

4805-11

AGREEMENT FOR EMPLOYEE VOLUNTARY BENEFIT SERVICES

by and between:

SEDGWICK COUNTY, KANSAS
and
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
DBA AFLAC

This Agreement made and entered into this 12th day of February, 2018 by and between Sedgwick County, Kansas ("County") and American Family Life Assurance Company of Columbus ("Contractor").

WITNESSETH:

WHEREAS, pursuant to a request by County (RFP #17-0031), Contractor has submitted a proposal to provide employee assistance program services; and

WHEREAS, County desires to engage Contractor to provide said services; and

WHEREAS, County and Contractor desire to state the terms and conditions under which Contractor will provide said services.

NOW, THEREFORE, in consideration of the mutual covenants, conditions and promises contained herein, the parties hereto agree as follows:

1. Purpose and Scope of Work. Contractor shall provide voluntary benefits services as detailed within County RFP #17-0031 and Contractor's response to RFP #17-0031, which are attached hereto and incorporated herein by reference as part of this Agreement. The parties agree that time is of the essence in Contractor's performance of this Agreement.

2. Term. The initial term of this Agreement shall be for two (2) years, beginning January 1, 2018, with three (3) one (1) year options to renew, at County's sole discretion.

3. Incorporation of Documents. Appendix A (Sedgwick County Mandatory Contractual Provisions Attachment), and Contractor's response to RFP #17-0031 are attached hereto and are made a part hereof as if fully set forth herein.

[remainder of this page intentionally left blank]

General Terms and Conditions

4. **Contractual Relationship.** It is agreed that the legal relationship between Contractor and County is of a contractual nature. Both parties assert and believe that Contractor is acting as an independent contractor in providing the goods and services and performing the duties required by County hereunder. Contractor is at all times acting as an independent contractor and not as an officer, agent, or employee of County. As an independent contractor, Contractor, or employees of Contractor, will not be within the protection or coverage of County's worker's compensation insurance, nor shall Contractor, or employees of Contractor, be entitled to any current or future benefits provided to employees of County. Further, County shall not be responsible for the withholding of social security, federal, and/or state income tax, or unemployment compensation from payments made by County to Contractor.

5. **Authority to Contract.** Contractor assures it possesses legal authority to contract these services; that resolution, motion or similar action has been duly adopted or passed as an official act of Contractor's governing body, authorizing the signing of this Agreement, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of Contractor to act in connection with the application and to provide such additional information as may be required.

6. **Compensation.** County agrees to pay and Contractor agrees to accept as compensation for goods and services provided pursuant to this Agreement the fees set forth in Contractor's Response to RFP #17-0031, attached hereto and incorporated herein by reference. These fees include all of Contractor's time, labor and equipment, travel, and all other expenses associated with the provision of goods, equipment and/or services, and shall be the sole compensation rendered to Contractor hereunder.

7. **Invoicing and Billing.** Contractor shall submit all invoices to Sedgwick County Finance, Accounts Payable. Invoices may be submitted electronically (AP_Invoices@sedgwick.gov), via fax (316.941.5127), or by mail to the following address: Sedgwick County Finance, Attention: Accounts Payable, 525 N. Main, Ste. 823, Wichita, Kansas 67203.

Invoices must include the following information:

- a. Invoice number
- b. Invoice date
- c. Supplier's name and address
- d. Customer's name and address
- e. Sedgwick County PO number (for PO purchases only)
- f. Sedgwick County contact name and department (for non-purchase order purchases)
- g. Details of the goods and/or services provided
 1. Include location address (if applicable)
- h. Goods quantity
- i. Prices of goods and/or services
- j. Total amount due
- k. Additional charges (i.e., freight) (must be listed as a separate invoice item)

Properly submitted invoices and/or billing statements will be paid within thirty (30) calendar days of receipt by County.

8. Warranties and Representation. Goods or equipment delivered and/or services rendered hereunder must be made according to the terms of this Agreement both as to time and quantities, with County reserving the right to cancel, reject or refuse any delivery made and/or service rendered prior to or subsequent to the times specified. In the event no quality is specified on the face hereof, the goods or equipment delivered and/or services rendered hereunder must be of the best quality. If delivery of goods or equipment and/or rendering of services cannot be maintained, Contractor must notify County immediately. Upon Contractor's failure to maintain delivery or otherwise perform hereunder, County reserves the right to procure such goods or equipment and/or services elsewhere, in whole or in part, and assess Contractor with any additional costs incurred, unless Contractor's default arises from causes beyond its control and without fault or negligence. This remedy is in addition to any other remedy which County may have pursuant to this Agreement or otherwise and/or any warranty that may be implied or imposed by operation of law.

9. Notification. Notifications required pursuant to this Agreement shall be made in writing and mailed to the addresses shown below. Such notification shall be deemed complete upon mailing.

County: Sedgwick County Purchasing Office
Attn: Contract Notification
Sedgwick County Courthouse
525 N. Main, Suite 823
Wichita, Kansas 67203

and

Sedgwick County Counselor's Office
Attn: Contract Notification
Sedgwick County Courthouse
525 N. Main, Suite 359
Wichita, Kansas 67203-3790

Contractor: Attention: Rhonda Russell, 2nd Vice President, CAIC Group Underwriting
American Family Life Assurance Company of Columbus, (Aflac)
1932 Wynnton Road
Columbus, GA 31999
800-992-3522

10. Termination.

A. Termination for Cause. In the event of any breach of the terms or conditions of this Agreement by Contractor, or in the event of any proceedings by or against Contractor in bankruptcy or insolvency or for appointment of receiver or trustee or any general assignment for the benefit of creditors, County may, in addition to any other remedy provided it by law or in equity or other right reserved to it elsewhere in this Agreement, without any liability to Contractor on account thereof, by written notice,

terminate immediately all or any part of this Agreement, procure the goods, equipment and/or services provided for herein elsewhere, on such terms and under such conditions as are reasonable in the sole discretion of County, and Contractor shall be liable to pay to County any excess cost or other damages caused by Contractor as a result thereof.

