Aflac Vision Now®

VISION INSURANCE

You can never see into the future.
But our vision plan helps make the path
to getting there a little clearer.

Aflac®

We've got you under our wing.®

AFLAC VISION NOW®

VISION INSURANCE

Policy Series VSN100

VN

The First Plan Designed to Help Protect One of Your Most Valuable Assets—Your Vision

According to an old proverb, the eyes are the windows of the soul. While we agree that may be true in a philosophical sense, at Aflac we also believe your eyes are the windows to even more: Your overall health for instance. Aside from maintaining good vision and detecting conditions such as glaucoma, eye exams can also reveal much more. They can help spot high blood pressure, diabetes, high cholesterol, and even brain tumors.

That's why we've developed the **Aflac Vision Now®** vision insurance policy.

The **Aflac Vision Now®** plan is different because it encourages individuals and their families to be more proactive and preventive about caring for their vision. Most importantly, it takes vision insurance to the next level by paying benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

Read on to learn more about this unique approach to insuring one of your most important assets.

UNDERSTANDING THE FACTS CAN HELP YOU UNDERSTAND THE THINKING BEHIND AFLAC'S VISION NOW® INSURANCE POLICY:

FACT NO. 1

90%

OF ALL EYE AND VISION INJURIES COULD BE PREVENTED WITH SIMPLE SAFETY STEPS SUCH AS WEARING PROPERLY DESIGNED AND FITTED PROTECTIVE EYEWEAR.[1]

FACT NO. 2

14 MILLION

AMERICANS 12 YEARS AND OLDER HAVE VISUAL IMPAIRMENT—MORE THAN 80% COULD BE CORRECTED TO GOOD VISION WITH REFRACTIVE CORRECTION.[2]

[1]American Optometric Association, "Healthy Vision on the Job Is Everyone's Business," <www.aoa.org/x14313.xml>, accessed on February 8, 2012.
[2]Centers for Disease Control and Prevention, "Vision Health Initiative Fast Facts," <www.cdc.gov/visionhealth/basic_information/fast_facts.htm>, accessed on February 8, 2012.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

NO COORDINATION OF BENEFITS

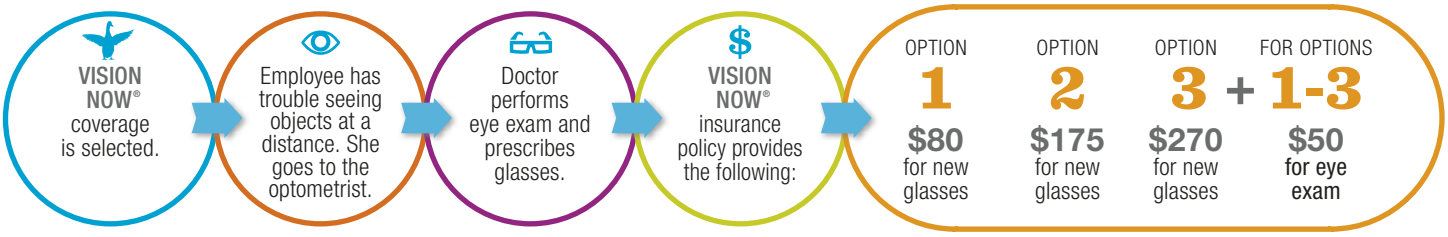
Benefits are paid regardless of any other insurance.

PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **$80**, **$175**, or **$270** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **$50.**

HOW IT WORKS



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

American Family Life Assurance Company of Columbus (herein referred to as Aflac)

VISION INSURANCE COVERAGE

POLICY SERIES VSN100

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

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

II. Benefits. Subject to the waiting period, listed in the Benefit section (Part 5) of the policy, for the Vision Correction Benefit and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered vision treatment that occurs while coverage is in force. See the policy for the specific waiting period for the Vision Correction Benefit.

A. EYE EXAMINATION BENEFIT: Aflac will pay $50 when a charge is incurred for an eye examination for a covered person. This benefit is limited to one examination per covered person, per Policy Year. The eye examination must be performed by an Optometrist or Ophthalmologist. No lifetime maximum.

While the policy is in force, the following benefits will be paid, subject to Part 2, Limitations and Exclusions of the policy, and all other policy provisions. Please see section (III) of this document.

B. VISION CORRECTION BENEFIT: The option you have chosen on your application is indicated below by a check mark in the appropriate option box. PLEASE NOTE: Only one Vision Correction Benefit option can be in effect at any given time.

☐ **Option 1 VISION CORRECTION BENEFIT:** Aflac will pay $80 when a charge is incurred for prescribed Vision Correction Materials or $130 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person, per Policy Year. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery in the same Policy Year, we will pay $50 for Refractive Error Correction Surgery.**

☐ **Option 2 VISION CORRECTION BENEFIT:** After a 12-month waiting period, Aflac will pay $175 when a charge is incurred for prescribed Vision Correction Materials or $295 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 24-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 24-month period, we will pay $120 for Refractive Error Correction Surgery.**

☐ **Option 3 VISION CORRECTION BENEFIT:** After a 24-month waiting period, Aflac will pay $270 when a charge is incurred for prescribed Vision Correction Materials or $480 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 36-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 36-month period, we will pay $210 for Refractive Error Correction Surgery.**

C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT: Aflac will pay $1,000 when a covered person is first diagnosed after the Effective Date as having any of the eye diseases or disorders listed below. The eye disease or disorder must be diagnosed by an Ophthalmologist or a Physician.

Glaucoma (excluding preglaucoma and/or borderline glaucoma)

Proliferative diabetic retinopathy	Retinal detachment
Retinitis pigmentosa	Macular degeneration

This benefit is payable only once per covered disease or disorder, per covered person, and will be paid in addition to any other benefit in the policy.

D. EYE SURGERY BENEFIT: When a surgical operation is performed on a covered person for a diagnosed eye disease or disorder, Aflac will pay the indemnity amount listed in the Schedule of Operations in the policy for the specific procedure when a charge is incurred. Surgeries must be performed by an Ophthalmologist or a Physician.

If any operation for a diagnosed eye disease or disorder 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.

NOTE: Surgical benefits for Refractive Error Correction Surgery are payable only under the Vision Correction Benefit.

Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. No lifetime maximum.

E. PERMANENT VISUAL IMPAIRMENT BENEFIT: When a covered person is first diagnosed after the Effective Date of coverage with a Visual Impairment for which there is no medical prognosis of recovery, Aflac will pay the following indemnity amount(s) for the specific level(s) of Visual Impairment that apply to your current stage of Visual Impairment.

VISUAL IMPAIRMENT LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
(Level 1) – Severe	$750	$750
(Level 2) – Profound	+ $1,750	$2,500
(Level 3) – Near-Total	+ $2,500	$5,000
(Level 4) – Total	+ $5,000	$10,000

If a covered person is diagnosed with a Level 2, 3, or 4 Visual Impairment, benefits for previously unpaid lower levels of Visual Impairment, if any, will be paid in addition to benefits for the level diagnosed. Each level of Visual Impairment is payable a maximum of once per eye, per covered person.

