:** *Aflac will pay \$50 per day* when a charge is incurred for lodging for you or any one adult family member when a covered person receives cancer treatment at a hospital or medical facility more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per calendar year.

**BONE MARROW TRANSPLANTATION BENEFIT:** *Aflac will pay \$10,000* when a covered person incurs a charge for a bone marrow transplantation for the treatment of cancer. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. *Aflac will pay the covered person's bone marrow donor a benefit of \$1,000* for his or her expenses

incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per covered person.

**STEM CELL TRANSPLANTATION BENEFIT:** *Aflac will pay \$2,500* when a charge is incurred if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia. This benefit is payable once per covered person. Lifetime maximum of \$2,500 per covered person.

**EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** *Aflac will pay \$1,000* for a covered person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per covered person, \$350 for the storage of a covered person's oocytes or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the covered person's treatment of cancer. Lifetime maximum of \$1,350 per covered person.

**EXTENDED-CARE FACILITY BENEFIT:** *Aflac will pay \$50 per day for the first 30 days and \$100 per day beginning with the 31st day* when a charge is incurred if a covered person receives Hospital Confinement Benefits and, within 30 days of hospital confinement, is confined to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit, or any bed designated as a swing bed, or to a section of the hospital used as such. For each day this benefit is payable, Hospital Confinement Benefits are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a hospital prior to the second such confinement. Lifetime maximum of 100 days per covered person.

**HOSPICE BENEFIT:** *Aflac will pay a one-time benefit of \$500 for the first day and \$50 per day thereafter* for hospice care when a covered person is diagnosed with cancer, therapeutic intervention directed toward the cure of the disease is medically determined no longer appropriate, and the covered person's prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of \$12,000 per covered person.

**HOME HEALTH CARE BENEFIT:** *Aflac will pay \$50 per day for the first 30 days and \$100 per day beginning the 31st day* when a charge is incurred and the covered person receives home health care within 30 days of hospital confinement as the direct result of cancer. This benefit is not payable the same day the Hospice Benefit is payable. Lifetime maximum of 100 days per covered person.

**CANCER SCREENING WELLNESS BENEFIT:** *Aflac will pay \$40* per calendar year when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear,

ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography, colonoscopy, or virtual colonoscopy. These tests must be performed to determine whether cancer exists in a covered person. This benefit is also payable for an FDA-approved cancer prevention vaccine. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per calendar year, per covered person. This benefit is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.



**THE FOLLOWING BENEFITS HAVE NO LIFETIME MAXIMUM:** Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, and Cancer Screening Wellness.

**WAIVER OF PREMIUM BENEFIT:** If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation [or, if you are not employed: are completely unable to perform two or more of the activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a physician's statement of your inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL without assistance.

Aflac will also waive, from month to month, any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:

(1) Your policy has been in force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction; (4) You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months. (*Payroll deduction* means your premium is remitted to Aflac for you by your employer through a payroll deduction process.)

A hospital does not include any institution, or part thereof, used as a hospice unit, including any bed designated as a hospice bed; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit or facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental diseases or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

An ambulatory surgical center does not include a physician's or dentist's office, a clinic, or any other such location.

A physician does not include a member of your immediate family.

## TERMS YOU NEED TO KNOW

**EFFECTIVE DATE:** The Effective Date of the policy is the date shown in the Policy Schedule, not the date the application is signed.

**FAMILY COVERAGE:** *Family Coverage* includes the insured, spouse, and dependent children to age 26. Newborn children are automatically insured from the moment of birth. *One-parent family coverage* includes the insured and all dependent children to age 26.

**GUARANTEED-RENEWABLE:** The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

## WHAT IS NOT COVERED

### LIMITATIONS AND EXCLUSIONS

Aflac pays only for treatment of cancer, including direct extension, metastatic spread, or recurrence, or any conditions or diseases directly caused or aggravated by the specified diseases or the treatment of the specified diseases. Benefits are not provided for premalignant conditions; conditions with malignant potential; or any other disease, sickness, or incapacity. Pathological proof of diagnosis must be submitted. Clinical diagnosis will be accepted when a pathological diagnosis is medically inappropriate, provided medical evidence sustains the diagnosis and the covered person receives treatment for cancer.

The First-Occurrence Benefit is not payable for: (1) any internal cancer diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such internal cancer that is diagnosed prior to the Effective Date of the policy; (2) the diagnosis of skin cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.



**We've got you  
under our wing.®**

**aflac.com/social** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# Aflac Lump Sum

LIMITED BENEFIT HEALTH INSURANCE

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



# LUMP SUM

## LIMITED BENEFIT HEALTH INSURANCE

Policy Series A73000

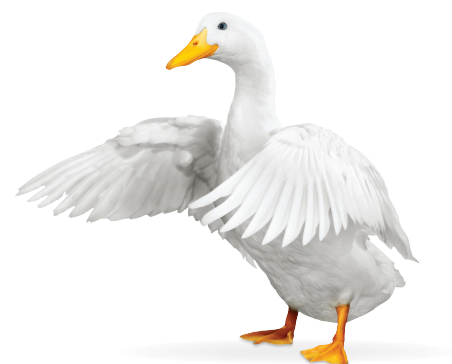
# LS

## Added Protection for You and Your Family

Getting the best out of life: It's something that everyone strives for. And the assurance of knowing you're safe and sound plays a large part in being able to enjoy it to the fullest. With heart attacks affecting more than 900,000 people each year and strokes affecting about 795,000 people each year,<sup>1</sup> Aflac's Lump Sum insurance policy can help with the treatment costs of these illnesses and health events.

More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With Aflac's Lump Sum plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage or rent, groceries, or utility bills—the choice is yours.

No one wants to think that a serious illness could occur, but shouldn't you consider how you and your family would manage if you were unable to work due to an illness? An Aflac Lump Sum policy could make a difference to your well-being, your family, and your future.



### The facts say you need the protection of the Aflac Lump Sum plan:

#### FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.<sup>1</sup>

#### FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.<sup>1</sup>

<sup>1</sup>Heart Disease and Stroke Statistics, 2016 Update, American Heart Association.

## Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you. The Aflac Lump Sum plan is designed to provide you with cash benefits if you experience a serious health event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's Lump Sum insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

### Why Aflac Lump Sum may be the right choice for you:

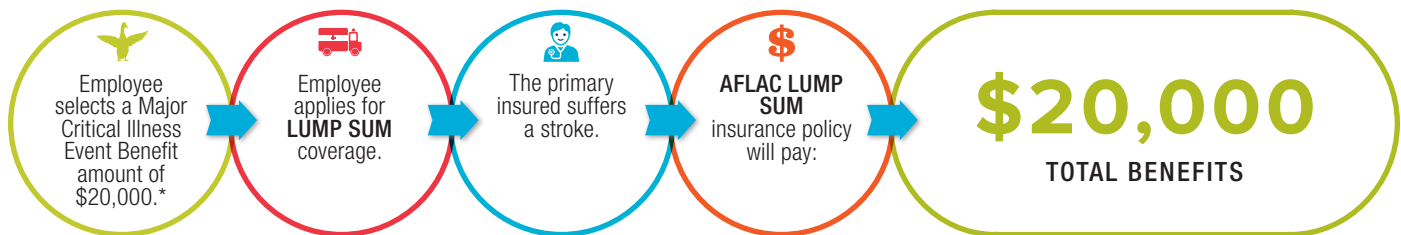
- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness event.
- Your dependent children are covered at no additional cost.
- We now offer the option of guaranteed-issue\* lump sum coverage. That means no medical questionnaire is required.
- Benefits include a Subsequent Critical Illness Event Benefit with no lifetime maximum if you have a recurrence or another critical illness later in life.
- There are no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

\*Subject to eligibility requirements.

### Critical illness events covered by the Lump Sum policy include:

- Coma
- End-Stage Renal Failure
- Heart Attack
- Major Human Organ Transplant
- Paralysis
- Stroke

### How it works



\*At the time of application, the employee answers underwriting questions and selects a Major Critical Illness Event Benefit amount of \$20,000 (base of \$10,000 plus two additional units of \$5,000 each).

