

Aflac Accident Advantage

ACCIDENT-ONLY INSURANCE – OPTION 3

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



Aflac SmartClaim®
One Day Pay™

AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION 3

Policy Series A36000

AA³

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 you specify otherwise), 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.



The facts say you need the protection of the Aflac Accident Advantage insurance policy:

FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.¹

FACT NO. 2

\$5,500

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.¹

¹Injury Facts, 2014 Edition, National Safety Council.

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?

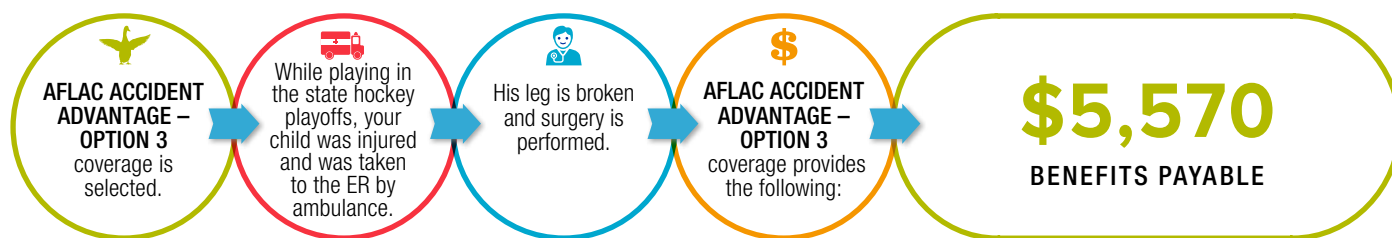
What does the Aflac Accident Advantage policy include?

- 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 answer²
- 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.

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 outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

²Association 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												
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person 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: DISLOCATIONS \$100–\$3,750 BURNS \$125–\$12,500 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... \$300 Removal of foreign body by a physician .. \$65 LACERATIONS Not requiring sutures \$35 Less than 5 centimeters \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters \$500 FRACTURES \$125–\$3,500 CONCUSSION (brain) \$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown \$400 Broken tooth resulting in extraction \$130 COMA \$12,500 PARALYSIS Quadriplegia \$12,500 Paraplegia..... \$6,250 Hemiplegia..... \$4,750 SURGICAL PROCEDURES \$200–\$1,250 MISCELLANEOUS SURGICAL PROCEDURES \$120–\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100												
ACCIDENTAL-DEATH BENEFIT	<table border="1"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$150,000</td> <td>\$40,000</td> </tr> <tr> <td>SPOUSE*</td> <td>\$150,000</td> <td>\$40,000</td> </tr> <tr> <td>CHILD</td> <td>\$25,000</td> <td>\$10,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	INSURED	\$150,000	\$40,000	SPOUSE*	\$150,000	\$40,000	CHILD	\$25,000	\$10,000
	Common-Carrier Accident	Other Accident											
INSURED	\$150,000	\$40,000											
SPOUSE*	\$150,000	\$40,000											
CHILD	\$25,000	\$10,000											
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$500–\$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												

*Spouse includes parties to a civil union.

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

ACCIDENT-ONLY COVERAGE

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
THIS POLICY DOES NOT PROVIDE COVERAGE FOR LOSS FROM SICKNESS

THE POLICY PROVIDES LIMITED BENEFITS.

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

OUTLINE OF COVERAGE

(1) **Accident-Only Coverage.** This type of policy does not pay you benefits if you get sick. It covers you for certain losses resulting from a covered accident ONLY. Limitations on benefits may apply. *Basic hospital, basic medical-surgical, or major medical coverage is not provided.*

(2) **Read Your Policy Carefully.** This outline of coverage briefly describes the important features of your coverage. This is not the insurance contract. Only the policy itself sets forth the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
REMEMBER, if you are not satisfied with your policy, you have 30 days to return it to Aflac and get your money back.

(3) **Annual Premium \$ _____ . You Pay \$ _____ per _____ .**

(4) **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, subject to the Limitations and Exclusions. 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 Injury must also occur while coverage is in force. Accidental-Death or Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. 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.

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.

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, Aflac will pay the benefit to your estate.

ACCIDENTAL-DISEMBEUREMENT 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. 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

\$500

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 (an ancillary 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; or racing any type vehicle in an organized event. 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 and a Physician's statement certifying your 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 the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 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 a Physician's statement certifying your inability to perform said duties, 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.

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.

(5) Optional Benefit

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

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER: Refer to your policy for the 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.

	<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.

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, 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 by the end of the grace period, or your death.

(6) 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 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 or any prior claim under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.

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 involved in 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 (We will return the premium paid during such service, and upon termination of military service, you have the right to renew coverage.);
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery except reconstructive surgery when such service is incidental to or follows surgery resulting from trauma; or
- Having dental care or treatment except as a result of Injury.

(7) 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, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. Premium

rates may be changed only if changed on all policies of the same form number and class in force in your state. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 31 days before the change becomes effective.

**FOR ADDITIONAL INFORMATION ABOUT POLICY BENEFITS OR CLAIMS,
TELEPHONE TOLL-FREE 1.800.992.3522.**

**RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

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.

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. Spouse* includes parties to a civil union, including those same-sex relationships from other jurisdictions that most closely approximate a New Jersey civil union. 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 while covered under the policy. 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 that your coverage begins. We require evidence of insurability before coverage is provided. Upon our approval of your application, coverage will begin on the effective date shown in the Policy Schedule or any attached endorsements or riders.

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; or racing any type vehicle in an organized event.

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, including any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness; or condition not caused by an injury, that results in loss commencing on or after the effective date of coverage and while coverage is in force.

*Spouse includes parties to a civil union.

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 shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Aflac shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.



Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

Aflac SmartClaim®
One Day PaySM

aflac.com || 1.800.99.AFLAC (1.800.992.3522)

One Day PaySM available for most properly-documented, individual Accident claims submitted online through Aflac SmartClaim® by 3 p.m. ET. Aflac SmartClaim® not available on the following: Aflac Plus Rider. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2015.

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



AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

SELECT

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



Aflac®

We've got you under our wing.®

AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

Policy Series A78000

CC

SELECT

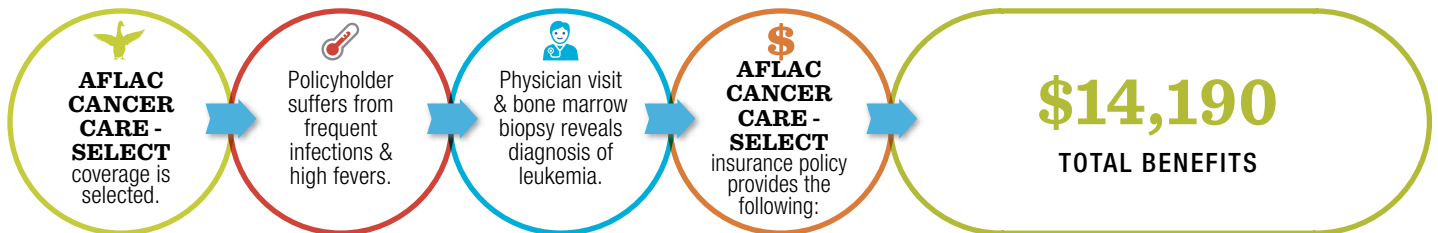
Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Select that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$40, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$62.50, NCI Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$2,000, venous port (Surgical/Anesthesia Benefit) of \$62.50, Injected Chemotherapy Benefit (10 weeks) of \$3,000, Immunotherapy Benefit (3 months) of \$525, Antinausea Benefit (3 months) of \$150, Hospital Confinement Benefit (10-week hospitalization) of \$7,000, Blood/Plasma Benefit (10 transfusions) of \$850.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer Facts & Figures 2012, American Cancer Society.

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.

Aflac herein means American Family Life Assurance Company of Columbus.

Select Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$40 per year, per Covered Person
Cancer Diagnosis Benefits:	
Initial Diagnosis Benefit	Insured/Spouse*: \$2,000; Dependent Child: \$4,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$75; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person
Cancer Treatment Benefits:	
Injected Chemotherapy Benefit	\$300 per week; no lifetime max
Nonhormonal Oral Chemotherapy Benefit	\$135 per prescription, per month up to \$405 max per month for Oral/Topical Benefit ²
Hormonal Oral Chemotherapy Benefit	\$135 per prescription, per month up to 24 months; after 24 months \$50 per month up to \$405 max per month for Oral/Topical Benefit ²
Topical Chemotherapy Benefit	\$100 per prescription, per month up to \$405 max per month for Oral/Topical Benefit ²
Radiation Therapy Benefit	\$175 per week; no lifetime max
Experimental Treatment Benefit	\$175 per week outside of a clinical trial; \$75 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit	\$175 once per month; \$875 lifetime max per Covered Person
Antinausea Benefit	\$50 per month; no lifetime max
Stem Cell Transplantation Benefit	\$3,500; lifetime max \$3,500 per Covered Person
Bone Marrow Transplantation Benefit	\$3,500; \$3,500 lifetime max per Covered Person; \$500 to donor
Blood and Plasma Benefit	Inpatient: \$85 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$140 per day; no lifetime max
Surgical/Anesthesia Benefit	\$50–\$1,700 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$2,125; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$20–\$200; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$100 per day; no lifetime max
Hospitalization Benefits:	
Hospital Confinement Benefits	Insured/Spouse*: \$100 per day; Dependent Child: \$125 per day; no lifetime max
Outpatient Surgical Benefit	\$100 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
Continuing Care Benefits:	
Extended-Care Facility Benefit	\$75 a day, limited to 100 days per year, per Covered Person
Home Health Care Benefit	\$50 per day; limited to 100 days per year, per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$50 per day; no lifetime max
Surgical Prosthesis Benefit	\$1,000; lifetime max \$2,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$90 per occurrence; lifetime max \$180 per Covered Person
Reconstructive Surgery Benefit	\$110–\$1,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$500 to have oocytes extracted; \$175 for storage; \$675 lifetime max per Covered Person
Ambulance, Transportation, Lodging, and Other Benefits:	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.35 per mile; max \$1,000 per round trip; no lifetime max
Lodging Benefit	\$50 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

*The term "Spouse" includes parties to a civil union.

²Up to three different oral/topical chemotherapy medicines per calendar month.

**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)

SPECIFIED-DISEASE COVERAGE ONLY

OUTLINE OF COVERAGE FOR POLICY FORM SERIES A78200

This policy is an individual policy of insurance. This policy provides specified disease coverage ONLY. This policy does NOT provide comprehensive medical or hospital insurance, Medicare supplement insurance, long-term care insurance, nursing home insurance only, home health care insurance only, or nursing home and home care insurance. You may also contact your local social security office or Aflac and obtain a copy of the *Guide to Health Insurance for People with Medicare*.