The permanent Visual Impairment must be diagnosed by an Ophthalmologist or a Physician. Benefits for a child born visually impaired are payable only if the visually impaired child is born after ten months from the Effective Date of the policy. Lifetime maximum of $10,000 per eye, per covered person. Lifetime maximum of $20,000 per covered person.

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

- The policy has been in force for at least six months;
- We have received premiums for at least six consecutive months;
- Your premiums have been paid through payroll deduction;
- You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
- You re-establish premium payments through your new employer's payroll deduction process, or direct payment to Aflac.

You will again become eligible to receive this benefit after:

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

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

III. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE POLICY:

A. The policy contains a 30-day waiting period. If a covered person has an eye disease or disorder, other than one caused by an Injury, diagnosed before coverage has been in force 30 days from the Effective Date of coverage shown in the Policy Schedule, benefits for treatment of that eye disease or disorder will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. **The 30-day waiting period does not apply to the Eye Examination Benefit or the Vision Correction Benefit.**

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

1. Services that are not recommended by an Optometrist, Ophthalmologist, or a Physician.
2. Cosmetic surgery that is not due to eye disease, disorder, or Injury.
3. Treatment or diagnosis received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where the policy was issued.
4. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane.

C. If you change your Vision Correction Benefit option, this benefit will be subject to a new waiting period, if any, beginning with the Effective Date of the new option. **YOU ARE ELIGIBLE TO CHANGE YOUR VISION CORRECTION BENEFIT OPTION ONLY ONCE EACH YEAR, WITH THE CHANGE TO BE EFFECTIVE ON THE NEXT POLICY ANNIVERSARY DATE.**

IV. RENEWABILITY: The policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

The policy has limitations that may affect benefits payable.
This brochure is for illustration purposes only.
Refer to the policy for complete definitions, details, limitations, and exclusions.

TERMS YOU NEED TO KNOW

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). Newborn children are automatically covered 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 while covered under the policy and before age 26. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.

OPHTHALMOLOGIST: A licensed Physician, other than a member of your immediate family, specializing in diagnosis, care, and treatment of refractive, medical, and surgical problems related to eye diseases and disorders.

OPTOMETRIST: A licensed doctor of optometry, other than a member of your immediate family, who specializes in vision problems; treating vision conditions with spectacles, contact lenses, low-vision aids, and vision therapy; and prescribing medications for certain eye diseases and disorders.

PHYSICIAN: A legally qualified person, other than a member of your immediate family, who is licensed as a Physician by the state to treat the type of condition for which a claim is made.

PRE-EXISTING CONDITIONS: A *Pre-existing Condition* is a disease or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. 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. **The Pre-existing Conditions provision does not apply to the Eye Examination Benefit or to the Vision Correction Benefit.**

VISUAL IMPAIRMENT: Specific levels of Visual Impairment are defined below. Visual Impairment must be a result of an eye injury, eye disease, or eye defect.

- **LEVEL 1 – SEVERE VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/200 or less, or a total diameter of the visual field in that eye of 20 degrees or less.
- **LEVEL 2 – PROFOUND VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/500 or less, or a total diameter of the visual field in that eye of 10 degrees or less.
- **LEVEL 3 – NEAR-TOTAL VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of less than 20/1000, or a total diameter of the visual field in that eye of 5 degrees or less.
- **LEVEL 4 – TOTAL VISUAL IMPAIRMENT:** Complete loss of vision with no remaining perception of light, or loss of the natural eye.

ADDITIONAL INFORMATION

Covered refractive error correction surgeries include but are not limited to laser assisted in-situ keratomileusis (LASIK), laser thermokeratoplasty (LTK), photorefractive keratectomy (PRK), radial keratotomy (RK), and intracorneal rings (Intacs).

Covered vision correction materials include prescribed glasses, sunglasses, sports glasses, spare pairs of glasses, and contact lenses. Covered vision correction materials do not include items available for purchase without a prescription.

We've got you under our wing.®

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

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

Aflac Choice

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

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

The policy is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Aflac SmartClaim®
One Day Pay℠

AFLAC CHOICE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000

HC

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

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

Here's how we can help

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

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

Why Aflac Choice may be the right policy for you

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

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac makes in your financial security.

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

How it works

POLICYHOLDER
FEELS A SHARP PAIN IN HIS RIGHT SIDE.
Decides to visit his urgent care clinic for care.

DOCTOR DIAGNOSES APPENDICITIS,
sends patient to hospital by ambulance.

PATIENT HAS LAB TEST
& diagnostic exam in hospital ER. Undergoes surgery and released after 3 days.

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

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Confinement Benefit of $1,500 and a Hospital Emergency Room Benefit of $100. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of $100, a Surgery Benefit (appendectomy) of $200, and a Daily Hospital Confinement Benefit of $300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of $25, a Laboratory Test and X-Ray Benefit of $35, a Medical Diagnostic and Imaging Exams Benefit of $150, and an Ambulance Benefit of $200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of $25, a Laboratory Test and X-Ray Benefit of $35, a Medical Diagnostic and Imaging Exams Benefit of $150, an Ambulance Benefit of $200 (ground), an Initial Assistance Benefit of $100, a Surgery Benefit (appendectomy) of $200, and a Daily Hospital Confinement Benefit of $300 (hospitalized for 3 days). Benefits may vary by state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Coverage Options

Choose the Policy and Riders that Fit Your Needs

BENEFIT	DESCRIPTION
HOSPITAL CONFINEMENT	Pays $500; $1,000; $1,500; or $2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.
CHILDBIRTH	Pays $125, $250, $375, or $500 per day. The benefit amount is based on the Hospital Confinement Benefit amount chosen at the time of application. Limited to 4 days per childbirth and payable only once per covered pregnancy.
CHILDBIRTH FOLLOW-UP CARE	Pays $25 per day. Limited to 5 days per childbirth.
REHABILITATION FACILITY	Pays $100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.
HOSPITAL EMERGENCY ROOM	Pays $100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.
HOSPITAL SHORT-STAY	Pays $100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes

OPTIONAL RIDERS	DESCRIPTION
EXTENDED BENEFITS RIDER	**Physician Visit Benefit:** Pays $25 for visits (including telemedicine) to a physician, psychologist or urgent care center. **Individual Coverage:** Limited to 3 visits per calendar year, per policy. **Insured/Spouse & Family Coverage:** Limited to 6 visits per calendar year, per policy. **Laboratory Test and X-Ray Benefit:** Pays $35; limited to 2 payments per covered person, per calendar year. **Medical Diagnostic and Imaging Exams Benefit:** Pays $150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies. **Ambulance Benefit:** Pays $200 (ground) or $2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.
HOSPITAL STAY AND SURGICAL CARE RIDER	**Initial Assistance Benefit:** Pays $100 once per calendar year, per rider, when a covered person requires a hospital admission. **Surgery Benefit:** Pays $50-$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person. **Invasive Diagnostic Exams Benefit:** Pays $100 for one covered exam, per covered person, per 24-hour period. **Hospital Intensive Care Unit Confinement Benefit:** Pays $500 per day, per covered person, for up to 30 days. **Daily Hospital Confinement Benefit:** Pays $100 per day, per covered person, for up to 365 days. **Second Surgical Opinion Benefit:** Pays $50 once per covered person, per calendar year.
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider!