B. Termination for Convenience. County shall have the right to terminate this Agreement for convenience in whole, or from time to time, in part, upon ninety (90) days' written notice. Upon receipt of such termination notice, Contractor shall not incur any new obligations and shall cancel as many outstanding obligations as reasonably possible. In such event, County's maximum liability shall be limited to payment for goods or equipment delivered and accepted and/or services rendered.

C. Reduction in Funds. It is understood that funding may cease or be reduced at any time. In the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this Agreement upon thirty (30) days' written notice.

11. **Hold Harmless.** Contractor shall indemnify County, and its elected and appointed officials, officers, managers, members, employees and agents, against any and all loss or damage to the extent such loss and/or damage arises out of Contractor's negligence and/or willful, wanton or reckless conduct in the provision of goods and equipment or performance of services under this Agreement. This indemnification shall not be affected by other portions of the Agreement relating to insurance requirements.

12. **Liability Insurance.** Contractor agrees to maintain the following minimum limits of insurance coverage throughout the term of this Agreement:

Worker's Compensation Applicable State Statutory Employer's Liability	
Employer's Liability Insurance:	\$100,000.00
Commercial General Liability Policy	
Each occurrence	\$500,000.00
Aggregate	\$500,000.00
Personal Injury:	
Each person aggregate	\$500,000.00
General aggregate	\$500,000.00
Automobile Liability	
Combined single limit	\$500,000.00

Liability insurance coverage indicated above must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. Certificate shall be provided with bid/proposal submittals. Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company

with a minimum BEST rating of A- and licensed to do business in the State of Kansas. It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage or other special circumstances.

13. Entire Agreement. This Agreement and the documents incorporated herein contain all the terms and conditions agreed upon by both parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind any of the parties hereto. Any agreement not contained herein shall not be binding on either party, nor shall it be of any force or effect.

14. Assignment. Neither this Agreement nor any rights or obligations created by it shall be assigned or otherwise transferred by either party without the prior written consent of the other. Any attempted assignment without such consent shall be null and void.

15. Amendments. Neither this Agreement nor any rights or obligations created by it shall be amended by either party without the prior written consent of the other. Any attempted amendment without such consent shall be null and void.

16. Subcontracting. None of the work or services covered by this Agreement shall be subcontracted without the prior written approval of County. In the event subcontracting is approved by County, Contractor shall remain totally responsible for all actions and work performed by its subcontractors. All approved subcontracts must conform to applicable requirements set forth in this Agreement and in its appendices, exhibits and amendments, if any.

17. Severability Clause. In the event that any provision of this Agreement is held to be unenforceable, the remaining provisions shall continue in full force and effect.

17. Waiver. Waiver of any breach of any provision in this Agreement shall not be a waiver of any prior or subsequent breach. Any waiver shall be in writing and any forbearance or indulgence in any other form or manner by County shall not constitute a waiver.

19. Force Majeure. Contractor shall not be held liable if the failure to perform under this Agreement arises out of causes beyond the control of Contractor. Causes may include, but are not limited to, acts of nature, fires, tornadoes, quarantine, strikes other than by Contractor's employees, and freight embargoes.

20. Order of Preference. Any conflict to the provisions of this Agreement and the documents incorporated by reference shall be determined by the following priority order:

- a. Sedgwick County Contractual Provisions Attachment
- b. Written modifications and addenda to the executed Agreement
- c. This Agreement document

- d. The RFP
- e. Contractor's written response to the RFP

21. Environmental Protection. Contractor shall abide by all federal, state and local laws, rules and regulations regarding the protection of the environment. Contractor shall report any violations to the applicable governmental agency. A violation of applicable laws, rules or regulations may result in termination of this Agreement for cause.

22. Nondiscrimination and Workplace Safety. Contractor agrees to abide by all federal, state and local laws, rules and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules or regulations may result in termination of this Agreement for cause.

23. Retention of Records. Unless otherwise specified in this Agreement, Contractor agrees to preserve and make available to County at reasonable times all of its books, documents, papers, records and other evidence involving transactions related to this Agreement for a period of five (5) years from the date of expiration or termination of this Agreement.

Matters involving litigation shall be kept for one (1) year following termination of litigation, including all appeals, if the litigation exceeds five (5) years.

24. Ownership of Data. All data, forms, procedures, software, manuals, system descriptions and work flows developed or accumulated by Contractor in relation to this Agreement shall be owned by County and shall be handed over and/or returned to County upon the expiration or termination of this Agreement. Contractor shall not release any such materials without written approval of the County.

25. Intellectual Property Rights. As applicable, all original software, software code, and/or intellectual property developed or created by County in relation to this Agreement shall remain the sole property of the County. Contractor shall surrender all original written materials, including, but not limited to any reports, studies, designs, drawings, specifications, notes, documents, software and documentation, computer-based training modules, electronically or magnetically recorded material, and any and all intellectual property to County upon the expiration or termination of this Agreement.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

SEDGWICK COUNTY, KANSAS

AFLAC

Joseph Thomas
Joseph Thomas
Purchasing Director

Steven Henry
Steven Henry, Special Projects Coordinator

APPROVED AS TO FORM ONLY:

William F. Deer
William F. Deer
Assistant County Counselor

ATTESTED TO:

Kelly B. Arnold
Kelly B. Arnold
County Clerk



APPENDIX A
SEDGWICK COUNTY MANDATORY CONTRACTUAL PROVISIONS ATTACHMENT

Important: This form contains mandatory contract provisions and must be attached to or incorporated in all copies of any contractual agreement. If it is attached to the vendor/contractor's standard contract form, then that form must be altered to contain the following provision:

"The Provisions found in the Sedgwick County Mandatory Contractual Provisions Attachment, which is attached hereto, are hereby incorporated in this Agreement and made a part thereof. In the event of conflict between the provisions of this Agreement and the Sedgwick County Mandatory Contractual Provisions Attachment, the terms of the Sedgwick County Mandatory Contractual Provisions Attachment will control. "

The parties agree that the following provisions are hereby incorporated into the Agreement to which it is attached and made a part thereof, said contract being the 12th day of February, 2018.