1. All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. CANCER WELLNESS: Aflac will pay \$40 per Calendar Year when a Covered Person receives one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemocult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. BONE MARROW DONOR SCREENING: Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. INITIAL DIAGNOSIS BENEFIT: Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$2,000
Dependent Child	\$4,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT: Aflac will pay \$75 when a Covered Person receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET)

scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

3. NATIONAL CANCER INSTITUTE 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 diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children’s Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. DIRECT NONSURGICAL TREATMENT BENEFITS: All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.

a. INJECTED CHEMOTHERAPY BENEFIT: Aflac will pay \$300 once per Calendar Week during which a Covered Person receives Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the medication(s) or treatment is received. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

(i.) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed and receives Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

(ii.) HORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$135 per Calendar Month for up to 24 months during which a Covered Person is prescribed and receives Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per Calendar Month during which a Covered Person is prescribed and receives Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

(iii.) TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed and receives a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the medication(s) or treatment is received. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the medication or treatment is first received. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

c. RADIATION THERAPY BENEFIT: Aflac will pay \$175 once per Calendar Week during which a Covered Person receives Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the therapy is received. No lifetime maximum.

d. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay \$175 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications outside of a clinical trial. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the chemotherapy medications are received. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

a. IMMUNOTHERAPY BENEFIT: Aflac will pay \$175 per Calendar Month during which a Covered Person receives Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the Immunotherapy is received. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

b. ANTINAUSEA BENEFIT: Aflac will pay \$50 per Calendar Month during which a Covered Person receives anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the

Calendar Month in which the anti-nausea drugs are received. No lifetime maximum.

c. STEM CELL TRANSPLANTATION BENEFIT: Aflac will pay \$3,500 when a Covered Person receives a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.

d. BONE MARROW TRANSPLANTATION BENEFIT: (1) Aflac will pay \$3,500 when a Covered Person receives a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.

e. BLOOD AND PLASMA BENEFIT: Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

a. SURGICAL/ANESTHESIA BENEFIT: When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition 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 nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

b. SKIN CANCER SURGERY BENEFIT: When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery

\$ 20

Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	35
Excision of lesion of skin without flap or graft	85
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

c. ADDITIONAL SURGICAL OPINION BENEFIT: Aflac will pay \$100 per day for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS: When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition, Aflac will pay the amount listed below per day for each day a Covered Person is confined as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$100
Dependent Child	\$125

2. OUTPATIENT SURGICAL BENEFIT: When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft.

E. CONTINUING CARE BENEFITS:

1. EXTENDED-CARE FACILITY BENEFIT: When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, 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, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 100 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

2. HOME HEALTH CARE BENEFIT: When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and receives benefits under Benefit D1 and within 30 days of hospital confinement requires home health care, Aflac will pay \$50 per day. **This benefit is limited to 100 days in any Calendar Year for each Covered Person.**

This benefit is not payable the same day the Hospice Care Benefit is payable.

3. HOSPICE CARE BENEFIT: When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

4. NURSING SERVICES BENEFIT: While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These 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. No lifetime maximum.

5. SURGICAL PROSTHESIS BENEFIT: Aflac will pay \$1,000 for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. NONSURGICAL PROSTHESIS BENEFIT: Aflac will pay \$90 per occurrence, per Covered Person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.

7. RECONSTRUCTIVE SURGERY BENEFIT: Aflac will pay the specified indemnity listed below for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above 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 above for the operation most nearly similar in severity and gravity.

8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION)

BENEFIT: Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm 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 or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. AMBULANCE BENEFIT:

Aflac will pay \$250 for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

2. TRANSPORTATION BENEFIT: Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:

- a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
- b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

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.

3. LODGING BENEFIT: Aflac will pay \$50 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition 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.

G. PREMIUM WAIVER AND RELATED BENEFITS:

1. WAIVER OF PREMIUM BENEFIT: If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation 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 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.

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

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

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

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

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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.

2. Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050)
Applied for: Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions, and Limitations of Rider A78050 Series:

The Initial Diagnosis Building Benefit is not payable for the diagnosis of Nonmelanoma Skin Cancer.

DEPENDENT CHILD RIDER: (Series A78051)

Applied for: Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions, and Limitations of Rider A78051 Series:

The Dependent Child Benefit is not payable for the diagnosis of Nonmelanoma Skin Cancer.

PRIMARY SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Series A78055)

Applied for: Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

A. FIRST-OCCURRENCE BENEFIT: Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Primary Specified Health Event:

Named Insured/Spouse

\$5,000 (Lifetime maximum \$5,000 per Covered Person)

Dependent Children

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in this rider.

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit above will be increased by \$500 on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th

birthday or at the time of a Primary Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Primary Specified Health Event is diagnosed prior to the fifth year of coverage.

C. REOCCURRENCE BENEFIT: If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Primary Specified Health Event.

For the Reoccurrence Benefit to be payable, the Primary Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.

D. HOSPITAL CONFINEMENT BENEFIT: When a Covered Person requires Hospital Confinement for the treatment of a covered Primary Specified Health Event, Aflac will pay \$300 per day for each day a Covered Person is confined as an inpatient. **This benefit is limited to confinements for the treatment of a covered Primary Specified Health Event that occur within 500 days following the occurrence of the most recent covered Primary Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Primary Specified Health Event at a time per Covered Person.

Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

E. CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay \$150 each day:

- | | |
|-------------------------------------|-------------------------|
| 1. rehabilitation therapy | 8. dialysis |
| 2. physical therapy | 9. hospice care |
| 3. speech therapy | 10. extended care |
| 4. occupational therapy | 11. Physician visits |
| 5. respiratory therapy | 12. nursing home care |
| 6. dietary therapy/
consultation | 13. chemotherapy |
| 7. home health care | 14. radiation therapy |
| | 15. out-patient surgery |

Treatment is limited to 365 days for continuing care received within 365 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Primary Specified Health Event. Benefits are payable for only one covered Primary Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Primary Specified Health Event,

we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

F. AMBULANCE BENEFIT: If, due to a covered Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury, we will pay \$2,000. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.** No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Primary Specified Health Event, Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Primary Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

H. LODGING BENEFIT: Aflac will pay \$75 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Primary Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be 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 15 days per occurrence of a covered Primary Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.** No lifetime maximum.

I. SECONDARY SPECIFIED HEALTH EVENT BENEFIT: Aflac will pay \$250 for each Covered Person under this rider when he or she has a Coronary Angioplasty, with or without stents. **This benefit is limited to one Coronary Angioplasty per 30-day period.** No lifetime maximum.

J. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Primary Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your 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 a Primary Specified Health Event, are completely unable to perform material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training or experience for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said duties. Aflac reserves the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine your inability to perform said duties.

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.

PRIMARY SPECIFIED HEALTH EVENT WITH FIRST-OCCURRENCE BUILDING BENEFIT AND PRIMARY SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Series A78056)

Applied for: Yes No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

A. FIRST-OCCURRENCE BENEFIT: Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Primary Specified Health Event:

Named Insured/Spouse

\$5,000 (Lifetime maximum \$5,000 per Covered Person)

Dependent Children

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in this rider.

B. FIRST-OCCURRENCE BUILDING BENEFIT: The First-Occurrence Benefit above will be increased by \$500 on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time of a Primary Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will

accrue for a period of at least five years unless a Primary Specified Health Event is diagnosed prior to the fifth year of coverage.

C. REOCCURRENCE BENEFIT: If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Primary Specified Health Event.

For the Reoccurrence Benefit to be payable, the Primary Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.

D. HOSPITAL CONFINEMENT BENEFIT: When a Covered Person requires Hospital Confinement for the treatment of a covered Primary Specified Health Event, Aflac will pay \$300 per day for each day a Covered Person is confined as an inpatient. **This benefit is limited to confinements for the treatment of a covered Primary Specified Health Event that occur within 500 days following the occurrence of the most recent covered Primary Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Primary Specified Health Event at a time per Covered Person.

Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.

E. CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay \$150 each day:

- | | |
|-------------------------------------|-------------------------|
| 1. rehabilitation therapy | 8. dialysis |
| 2. physical therapy | 9. hospice care |
| 3. speech therapy | 10. extended care |
| 4. occupational therapy | 11. Physician visits |
| 5. respiratory therapy | 12. nursing home care |
| 6. dietary therapy/
consultation | 13. chemotherapy |
| 7. home health care | 14. radiation therapy |
| | 15. out-patient surgery |

Treatment is limited to 365 days for continuing care received within 365 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$150 regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Primary Specified Health Event. Benefits are payable for only one covered Primary Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Primary Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

F. AMBULANCE BENEFIT: If, due to a covered Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury, we will pay \$2,000. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Primary Specified Health Event or confinement in a Hospital Intensive Care Unit or Step-Down Intensive Care Unit for a covered Sickness or Injury. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.** No lifetime maximum.

G. TRANSPORTATION BENEFIT: If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Primary Specified Health Event, Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. Reimbursement will be made only for the method of transportation actually taken. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Primary Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

H. LODGING BENEFIT: Aflac will pay \$75 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Primary Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be 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 15 days per occurrence of a covered Primary Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Primary Specified Health Event.** No lifetime maximum.

I. PRIMARY SPECIFIED HEALTH EVENT RECOVERY BENEFIT: Aflac will pay \$500 per month while a Covered Person remains in Primary Specified Health Event Recovery upon receipt of written proof of loss from that person's Physician.

For Periods of Primary Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

J. SECONDARY SPECIFIED HEALTH EVENT BENEFIT: Aflac will pay \$250 for each Covered Person under this rider when he or she has a Coronary Angioplasty, with or without stents. **This benefit is limited to one Coronary Angioplasty per 30-day period.** No lifetime maximum.

K. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a Primary Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your 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 a Primary Specified Health Event, are completely unable to perform material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training or experience for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said duties. Aflac reserves the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine your inability to perform said duties.

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.

THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO THE SPECIFIED HEALTH EVENT RIDER SERIES A78055 AND A78056. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THESE RIDERS.

- A.** Aflac will not pay benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-Existing Condition unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Primary and Secondary Specified Health Event at a time per Covered Person.
- B.** Aflac will not pay benefits whenever coverage provided by this 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.
- C.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

D. This rider does not cover losses or confinements caused by or resulting from:

- 1. Any loss sustained or contracted due, directly or indirectly, to a Covered Person's being intoxicated or under the influence of alcohol, drugs, or any narcotic unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurred).

- 2. Intentionally self-inflicting bodily Injury or attempting suicide.
- 3. Being involved in 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. (We will return the premium paid for this rider during such service, and upon termination of military service, you have the right to renew coverage.)

PRE-EXISTING CONDITIONS FOR THE SPECIFIED HEALTH EVENT RIDER SERIES A78055 AND A78056

A "Pre-Existing Condition" is an illness, disease, disorder, or Injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received from a Physician. Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Primary or Secondary Specified Health Event occurring more than 30 days after the Effective Date will be covered.

3. Exceptions, Reductions, and Limitations of the Policy (This is not a daily hospital expense plan.):

- A.** We pay only for treatment of Cancer and Associated Cancerous Conditions, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered) or complications of any other disease, sickness, or incapacity.
- B.** The Initial Diagnosis Benefit is not payable for the diagnosis of Nonmelanoma Skin Cancer.
- C.** Aflac will not pay benefits whenever coverage provided by this 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.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

This outline of coverage is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac. It is therefore imperative that you READ YOUR POLICY carefully.

The anticipated loss ratio for this policy is 60%. This ratio is the portion of future premiums which Aflac expects to return as benefits, when averaged over all people with this policy.

RETAIN FOR YOUR RECORDS.

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

THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

TERMS YOU NEED TO KNOW

ASSOCIATED CANCEROUS CONDITION: Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

CANCER: Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

- 1. INTERNAL CANCER:** All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").
- 2. NONMELANOMA SKIN CANCER:** A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

CORONARY ANGIOPLASTY: A medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). A Coronary Angioplasty may be performed to treat persistent chest pain (angina), blockage of one or more coronary arteries, or residual obstruction in a coronary artery during or after a Heart Attack. These procedures may be performed with or without stents.