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

AFLAC CHOICE COVERAGE

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

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

LIMITED BENEFIT, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Policy Form Series B40100

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

2. **Hospital Confinement Indemnity Coverage:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.

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

   A. **HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury, excluding childbirth, and a room charge is incurred. This benefit is payable once per Calendar Year, per Covered Person. **Hospitalization for childbirth and routine nursery care will be paid under the Childbirth Benefit.** No lifetime maximum.

   B. **CHILDBIRTH BENEFIT:** Aflac will pay the amount shown in the Policy Schedule per day when a Covered Person gives birth in a Hospital and requires Hospital Confinement for 23 or more hours as a result of a covered pregnancy or when a covered newborn receives routine nursery care in a Hospital and a charge is incurred. This benefit is payable once per covered pregnancy. **Hospitalization due to Complications of Pregnancy will be paid under the Hospital Confinement Benefit. This benefit is limited to four days per childbirth.** No lifetime maximum.

   C. **CHILDBIRTH FOLLOW-UP CARE BENEFIT:** Aflac will pay $25 per day when a Covered Person, including a newborn child, receives follow-up care after Hospital discharge following childbirth. The follow-up care must be provided by a Physician or a home health care professional experienced in maternity and newborn care. **This benefit is limited to five days per childbirth.** No lifetime maximum.

   D. **REHABILITATION FACILITY BENEFIT:** Aflac will pay $100 per day when a Covered Person is confined in a Hospital and is transferred to a room in a Rehabilitation Facility for treatment of a covered Sickness or Injury and a charge is incurred each day for such treatment. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.

   E. **HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay $100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred for such treatment. This benefit is payable twice per Calendar Year, per Covered Person. No lifetime maximum.

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

   F. **HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay $100 when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred for such treatment. This benefit is not payable for treatment received in a Hospital Emergency Room or Urgent Care Center. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

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

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

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

      1. Your policy has been in force for at least six months;
      2. We have received premiums for at least six consecutive months;
      3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;

4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
   (a) Your new employer's payroll deduction process or
   (b) Direct payment to Aflac.

You will again become eligible to receive this benefit after:

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

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

4. Optional Benefits:

EXTENDED BENEFITS RIDER: (SERIES B40050)
Applied for ❑ Yes ❑ No

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

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

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

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

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

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

D. AMBULANCE BENEFIT: Aflac will pay $200 if, due to a covered Sickness or Injury, a Covered Person requires, and incurs a charge for, ground ambulance transportation to or from a Hospital. If a Covered Person requires, and incurs a charge for, air ambulance transportation to or from a Hospital due to a covered Sickness or Injury, Aflac will pay $2,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

HOSPITAL STAY AND SURGICAL CARE RIDER: (SERIES B40051)
Applied for ❑ Yes ❑ No

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

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

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

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

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

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

D. **HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay $500 per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.

E. **DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay $100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a room charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.

F. **SECOND SURGICAL OPINION BENEFIT:** Aflac will pay $50 when a charge is incurred for a second surgical opinion by a Physician concerning surgery for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

---

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

A. Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

B. Aflac will not pay benefits for any illness, disease, infection, disorder, or condition that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

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

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 the coverage. If you have received benefits that were not contractually due under the coverage, then Aflac reserves the right to offset any benefits payable under the coverage up to the amount of benefits you received that were not contractually due.

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

1. Childbirth and/or any related conditions that occur within the first 270 days of the Effective Date of coverage; or pregnancy in existence prior to the Effective Date of coverage, including any resulting Complications of Pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the Effective Date of coverage, Complications of Pregnancy are covered to the same extent as a Sickness;
2. 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 type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being detained in any detention facility or penal institution;
4. 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 cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment, except as a result of Injury;
7. Having cosmetic surgery that is not Medically Necessary;
8. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
9. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
10. Actively participating in a riot, insurrection, or terrorist activity;
11. Donating an organ within the first 12 months of the Effective Date of coverage; or
12. 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, first manifested while coverage is in force.

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. 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.

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

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

TERMS YOU NEED TO KNOW

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

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

HOSPITAL CONFINEMENT: A stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary and the result of a covered sickness or injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

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

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

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

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

ADDITIONAL INFORMATION

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

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

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

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

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

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

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

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

The policy does not cover losses caused by or resulting from childbirth and/or any related conditions that occur within the first 270 days of the effective date of coverage; or pregnancy in existence prior to the effective date of coverage, including any resulting complications of pregnancy or maternal-fetal intervention procedure. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness. Complications of pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy. For pregnancy beginning on or after the effective date of coverage, complications of pregnancy are covered to the same extent as a sickness, subject to the Limitations and Exclusions.

Aflac®

Aflac SmartClaim®

One Day Pay℠

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

One Day Pay℠ available for most properly-documented, individual Hospital claims submitted online through Aflac SmartClaim® by 3 p.m. ET. Aflac SmartClaim® not available on all products. 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, 2016.

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

AFLAC CANCER CARE - SELECT coverage is selected.

Policyholder suffers from frequent infections & high fevers.

Physician visit & bone marrow biopsy reveals diagnosis of leukemia.

AFLAC CANCER CARE - SELECT insurance policy provides the following:

$18,190
TOTAL BENEFITS

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 $11,000, 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]

[1] *Cancer 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 if charged; $75 per week if no charge; 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 Benefit:	
• Hospitalization for 30 days or less	Insured/Spouse: $100 per day; Dependent Child: $125 per day; no lifetime max
• Hospitalization for Days 31+	Insured/Spouse: $200 per day; Dependent Child: $250 per day; no lifetime max
Outpatient Hospital Surgical Room Charge 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 30 days per year, per Covered Person
Home Health Care Benefit	$50 per day; limited to 30 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

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

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

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

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

LIMITED BENEFIT

CANCER/SPECIFIED-DISEASE INSURANCE

POLICY SERIES A78200

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

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

2. **Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

3. 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
- hemoccult 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 the 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 charge is incurred for a Covered Person who 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 and incurs a charge for 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 charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

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

(2) HORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay $135 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for 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, receives, and incurs a charge for 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.

(3) TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay $100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for 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 charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. 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 and incurs a charge for 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 charge for the therapy is incurred. No lifetime maximum.

d. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay $175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. 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 that does not charge patients for such medications.