1. **Terms Herein Controlling Provisions:** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the Agreement in which this attachment is incorporated.
2. **Choice of Law:** This Agreement shall be interpreted under and governed by the laws of the State of Kansas. The parties agree that any dispute or cause of action that arises in connection with this Agreement will be brought before a court of competent jurisdiction in Sedgwick County, Kansas.
3. **Termination Due To Lack of Funding Appropriation:** If, in the judgment of the Chief Financial Officer, sufficient funds are not appropriated to continue the function performed in this Agreement and for the payment of the charges hereunder, County may terminate this Agreement at the end of its current fiscal year. County agrees to give written notice of termination to Contractor at least thirty (30) days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided for in the Agreement, except that such notice shall not be required prior to ninety (90) days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided to County under the Agreement. County will pay to Contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any related equipment. Upon termination of the Agreement by County, title to any such equipment shall revert to Contractor at the end of County's current fiscal year. The termination of the Agreement pursuant to this paragraph shall not cause any penalty to be charged to the County or the Contractor.
4. **Disclaimer of Liability:** County shall not hold harmless or indemnify any contractor beyond that liability incurred under the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*).
5. **Acceptance of Agreement:** This Agreement shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given.
6. **Arbitration, Damages, Jury Trial and Warranties:** Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has agreed to binding arbitration, or the payment of damages or penalties upon the occurrence of a contingency. Notwithstanding any language to the contrary, no interpretation shall be allowed to find the County has consented to a jury trial to resolve any disputes that may arise hereunder. Contractor waives its right to a jury trial to resolve any disputes that may arise hereunder. No provision of any Agreement and/or this Contractual Provisions Attachment will be given effect which attempts to exclude, modify, disclaim or otherwise attempt to limit implied warranties of merchantability and fitness for a particular purpose.
7. **Representative's Authority to Contract:** By signing this Agreement, the representative of the Contractor thereby represents that such person is duly authorized by the Contractor to execute this Agreement on behalf of the Contractor and that the Contractor agrees to be bound by the provisions thereof.
8. **Federal, State and Local Taxes:** Unless otherwise specified, the proposal price shall include all applicable federal, state and local taxes. Contractor shall pay all taxes lawfully imposed on it with respect to any product or service delivered in accordance with this Agreement. County is exempt from state sales or use taxes and federal excise taxes for direct purchases. These taxes shall not be included in the Agreement. Upon request, County shall provide to the Contractor a certificate of tax exemption.

County makes no representation as to the exemption from liability of any tax imposed by any governmental entity on the Contractor.
9. **Insurance:** County shall not be required to purchase any insurance against loss or damage to any personal property to which this Agreement relates, nor shall this Agreement require the County to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 *et seq.*), Contractor shall bear the risk of any loss or damage to any personal property to which Contractor holds title.
10. **Conflict of Interest:** Contractor shall not knowingly employ, during the period of this Agreement or any extensions to it, any professional personnel who are also in the employ of the County and providing services involving this Agreement or services similar in nature to the scope of this Agreement to the County. Furthermore, Contractor shall not knowingly employ, during the period of this Agreement or any extensions to it, any County employee who has participated in the making of this Agreement until at least two years after his/her termination of employment with the County.
11. **Confidentiality:** Contractor may have access to private or confidential data maintained by County to the extent necessary to carry out its responsibilities under this Agreement. Contractor must comply with all the requirements of the Kansas Open Records Act (K.S.A. 42-215 *et seq.*) in providing services

and/or goods under this Agreement. Contractor shall accept full responsibility for providing adequate supervision and training to its agents and employees to ensure compliance with the Act. No private or confidential data collected, maintained or used in the course of performance of this Agreement shall be disseminated by either party except as authorized by statute, either during the period of the Agreement or thereafter. Contractor must agree to return any or all data furnished by the County promptly at the request of County in whatever form it is maintained by Contractor. Upon the termination or expiration of this Agreement, Contractor shall not use any of such data or any material derived from the data for any purpose and, where so instructed by County, shall destroy or render such data or material unreadable.

12. **Cash Basis and Budget Laws.** The right of the County to enter into this Agreement is subject to the provisions of the Cash Basis Law (K.S.A. 10-1112 and 10-1113), the Budget Law (K.S.A. 79-2935), and all other laws of the State of Kansas. This Agreement shall be construed and interpreted so as to ensure that the County shall at all times stay in conformity with such laws, and as a condition of this Agreement the County reserves the right to unilaterally sever, modify, or terminate this Agreement at any time if, in the opinion of its legal counsel, the Agreement may be deemed to violate the terms of such laws.
13. **Anti-Discrimination Clause.** Contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 *et seq.*) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 *et seq.*) and the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*) (ADA) and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs and activities; (b) to include in all solicitations or advertisements for employees the phrase "equal opportunity employer;" (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the Contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the Agreement may be cancelled, terminated or suspended, in whole or in part by County, without penalty thereto; and (f) if it is determined that the Contractor has violated applicable provisions of the ADA, such violation shall constitute a breach of the Agreement and the Agreement may be cancelled, terminated or suspended, in whole or in part by County, without penalty thereto.

Parties to this Agreement understand that the provisions of this paragraph 13 (with the exception of those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of this Agreement or whose contracts with the County cumulatively total \$5,000 or less during the County's fiscal year.