CORONARY ARTERY BYPASS SURGERY: Open-heart surgery, performed after the Effective Date of this rider, 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, laser relief, or other nonsurgical procedures. This does not include valve replacement surgery.

COVERED PERSON: Any person insured under the coverage type you applied for: 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. "Spouse*" includes parties to a civil union, including those same sex relationships from other jurisdictions that most closely approximate a New Jersey civil union. 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 mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. "Dependent Children" are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: the date that your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the Effective Date shown in the Policy Schedule.

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, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the Effective Date of this rider. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of "Heart Attack" shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

MAJOR HUMAN ORGAN TRANSPLANT: A surgery in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas.

MAJOR THIRD-DEGREE BURNS: An area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals.

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.

PRIMARY SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

SECONDARY SPECIFIED HEALTH EVENT: Coronary Angioplasty, with or without stents, occurring after the Effective Date of coverage.

STROKE: Apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the Effective Date of this rider. 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), or cerebrovascular insufficiency.

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 as 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 this rider. Sudden Cardiac Arrest is not a Heart Attack.

*The term "Spouse" includes parties to a civil union.

ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor'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 unit; 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 Major Human Organ Transplant does not include transplants involving mechanical or nonhuman organs.

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.



**We've got you
under our wing.®**

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Peace of Mind *and*
Cash Benefits



LUMP SUM CRITICAL ILLNESS

LS^{CI}



We've got you under our wing.®

LUMP SUM CRITICAL ILLNESS

Policy Series A72000

LS^{CI}

The Need

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 disease being the leading cause of death in the United States and strokes affecting about 795,000 people each year,¹ Aflac's Lump Sum Critical Illness plan 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 Critical Illness plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

And unlike some other plans and coverage, the Subsequent Critical Illness Event Benefit has no lifetime maximum if you have a recurrence or another illness. That means as a policyholder, you've got the security of knowing that you will still receive benefits if you have another covered illness later in life.



THE LUMP SUM CRITICAL ILLNESS INSURANCE POLICY:

- Has no lifetime maximum.²
- Is completely portable.
- Is Guaranteed-Renewable for your lifetime.

CONSIDER THESE FACTS:

- In 2012, an estimated 1.25 million people will experience a heart attack.¹
- About every 34 seconds, someone suffers a heart attack.¹
- Every 40 seconds, someone suffers a stroke. About 795,000 strokes occur in the United States each year.¹

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 Critical Illness policy could make a difference to your well-being, your family, and your future.

¹Heart Disease and Stroke Statistics, American Heart Association, 2012 Update.

²Excluding the Coronary Artery Bypass Graft Surgery Benefit and the Sudden Cardiac Arrest Benefit.

Aflac herein means American Family Life Assurance Company of Columbus.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS: Aflac will not pay benefits for any Loss that is caused by a Pre-Existing Condition unless it begins more than six months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

Aflac will not pay benefits for any event that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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.

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.

The policy does not cover Loss caused by or resulting from: (1) using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes; (2) 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); (3) intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; (4) being involved in war or any act of war, declared or undeclared; or (5) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (upon receipt of your written request, we will return the premium paid for the policy during such service 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 six-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received. Benefits for a Loss that is caused by a Pre-Existing Condition will not be covered unless the Onset Date is more than six months after the Effective Date of coverage.

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.

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, coronary thrombosis, or coronary occlusion. 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* will 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.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a member of the medical profession 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.

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 spinal cord injury. The Paralysis must be confirmed by your attending Physician.

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), or cerebrovascular insufficiency.

ADDITIONAL TERMS

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.

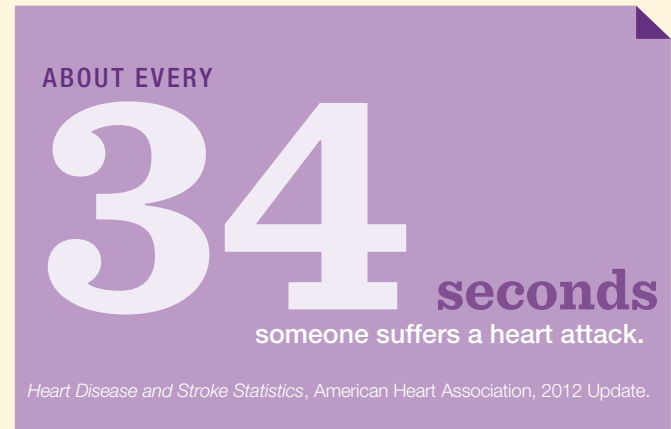
COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. This includes the relationship created by a civil union. 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 mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *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 mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

EFFECTIVE DATE: the date your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the Effective Date shown in the Policy Schedule.

GUARANTEED-RENEWABLE: the right to renew your policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

LOSS: a Critical Illness Event or Coronary Artery Bypass Graft Surgery.

ONSET DATE: the date of the occurrence for a Heart Attack or Stroke; 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.



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.

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.



PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

WHAT WE WILL PAY

For benefits 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 estate.

MAJOR CRITICAL ILLNESS EVENT BENEFIT: Aflac will pay the amount listed in the Policy Schedule (\$10,000–\$30,000, available in \$5,000 increments) upon the Onset Date of a Covered Person’s Critical Illness Event:

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

After qualifying for this benefit, such Covered Person will again become eligible for this benefit after five years from the later of (1) the Onset Date of any Critical Illness Event of such Covered Person or (2) the latest hospitalization or surgery due to such Covered Person’s Critical Illness Event. No lifetime maximum.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT: After a Covered Person has previously qualified for benefits under the Major Critical Illness Event Benefit, Aflac will pay \$5,000 upon that Covered Person’s Onset Date of:

- A recurrence of that same Critical Illness Event or
- 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.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT: Aflac will pay \$3,000 when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime.