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 charge for the chemotherapy medications is incurred. 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 antinausea drugs received by the Covered Person.

a. IMMUNOTHERAPY BENEFIT: Aflac will pay $175 per Calendar Month during which a Covered Person receives and incurs a charge for 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 charge for Immunotherapy is incurred. 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 and incurs a charge for antinausea 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 charge for antinausea drugs is incurred. No lifetime maximum.

c. STEM CELL TRANSPLANTATION BENEFIT: Aflac will pay $3,500 when a Covered Person receives and incurs a charge for 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 and incurs a charge for 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 for his or her expenses incurred 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 and incurs a charge for blood and/or plasma transfusions during a covered

Hospital confinement. Aflac will pay $140 for each day a Covered Person receives and incurs a charge for 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 when a charge is incurred. 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 when a charge is incurred 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 when a charge is incurred 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:

a. HOSPITALIZATION FOR 30 DAYS OR LESS: When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	$100
Dependent Child	$125

b. HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	$200
Dependent Child	$250

2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT: When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay $100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. 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. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

1. EXTENDED-CARE FACILITY BENEFIT: When a Covered Person is hospitalized and receives Hospital Confinement Benefits 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 when a charge is incurred for such continued confinement. For each day this benefit is payable, Hospital

Confinement Benefits are NOT payable. Benefits are limited to 30 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 Hospital Confinement Benefits 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 then has either home health care or health supportive services provided on his or her behalf, Aflac will pay $50 per day when a charge is incurred for each such visit, subject to the following conditions:

   a. The home health care or health supportive services must begin within seven days of release from the Hospital.

   b. This benefit is limited to ten days per hospitalization for each Covered Person.

   c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.

   d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.

   e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

   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 and is charged for 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 when a charge is incurred 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 when a charge is incurred 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 when a charge is incurred 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 when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer 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 when a charge is incurred 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 when a charge is incurred 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 when a charge is incurred 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 [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

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 may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

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 the 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.

4. Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78000)
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 the 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 the 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 the rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of the 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 the 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 the Initial Diagnosis Building Benefit Rider:

The rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer.

Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

DEPENDENT CHILD RIDER: (Series 78000)
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 the rider is in force.

This benefit is payable under the 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 the Dependent Child Rider:

The rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under the rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78000)
Applied for: ☐ Yes ☐ No

The rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for the rider are incorrect or incomplete, then the rider may be voided or claims may be denied. If voided, any premiums for the rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of the rider, with any of the covered Specified Diseases, Aflac will pay a benefit of $1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THE RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

1. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, Aflac will pay $200 per day.
2. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay $500 per day.

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to the rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after the rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT: (Series A78000)
Applied for: ☐ Yes ☐ No

Aflac will pay you a cash value based upon the annualized premium paid for the rider, the policy, and any other attached benefit riders **(premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders)**. All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender the rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If the rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of the rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of $_____. If you surrender the rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: The rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for the rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When the rider terminates (is no longer in force), no further premium will be charged for it.

5. 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); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

B. The policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.

C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during the policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under the policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

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.

6. Renewability: The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

The policy has limitations that may affect benefits payable.

This brochure is for illustration purposes only.

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

TERMS YOU NEED TO KNOW

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

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.

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. 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 (including children placed for adoption) who are under age 26.

EFFECTIVE DATE: The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

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.

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 an emergency room; an observation unit; 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 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.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, the benefits listed in the policy will not require a charge for them to be payable.

Aflac®

We've got you under our wing.®

aflac.com || 1.800.99.AFLAC (1.800.992.3522)

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

Aflac
Life Solutions

WHOLE 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

WHOLE LIFE INSURANCE

Policy ICC1368100

LS[W]

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 whole 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 70,** you may be eligible for up to **$200,000** in life insurance protection.[1]

Aflac also offers the option of guaranteed-issue[2] whole life coverage with a face amount of up to $50,000. That means you do not have to complete a medical questionnaire.

The facts say you need the protection of the Aflac Whole 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]

[1]Certain face amounts may not be available. Underwriting requirements apply.
[2]Subject to certain conditions.
[3]Facts from LIMRA, *2016 Life Insurance Awareness Month*, LIMRA, September 2016.

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.

How we can help

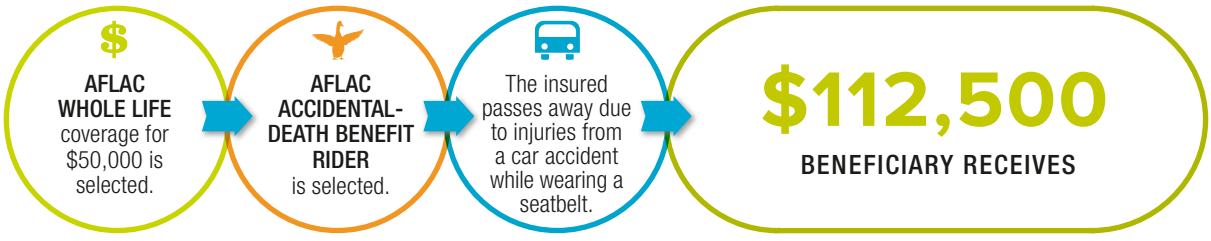
No one likes to think he or she needs life insurance. But when people depend on you, assuring their financial futures with life insurance benefits is simply the right thing to do.

- **Premiums are guaranteed** – 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 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 values** – 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.

How it works



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

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

WHOLE 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, 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 the amount of any due and unpaid premiums, any outstanding loan, and the administrative charge.

OPTIONAL RIDERS

SPOUSE 10-YEAR TERM LIFE INSURANCE RIDER[5] (RIDER ICC1368050) (ISSUE AGES 18–68)	Aflac will pay 50 percent of the policy's face amount up to a maximum of $50,000 for life insurance coverage on the named insured's spouse.
CHILD TERM LIFE INSURANCE RIDER[5] (RIDER ICC1368053)	Aflac will pay 25 percent of the policy's face amount up to a maximum of $15,000 for life insurance coverage for each insured child up to age 25. To become insured, the child must be at least 14 days old and younger than 18 years old at the time of application. Insurance on each newborn child will become effective on the later of: (1) the date the child attains the age of 14 days, or (2) the date the child is first released from the hospital after birth.
WAIVER OF PREMIUM BENEFIT RIDER[6] (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.

[4]This is How Much An Average Funeral Costs. Huffington Post, 10/17/16, https://www.huffingtonpost.com/entry/how-much-does-a-funeral-cost_us_5804c784e4b0f42ad3d264de, Accessed 3/8/18.

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

[6]Rider not available if applying for a guaranteed-issue policy.

LIMITATIONS AND EXCLUSIONS

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

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

The Accelerated Death Payment will not be paid:

- If the named insured or his/her physician resides outside the United States of America or outside the territorial limits of the place where your policy was issued,
- If the owner is required by law to accelerate benefits to meet the claims of creditors,
- 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 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®

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

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

LS[T]

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-issue[2] 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]

[1]Certain face amounts may not be available. Underwriting requirements apply.
[2]Subject to certain conditions.
[3]Facts from *LIMRA, 2016 Life Insurance Awareness Month,* LIMRA, September 2016.

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 term life insurance policies are just another way to help make sure you're well protected.