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions. Policy A73100VA and Applications A73001cVA and A73001VA.



## Lump Sum Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
<b>MAJOR CRITICAL ILLNESS EVENT BENEFIT</b> Primary insured: Spouse/Dependent children:	\$10,000 (additional amounts may be available in \$5,000 increments up to \$100,000)* 50% of the primary insured benefit amount Payable once per covered person, per lifetime
<b>SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT</b> Primary insured: Spouse/Dependent children:	\$5,000 \$2,500 No lifetime maximum
<b>CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT</b> Primary insured: Spouse/Dependent children:	\$3,000 \$1,500 Payable once per covered person, per lifetime
<b>SUDDEN CARDIAC ARREST BENEFIT**</b> Primary insured: Spouse/Dependent children:	\$10,000 \$5,000 Payable once per covered person, per lifetime

\*Applicants who apply for \$15,000-\$30,000 require underwriting; applicants who apply for \$35,000 and above require underwriting and must meet other stipulations. Ask your Aflac agent for more information.

\*\*Sudden cardiac arrest is not a heart attack.

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# LUMP SUM LIMITED BENEFIT HEALTH INSURANCE

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**Toll-Free 1.800.99.AFLAC (1.800.992.3522)**

**The policy provides supplemental coverage  
and will be issued only to supplement insurance already in force.**

**LUMP SUM LIMITED BENEFIT HEALTH INSURANCE**  
**Policy Form A73100VA**

1. **Read Your Policy Carefully:** This document provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
2. **Lump Sum Limited Benefit Health Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness Events. Critical Illness Events are: Heart Attack, Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, or Coma. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (4).
3. **Benefits:** Subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered Critical Illness Event that occurs while coverage is in force.

**IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED'S BENEFIT AMOUNT.**

Aflac will pay the following benefits, as applicable, while the coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise.

**For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid. Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your beneficiary or your estate.**

- A. **MAJOR CRITICAL ILLNESS EVENT BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of any of the following Critical Illness Events:
  1. Heart Attack
  2. Stroke
  3. End-Stage Renal Failure
  4. Coma
  5. Paralysis
  6. Major Human Organ Transplant

**This benefit is payable once per Covered Person, per lifetime.**

- B. **SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT:** After a Covered Person has previously qualified for benefits under

Benefit A above, Aflac will pay the amount shown in the Policy Schedule upon that Covered Person's Onset Date of:

1. a **recurrence** of that **same** Critical Illness Event, or
2. an occurrence of a **different** Critical Illness Event.

**For this benefit to be payable, the Onset Date of the Critical Illness Event must be 180 days or more from the Onset Date of any previously paid Critical Illness Event for such Covered Person. This benefit is not payable on the same day as the Major Critical Illness Event Benefit. No lifetime maximum.**

- C. **CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime.
- D. **SUDDEN CARDIAC ARREST BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

**4. Exceptions, Reductions, and Limitations of the Policy (not a daily hospital expense plan):**

- A. Aflac will not pay benefits for any claims incurred during the first twelve months for Pre-existing Conditions. Benefits are payable for only one covered Loss at a time per Covered Person.
- B. Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.
- C. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D. For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.
- E. Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage.
- F. **The policy does not cover Loss caused by or resulting from:**
  1. Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
  2. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; or

3. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve. (Aflac will upon receipt of written notice of military service, refund all premiums as is applicable to such persons on a pro rata basis.)

**PRE-EXISTING CONDITION LIMITATIONS**

A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing,

medical advice, consultation, or treatment was recommended by or received from a Physician, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Claims incurred during the first twelve months will not be covered for pre-existing conditions.

5. **Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.  
THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.**

## TERMS YOU NEED TO KNOW

**COMA:** a continuous state of profound unconsciousness diagnosed or treated on or after the effective date of coverage, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

**CORONARY ARTERY BYPASS GRAFT SURGERY:** open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

**COVERED PERSON:** any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and who became so incapacitated prior to age 26. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. A dependent child (including persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

**CRITICAL ILLNESS EVENT:** heart attack, stroke, major human organ transplant, end-stage renal failure, paralysis, or coma.

**EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements. The effective date is not the date you signed the application for coverage.

**END-STAGE RENAL FAILURE:** permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

**HEART ATTACK:** a myocardial infarction. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. Heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden cardiac arrest is not a heart attack.

**LOSS:** a critical illness event, coronary artery bypass graft surgery, or sudden cardiac arrest.

**MAJOR HUMAN ORGAN TRANSPLANT:** a surgery that was first recommended by a member of the medical profession on or after the effective date of coverage in which a covered person receives, as a result of a surgical transplant, one or more of the following human organs: heart, kidney, liver, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

**ONSET DATE:** the date of the occurrence for a heart attack, stroke, or sudden cardiac arrest; the date of diagnosis for end-stage renal failure, paralysis, or coma; or the date of surgery for a major human organ transplant or coronary artery bypass graft surgery.

**PARALYSIS:** complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a covered spinal cord injury. The paralysis must be confirmed by your attending physician.

**PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a physician by the state where treatment is received to treat the type of condition for which a claim is made.

**STROKE:** apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

**SUDDEN CARDIAC ARREST:** sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be sudden cardiac arrest for purposes of the policy. Sudden cardiac arrest is not a heart attack.





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Underwritten by:  
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Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# Aflac Choice

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

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We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC CHOICE

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy B40100VA; Riders B40050VA and B40051VA



### Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

#### Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

#### Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.\*
- We pay cash directly to you (unless otherwise assigned)—not the doctor or hospital.



\*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

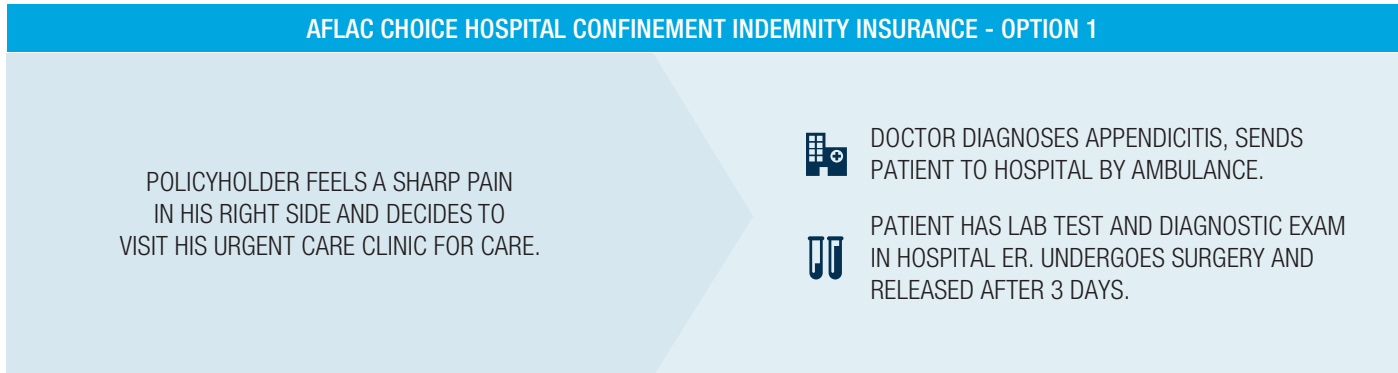
Aflac herein means American Family Life Assurance Company of Columbus.



**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned, for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.

**How it works**



Choice 1	Choice 2	Choice 3	Choice 4
\$1,600	\$2,200	\$2,010	\$2,610
<b>Aflac Choice Policy</b>	<b>Policy + Hospital Stay and Surgical Care Rider</b>	<b>Policy + Extended Benefits Rider</b>	<b>Policy + Both Riders</b>

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Confinement Benefit of \$1,500 and a Hospital Emergency Room Benefit of \$100. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, a Medical Diagnostic and Imaging Exams Benefit of \$150, an Ambulance Benefit of \$200 (ground), an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$200, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days).

Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Riders are available for an additional cost. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions. Policy B40100VA; Riders B40050VA, B40051VA, and Application Form B40001cVA.