SUDDEN CARDIAC ARREST BENEFIT: Aflac will pay \$5,000 upon a Covered Person’s Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

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AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

OPTION 1 (HSA-COMPATIBLE)

THIS 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 Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

Aflac will pay the following benefits, as applicable, for a covered sickness or injury that occurs while coverage is in force.
*Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
HOSPITAL CONFINEMENT	\$1,000	Aflac will pay \$1,000 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 period of hospital confinement, per covered person. Confinements must be separated by a minimum of 90 days from the previous covered hospital confinement for this benefit to be payable. No lifetime maximum.
DAILY HOSPITAL CONFINEMENT	\$50 per day	Aflac will pay \$50 per day for days 2 through 31 of the period of hospital confinement, when a covered person requires hospital confinement for a covered sickness or injury and a room charge is incurred.* The maximum benefit period for any one period of hospital confinement is 31 days. No lifetime maximum.

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, limitations, and exclusions.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

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.

Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a physician before coverage has been in force 30 days, unless the loss begins more than 30 days after the effective date of coverage.

Benefits for a covered sickness for all persons added to the policy (excluding newborns) are subject to a 30-day waiting period.

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 this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

The policy does not cover losses caused by or resulting from:

- Giving birth as a result of a normal pregnancy when conception occurs prior to the effective date of coverage (complications of pregnancy will be covered to the same extent as a sickness);
- Receiving routine nursing or routine well-baby care for a newborn child;
- Being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician;
- Committing or attempting to commit a felony or being engaged in an illegal occupation;

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

- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having dental care or treatment except as a result of injury;
- Having cosmetic surgery that is not medically necessary;
- Being involved in 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 (We will return the premium paid during such service, and upon termination of military service, you have the right to renew coverage.);
- 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.

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

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 complication of pregnancy. Hyperemesis gravidarum and pre-eclampsia not requiring hospital confinement and elective cesarean deliveries are not considered complications of pregnancy.

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 or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage.

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. Spouse includes a party to a civil union. 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. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. 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 and while covered under the policy. *Dependent children* are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: the date that your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the effective date shown in the Policy Schedule.

GUARANTEED-RENEWABLE: the right to renew the policy by payment of the premium due on or before the renewal date or by the end of the grace period. The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class.

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. The term *hospital confinement* does not include emergency rooms.

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 bed in a hospital. Confinements must begin while coverage under the policy is in force. Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous period of hospital confinement. 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, or disorder, independent of injury, medically evaluated, diagnosed, or treated by a physician more than 30 days after the effective date of coverage and while coverage is in force.



Aflac Short-Term Disability Income Insurance

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



AFLAC SHORT-TERM DISABILITY INCOME INSURANCE

Policy Series A57600

SD

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.¹

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,² short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.¹



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.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-4

AMERICANS ENTERING THE WORKFORCE WILL
BECOME DISABLED.³

FACT NO. 2

NEARLY

90%

OF DISABILITIES ARE NOT WORK RELATED.³

¹Subject to your benefit period and elimination period.

²Subject to certain conditions.

³2015 Disability Insurance Awareness Month, Facts from LIMRA.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. 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

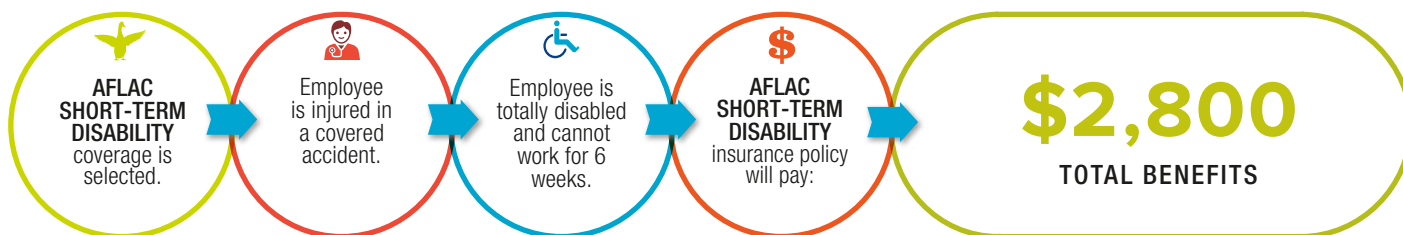
Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$400 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.
OPTIONAL RIDERS	
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, not covered by a state disability plan, 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 outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

**The monthly disability benefit may be limited if covered by a state disability plan.

SHORT-TERM DISABILITY INCOME COVERAGE

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
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1.800.99.AFLAC (1.800.992.3522)

SHORT-TERM DISABILITY INCOME COVERAGE
Outline of Coverage for Policy Series A57600

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the “Guide to Health Insurance for People With Medicare” available from Aflac.

1. **Disability Income Protection Coverage.** This type of policy is designed to cover you for disabilities resulting from a covered accident or sickness. Benefits may be subject to any limitations set forth in the policy. *Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.*
2. **Read Your Policy Carefully.** This outline of coverage briefly describes the important features of the coverage. This is not the insurance contract. Only 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!** *REMEMBER, if you are not satisfied with your policy, you have 30 days to return it to Aflac and get your money back.*

3. **Annual Premium** \$ _____.

You Pay \$ _____ per _____.

4. **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 when conception occurs after the Effective Date of the policy. 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. Complications of Pregnancy will be covered to the same extent as a Sickness.

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 meet with you while a claim is pending, or to use an independent consultant and Physician’s statement to determine whether you are qualified to receive Disability benefits. 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 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.

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 your covered Sickness or covered Off-the-Job Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of such covered Sickness or covered Off-the-Job Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for each day you cannot perform such duties. 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, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

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 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 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 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 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 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.

5. 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 meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. 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 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.

- 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 your covered On-the-Job Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of such covered On-the-Job Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for each day you cannot perform such duties. 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, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

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 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 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 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 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 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.