How we can help

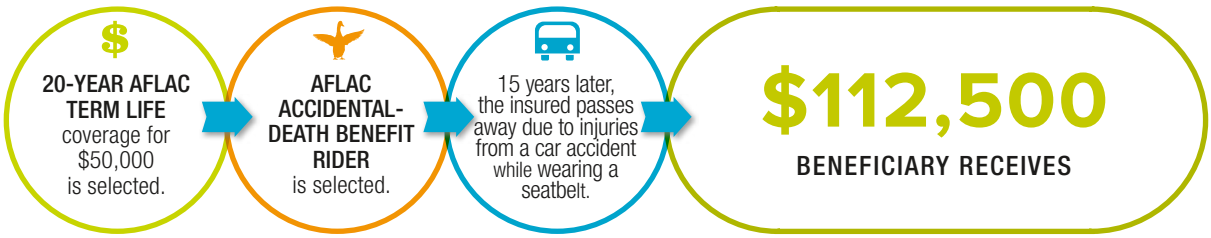
No one likes to think he or she needs life insurance. But when people depend on you, assuring their financial futures with life insurance benefits is simply the right thing to do.

- **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 RIDER[5] (RIDERS ICC1368050, ICC1368051, ICC1368052)	Aflac will pay 50 percent of the policy's face amount up to a maximum of $50,000 for life insurance coverage on the named insured's spouse.
CHILD TERM LIFE INSURANCE RIDER[5] (RIDER ICC1368053)	Aflac will pay 25 percent of the policy's face amount up to a maximum of $15,000 for life insurance coverage for each insured child up to age 25. To become insured, the child must be at least 14 days old and younger than 18 years old at the time of application. Insurance on each newborn child will become effective on the later of: (1) the date the child attains the age of 14 days, or (2) the date the child is first released from the hospital after birth.
WAIVER OF PREMIUM BENEFIT RIDER[6] (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.

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

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

[6]Rider not available if applying for a guaranteed-issue policy.

LIMITATIONS AND EXCLUSIONS

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

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

The Accelerated Death Payment will not be paid:

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

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

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

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

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

Aflac®

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

Aflac

Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 3

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

Aflac®

AFLAC CRITICAL CARE PROTECTION

SPECIFIED HEALTH EVENT INSURANCE – OPTION 3

Policy Series A74000

CCP^3

Critical care for you. Added financial protection for your family.

Aflac's Critical Care Protection policy helps provide financial peace of mind if you experience a serious health event, such as a heart attack or stroke. You will receive a lump sum benefit upon diagnosis of a covered event with additional benefits to be paid for things such as a hospital confinement, intensive care unit confinement, ambulance, transportation, lodging, and therapy. Benefits are also paid for specific heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, and pacemaker placement.

All benefits are paid directly to you, unless otherwise assigned, and can be used for any out-of-pocket expenses you have such as car payments, mortgage or rent payments, or utility bills. Aflac Critical Care Protection allows you to help protect the things you love the most from the things you expect the least.

Get the facts:

FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.[1]

[1]*Heart Disease and Stroke Statistics,* 2014 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays $7,500 upon diagnosis of having had a specified health event, which increases to $10,000 for dependent children
- Pays benefits for specified heart surgeries, such as heart valve surgery, coronary angioplasty, coronary stent implantation, pacemaker placement, and many more
- Pays $300 per day for covered hospital stays
- Daily benefits payable for covered hospital intensive care unit and step-down intensive care unit confinements
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable for your lifetime with some benefits reduced at age 70–as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

Specified Heart Surgery Benefits covered by the Critical Care Protection policy include:

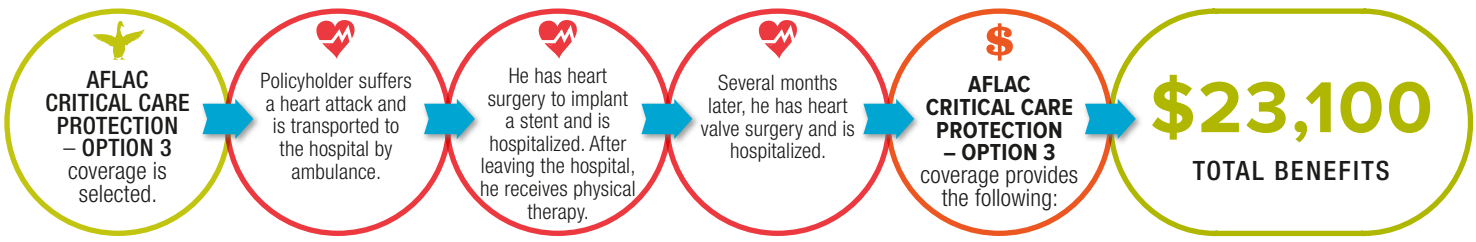
Tier One:

- Heart Valve Surgery
- Surgical Treatment of Abdominal Aortic Aneurysm

Tier Two:

- Coronary Angioplasty
- Transmyocardial Revascularization (TMR)
- Atherectomy
- Coronary Stent Implantation
- Cardiac Catheterization
- Automatic Implantable Cardioverter Defibrillator (AICD) Placement
- Pacemaker Placement

How it works



The above example is based on a scenario for Aflac Critical Care Protection – Option 3 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of $7,500, Ambulance Benefit (ground ambulance transportation) of $250, Specified Heart Surgery Benefit – Tier Two (Coronary Stent Implantation) of $2,000, Hospital Intensive Care Unit Benefit (4 days) of $3,200, Hospital Confinement Benefit (8 days) of $2,400, Specified Heart Surgery Benefit – Tier One (heart valve surgery) of $4,000, and Continuing Care Benefit (30 days) of $3,750.

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 Critical Care Protection – Option 3 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: $800 per day; Days 8–15: $1,300 per day Limited to 15 days per period of confinement; no lifetime maximum
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	$500 per day; limited to 15 days per period of confinement; no lifetime maximum
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of $2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date
FIRST-OCCURRENCE BENEFIT: Named Insured/Spouse Dependent Children	 $7,500; lifetime maximum $7,500 per covered person $10,000; lifetime maximum $10,000 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	$3,500 Subsequent occurrence limitations apply. No lifetime maximum.
SPECIFIED HEART SURGERY BENEFITS	**Tier One:** $4,000 when a covered person undergoes one of the following: • Heart Valve Surgery • Surgical Treatment of Abdominal Aortic Aneurysm **Tier Two:** $2,000 when a covered person undergoes one of the following: • Coronary Angioplasty • Transmyocardial Revascularization (TMR) • Atherectomy • Coronary Stent Implantation • Cardiac Catheterization • Automatic Implantable Cardioverter Defibrillator (AICD) Placement • Pacemaker Placement Tier One and Tier Two benefits are payable only once per covered person, per lifetime. Subsequent occurrence limitations apply.
SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT	$1,000 Subsequent occurrence limitations apply. No lifetime maximum.
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	$125 each day when a covered person is charged for any of the following treatments: • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or specified heart surgery. No lifetime maximum.
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime maximum
TRANSPORTATION BENEFIT	$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss Limited to $1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to $75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

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

LIMITED BENEFIT

AFLAC CRITICAL CARE PROTECTION

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

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

SPECIFIED HEALTH EVENT INSURANCE
Supplemental Health Insurance Coverage
Policy Form Series A74300

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

2. **Specified Health Event Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Specified Health Events or other conditions as specified. Specified Health Events are: Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest. Coverage is provided for the benefits outlined in **(3) Benefits.** The benefits described in **(3) Benefits** may be limited by **(5) Exceptions, Reductions, and Limitations of the Policy.**

3. **Benefits:**

IMPORTANT: BENEFITS FOR INTENSIVE CARE UNIT CONFINEMENTS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE POLICY ANNIVERSARY DATE FOLLOWING THE 70TH BIRTHDAY OF A COVERED PERSON.