14. **Suspension/Debarment.** Contractor acknowledges that as part of the Code of Federal Regulations (2 C.F.R. Part 180) a person or entity that is debarred or suspended in the System for Award Management (SAM) shall be excluded from federal financial and nonfinancial assistance and benefits under federal programs and activities. All non-federal entities, including Sedgwick County, must determine whether the Contractor has been excluded from the system and any federal funding received or to be received by the County in relation to this Agreement prohibits the County from contracting with any Contractor that has been so listed. In the event the Contractor is debarred or suspended under the SAM, the Contractor shall notify the County in writing of such determination within five (5) business days as set forth in the Notice provision of this Agreement. County shall have the right, in its sole discretion, to declare the Agreement terminated for breach upon receipt of the written notice. Contractor shall be responsible for determining whether any subcontractor performing any work for Contractor pursuant to this Agreement has been debarred or suspended under the SAM and to notify County within the same five (5) business days, with the County reserving the same right to terminate for breach as set forth herein.
15. **HIPAA Compliance.** Contractor agrees to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 (codified at 45 C.F.R. Parts 160 and 164), as amended ("HIPAA"); privacy and security regulations promulgated by the United States Department of Health and Human Services ("DHHS"); title XIII, Subtitle D of the American Recovery and Reinvestment Act of 2009, Pub. L. No. 111-5, as amended ("HITECH Act"); the Genetic Information Nondiscrimination Act of 2008 ("GINA"); provisions regarding Confidentiality of Alcohol and Drug Abuse Patient Records (codified at 42 C.F.R. Part 2), as amended (collectively referred to as "HIPAA"), to the extent that the Contractor uses, discloses or has access to protected health information as defined by HIPAA. Under the final Omnibus Rule effective March 2013, Contractor may be required to enter into a Business Associate Agreement pursuant to HIPAA.
16. **Compliance with Law.** Contractor shall comply with all applicable local, state and federal laws and regulations in carrying out this Agreement, regardless of whether said local, state and federal laws are specifically referenced in the Agreement to which this attached is incorporated.
17. **Tax Set-Off.** If, at any time prior to or during the term of any executed agreement, Contractor is delinquent in the payment of real and/or personal property taxes to Sedgwick County, and the delinquency exists at the time payment is due under the agreement, County will offset said delinquent taxes by the amount of the payment due under the agreement and will continue to do so until the delinquency is satisfied, pursuant to K.S.A. 79-2012.

ITEM REQUIRING BOCC APPROVAL
 (1 ITEM)

1. VOLUNTARY BENEFITS SERVICES - DIVISION OF HUMAN RESOURCES
FUNDING - DIVISION OF HUMAN RESOURCES
 (Request sent to five vendors)

RFP #17-0031 Contract

	American Family Life Assurance Company of Columbus dba Affac	Liberty National Life Company dba Liberty National	Chubb Workplace Benefits dba Workplace Benefits	Colonial Life & Accident Insurance Company	Sun Life Financial
Accident Advantage	See page 1	See page 6	See page 7	See page 10	See page 15
Critical Illness	See page 2	See page 6	See page 8 - 9	See page 11	See page 16
Cancer Care	See page 3	See page 6	N/A	N/A	N/A
Hospital Advantage	See page 4	N/A	N/A	See page 12 - 13	N/A
Short - Term Disability	See page 5	N/A	N/A	See page 14	N/A
	UnitedHealth Group	Boston Mutual Life Insurance Company	American Fidelity Assurance Company	Standard Insurance Company dba The Standard	The Lincoln National Life Insurance Company
Accident Advantage	See page 17	See page 23 - 26	See page 28	See page 29	See page 36
Critical Illness	See page 18 - 19	See page 27	See page 28	See page 30 - 33	See page 37
Cancer Care	N/A	N/A	See page 28	N/A	N/A
Hospital Advantage	See page 20	N/A	See page 28	See page 34	N/A
Short - Term Disability	See page 21 - 22	N/A	See page 28	See page 35	See page 38 -39
	National Insurance Marketing Brokers, LLC dba Benefits Direct		Metropolitan Life Insurance Company dba MelLife	Hartford Life and Accident Company dba The Hartford	
Accident Advantage	See page 40 - 41		See page 51	See page 57 - 58	
Critical Illness	See page 42 - 44		See page 52 - 53	See page 59 - 60	
Cancer Care	See page 45		See page 54	N/A	
Hospital Advantage	See page 46 - 48		See page 55	See page 61	
Short - Term Disability	See page 49		See page 56	See page 62	

**BOCC APPROVAL DECEMBER 20, 2017
BOARD OF BIDS AND CONTRACTS DECEMBER 14, 2017**

On the recommendation of Joe Thomas, on behalf of the Division of Human Resources, Richard Powell moved to **accept the proposal from American Family Life Assurance Company of Columbus dba Affac (Affac) and establish contract pricing at the rates listed (attached) for two (2) years with three (3) one (1) year options to renew.** Linda Kizzire seconded the motion. The motion passed unanimously.

A committee comprised of Heather Poorman, Rebecca Page and Eileen McNichol - Division of Human Resources, Tonya Buckingham - Register of Deeds and Joe Thomas - Purchasing reviewed and scored the responses based on criteria set forth in the RFP. The committee shortlisted American Fidelity Assurance Company (American Fidelity), MetLife and Affac for further evaluations, detailed presentations of product and service offerings, and provide answers to given scenarios. The committee unanimously recommends Affac for award.

All three (3) shortlisted proposers provide a Benefits Management platform at no charge. This benefits platform will provide a future savings to the County as we will not need to purchase a SAP module to help manage our benefits offerings. This savings could be upwards of \$90,000.00 annually. This platform will provide all county benefits eligibility files directly to the county's other service providers, a responsibility currently maintained by the county's Human Resources and IT divisions.