For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

## Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:		
HOSPITAL CONFINEMENT	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.		
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.		
HOSPITAL EMERGENCY ROOM	Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.		
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, under the policy.		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
EXTENDED BENEFITS RIDER	<b>Physician Visit Benefit:</b> Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center.		
	<table border="1"> <tr> <td><b>Individual Coverage:</b> Limited to 3 visits per calendar year, under the rider.</td> <td><b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, under the rider.</td> </tr> </table>	<b>Individual Coverage:</b> Limited to 3 visits per calendar year, under the rider.	<b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, under the rider.
	<b>Individual Coverage:</b> Limited to 3 visits per calendar year, under the rider.	<b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, under the rider.	
<p><b>Laboratory Test and X-Ray Benefit:</b> Pays \$35; limited to 2 payments per covered person, per calendar year.</p> <p><b>Medical Diagnostic and Imaging Exams Benefit:</b> Pays \$150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p><b>Ambulance Benefit:</b> Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>			
HOSPITAL STAY AND SURGICAL CARE RIDER	<b>Initial Assistance Benefit:</b> Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.		
	<b>Surgery Benefit:</b> Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.		
	<b>Invasive Diagnostic Exams Benefit:</b> Pays \$100 for one covered exam, per covered person, per 24-hour period.		
	<b>Hospital Intensive Care Unit Confinement Benefit:</b> Pays \$500 per day, per covered person, for up to 30 days.		
	<b>Daily Hospital Confinement Benefit:</b> Pays \$100 per day, per covered person, for up to 365 days.		
	<b>Second Surgical Opinion Benefit:</b> Pays \$50 once per covered person, per calendar year.		

Refer to the following pages and policy for complete benefit details, definitions, limitations and exclusions.

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# AFLAC CHOICE COVERAGE

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**American Family Life Assurance Company of Columbus**  
**(herein referred to as Aflac)**  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**Toll-Free 1.800.99.AFLAC (1.800.992.3522)**

**The policy provides supplemental coverage  
and will be issued only to supplement insurance already in force.**

**LIMITED BENEFIT, HOSPITAL CONFINEMENT INDEMNITY INSURANCE**  
**Policy Form Series B40100**

1. **Read Your Policy Carefully:** This document provides a very brief description of some of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
2. **Hospital Confinement Indemnity Coverage:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
3. **Benefits:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
  - A. **HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[ ] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a room charge is incurred. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.
  - B. **REHABILITATION FACILITY BENEFIT:** Aflac will pay \$100 per day when a Covered Person is confined in a Hospital and is transferred to a room in a Rehabilitation Facility for treatment of a covered Sickness or Injury and a charge is incurred each day for such treatment. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
  - C. **HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred for such treatment. This benefit is payable twice per Calendar Year, per Covered Person. No lifetime maximum.

**The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day.**

- D. **HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours

and a charge is incurred for such treatment. This benefit is not payable for treatment received in a Hospital Emergency Room or Urgent Care Center. This benefit is payable twice per Calendar Year under the policy. No lifetime maximum.

**The Hospital Short-Stay Benefit and the Hospital Emergency Room Benefit are not payable on the same day.**

- E. **WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

If you die and your Spouse becomes the new Named Insured, premiums will start again at the appropriate rate and will be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.
- F. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:
  1. Your policy has been in force for at least six months;
  2. We have received premiums for at least six consecutive months;
  3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
  4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
  5. You re-establish premium payments through:
    - (a) Your new employer's payroll deduction process or
    - (b) Direct payment to Aflac.

You will again become eligible to receive this benefit after:

  1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
  2. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.**

#### 4. Optional Benefits:

##### EXTENDED BENEFITS RIDER: (SERIES B40050)

Applied for  Yes  No

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a visit (including a Telemedicine Visit) to a Physician, Psychologist, or Urgent Care Center. Services must be under the supervision of a Physician or Psychologist. If the Type of Coverage for the policy is Individual, the benefit is limited to three visits per Calendar Year under the rider. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year under the rider. No lifetime maximum.

The Sickness or Injury of a Covered Person is not required for the Physician Visit Benefit to be payable. This benefit is not subject to the Pre-existing Condition Limitations or Limitations and Exclusions section of the policy. No lifetime maximum.

- B. LABORATORY TEST AND X-RAY BENEFIT:** Aflac will pay \$35 when a Covered Person requires, and incurs a charge for, a laboratory test or an X-ray. The laboratory test or X-ray must be performed in a Hospital, Medical Diagnostic Imaging Center, Physician's office, an Urgent Care Center, or an Ambulatory Surgical Center. This benefit is limited to two payments per Covered Person, per Calendar Year. **The Laboratory Test and X-Ray Benefit is not payable for exams listed in the Medical Diagnostic and Imaging Exams Benefit.** No lifetime maximum.

The Sickness or Injury of a Covered Person is not required for the Laboratory Test and X-ray Benefit to be payable. This benefit is not subject to the Pre-existing Condition Limitations or Limitations and Exclusions section of the policy. No lifetime maximum.

- C. MEDICAL DIAGNOSTIC AND IMAGING EXAMS BENEFIT:** Aflac will pay \$150, due to a covered Sickness or Injury, when a Covered Person requires, and incurs a charge for, one of the following exams: computerized tomography (CT or CAT scan), magnetic resonance imaging (MRI), electroencephalogram (EEG), Sleep Study, thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, Physician's office, Sleep Center, an Urgent Care Center, or an Ambulatory Surgical Center. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

- D. AMBULANCE BENEFIT:** Aflac will pay \$200 if, due to a covered Sickness or Injury, a Covered Person requires, and incurs a charge for, ground ambulance transportation to or from a Hospital. If a Covered Person requires, and incurs a charge for, air ambulance transportation to or from a Hospital due to a covered Sickness or Injury, Aflac will pay \$2,000. A licensed

professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

##### HOSPITAL STAY AND SURGICAL CARE RIDER: (SERIES B40051)

Applied for  Yes  No

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. INITIAL ASSISTANCE BENEFIT:** Aflac will pay \$100 when a Covered Person requires a Hospital Admission. This benefit is payable once per Calendar Year, per rider. No lifetime maximum. This benefit is not subject to the Pre-existing Condition Limitations or the Limitations and Exclusions section of the policy. **Payment of this benefit is based solely on a Covered Person's Hospital Admission, as defined in the rider. Any additional benefits that may be due as a result of a Hospital Admission remain subject to the terms of the policy, including any limitations and/or exclusions.**

- B. SURGERY BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations in the rider when, due to a covered Sickness or Injury, a Covered Person has a surgical procedure, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred for such surgical procedure. If any surgical procedure for the treatment of the covered Sickness or Injury is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the surgical procedure most nearly similar in severity and gravity. **The Surgery Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgery Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.**

**IMPORTANT:** The Surgery Benefit is not payable for surgical procedures performed in a Physician's or dentist's office, a clinic, or other such location.

- C. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, endoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

**The Invasive Diagnostic Exams Benefit and the Surgery Benefit are not payable on the same day. The highest eligible benefit will be paid.**

- D. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$500 per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- E. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a room charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- F. SECOND SURGICAL OPINION BENEFIT:** Aflac will pay \$50 when a charge is incurred for a second surgical opinion by a Physician concerning surgery for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

2. Receiving routine nursing or routine well-baby care for a newborn child;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
5. Having dental treatment, except as a result of Injury;
6. Having cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (Aflac will upon receipt of written notice of military service, refund all premiums as is applicable to such persons on a pro rata basis);
9. Actively participating in a riot, insurrection, or terrorist activity;
10. Donating an organ within the first 12 months of the Effective Date of coverage; or
11. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, bereavement, situational depression, depression, stress, or post-partum depression. The policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, that manifests itself while coverage is in force.

**5. Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any Sickness that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days. Benefits for treatment of any Sickness will apply only to treatment occurring 30 days or more after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to the policy (including newborns) are subject to a 30-day waiting period. Aflac will waive the waiting period for newborns added after the policy has been in force for ten full months.
- D.** This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.
- E.** Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage.
- F. The policy does not cover losses caused by or resulting from:**
1. Giving birth within the first ten months of the Effective Date of coverage; or pregnancy in existence prior to the Effective Date (including maternal-fetal intervention procedure), except for any resulting Complications of Pregnancy. Complications of Pregnancy are covered to the same extent as a Sickness and pregnancy due to an act of rape or incest will be covered to the same extent as an Injury;

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. No claim for the loss incurred that starts after one year from the date of issue of this policy will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of coverage.