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

BENEFITS FOR INTENSIVE CARE UNIT CONFINEMENTS:

A. **HOSPITAL INTENSIVE CARE UNIT BENEFIT:** Aflac will pay the following benefits when a Covered Person incurs a charge for confinement in a Hospital Intensive Care Unit for a covered Sickness or Injury:

Days 1 – 7:	Days 8 – 15:
Sickness/Injury	Sickness/Injury
$800 per day	$1,300 per day

This benefit is limited to 15 days per Period of Confinement.

The Hospital Intensive Care Unit Benefit is not payable on the same day as the Step-Down Intensive Care Unit Benefit. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

B. **STEP-DOWN INTENSIVE CARE UNIT BENEFIT:** Aflac will pay $500 per day when a Covered Person incurs a charge for confinement in a Step-Down Intensive Care Unit for a covered Sickness or Injury.

This benefit is limited to 15 days per Period of Confinement and is also payable for confinement in a Hospital Intensive Care Unit after exhaustion of benefits payable under the Hospital Intensive Care Unit Benefit.

The Step-Down Intensive Care Unit Benefit is not payable on the same day as the Hospital Intensive Care Unit Benefit. If a Covered Person is charged for both on the same day, only the highest eligible benefit will be paid. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. No lifetime maximum.

C. **PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT:** An indemnity of two dollars will accumulate for the Named Insured and the covered Spouse for each calendar month coverage remains in force after the Effective Date. This accumulated indemnity, if any, will be paid in addition to the Hospital Intensive Care Unit Benefit and Step-Down Intensive Care Unit Benefit for each day of a Period of Confinement for which benefits are payable. This Progressive Benefit will continue to build, regardless of claims paid, until the policy anniversary date following the 65th birthday of a Covered Person. Any amount accrued at the time this benefit ceases to build for a Covered Person will continue to be added to the benefit amount for all Hospital Intensive Care Unit/Step-Down Hospital Intensive Care Unit confinements commencing prior to the policy anniversary date following the 70th birthday of the Covered Person. **THIS ACCUMULATED BENEFIT REDUCES AT AGE 70.** This accumulated benefit will be reduced by one-half for Hospital Intensive Care Unit/Step-Down Intensive Care Unit confinements commencing on or after the policy anniversary date following the 70th birthday of a Covered Person. **This benefit is not applicable and will not accrue to any Covered Person who has attained age 65 prior to the Effective Date of coverage.** The Named Insured and covered Spouse, if any, are the only persons eligible for this benefit if One-Parent Family or Two-Parent Family coverage is in force. Dependent Children do not qualify for this benefit. When a Spouse is added to an existing policy, this benefit will begin to accrue from the endorsement date adding such Spouse, provided the Spouse has not yet attained age 65.

BENEFITS FOR SPECIFIED HEALTH EVENTS AND/OR SPECIFIED HEART SURGERIES:

D. **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 Specified Health Event:

Named Insured/Spouse
$7,500 (Lifetime maximum $7,500 per Covered Person)

Dependent Children
$10,000 (Lifetime maximum $10,000 per Covered Person)

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

E. **SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT:** If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay $3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

For the Subsequent Specified Health Event Benefit to be payable, the subsequent Specified Health Event must occur 180 days or more after the occurrence of any previously paid Specified Health Event for such Covered Person. No lifetime maximum.

F. **SPECIFIED HEART SURGERY BENEFITS:** Aflac will pay the amount shown below when a Covered Person undergoes one of the following:

1. **TIER ONE $4,000:**
   a. Heart Valve Surgery
   b. Surgical Treatment of Abdominal Aortic Aneurysm

   The Tier One benefit is payable only once per Covered Person, per lifetime.

2. **TIER TWO $2,000:**
   a. Coronary Angioplasty
   b. Transmyocardial Revascularization (TMR)
   c. Atherectomy
   d. Coronary Stent Implantation
   e. Cardiac Catheterization
   f. Automatic Implantable Cardioverter Defibrillator (AICD) Placement
   g. Pacemaker Placement

   The Tier Two benefit is payable only once per Covered Person, per lifetime.

For Specified Heart Surgery Benefits to be payable for both a Tier One and a Tier Two Specified Heart Surgery, the subsequent surgery must occur 180 days or more after the occurrence of the previously paid Specified Heart Surgery for such Covered Person. If a Tier One and a Tier Two Specified Heart Surgery are performed at the same time, only the highest eligible benefit will be paid.

G. **SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT:** If benefits have been paid for a Tier One Specified Heart Surgery, Aflac will pay $1,000 if such Covered Person has a subsequent Tier One Specified Heart Surgery.

For the Subsequent Tier One Specified Heart Surgery Benefit to be payable, the subsequent Tier One Specified Heart Surgery must occur 180 days or more after the occurrence of any previously paid Tier One or Tier Two Specified Heart Surgery for such Covered Person. No lifetime maximum.

H. **HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital):** When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event or Specified Heart Surgery, Aflac will pay $300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event or Specified Heart Surgery that occur within 500 days following the occurrence of the most recent covered Specified Health Event or Specified Heart Surgery. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Specified Health Event or Specified Heart Surgery at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

This benefit is not payable on the same day as the Continuing Care Benefit. The highest eligible benefit will be paid.

I. **CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event or Specified Heart Surgery, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay $125 each day a Covered Person is charged:

1. rehabilitation therapy
2. physical therapy
3. speech therapy
4. occupational therapy
5. respiratory therapy
6. dietary therapy/consultation
7. home health care
8. dialysis
9. hospice care
10. extended care
11. Physician visits
12. nursing home care

This benefit is payable for only one covered Specified Health Event or Specified Heart Surgery at a time per Covered Person and is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event or Specified Heart Surgery. Daily maximum for this benefit is $125 regardless of the number of treatments received.

This benefit is not payable on the same day as the Hospital Confinement Benefit. The highest eligible benefit will be paid. No lifetime maximum.

OTHER BENEFITS:

J. **AMBULANCE BENEFIT:** If, due to a covered Loss, 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 Loss, we will pay $2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

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

K. **TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Loss, Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) 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 Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the Dependent Child. The benefit amount payable is limited to $1,500 per occurrence of a covered Loss. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Loss. 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.**

L. **LODGING BENEFIT:** Aflac will pay the charges incurred up to $75 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 special medical treatment for a covered Loss 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 Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

M. **WAIVER OF PREMIUM BENEFIT:**

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 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, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for a period of 180 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 a Physician's statement of your inability to perform said 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 start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

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

N. **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 has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
5. You re-establish premium payments through:
   a. your new employer's payroll deduction process, or
   b. direct payment to Aflac.