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 when conception occurs after the Effective Date of this rider. 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. Complications of Pregnancy will be covered to the same extent as a Sickness.

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 meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. 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 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.

- 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 your covered Sickness or covered Off-the-Job Injury causes you to be unable to perform the duties of any occupation for which you are or become

qualified by reason of education, training, or experience within 90 days of such covered Sickness or covered Off-the-Job Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for each day you cannot perform such duties. 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, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training or experience.

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 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 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 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 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.

Continuing Disability Benefit Rider:

(Series A57652) Applied For: Yes No

The following benefit is payable for a disability caused by a covered Sickness or covered Off-the-Job Injury. Disability benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms:

If your covered Sickness or covered Off-the-Job Injury causes your Disability for 180 continuous days, we will pay you for each subsequent day of your Disability: (1) the Disability Daily Benefit for the Continuing Disability Benefit Rider shown in the Policy Schedule for your continuing Total Disability or (2) one-half of the Disability Daily Benefit for the Continuing Disability Benefit Rider shown in the Policy Schedule for your continuing Partial Disability. This benefit is only payable to the extent to

which the applicable Disability benefits are payable under the policy and is payable in addition to Disability benefits under the policy. Benefits under this rider will cease on the earlier of (1) the date you are no longer disabled or (2) the date you have reached the Benefit Period under your policy and policy benefits are no longer payable. For benefits under this rider to again become payable, you must qualify for and receive Disability benefits for a separate Disability under the policy for another 180 continuous days, subject to a new Elimination Period under your policy. For a continuation of a prior disability, refer to the Disability benefits in the policy.

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; (2) your failure to pay the premiums for the rider by the end of the Grace Period; (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.

IMPORTANT PROVISIONS OF THE POLICY

LIMITATIONS AND EXCLUSIONS

- A.** Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 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 12 months 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 or any prior claim under any other Aflac 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. Giving birth when conception occurs prior to the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
- 2. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- 3. Having cosmetic surgery except reconstructive surgery when such service is incidental to or follows surgery resulting from trauma;
- 4. Having dental care or treatment, except as a result of Injury;
- 5. Being involved in war or any act of war, declared or undeclared;
- 6. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (We will return the premium paid during such service, and upon termination of military service, you have the right to renew coverage.);
- 7. 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.

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.

ILLEGAL OCCUPATION: Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or

attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

INTOXICANTS AND NARCOTICS: Aflac shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, disorder, pregnancy, or injury for which symptoms existed that would cause an ordinarily prudent person to seek diagnosis, care, or treatment within a one-year period preceding the Effective Date of coverage or a condition for which medical advice, or treatment was recommended by a physician or received from a physician within a five-year period

preceding the Effective Date of coverage. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 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, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy.

**RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

BENEFIT PERIOD: the maximum number of days after the elimination period, if any, for which you can be paid benefits for any period of disability. Each new benefit period is subject to a new elimination period. See the Policy Schedule for the benefit period you selected. For the purposes of this calculation, a “month” is defined as 30 days for which benefits are paid.

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

EFFECTIVE DATE: the date that your coverage begins. We require evidence of insurability before coverage is provided. Upon our approval of your application, coverage will begin on the effective date shown in the Policy Schedule.

ELIMINATION PERIOD: the number of consecutive days at the beginning of your period of disability for which no benefits are payable. See the Policy Schedule for the elimination period you selected. Each new benefit period is subject to a new elimination period.

FULL-TIME JOB: one job at which you work 19 or more hours per week for one employer for pay or benefits. If you have more than one job, your full-time job shall be considered the job at which you work the most regularly scheduled hours.

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 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 the material and substantial duties of your full-time job, but able to work at any job 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 first 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.

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 complication of pregnancy. Elective cesarean deliveries and hyperemesis gravidarum and pre-eclampsia not requiring hospital confinement are not considered complications of pregnancy.

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

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony, or to which a contributing cause was the insured's being engaged in an illegal occupation.

Aflac shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.





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Underwritten by:
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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.¹

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

Aflac also offers the option of guaranteed-issue² 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.³

FACT NO. 2

APPROXIMATELY **50** MILLION

HOUSEHOLDS RECOGNIZE THEY NEED MORE LIFE INSURANCE.³

¹Certain face amounts may not be available. Underwriting requirements apply.

²Subject to certain conditions.

³Facts 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

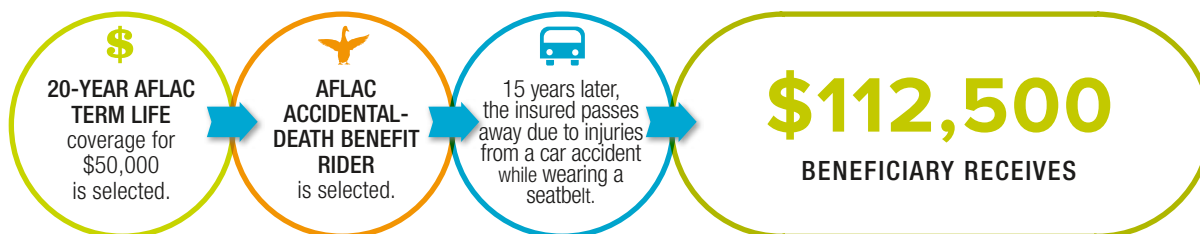
No one likes to think he or she needs life insurance. But when people depend on you, assuring their financial futures with life insurance benefits is simply the right thing to do.

- **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.⁴

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 RIDER⁵ (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 RIDER⁵ (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 RIDER⁶ (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.

⁴This 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, Accessed 3/8/18.

⁵Optional riders are not guaranteed-issue. Underwriting requirements apply.

⁶Rider 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.





aflac.com || 1.800.99.AFLAC (1.800.992.3522)



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.