- 6. Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term. Aflac may change the established premium rate, but only if the rate is changed for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

**RETAIN FOR YOUR RECORDS.**

**THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.**

**REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.**

## TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability and who became so disabled prior to age 26 and chiefly dependent upon the policy owner for support and maintenance. Dependent children are your natural children, stepchildren or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

**EFFECTIVE DATE:** The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge

is made. The hospital confinement must be on the advice of a physician, medically necessary and the result of a covered sickness or injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause. An injury must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. See the Limitations and Exclusions section for injuries not covered by the policy.

**PERIOD OF HOSPITAL CONFINEMENT:** The number of days a covered person is assigned to and incurs a charge for a room in a hospital. Confinements must begin while coverage under the policy is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** The number of days a covered person is assigned to and incurs a charge for a room in a hospital intensive care unit. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**SICKNESS:** An illness, disease, infection, disorder or condition not caused by an injury, medically evaluated, diagnosed or treated by a physician 30 days or more after the effective date of coverage and while coverage is in force.

## ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic or other such location.

The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. Benefits for confinement in a rehabilitation facility are payable under the Rehabilitation Facility Benefit.

The term hospital intensive care unit does not include units such as telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include a hospice unit, including: any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care or treatment for persons suffering from mental disease or disorders, care for the aged or care for persons addicted to drugs or alcohol.

The term urgent care center does not include hospital emergency rooms.

Admissions into the emergency room of a hospital, admissions for same day surgical procedures or admissions for observation are not considered a hospital admission.

A physician or psychologist is not you or a member of your immediate family.

**The policy does not cover losses caused by or resulting from giving birth within the first ten months of the effective date of coverage; or pregnancy in existence prior to the effective date of coverage (including maternal-fetal intervention procedure), except for any resulting complications of pregnancy.**

**Complications of pregnancy are covered to the same extent as a sickness and pregnancy due to an act of rape or incest will be covered to the same extent as an injury.** Complications of pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy. Complications of pregnancy are covered to the same extent as a sickness, subject to the Limitations and Exclusions.

Aflac will not be liable for any loss resulting from the insured being drunk, or under the influence of any narcotic taken unless on the advice of a physician.







**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
**American Family Life Assurance Company of Columbus**  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# Aflac Short-Term Disability Insurance

DISABILITY INCOME PROTECTION

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



# AFLAC SHORT-TERM DISABILITY INSURANCE

## DISABILITY INCOME PROTECTION

Policy A57600VA and Riders A57650VA, A57651VA, and A57653VA

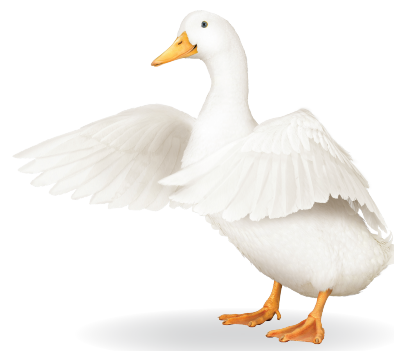


## Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

### Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,<sup>1</sup> short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.<sup>2</sup>



### Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

<sup>1</sup>Subject to certain conditions.

<sup>2</sup>Subject to your benefit period and elimination period.

## Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

### Coverage Options

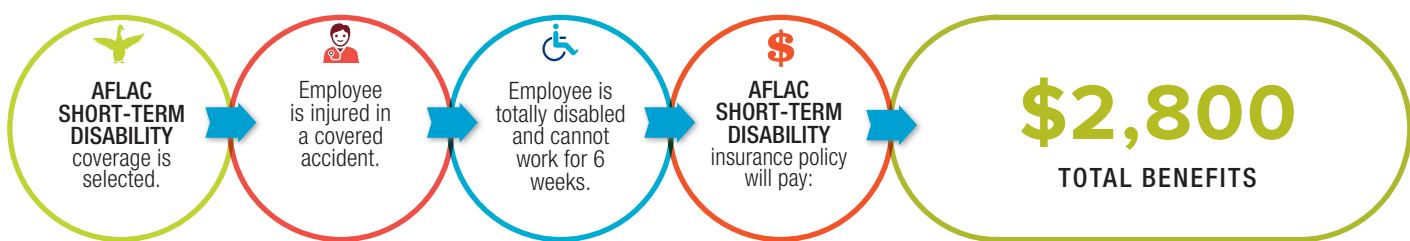
#### Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$500 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.
<b>OPTIONAL RIDERS</b>	
AFLAC VALUE RIDER	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

\*Subject to certain conditions/maximum.

### How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 6 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions. Policy Form A57600VA; Rider Forms A57650VA, A57651VA, and A57653VA; and Application Forms A57601RcVA, A57601RVA, A57601RGcVA, and A57601RGVA.

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# SHORT-TERM DISABILITY COVERAGE

DISABILITY INCOME PROTECTION

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
**1.800.99.AFLAC (1.800.992.3522)**

**DISABILITY INCOME PROTECTION COVERAGE**  
**Policy Series A57600**

**1. Read Your Policy Carefully.** This document provides a very brief description of the important features of the coverage. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**2.** Short-term Disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or Sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**3. Benefits.** The following benefits are a part of the policy.

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after this policy has been in force ten months. The maximum period of Disability allowed for Disability due to childbirth is twelve weeks, unless you furnish proof that your Disability continues beyond twelve weeks. The Elimination Period is not applicable to Disability benefits due to childbirth.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to a Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

**A. TOTAL DISABILITY BENEFITS:**

**1. Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-

Time Job, or (2) working at any job for which the person is or becomes qualified by reason of education, training or experience.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job for which the person is or becomes qualified by reason of education, training or experience, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

**B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job for which a person is or becomes qualified by reason of education, training or experience earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the same or a related condition and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from unrelated causes and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**C. WAIVER OF PREMIUM BENEFIT:** If your covered Sickness or covered Off-the-Job Injury causes your Total Disability or Partial Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while the policy is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said

duties or activities continues. Aflac may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Disability benefits.

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

**4. OPTIONAL BENEFITS:**

**Disability Benefit for On-the-Job Injury Rider:**  
(Series A57650) Applied For:  Yes  No

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered On-the-Job Injury and occurs while coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Injury. **We reserve the right to a Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

**A. TOTAL DISABILITY BENEFITS:**

**1. Working Full Time:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job for which the person is or becomes qualified by reason of education, training or experience.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered On-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day you cannot perform such

ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job for which the person is or becomes qualified by reason of education, training or experience, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

- B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job for which the person is or becomes qualified by reason of education, training or experience earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the

maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

- C. WAIVER OF PREMIUM BENEFIT:** If your covered On-the-Job Injury causes your Total Disability or Partial Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while the rider is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

**Additional Units of Disability Benefit Rider:**  
(Series A57651) Applied For:  Yes  No

**Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while coverage is in force. All benefits are**



**subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after the rider has been in force ten months. The maximum period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to a Physician's statement to determine whether you are qualified to receive Disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit or Partial Disability Benefit as described in your policy. The additional units of coverage will only be payable for a Disability that begins after the Effective Date of the rider.

**A. TOTAL DISABILITY BENEFITS:**

- 1. Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job for which the person is or becomes qualified by reason of education, training or experience.

- 2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job for which the person is or becomes qualified by reason of education, training or experience, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

- B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you one-half of the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job for which the person is or becomes qualified by reason of education, training or experience earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days or more after you: (1) have been

released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**Aflac Value Rider:**

**(Series A57653) Applied For:  Yes  No**

Aflac will pay you the greater of:

- (i) \$1,000 less any claims paid (excluding any Waiver of Premium Benefit paid under the policy); or
- (ii) \$100

at the end of every consecutive five-year period from the rider Effective Date for which the rider remains in force. Each subsequent consecutive five-year period begins on the day after the previous consecutive five-year period ends. If you receive this Aflac Value Benefit and later file a claim that includes days of Disability occurring during the consecutive five-year period that qualified you to receive this Aflac Value Benefit, then we will reduce the amount payable for those days of Disability by the amount you received under the rider less \$100.