You will again become eligible to receive this benefit after:

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

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

4. **Optional Benefits:**

FIRST-OCCURRENCE BUILDING BENEFIT RIDER: (Series A74050) Applied for ❑ Yes ❑ No

The First-Occurrence Benefit, as defined in the policy, will be increased by $500 on each rider anniversary date while the 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 the rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the policy, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of the rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of benefits.)

SPECIFIED HEALTH EVENT RECOVERY BENEFIT RIDER: (Series A74051) Applied for ❑ Yes ❑ No

SPECIFIED HEALTH EVENT RECOVERY: A Covered Person will be considered in Specified Health Event Recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event OR he or she is unable to engage in

the duties of his or her regular occupation due to a covered Specified Health Event. "Specified Health Event" includes Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage under the rider. (If the rider is Individual coverage, no further premium will be billed for the rider after the payment of lifetime maximum benefits.)

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

Lifetime maximum of six months per Covered Person.

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

A. The Benefits for Intensive Care Unit Confinements will be reduced by one-half for confinements that begin on or after the policy anniversary date following the 70th birthday of a Covered Person.

B. The Benefits for Intensive Care Unit Confinements are not payable for confinement in units such as telemetry or surgical recovery rooms, postanesthesia care units, private monitored rooms, observation units located in emergency room or outpatient surgery units, or other facilities that do not meet the standards for a Hospital Intensive Care Unit or Step-Down Intensive Care Unit. The Hospital Intensive Care Unit Benefit is not payable for confinement in progressive care units or intermediate care units.

C. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.

D. Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.

E. Aflac will not pay benefits for any newborn's Loss or confinement that occurs or begins during the first 28 days following birth when conception occurred prior to the Effective Date of coverage.

F. 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.

G. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Specified Health Event per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

H. 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.

I. The policy does not cover Losses or confinements caused by or resulting from:

1. 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 cause of the Loss occurred);
2. 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;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;
4. 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;
5. Intentionally self-inflicting a bodily Injury or committing or attempting suicide, while sane or insane;
6. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage; or
7. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

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. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage.

6. Renewability: The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, with some benefits reduced beginning at age 70, 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 change only if changed on all policies of the same form number and class in force in your state.

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

TERMS YOU NEED TO KNOW

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

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

ATHERECTOMY: the opening of blocked coronary arteries or vein grafts by use of a device on the end of a catheter to cut or shave away atherosclerotic plaque.

AUTOMATIC IMPLANTABLE CARDIOVERTER DEFIBRILLATOR (AICD) PLACEMENT: the initial surgical implantation of the AICD. An AICD is a small battery-powered device that is placed under the skin to detect abnormal heart rhythm and restore a normal heartbeat by delivering a brief low-energy or high-energy electrical shock to the heart.

CARDIAC CATHETERIZATION: the insertion of a thin flexible tube through a major blood vessel and threaded to the heart for diagnostic or interventional purposes.

COMA: a continuous state of profound unconsciousness 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. The term coma does not include any medically induced coma. The coma must begin on or after the effective date of coverage and while coverage is in force for benefits to be payable.

CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

CORONARY ARTERY BYPASS GRAFT SURGERY (CABG): 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.

CORONARY STENT IMPLANTATION: the permanent placement of a small wire mesh tube or coil implanted in a narrowed part of a coronary artery to act as a scaffold to keep the artery open and decrease the chance of it narrowing again.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically 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. One-parent family or two-parent family coverage will continue to 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 (including children placed for adoption) 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(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date **is not** the date you signed the application for coverage.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. The heart attack must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. Sudden cardiac arrest is not a heart attack.

HEART VALVE SURGERY: a cardiac surgical procedure in which a patient's mitral or aortic heart valve is repaired or replaced by a different valve, including human, nonhuman, or mechanical valves.

HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term hospital also includes ambulatory surgical centers. The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation unit; 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; 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.

HOSPITAL CONFINEMENT: a stay of a covered person confined to a bed in a hospital for a period of 23 hours or more for which a room charge is made. The hospital confinement must be on the advice of a physician and medically necessary. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

HOSPITAL INTENSIVE CARE UNIT: specifically designated facility of the hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The hospital intensive care unit must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the hospital intensive care unit on a full-time basis. These units must be listed as hospital intensive care units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Hospital intensive care unit, (2) Cardiac intensive care unit, and (3) Infant (neonatal) intensive care unit. **Hospital intensive care unit does not include units such as:** telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit.

LOSS: a specified health event, specified heart surgery, or confinement in a hospital intensive care unit or step-down intensive care unit occurring or beginning on or after the effective date of coverage and while coverage is in force.

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. **This does not include transplants involving mechanical or nonhuman organs.**

PACEMAKER PLACEMENT: the initial surgical implantation of a pacemaker. A pacemaker is a small battery-powered device placed under the skin that sends low-energy electrical impulses to the heart muscle to maintain a suitable heart rate or to stimulate the lower chambers of the heart.

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 the attending physician. The spinal cord injury causing the paralysis must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable.

PERIOD OF CONFINEMENT: the number of days a covered person is assigned to and incurs a charge for a bed in a hospital intensive care unit or a step-down intensive care unit. Confinements must begin on or after the effective date of coverage and while coverage is in force. **Covered confinements not separated by 30 days or more from a previously covered confinement are considered a continuation of the previous period of confinement.**

PERSISTENT VEGETATIVE STATE: a state of severe mental impairment in which only involuntary bodily functions are present for a continuous period of at least 30 days and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a persistent vegetative state is as follows: two physicians, one of whom must be the attending physician, who, after personally examining the covered person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The covered person's cognitive function has been substantially impaired; and
2. There exists no reasonable expectation that the covered person will regain significant cognitive function.

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.

SPECIFIED HEALTH EVENT: heart attack, stroke, end-stage renal failure, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest.

SPECIFIED HEART SURGERY: any of the following procedures:

- **TIER ONE:** heart valve surgery or surgical treatment of abdominal aortic aneurysm.
- **TIER TWO:** coronary angioplasty, atherectomy, coronary stent implantation, cardiac catheterization, Automatic Implantable Cardioverter Defibrillator (AICD) Placement, pacemaker placement, or Transmyocardial Revascularization (TMR).

STEP-DOWN INTENSIVE CARE UNIT: specifically designated facility of the hospital that provides a level of medical care below the highest level of acute medical care available at the hospital, but above the level of medical care in a regular private or semiprivate room or ward. The facility must also be separate and apart from other hospital areas, permanently equipped with telemetry equipment, and under constant and continual observation by specially trained nursing staff assigned exclusively to that area. **A step-down intensive care unit does not include:** telemetry or surgical recovery rooms; observation units located in emergency rooms or outpatient surgery units; postanesthesia care units; beds, wards, or private or semiprivate room with or without telemetry monitoring equipment; emergency rooms; or labor or delivery rooms.