In regards to customer service for county employees, MetLife offers paper, phone and web. American Fidelity and Affac both offer paper, phone, web and person-to-person. Affac's added advantage is a local presence with considerable number of local representatives (currently 46) to fulfill our person-to-person needs. In processing of claims, Affac can provide payment of certain benefits within 1 day, MetLife in 2-3 days, and American Fidelity in 3-5 days. (This is based on all required documentation being provided to any vendor).

An example of some differences between these three (3) vendors, consider Cancer Benefits: MetLife provides a lump sum payment upon diagnosis with a lifetime maximum; Affac provides an initial diagnosis benefit and pays for subsequent treatments and procedures placing no lifetime maximum on benefits; American Fidelity offers a lump sum upfront based on the initial diagnosis and pays for subsequent treatments and procedures at a lifetime maximum. For Critical Illness: MetLife has a lifetime cap, per type of critical illness; American Fidelity has an initial benefit and then a reduced recurrence benefit once those are exhausted; there is no further benefit for that specific critical illness; and Affac offers a lump sum benefit with no limit on reoccurring incident and no lifetime maximum.

Affac will provide five new voluntary benefits to Sedgewick County employees and COBRA eligible employees. These include accident advantage, critical illness, cancer care, hospital advantage, and short-term disability. Affac will be providing one-on-one meetings to help employees enroll. Employees can also self-enroll via web, paper form or phone.

Boston Mutual Life Insurance Company, Chubb Workplace Benefits dba Workplace Benefits, Colonial Life & Accident Insurance Company, Liberty National Life Company dba Liberty National, The Lincoln National Life Insurance Company, Sun Life Financial, Hartford Life and Accident Company dba The Hartford, Standard Insurance Company dba The Standard, and UnitedHealth Group did not offer all benefits.

**BOCC APPROVAL DECEMBER 20, 2017
BOARD OF BIDS AND CONTRACTS DECEMBER 14, 2017**

Note: This item was originally brought to Bid Board on August 17, 2017.

Questions and Answers

Tom Stolz: Any questions from the board?

Richard Powell: I appreciate the fact we have such a variety of things that are going to be available on a voluntary basis. I am one personally who actually has some of these varied types of secondary policies. I have a perception of value in them and I think it's good to provide that to our employees. I have a question in regards as to how this is going to be marketed or presented to the employees. I know it says that the recommended vendor has these types of contacts available: phone, e-mail, person-to-person. Do they understand we have over 500 employees in multiple locations throughout Sedgwick County and we don't work 8-5, Monday through Friday? Somebody is going to have to make themselves available to contact those employees and explain what the options and declarations are because we are law enforcement people and my supervisors can't do that.

Joe Thomas: Yes we did. Based on the original concerns that were aired back in August was something we specifically asked each proposer in the presentations. We addressed yours and Linda's concerns and they said they would cover them.

Talaya Schwartz: I don't see this as a responsibility of supervisors or the insurance company making sure everyone has personal one-on-one time. I see it as the employee's responsibility if this is a benefit they want to engage in, they should reach out. I assume e-mails and notifications would be sent out to every employee so they know it is available within a certain enrollment time. Is that how it would work?

Heather Poorman: Yes. We would communicate through e-mails and various other methods to let them know this benefit is available. We are looking to do that when we implement this in early spring. That way the employees can set up an appointment directly with the vendor.

Talaya Schwartz: If they choose not to then they just choose not to.

Heather Poorman: Correct. We will also let them know the different methods they can use to enroll if they don't have the opportunity or don't want a one-on-one representative.

Richard Powell: I absolutely agree with what you are saying. In order for it to be successful there is going to be some kind of marketing efforts. We literally have people in the organization because of their assignments do not have access to a computer. They maybe read their emails once or twice a day and for them their day may be at 3am in the morning. Just as long as everybody is aware of that. There are some unique situations, they have to address. I appreciate the channels you would look at. We have a lot of young people too. There are a lot of young people that don't understand what the attachment says.

Elleen McNichol: This is one of the reasons why having the one-on-one is so important. No matter what benefit it is for employees to understand truly what the benefit is. With these voluntary products, there are so many pieces and parts to it. There is also a wellness benefit that people get. If they go get a checkup, they get a check. They need to know that so they get the maximum out of their benefit. The company we are proposing is willing to do whatever is necessary to help in whatever way to help our employees understand what the value is of the benefit.

**BOCC APPROVAL DECEMBER 20, 2017
BOARD OF BIDS AND CONTRACTS DECEMBER 14, 2017**

Tom Stolz: I'm assuming one-on-one is the employee would call a representative 24 hours a day.

Eileen McNichol: We can make arrangements. We don't have a 24 hour live person on the phone but we can set up arrangements and we do have a representative from Aflac if you would like to address that.

Steve Henry: We've done these kinds of things before. We set up meetings with people at all hours. So dealing with your 911 people and EMS, we have been there at all hours to make sure everyone who wants to see it, can with multiple agents.

Richard Powell: I think within reason, we would try to get a group together so we wouldn't have to have numerous one-on-one meetings. If they are doing it on their time, since this is a voluntary election to provide this service, there is always the question about compensation. At the same time, we can't allow them to do it while on the clock because they have a job to do, especially for those 60 people who work at night inside the confines of the detention center who can't meet someone one-on-one at 2:00 a.m.

Steve Henry: I would just mention one point on that. We've participated in squad meetings when they allow us. They give us 10 or 15 minutes to present at the end of the squad meeting.

Tom Stolz: We are not renewing anything? What is the length of time on the proposal for contract?

Joe Thomas: It's for two years with three one year options to renew.

Richard Powell: In the event an employee is enrolled in these voluntary programs severs their employment, are they able to continue that program outside of employment with the county?

Heather Poorman: I believe they are able to continue but I'll refer to Steve Henry.