Both the policy and the rider must remain in force for five consecutive years for you to be eligible for the Aflac Value Benefit. If the rider is issued after the Effective Date of the policy, the initial consecutive five-year period begins on the rider Effective Date. This benefit is limited to five payments per lifetime.

The rider will terminate on the earlier of: (1) the termination of the policy to which the rider is attached (subject to the Grace Period Provision listed in the policy); (2) your failure to pay the premiums for the rider; (3) your receipt of five payments under the rider; (4) your age at the time of any payment under the rider is 70 or greater and your policy will terminate before any subsequent payment under the rider is due; or (5) your death. When the rider terminates (is no longer in force), no further premium will be charged for it.

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**IMPORTANT PROVISIONS OF THE POLICY**

**LIMITATIONS AND EXCLUSIONS**

- A.** Disability caused by a Pre-existing Condition will not be covered unless it begins 12 months after the Effective Date of coverage.
- B.** Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician within the first 30 days

after the Effective Date of coverage, unless the resulting Disability begins more than 30 days after the Effective Date of coverage.

- C.** Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States.
- D.** Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- E.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- F.** Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a Disability due to an Injury; such disability will be covered to the same extent as a Disability due to Sickness.
- G. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:**

1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
2. Participating in any activity or event, including the operation of a vehicle, while under the influence of any narcotic unless taken on the advice of a Physician or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
5. Having cosmetic surgery or other elective procedures that are not Medically Necessary (cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect);
6. Having dental treatment, except as a result of Injury;
7. Being exposed to war or any act of war, declared or undeclared or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (Aflac will upon receipt of written notice of military service, refund all premiums as is applicable to such persons on a pro rata basis);
8. Donating an organ within the first 12 months of the Effective Date of the policy;
9. Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. The policy will pay, however, for covered

disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, that manifests itself while coverage is in force;

10. Work related Injuries.

**Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.**

**PRE-EXISTING CONDITION LIMITATIONS:** A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury for which, within the 12-

month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition will not be covered unless it begins 12 months after the Effective Date of coverage.

**Renewability.** The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.**

**REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

**DAILY DISABILITY BENEFIT:** one-thirtieth of the applicable monthly disability benefit shown in the Policy Schedule.

**EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

**FULL-TIME JOB:** one job at which you work 19 or more hours per week for one employer for pay or benefits.

**INJURY:** a bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force.

**OFF-THE-JOB INJURY:** an injury that occurs while you are not working at any job for which the person is or becomes qualified by reason of education, training or experience for pay or benefits.

**ON-THE-JOB INJURY:** an injury that occurs while you are working at any job for pay or benefits.

**PARTIAL DISABILITY:** being under the care and attendance of a physician due to a condition that causes you to be unable to perform one or more but not all of the material and substantial duties of your full-time job, but able to work at any job for which the person is or becomes qualified by reason of education, training or experience earning less than 80 percent of your annual income of your full-time job at the time you became disabled.

**SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of injury, that is manifested and treated more than 30 days after the effective date of coverage and while coverage is in force.

**TOTAL DISABILITY:** being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job, and not working at any job for which you are qualified for by reason of education, training or experience.

## ADDITIONAL INFORMATION

Complications of pregnancy do not include premature delivery without incidence, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not

constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy.

A physician does not include you or a member of your immediate family.





**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
**American Family Life Assurance Company of Columbus**  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# Aflac Life Solutions

## TERM LIFE INSURANCE

We've been dedicated to helping provide peace of mind and financial security for more than 60 years.



Underwritten by:  
American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# AFLAC LIFE SOLUTIONS

## TERM LIFE INSURANCE

Policies ICC1368200, ICC1368300, ICC1368400



## Is your family protected if something happens to you?

If something happens to you, will your family have the funds to pay the bills without your income? Make sure you've done all you can to help protect their way of life by having an Aflac term life insurance policy that will help your loved ones through the tough times. Our coverage offers a measure of stability you and your loved ones can count on.

### Face Amounts

If you're **age 50 or under**, you may apply for up to **\$500,000** in coverage.<sup>1</sup>

If you're **between the ages of 51 and 68**, you may be eligible for up to \$200,000 in life insurance protection.<sup>1</sup>

Aflac also offers the option of guaranteed-issue<sup>2</sup> 10-year, 20-year, or 30-year term life coverage with a face amount of up to **\$50,000**. That means you do not have to complete a medical questionnaire.

### Issue Ages

COVERAGE TYPE	ISSUE AGES	COVERAGE TYPE	ISSUE AGES
10-year term life plan	18-68	Spouse 10-year term life rider	18-68
20-year term life plan	18-60	Spouse 20-year term life rider	18-60
30-year term life plan	18-50	Spouse 30-year term life rider	18-50

### The facts say you need the protection of the Aflac Term Life insurance plan:

#### FACT NO. 1

**7-in-10**

OF ALL HOUSEHOLDS SAID THEY WOULD HAVE TROUBLE COVERING EVERYDAY LIVING EXPENSES AFTER SEVERAL MONTHS IF THE PRIMARY WAGE EARNER DIED.<sup>3</sup>

#### FACT NO. 2

APPROXIMATELY **50** MILLION

HOUSEHOLDS RECOGNIZE THEY NEED MORE LIFE INSURANCE.<sup>3</sup>

<sup>1</sup>Certain face amounts may not be available. Underwriting requirements apply.

<sup>2</sup>Subject to certain conditions.

<sup>3</sup>Facts from LIMRA, 2016 Life Insurance Awareness Month, LIMRA, September 2016.

## Understand the difference Aflac can make in your financial security.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our term life insurance policies are just another way to help make sure you're well protected.

### How we can help

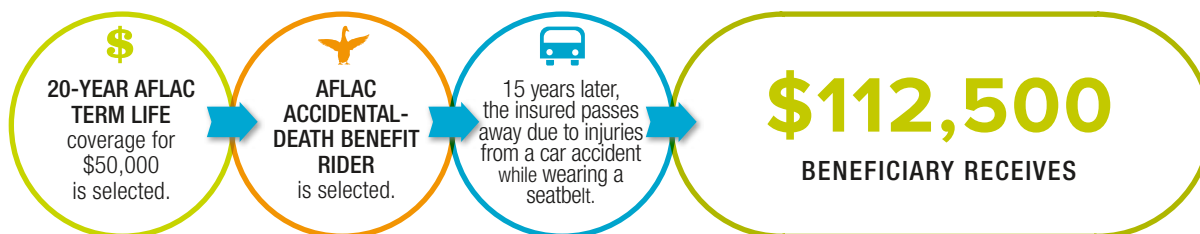
No one likes to think he or she needs life insurance. But when people depend on you, assuring their financial futures with life insurance benefits is simply the right thing to do.

- **Premiums are guaranteed for the selected term option** – You will know how much your coverage will cost from month to month and year to year.
- **Portable** – You can take the plan with you if you change jobs or retire.
- **Payroll deduction** – Your premiums can be deducted from your paycheck.

### Why choose Term Life insurance?

- **Higher face amount** – Term life insurance offers the most face amount coverage for the lowest cost.
- **Lower premiums** – Depending on your age and smoking status, term life premiums may be lower than those for whole life insurance policies.
- **Flexible coverage** – Provides protection for a specified time period or term– 10, 20, or 30 years–and is designed for temporary circumstances. Term coverage often is purchased by those who need coverage for a specific time period, such as while they have young children, children in college, or are carrying a large debt load.
- **Policy renewal** – If, at the end of your 20-year or 30-year term, your policy has not lapsed and is still in force, you will have the option to renew your policy on an annual basis.

### How it works



The above example is based on a scenario for 20-year term life insurance that includes the following benefit conditions: \$50,000 death benefit, \$50,000 accidental death benefit, and \$12,500 seatbelt benefit.

This is a brief product overview only. Coverage may not be available in all states. Benefits/premium rates may vary based on coverage selected. Optional riders are available at an additional cost. The policy has limitations and exclusions that may affect benefits payable. Refer to the policy for complete details, limitations, and exclusions. The policy prevails if interpretation of this material varies.