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

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

SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM: a surgical procedure to prevent aneurysm rupture consisting of opening the abdomen, finding the aorta, and removing (excising) the aneurysm.

TRANSMYOCARDIAL REVASCULARIZATION (TMR): a surgical procedure in which a laser is used to create small channels in the heart muscle, improving blood flow in the heart.

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. This does not include skin abrasions caused by falling on and scraping skin on asphalt, concrete, or any other surface.

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

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

Aflac

Lump Sum Critical Illness

LIMITED BENEFIT HEALTH INSURANCE

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

Aflac®

LUMP SUM CRITICAL ILLNESS

LIMITED BENEFIT HEALTH INSURANCE

Policy Series A73000

LS CI

Added Protection for You and Your Family

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

More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With Aflac's Lump Sum 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, such as car payments, the mortgage or rent, groceries, or utility bills—the choice is yours.

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

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

FACT NO. 1

ABOUT EVERY **34** SECONDS

SOMEONE SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE SUFFERS A STROKE.[1]

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

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

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

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

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

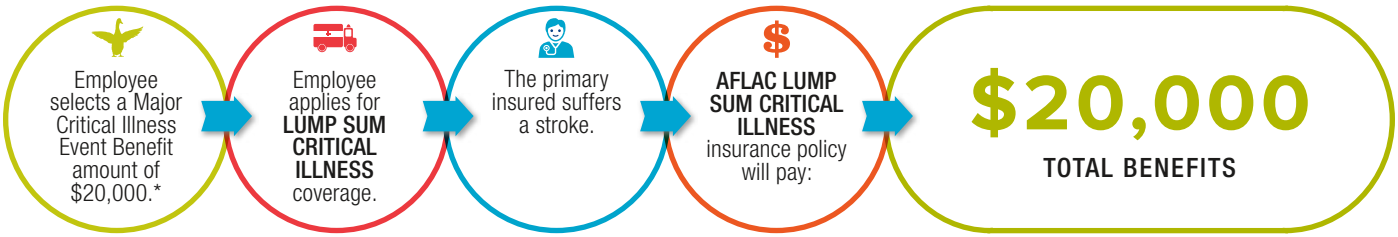
- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness event.
- Your dependent children are covered at no additional cost.
- We now offer the option of guaranteed-issue* lump sum critical illness coverage. That means no medical questionnaire is required.
- Benefits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

*Subject to eligibility requirements.

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

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

How it works



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

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

Lump Sum Critical Illness Benefit Overview

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

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

**Sudden cardiac arrest is not a heart attack.

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

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

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS INSURANCE

POLICY SERIES A73100

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

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

2. **Lump Sum Critical Illness Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness Events. Critical Illness Events are: Heart Attack, Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, or Coma. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

3. **Benefits:** Subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered Critical Illness Event that occurs while coverage is in force.

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED'S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE 75TH BIRTHDAY OF A COVERED PERSON.

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

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

A. **MAJOR CRITICAL ILLNESS EVENT BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of any of the following Critical Illness Events:

1. Heart Attack
2. Stroke
3. End-Stage Renal Failure
4. Coma
5. Paralysis
6. Major Human Organ Transplant

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

B. **SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT:** After a Covered Person has previously qualified for benefits under Benefit A above, Aflac will pay the amount shown in the Policy Schedule upon that Covered Person's Onset Date of:

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

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

C. **CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime.

D. **SUDDEN CARDIAC ARREST BENEFIT**: Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

4. **Optional Benefits:**

LUMP SUM CANCER BENEFIT RIDER: (SERIES A73000)
Applied for ☐ Yes ☐ No

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED'S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE 75TH BIRTHDAY OF A COVERED PERSON.

While this coverage is in force, we will pay the following benefits, as applicable, subject to the Limitations and Exclusions and all other policy provisions, except the Pre-existing Condition Limitations, unless modified herein.

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.

A. **INTERNAL CANCER BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Internal Cancer. This benefit is payable once per Covered Person, per lifetime.

B. **CARCINOMA IN SITU BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit is payable once per Covered Person, per lifetime.

C. **CANCER-RELATED DEATH BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person suffers a Cancer-Related Death.

Exceptions, Reductions, and Limitations of the LUMP SUM CANCER BENEFIT RIDER:

Benefits payable under the rider will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

A. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically

covered); complications of cancer; or any other disease, sickness, or incapacity.

B. The rider contains a 30-day waiting period. If a Covered Person has a Loss before his or her coverage under the rider has been in force 30 days, benefits will not be payable for that Loss. At your option, you may elect to void the coverage under the rider and receive a full refund of premium for such coverage under the rider.

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

D. For benefits to be payable, the Onset Date must occur after the 30-day waiting period and while coverage is in force.

E. Aflac will not pay benefits for Skin Cancer.

F. For the Internal Cancer Benefit to be payable for a recurrence, direct extension, or metastatic spread of any Internal Cancer that was diagnosed prior to the Effective Date of coverage or during the 30-day waiting period, the Covered Person must be free from treatment for that Internal Cancer for a consecutive 12-month period before the Onset Date of the recurrence, direct extension, or metastatic spread.

"Treatment" means consultation, care, or services provided by a Physician, or taking prescribed medications or drugs, for Internal Cancer. Treatment does **not** include Maintenance Drug Therapy or routine follow-up visits to verify whether Internal Cancer or Carcinoma In Situ has returned.

RETURN OF PREMIUM BENEFIT RIDER: (SERIES A73000)
Applied for ☐ Yes ☐ No

Aflac will pay you a cash value based upon the annualized premium paid for the rider, the policy, and any other attached benefit riders **(premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders).** All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender the rider for its cash value after the Onset Date of a Loss but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If the rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of the rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and the rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of $ _____. If you surrender the rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: The rider will terminate on the earlier of: (1) its 20th anniversary date and payment of the cash value; (2) your surrender of it for its cash value between the fifth and 20th anniversary dates; (3) your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; (4) your failure to pay the premium for the rider, in which case any cash values due will be paid; (5) the policy's termination, in which case any cash values due will be paid; or (6) the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When the rider terminates (is no longer in force), no further premium will be charged for it.

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

Benefits payable under the policy will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

A. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

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

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

D. For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

E. Aflac will not pay benefits whenever fraud is committed in making a claim under 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. 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), or being incarcerated in any detention facility or penal institution;

3. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
4. Being exposed to 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.

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. Benefits for a Loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage.

6. **Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, with benefits reduced beginning at age 75, 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 change only if changed on all policies of the same form number and class in force in your state. **Benefits under the policy reduce by one-half for Losses incurred on or after the 75th birthday of a Covered Person.**

The policy has limitations that may affect benefits payable.

This brochure is for illustration purposes only.

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

TERMS YOU NEED TO KNOW

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

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

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of 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 (including children placed for adoption) 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.

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

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

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

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

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

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

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

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

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

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

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

Aflac®

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

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