Steve Henry: Yes. They can continue to keep whichever product at the same payroll rate for as long as they want to keep it. They just have to pay for it however they want to pay for it.

Linda Kizzire: On the savings of \$90,000.00 by not purchasing the SAP module, what happens if we change vendors?

Eileen McNichol: We talked about that as well. If we change vendors, it would have to be a part of the RFP process. All of the three vendors we talked to all provide this platform. SAP has a module we can buy but we don't have to.

Linda Kizzire: What do we currently maintain Eileen that we help save the money on this?

Eileen McNichol: It's manual now. Our ERP steering teams, Mike has been talking about this change coming in 2021 and we met with Success Factors, which would be the HR component for that at the end of November. They were explaining all of the employee core pieces. If you really want to do something then you have to get this advance module, which would cost about \$90,000.00 a year.

Linda Kizzire: So the successful vendor would take care of the COBRA payments you are currently doing manually?

Heather Poorman: The COBRA is actually handled by a different vendor. Basically it would be a benefits platform where employees can go out and enroll. They have the decision making tools. As our benefits change throughout the years, our employees are going to need a tool to determine what is best for them.

**BOCC APPROVAL DECEMBER 20, 2017
BOARD OF BIDS AND CONTRACTS DECEMBER 14, 2017**

Tom Stolz: Eileen, on the question of evolution of SAP, if that happens in 2021, I assume the vendor would work with us?

Eileen McNichol: Yes. We will start working with them now to develop this decision making tool for the way we need it to work because we're looking to migrate to options for health insurance instead of just one option, we are going to have multiple. We are going to be working to have this tool designed to help our employees when we get ready to go in 2020. This will allow us to do what we need to do now. All three of these companies can do that.

Tom Stolz: According to what Joe was reading, all three of those can do that but Aflac was superior. Is that a fair statement?

Joe Thomas: When we reviewed them, Aflac said they could customize the benefits platform.

Eileen McNichol: All three were very interested in having our business. Aflac's costs are just a little bit more but it was a dollar here, a dollar there. The bottom line of it is the customer service and the fact there are benefits that don't end. They shared a story where they had one customer who had their coverage and they paid out \$750,000.00 for this person with cancer. That's the type of product we want to provide our employees. We don't want something that ends. Overall, we felt it was a better product for our employees.

Sedgwick County and Aflac ... Working for You to Provide Voluntary Benefits Plans and Services

Request for Proposal #17-0031

AUTHORIZED BY:

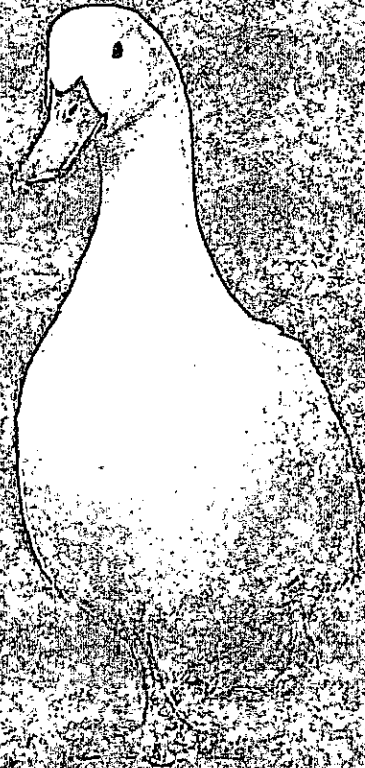


Rhonda Russell
Second Vice President
CAIC Group Underwriting
706.763.5806
aflacorporatebids@aflac.com

PROPOSAL CONTACT:

Steven Henry
An agent independently representing Aflac
316.612.2352
steven_henry@us.aflac.com

DATE: May 12, 2017



Aflac herein means American Family Life Assurance Company of Columbus (Aflac) and Continental American Insurance Company (CAIC). All group plans are underwritten by CAIC.

This proposal is valid for 90 days, subject to the availability of the plans and services offered.



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May 12, 2017

Ms. Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, Kansas 67203

Dear Ms. Kingsley:

Thank you for the opportunity to respond to Sedgwick County's Request for Proposal for Voluntary Benefit Services. Sedgwick County has been a part of the Aflac family since 2011 as an Employee Direct Bill (EDB account). We know that selecting voluntary insurance is an important decision, and the one-size-fits-all approach no longer fits consumer needs. Today's market provides customization in almost any arena. Serving more than 465,000 payroll accounts in the United States, Aflac understands the work to be performed as outlined in the proposal and we are providing our most advantageous cost to the County and your employees for our voluntary plans and services.

Aflac was founded more than 60 years ago on a promise — a promise to help men, women, and families in the event of accident or illness. Benefits from our policies do not go directly to doctors or hospitals. Benefits are paid directly to policyholders, unless they are assigned, in the event of a covered injury or sickness. Often, benefits are used to help pay unreimbursed medical expenses or help cover bills, such as the mortgage/rent payment, car payment, and/or utilities.

With Aflac, the County will:

- Have an improved industry rating from a 'B' to 'A'
- Have rate and financial security to include a five-year rate guarantee on our proposed plans
- Have access to a broad portfolio of guarantee-renewable insurance plans and value-added services
- Receive personalized, one-on-one service
- Receive fast and convenient customer service

We look forward to continuing a strong relationship with the County by providing our plans and services. We truly value relationships with our clients, and we mean it when we say, "We've got you under our wing."

Sincerely,

A handwritten signature in black ink that reads "Rhonda Russell". The signature is written in a cursive, flowing style.

Rhonda Russell
Second Vice President
CAIC Group Underwriting/Proposals

Minimum Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Have a minimum of three (3) years' experience in providing services similar to those specified in this RFP.
2. Have an expertise understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
7. Have proper certifications(s) and/or license(s) for the services specified in the RFP.
8. Provide project supervision (as required) and quality control procedures.
9. Have appropriate material, equipment and labor to perform specified services.