# HOW MUCH LIFE INSURANCE DO I NEED?

**Aflac is here to help you determine the life insurance coverage amount that's right for you.**

Our assessment can help you determine how much life insurance you may need to help cover your family's immediate needs, such as funeral expenses, to their long-term need to sustain their current lifestyle.

## Life insurance needs worksheet:

---

### IMMEDIATE NEEDS

#### FINAL EXPENSES

Costs associated with your burial/funeral, uninsured medical costs, estate taxes/probate, etc.

\$ \_\_\_\_\_

#### OUTSTANDING DEBT

Mortgage/rent, car loans, credit cards, and other personal debt

+ \$ \_\_\_\_\_

---

### LONG-TERM NEEDS

You may want to replace your income for the period of time until your children are independent, or the number of years until your spouse retires. If so, take into account the number of years your family may continue to rely on your income.

#### REPLACEMENT INCOME

Your annual income to be replaced:            No. of years to replace income:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

#### EDUCATION FUND

If you have children (or plan to), life insurance can help with their future education costs

+ \$ \_\_\_\_\_

---

### AVAILABLE ASSETS

#### SAVINGS AND INVESTMENTS

Bank accounts (checking/savings), money market, CDs, stocks, bonds, mutual funds, annuities, and social security survivor/child benefit

- \$ \_\_\_\_\_

#### RETIREMENT SAVINGS

IRAs, 401(k)s, SEP plans, SIMPLE IRA plans, Keoghs, pensions, and profit sharing plans

- \$ \_\_\_\_\_

#### PRESENT AMOUNT OF LIFE INSURANCE

Other group life policies through employer and/or individual life policies

- \$ \_\_\_\_\_

---

**ESTIMATED AMOUNT OF LIFE INSURANCE NEEDED**

= \$ \_\_\_\_\_

**AMOUNT OF AFLAC LIFE INSURANCE ACTUALLY APPLIED FOR:**

\$ \_\_\_\_\_

**The amount indicated on the brochure may not match the coverage amount ultimately issued by Aflac.**

# AFLAC LIFE SOLUTIONS

## TERM LIFE INSURANCE

### DID YOU KNOW?

Laying a loved one to rest typically costs

# \$11,000

or more – making it one of the biggest expenses families face.<sup>4</sup>

### WHAT IS COVERED?

#### ACCELERATED DEATH PAYMENT – PRIMARY INSURED ONLY

Aflac will pay 50 percent of the face amount selected if the named insured is diagnosed with a terminal condition. The payment can help you and your loved ones with the expenses of a terminal condition (such as home nursing care, special equipment, and hospitalization). This benefit will be paid only once.

Any Accelerated Death Payment will automatically establish a lien against the policy. Aflac shall hold the lien as a debt against the death benefit and policy benefits. Any Accelerated Death payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

#### CONVERSION

You may convert the policy while it is in force to an individual permanent life policy without evidence of insurability, subject to policy requirements. The conversion privilege in the term policies must be exercised the earlier of the end of the term period, or on or before the policy anniversary date following your 65th birthday. Refer to the exact policy for complete details.

### OPTIONAL RIDERS

#### SPOUSE 10-YEAR, 20-YEAR, OR 30-YEAR TERM LIFE INSURANCE RIDER<sup>5</sup> (RIDERS ICC1368050, ICC1368051, ICC1368052)

Aflac will pay 50 percent of the policy's face amount up to a maximum of \$50,000 for life insurance coverage on the named insured's spouse.

#### CHILD TERM LIFE INSURANCE RIDER<sup>5</sup> (RIDER ICC1368053)

Aflac will pay 25 percent of the policy's face amount up to a maximum of \$15,000 for life insurance coverage for each insured child up to age 25. To become insured, the child must be at least 14 days old and younger than 18 years old at the time of application. Insurance on each newborn child will become effective on the later of: (1) the date the child attains the age of 14 days, or (2) the date the child is first released from the hospital after birth.

#### WAIVER OF PREMIUM BENEFIT RIDER<sup>6</sup> (RIDER ICC1368054) – PRIMARY INSURED ONLY (ISSUE AGES 18–59)

Policy premiums will be waived if you become totally disabled under the terms of the policy. Please refer to the Limitations and Exclusions for more information.

#### ACCIDENTAL-DEATH BENEFIT RIDER (RIDER ICC1368055) – PRIMARY INSURED ONLY

Aflac will pay an additional amount equal to the face amount selected if your death is the result of a covered accident and occurs within 180 days of the covered accident. Also, we will pay an additional 25 percent of the face amount selected if your death is the result of an automobile accident while you were wearing an unaltered, properly fastened seatbelt installed by the manufacturer, and you were not at fault for the accident, according to the police report. Please refer to the Limitations and Exclusions for more information.

<sup>4</sup>This is How Much An Average Funeral Costs. *Huffington Post*, 10/17/16, [https://www.huffingtonpost.com/entry/how-much-does-a-funeral-cost\\_us\\_5804c784e4b0f42ad3d264de](https://www.huffingtonpost.com/entry/how-much-does-a-funeral-cost_us_5804c784e4b0f42ad3d264de), Accessed 3/8/18.

<sup>5</sup>Optional riders are not guaranteed-issue. Underwriting requirements apply.

<sup>6</sup>Rider not available if applying for a guaranteed-issue policy.

## LIMITATIONS AND EXCLUSIONS

Any death benefit of the policy will not be payable if the named insured commits suicide or if anyone covered by additional riders commits suicide, while sane or insane, within two years from the policy or rider effective date. All premiums paid will be refunded, less any indebtedness.

The following information only applies to the Accelerated Death Payment, Waiver of Premium Benefit Rider, and Accidental-Death Benefit Rider:

The Accelerated Death Payment will not be paid:

- If the named insured or his/her physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued,
- If the owner is required by law to accelerate benefits to meet the claims of creditors, or
- If a government agency requires the owner to apply for benefits to qualify for a government benefit or entitlement.

The Waiver of Premium Benefit Rider will not waive premiums if total disability is caused or contributed to by:

- Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- War, or any act of war, declared or undeclared, or any act incident thereto;
- Active participation in a riot, insurrection or terrorist activity;
- Committing or attempting to commit a felony;
- Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas or fumes, unless a direct result of an occupational accident;
- Intoxication, as defined by the jurisdiction where the total disability occurred; or
- Participation in an illegal occupation or activity.

The Accidental-Death Benefit Rider will not be payable if the named insured's death results from, is caused or contributed to by:

- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (felony is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Participation in an illegal occupation or activity;
- Active participation in a riot, insurrection or terrorist activity;
- Being exposed to war or any act of war, declared or undeclared, or special hazards incident while actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve, or while serving in any civilian non-combatant unit serving in such units;
- Participating in any hazardous activities to include aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing), scuba diving, cave exploration, bungee jumping, mountain or rock climbing, or riding or driving by air, land or water vehicle in a race, speed, or endurance contest;
- Operating, riding in, or descending from any aircraft while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft;
- Having any infirmity, illness, or disease, including a bacterial infection, unless such bacterial infection also occurred simultaneously with and in consequence of a covered accident; or an error, mishap, or malpractice during medical or surgical treatment, including diagnosis, for any infirmity, illness, or disease;
- Intoxication as defined by the jurisdiction where the accident occurred; or
- Voluntary intake or use by any means of: any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas or fumes, unless a direct result of an occupational accident.





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# Aflac Whole Life

INDIVIDUAL WHOLE LIFE INSURANCE

You can count on Aflac for Life.



Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



# AFLAC WHOLE LIFE

## INDIVIDUAL WHOLE LIFE INSURANCE

Policy ICC18B60100



## Is your family protected if something happens to you?

If something happens to you, will your family be able to pay the bills without your income? Life insurance will help protect their way of life – from remaining in the family home to paying for childcare, continuing dance or soccer lessons, or even school tuition and other educational costs. When someone is depending on you for financial security, **you can count on Aflac for Life.**

You can choose the face amount that fits your budget as well as your lifestyle. If something happens to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills and debts.
- Income replacement and educational plans.
- Emergency funds and retirement expenses.

### Face Amounts

If you're between the **ages of 18 and 70**, you may apply for up to \$250,000 in life insurance protection.