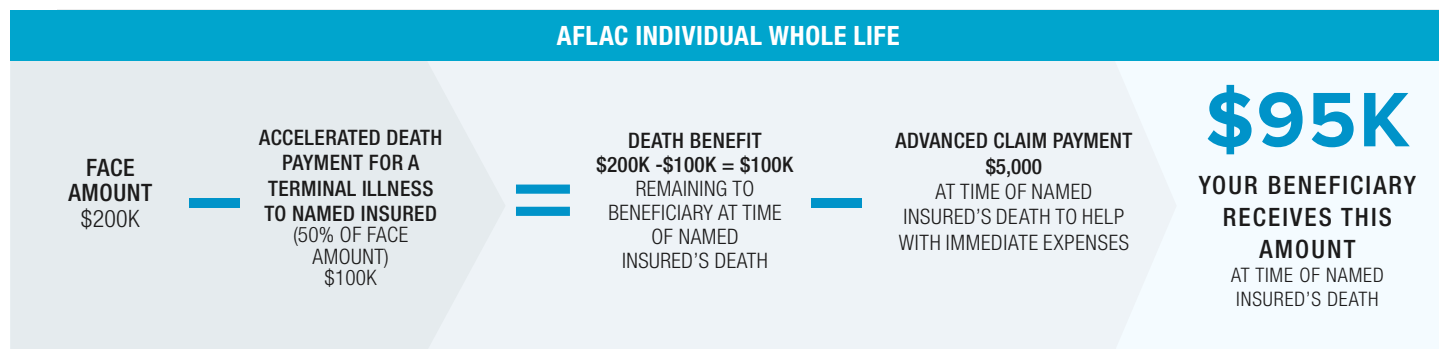
Understand the difference Aflac can make in your financial security.

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:

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.

WHAT IS COVERED?

ADVANCED CLAIM PAYMENT – PRIMARY INSURED ONLY	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.
ACCELERATED DEATH PAYMENT FOR A TERMINAL ILLNESS – PRIMARY INSURED ONLY	<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>
OPTIONAL RIDERS	
10-YEAR TERM LIFE INSURANCE RIDER (RIDER ICC18B60050) (ISSUE AGES 18-70)	Aflac will pay up to 50 percent of the policy's face amount for life insurance coverage on the named insured.
WAIVER OF PREMIUM BENEFIT RIDER (RIDER ICC18B60051) – PRIMARY INSURED ONLY (ISSUE AGES 18-59)	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.
ACCIDENTAL-DEATH BENEFIT RIDER (RIDER ICC18B60052) – PRIMARY INSURED ONLY (ISSUE AGES 18-69)	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.
CHILD TERM LIFE INSURANCE RIDER (RIDER ICC18B60053)	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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Rate sheet prepared by Web User on 1/26/2022 9:12:33 PM.
 New Jersey 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 - Option1 Series A4910HNJR

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$7.29	\$8.04	\$10.23	\$10.41

AFLAC CANCER CARE PLAN SELECT - Series A78200

	Premium	IDR* (5 units)	Total
18-35 INDIVIDUAL	\$4.38	\$1.50	\$5.88
36-45	\$4.38	\$1.50	\$5.88
46-55	\$4.38	\$1.50	\$5.88
56-75	\$4.38	\$1.50	\$5.88
18-35 INSURED/SPOUSE	\$7.14	\$3.30	\$10.44
36-45	\$7.14	\$3.30	\$10.44
46-55	\$7.14	\$3.30	\$10.44
56-75	\$7.14	\$3.30	\$10.44
18-35 ONE-PARENT FAMILY	\$4.38	\$1.50	\$5.88
36-45	\$4.38	\$1.50	\$5.88
46-55	\$4.38	\$1.50	\$5.88
56-75	\$4.38	\$1.50	\$5.88
18-35 TWO-PARENT FAMILY	\$7.14	\$3.30	\$10.44
36-45	\$7.14	\$3.30	\$10.44
46-55	\$7.14	\$3.30	\$10.44
56-75	\$7.14	\$3.30	\$10.44

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units



Rate sheet prepared by Web User on 1/26/2022 9:12:33 PM.
 New Jersey Payroll Premium rates are Weekly for industry Class C.

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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.

Lump Sum Critical Illness - Series A-72100

	Premium	Total
18-35 INDIVIDUAL	\$1.38	\$1.38
36-45	\$2.40	\$2.40
46-55	\$3.66	\$3.66
56-70	\$5.10	\$5.10

18-35 HUSBAND WIFE	\$2.28	\$2.28
36-45	\$4.02	\$4.02
46-55	\$6.36	\$6.36
56-70	\$10.26	\$10.26

18-35 ONE-PARENT FAMILY	\$1.68	\$1.68
36-45	\$2.46	\$2.46
46-55	\$3.72	\$3.72
56-70	\$5.82	\$5.82

18-35 TWO-PARENT FAMILY	\$2.64	\$2.64
36-45	\$4.74	\$4.74
46-55	\$7.56	\$7.56
56-70	\$12.18	\$12.18

Premium: Lump Sum Critical Illness - 2 units of coverage (\$10,000.00).

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$30,000	\$34,000	\$34,000	\$34,000	\$35,000	\$37,000	\$40,000	\$43,000	\$46,000	\$49,000
Benefit Period	Age	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800
6 MONTHS	18-49	\$6.48	\$7.20	\$7.92	\$8.64	\$9.36	\$10.08	\$10.80	\$11.52	\$12.24	\$12.96
	50-64	\$8.91	\$9.90	\$10.89	\$11.88	\$12.87	\$13.86	\$14.85	\$15.84	\$16.83	\$17.82
	65-74	\$11.07	\$12.30	\$13.53	\$14.76	\$15.99	\$17.22	\$18.45	\$19.68	\$20.91	\$22.14