Aflac understands the minimum qualification RFP requirements provided by Sedgwick County.

While Aflac is providing specific plan information for our voluntary accident, critical illness, cancer, hospital, and short-term disability, we have a diverse portfolio of plans to offer. For additional plan information, contact your local Aflac agent, Steven Henry, for details.

Clarifications/Deviations

Aflac focuses on the fundamentals to provide the best products with the best service at the best price. We realize that our insurance plans are a financial promise — a promise to be there when our customer needs us. Our promise is our mission: “To provide peace of mind and reduce financial burdens for our policyholders during times of medical distress so they can focus on recovery rather than monetary issues.”

Following are Aflac’s clarifications and/or deviations to the County’s RFP for Voluntary Benefit Services:

E. Contract Period and Payment Terms

Aflac does not require a formal contract for our individual policies. However, if the County requires a formal contract, we will establish a contract that is acceptable to both Aflac and County that will comply with any applicable laws for the State of Kansas.

F. Insurance Requirements

Aflac maintains a blanket fidelity bond in the amount of \$10,000,000 aggregate policy limit. We also maintain general liability, automobile liability, and employer’s liability coverage as well as the proper Workers’ Compensation required for Aflac. Coverage applies to employees of Aflac Incorporated only and no independent contractors are covered.

Aflac does not purchase Errors and Omissions (E&O) insurance because we believe our assets are sufficient to cover any losses resulting from our error or omission. Aflac encourages agents and brokers to maintain Errors and Omissions coverage. A copy of Steven Henry’s E&O coverage is provided in Section 5 of this proposal.

G. Indemnification

Aflac agrees to indemnify and hold the County harmless from any claims by its employees who have applied for and been issued an Aflac policy or policies when the claim is attributable to the failure of Aflac to comply with the provisions of the policy or the disagreements between its employees and Aflac with respect to the coverage provided under the policy. This hold harmless shall not apply to any claims arising out of or related to any criminal misconduct by the County or related to the County’s responsibilities under any applicable state and federal laws.

H. Confidential Matters and Data Ownership

Protecting the privacy and confidentiality of information about our customers is very important to American Family Life Assurance Company of Columbus, American Family Life Assurance Company of New York and Continental American Insurance Company (collectively, "Aflac"). Accordingly, we strive to comply with each of the following practices in everything we do:

- We do not sell, rent, lease or otherwise disclose personal information of our customers for purposes unrelated to our products and services. The personal information of our customers is of paramount importance to us. Therefore, we provide this information only to our employees, agents and third parties as required to allow them to help us develop and provide our insurance and employee benefit products and services.

- We work to ensure information integrity and security. We use technology tools and design our business practices to help ensure that the personal information of our customers is properly gathered, stored and processed. We also work to maintain the security of, and internal and external access to, the personal information of our customers through the use of technology and our business practices.
- We expect our agents and employees to respect the personal information of our customers. Aflac has business policies and practices in place to help ensure that our employees and agents carry out these practices and otherwise protect personal information about our customers. Both employees and agents are subject to censure, dismissal, or termination for violation of these policies.

These Privacy Practices apply to our U.S. customers. Due to legal and cultural differences, our practices may vary outside the United States.

- **HIPAA**
Please be assured Aflac takes the privacy and security of our policyholders' private and confidential information seriously. To support that concern, Aflac has instituted a comprehensive privacy and security program. This program implements required administrative, technical and physical safeguards to ensure that appropriate levels of protection are in place to secure confidential information in compliance with state and federal regulatory requirements (i.e. GLBA, HIPAA, HITECH, etc.). Additionally, Aflac's Privacy and Data Security Offices, in conjunction with its Compliance and Legal Departments, regularly review our policies and procedures to ensure continuing compliance within the ever-changing privacy and security environment. Unfortunately, human error does occur and requires Aflac to respond accordingly. Aflac's response to such incidents will always be well in compliance with all applicable state and federal regulatory requirements.
- **Right to Audit**
Aflac agrees to give the County access to information pertaining to the maintenance of your account to the extent that it does not violate privacy laws. Access to claim information cannot be granted, as this information is protected under the Medical Privacy Act.

General Contractual Provisions

Section 7(b) – Termination of Convenience

Based on the nature of the service we are providing, there may be additional time needed when a termination for convenience is requested. Aflac requires ninety (90) days.

Section 8 – Hold Harmless

Aflac recommends having a mutual Hold Harmless whereby the County indemnifies us for loss and/or damage arising out of the County's negligence and/or willful, wanton or reckless conduct in the performance of this Agreement.

Section 10 – Entire Agreement

Aflac would like to add, *"Notwithstanding the foregoing, Contractor and the County will or expect to enter into a(n) insurance policy(ies) issued by Contractor to the County ("Insurance Policies") that set forth certain fundamental terms and conditions separate from but related to the relationship between Contractor and the County as outlined in this Agreement. The County and Contractor acknowledge that the Insurance Policies will be separate, independent, and apart from this Agreement, and that nothing in this Agreement will supersede, amend or otherwise contradict the terms of the Insurance Policies. In the event of conflict between the terms of the*

Insurance Policies and this Agreement, including any SOW thereto, the terms of the Insurance Policies will govern as to matters related to insurance.”

Section 13 – Subcontracting

Aflac would like to add, *“With the exception of the Contractor’s licensed independent agent,”* None of the work or services covered by this Agreement shall be subcontracted without the prior written approval of County. In the event subcontracting is approved by County, Contractor shall remain totally responsible for all actions and work performed by its subcontractors. All approved subcontracts must conform to applicable requirements set forth in this Agreement and in its appendices, exhibits and amendments, if any.

Section 20 – Retention of Records

Aflac retains records in compliance with each state’s Department of Insurance and federal regulations.