No one likes to think about the need for life insurance. But when people depend on you, Aflac is here to help you ensure their financial futures with life insurance benefits. Our whole life insurance is an important way you can help make sure they're well-protected and you are, too.



**Aflac herein means American Family Life Assurance Company of Columbus.**

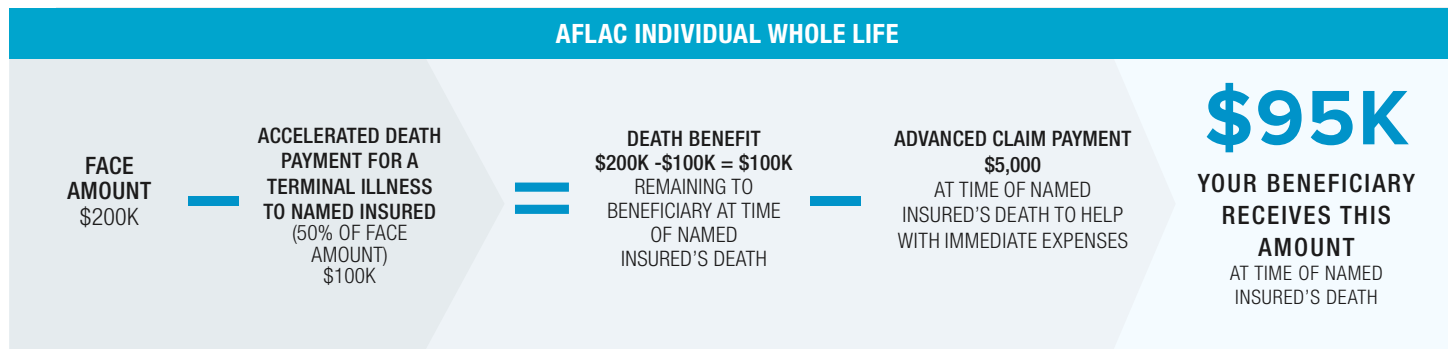
## Understand the difference Aflac can make in your financial security.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our whole life insurance policy is just another way to help make sure you're well-protected.

### Why choose Whole Life insurance?

- **Available cash** – You can borrow from the policy's cash value to help pay medical expenses, college tuition or any other bills you may have.
- **Increase in the cash value** – Any increase in the cash value of a life policy is not subject to income tax while the cash remains in the policy.
- **Guaranteed coverage** – Coverage continues for as long as you pay your premiums.
- **Advanced claim payment** – Pays \$5,000 in advance of the full death benefit to help the beneficiary with immediate needs.
- **Accelerated Death Payment for a Terminal Illness** – Pays up to 50% of the amount shown in the Policy Schedule.

### How it works



The above example is based on a scenario for whole life insurance with a \$200,000 face amount.

# HOW MUCH LIFE INSURANCE DO I NEED?

**Aflac is here to help you determine the life insurance coverage amount that's right for you.**

Our assessment can help you determine how much life insurance you may need to help cover your family's immediate needs, such as funeral expenses, to their long-term need to sustain their current lifestyle.

## Life insurance needs worksheet:

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### IMMEDIATE NEEDS

#### FINAL EXPENSES

Costs associated with your burial/funeral, uninsured medical costs, estate taxes/probate, etc.

\$ \_\_\_\_\_

#### OUTSTANDING DEBT

Mortgage/rent, car loans, credit cards and other personal debt

+ \$ \_\_\_\_\_

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### LONG-TERM NEEDS

You may want to replace your income for the period of time until your children are independent, or the number of years until your spouse retires. If so, take into account the number of years your family may continue to rely on your income.

#### REPLACEMENT INCOME

Your annual income to be replaced:                      No. of years to replace income:

\$ \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

#### EDUCATION FUND

If you have children (or plan to), life insurance can help with their future education costs

+ \$ \_\_\_\_\_

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### AVAILABLE ASSETS

#### SAVINGS AND INVESTMENTS

Bank accounts (checking/savings), money market, CDs, stocks, bonds, mutual funds, annuities and social security survivor/child benefit

- \$ \_\_\_\_\_

#### RETIREMENT SAVINGS

IRAs, 401(k)s, SEP plans, SIMPLE IRA plans, Keoghs, pensions and profit-sharing plans

- \$ \_\_\_\_\_

#### PRESENT AMOUNT OF LIFE INSURANCE

Other group life policies through employer and/or individual life policies

- \$ \_\_\_\_\_

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**ESTIMATED AMOUNT OF LIFE INSURANCE NEEDED**

= \$ \_\_\_\_\_

**AMOUNT OF AFLAC LIFE INSURANCE ACTUALLY APPLIED FOR:**

\$ \_\_\_\_\_

**The amount indicated on the brochure may not match the coverage amount ultimately issued by Aflac.**



## WHAT IS COVERED?

<b>ADVANCED CLAIM PAYMENT – PRIMARY INSURED ONLY</b>	Aflac may pay \$5,000 upon the death of the named insured and notification by the beneficiary. This can be used to help with immediate needs – like funeral expenses or any other unexpected expenses. The death benefit will be reduced by this amount.
<b>ACCELERATED DEATH PAYMENT FOR A TERMINAL ILLNESS – PRIMARY INSURED ONLY</b>	<p>Aflac will pay up to 50 percent of the face amount selected if the named insured is diagnosed with a terminal illness. The payment can help you and your loved ones with the expenses of a terminal illness (such as home nursing care, special equipment and hospitalization). The benefit will be paid only once.</p> <p>Any accelerated death payment will automatically establish a lien against the policy. Aflac shall hold the lien as a debt against the death benefit, policy benefits, cash values, any outstanding policy loans and/or any other policy liens in existence under the policy. Any accelerated death payment amount requested will be reduced by any existing due and unpaid premiums, statutory child support liens, loans or liens secured by the policy, plus unpaid interest and the administrative charge.</p>
<b>OPTIONAL RIDERS</b>	
<b>10-YEAR TERM LIFE INSURANCE RIDER (RIDER ICC18B60050) (ISSUE AGES 18-70)</b>	Aflac will pay up to 50 percent of the policy's face amount for life insurance coverage on the named insured.
<b>WAIVER OF PREMIUM BENEFIT RIDER (RIDER ICC18B60051) – PRIMARY INSURED ONLY (ISSUE AGES 18-59)</b>	Policy premiums will be waived if you become totally disabled under the terms of the rider. Please refer to the Limitations and Exclusions for more information.
<b>ACCIDENTAL-DEATH BENEFIT RIDER (RIDER ICC18B60052) – PRIMARY INSURED ONLY (ISSUE AGES 18-69)</b>	Aflac will pay an additional amount equal to the face amount selected if your death is the result of a covered accident and occurs within 180 days of the covered accident. Also, we will pay an additional 25 percent of the face amount selected if your death is the result of an automobile accident while you were wearing an unaltered, properly fastened seatbelt installed by the manufacturer, and you were not at fault for the accident, according to the police report. Please refer to the Limitations and Exclusions for more information.
<b>CHILD TERM LIFE INSURANCE RIDER (RIDER ICC18B60053)</b>	Aflac will pay \$15,000 for life insurance coverage for each insured dependent child up to age 25. To become insured, the child must be at least 14 days old and younger than 18 years old at the time of application. Insurance on each newborn child will become effective on the later of: (1) the date the child attains the age of 14 days, or (2) the date the child is first released from the hospital after birth.

## LIMITATIONS AND EXCLUSIONS

Any death benefit of the policy will not be payable if the named insured commits suicide or if anyone covered by additional riders commits suicide, while sane or insane, within two years from the policy or rider effective date. All premiums paid will be refunded, less any indebtedness.

The advanced claim payment will not be payable if the named insured's death occurs less than two years after the policy effective date.

The following information only applies to the Accelerated Death Payment, Waiver of Premium Benefit Rider and Accidental-Death Benefit Rider:

The Accelerated Death Payment will not be paid:

- If the named insured or his/her physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued;
- If the owner is required by law to accelerate benefits to meet the claims of creditors;
- If a government agency requires the owner to apply for benefits to qualify for a government benefit or entitlement; or
- If the policy is being continued as reduced paid-up life insurance or extended-term life insurance.

The Waiver of Premium Benefit Rider will not waive premiums if total disability is caused or contributed by:

- Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- War or any act of war, declared or undeclared, or any act incident thereto;
- Active participation in a riot, insurrection or terrorist activity;
- Committing or attempting to commit a felony;
- Voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas or fumes, unless a direct result of an occupational accident;
- Intoxication, as defined by the jurisdiction where the total disability occurred; or
- Participation in an illegal occupation or activity.

The Accidental-Death Benefit Rider will not be payable if the named insured's death results from, is caused by or contributed to:

- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (felony is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
- Participation in an illegal occupation or activity;
- Active participation in a riot, insurrection or terrorist activity;
- Being exposed to war or any act of war, declared or undeclared;
- Participating in any hazardous activities to include sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, mountain or rock climbing, or aviation in a capacity other than a passenger (except any aviation on a commercial airline flight or first responder flight);
- Having any infirmity, illness or disease, including a bacterial infection, unless such bacterial infection also occurred simultaneously with and in consequence of a covered accident; or an error, mishap or malpractice during medical or surgical treatment, including diagnosis, for any infirmity, illness or disease;
- Intoxication as defined by the jurisdiction where the accident occurred; or
- Voluntary intake or use by any means of: any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or poison, gas or fumes, unless a direct result of an occupational accident.

## TERMS YOU NEED TO KNOW

**ACCELERATED DEATH PAYMENT:** any accelerated benefit paid under the policy.

**ACCIDENTAL-DEATH:** death occurring as the direct result of an accidental bodily injury. Injury means an accidental bodily injury sustained by the named insured which is a direct result of an accident, independent of sickness, disease, bodily infirmity, mental illness, or any other cause.

**BENEFICIARY:** the person or persons to receive the proceeds upon the named insured's death.

**DEPENDENT CHILD:** the named insured's or the named insured's spouse's natural child, stepchild, or legally adopted child.

**FACE AMOUNT:** the amount shown in the Policy Schedule.

**INDEBTEDNESS:** any existing due and unpaid premiums, statutory child support liens, loans, or liens secured by the policy, plus unpaid interest.

**LIEN:** our right to or interest in the proceeds, cash values, and/or policy loans that are established as a result of your indebtedness to us.

**NAMED INSURED:** the person whose life is insured under the policy and is named as such on the Policy Schedule. The named insured is not the person insured in any child rider.

**PHYSICIAN:** a person legally qualified to practice medicine, other than you or the named insured or a member of your or the named insured's immediate family, who is licensed as a physician by the state where treatment is received to treat the type of condition for which a claim is made.

**POLICY EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The policy effective date is not the date the named insured signed the application for coverage.

**TERMINAL ILLNESS:** a condition that is diagnosed by a physician after the policy effective date and while the policy is in force and that, in such physician's best medical judgment, will cause the named insured to die within 12 months of the date of such diagnosis in spite of all possible treatments.

**TOTAL DISABILITY:** any disability that results from sickness or accidental injury and prevents the named insured from engaging in their job for a period of 90 consecutive days. During the first 24 months of total disability, total disability means the named insured is unable to engage in their job due to sickness or accidental injury. After the first 24 months of total disability, total disability means the named insured, due to sickness or accidental injury, is unable to engage in their job and unable to perform the substantial and material duties of any other job for which the named insured may become reasonably suited by education, training, or experience. Refer to the Waiver of Premium Benefit Rider for details.





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Virginia Payroll Premium rates are Weekly for industry Class C.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
For more information about policy/plan benefits and limitations, please refer to the accompanying  
product brochure for each insurance policy/plan listed below.

**Accident Advantage - 24-HOUR ACCIDENT OPTION 3 - Series A36000**

	Premium	Total
18-75 INDIVIDUAL	\$6.78	\$6.78
18-75 NAMED INSURED/SPOUSE	\$8.91	\$8.91
18-75 ONE-PARENT FAMILY	\$10.38	\$10.38
18-75 TWO-PARENT FAMILY	\$12.81	\$12.81

**AFLAC HOSPITAL ADVANTAGE PREFERRED - Option1 Series A49100**

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$6.99	\$9.51	\$10.38	\$11.73

**PERSONAL CANCER INDEMNITY LEVEL ONE - Series A-75100**

	Premium	BBR* (5 units)	Total
18-70 INDIVIDUAL	\$4.32	\$0.69	\$5.01
18-70 ONE-PARENT FAMILY	\$5.01	\$1.04	\$6.05
18-70 TWO-PARENT FAMILY	\$7.04	\$1.50	\$8.54

BBR\* = Optional Building Benefit Rider (Series A-75050) premium 1-5 units



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product brochure for each insurance policy/plan listed below.

**LUMP SUM LIMITED BENEFIT HEALTH INSURANCE POLICY - Series A73100**

Age	Coverage	Non-Smoker Premium	Non-Smoker Total
18-24	INDIVIDUAL	\$0.96	\$0.96
25-29		\$1.14	\$1.14
30-34		\$1.53	\$1.53
35-39		\$2.07	\$2.07
40-44		\$2.70	\$2.70
45-49		\$3.33	\$3.33
50-54		\$3.99	\$3.99
55-59		\$4.65	\$4.65
60-64		\$5.76	\$5.76
65-70		\$6.03	\$6.03
18-24	HUSBAND WIFE	\$1.62	\$1.62
25-29		\$1.86	\$1.86
30-34		\$2.46	\$2.46
35-39		\$3.30	\$3.30
40-44		\$4.20	\$4.20
45-49		\$5.25	\$5.25
50-54		\$6.48	\$6.48
55-59		\$7.89	\$7.89
60-64		\$10.20	\$10.20
65-70		\$10.71	\$10.71
18-24	ONE-PARENT FAMILY	\$0.96	\$0.96
25-29		\$1.14	\$1.14
30-34		\$1.53	\$1.53
35-39		\$2.07	\$2.07
40-44		\$2.70	\$2.70
45-49		\$3.33	\$3.33
50-54		\$3.99	\$3.99
55-59		\$4.65	\$4.65
60-64		\$5.76	\$5.76
65-70		\$6.03	\$6.03
18-24	TWO-PARENT FAMILY	\$1.62	\$1.62
25-29		\$1.86	\$1.86
30-34		\$2.46	\$2.46
35-39		\$3.30	\$3.30
40-44		\$4.20	\$4.20
45-49		\$5.25	\$5.25
50-54		\$6.48	\$6.48
55-59		\$7.89	\$7.89
60-64		\$10.20	\$10.20
65-70		\$10.71	\$10.71

Premium: Lump Sum Limited Benefit Health Insurance(A73100) - Benefit Amount (\$10,000)



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For more information about policy/plan benefits and limitations, please refer to the accompanying  
product brochure for each insurance policy/plan listed below.

**AFLAC-SHORT TERM DISABILITY - Series A-57600**

**Elimination Period Accident/Sickness - 14/14 DAYS**

<b>Annual Income</b>		<b>\$28,000</b>	<b>\$30,000</b>	<b>\$32,000</b>	<b>\$34,000</b>	<b>\$36,000</b>	<b>\$38,000</b>	<b>\$40,000</b>	<b>\$42,000</b>	<b>\$44,000</b>	<b>\$46,000</b>
<b>Benefit Period</b>	<b>Age</b>	<b>\$1,400</b>	<b>\$1,500</b>	<b>\$1,600</b>	<b>\$1,700</b>	<b>\$1,800</b>	<b>\$1,900</b>	<b>\$2,000</b>	<b>\$2,100</b>	<b>\$2,200</b>	<b>\$2,300</b>
6 MONTHS	18-49	\$8.82	\$9.45	\$10.08	\$10.71	\$11.34	\$11.97	\$12.60	\$13.23	\$13.86	\$14.49
	50-64	\$12.18	\$13.05	\$13.92	\$14.79	\$15.66	\$16.53	\$17.40	\$18.27	\$19.14	\$20.01
	65-74	\$15.12	\$16.20	\$17.28	\$18.36	\$19.44	\$20.52	\$21.60	\$22.68	\$23.76	\$24.84