Section 21 – Ownership of Data

To the extent data reports and data are provided to the County, the format of the reports and the underlying data belongs to Aflac and/or its policyholders. If Aflac agrees to provide specially made materials as indicated in the Scope of Services, Aflac should retain any ownership.

Section 22 – Intellectual Property Rights

All original software, software code, and/or intellectual property developed or created by County in relation to this Agreement shall remain the sole property of the Contractor.

VIII. Required Response Content

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.

Name: American Family Life Assurance Company of Columbus, (Aflac)
Address: 1932 Wynnton Road
Columbus, Georgia 31999
Phone: 1.800.992.3522
Contact: Rhonda Russell, 2nd Vice President, CAIC Group Underwriting
Firm Established: 1955

As of February 27, 2017, no person was the owner of record or, to the knowledge of the Company, beneficially owned 5% or more of the outstanding shares of Common Stock or of the available votes of the Company other than The Vanguard Group (1 vote per share) and Daniel P. Amos (20 votes per share).

B. Provide a description of your firm and include qualifications, experience, depth of staff and quality control processes.

By empowering employees with greater benefits freedom and control, Aflac provides one of the industry's most complete portfolios of individually-owned policies. Aflac's policies focus on employees' greatest financial exposure and the probability of occurrence. Our market-leading coverage provides competitive protection, rate consistency, and consumer choice.

We take pride in our sound history of meeting the challenging and changing needs of consumers. We offer a broad portfolio of voluntary plans that are critical to the financial security of our customers and their families.

Qualifications

We believe the strengths that have positioned Aflac as a world leader in guaranteed-renewable insurance at the worksite are firmly intact. Aflac's insurance line provides relevant and affordable health benefits that make a difference in consumers' lives.

Many times in the voluntary insurance business, companies tend to use the same approach to market similar benefits. Aflac is different. We back our unique plans up with:

- Innovative Marketing Campaigns
- Strong Financial Stability
- Brand Recognition
- A Solid Company Reputation
- Industry Recognized and Rewarded Claims and Customer Service

In a landscape of challenges, Aflac stands strong, driven by the determination of the one and only Aflac Duck and thousands of dedicated sales agents and employees. We offer innovative plans that meet consumers' needs by helping them cope with ever-increasing health care costs. At the same time, we continually enhance our distribution capabilities to deliver those plans to consumers. This approach has created a lengthy record of success and provided financial security and protection to more than 50 million people throughout more than five decades of operation.

Millions of people rely on Aflac to provide peace of mind and to help with expenses arising from accidents, illnesses, and other life challenges in their time of need. We believe we'll continue our record of achievement by building on the strategies that are the foundation of our success.

Our proposed plans are:

- **Guaranteed-Renewable:** Insureds have the right to continue coverage regardless of class or employment status through the timely payment of premiums. The insurance company cannot change the coverage or refuse to renew the coverage for reasons other than non-payment of premium.
- **Guaranteed-Issue Options** available
- **Fully Portable:** Our products can only be cancelled if the policyholder cancels them.

Experience

Aflac ranks number one amongst other voluntary insurance. We have decades of experience working with the government sector, and we regularly conduct extensive research to back up what we've learned over the years. Currently, we have more than **465,000** national payroll accounts. Of those, **12,636** are overall government accounts, while **251** are government accounts in Kansas.

Aflac is a nationally-recognized company. We support large, national accounts* such as Michelin, Krispy Kreme, Harley Davidson, JC Penney, CVS, Verizon, T-Mobile, AT&T, The Weather Channel, and Staples. No matter the account size, your employees can trust Aflac to provide them with their policy benefits in their time of need.

**This shall in no way imply that these accounts endorse Aflac or its policies.*

Staff

- Aflac Incorporated had more than 8,500 full-time employees worldwide
- Aflac employs more than 500 highly trained customer service representatives
- Aflac has more than 76,400 licensed, independent agents located throughout the United States

Quality Control

- **Contact Center**
We routinely update our procedure and reference manuals to ensure that the information our customer service representatives provide to our customers is correct and accurate. Additionally, all calls received in our Customer Service Center are recorded by an auto-monitoring system to ensure the highest standards of quality are met.

Customer service supervisors participate in side-by-side call coaching with all customer service representatives to provide performance-based feedback. Customer service representatives also receive daily, weekly, monthly, quarterly, and annual performance appraisals.

- **Claims**
All claims are subject to a random review by the Shared Services Claims Quality Program. Currently, the program audits a sample size of claims to ensure an 85 percent confidence level with a margin error of +/-2 percent. Audits are processed on a monthly basis by claim type. During the audit process, the claims manuals along with a list of key attributes are used to validate that the claim was paid correctly and that all documented claim procedures were followed.

Aflac's Administration Risk Management Department also conducts quarterly audits by reviewing a sample size of claims to ensure a 95 percent confidence level with a margin error of +/-5 percent.

The Claims, Risk Management, and Internal Audit Departments all work together to document and test controls in accordance with the Sarbanes-Oxley Act. Results of these audits fall within the Claims Department's established goals for accuracy.

- **Field Account Management**

Each agent is part of a hierarchy designed to maximize accountability, accuracy, and customer satisfaction. We also make sure that our field force is kept up to date with ongoing training on new plans, services, and technology via Aflac Academy.

C. Provide applicable certifications/licenses as deemed necessary by local, state, and federal laws.

Applicable certifications/licenses are provided at the end of this section of the proposal.

D. Provide resumes of key staff working on this project. Resumes shall include background qualifications, past work experience on large projects and similar work, and a summary of the anticipated role of each on this project.

Service in Your Neighborhood

Overall account responsibility will lie with your local Aflac agent, Steven Henry. Mr. Henry has been an Aflac representative since 2001 and has a wealth of experience in the insurance industry. Account servicing includes regular account visits to ensure your Aflac program is running smoothly; conducting annual enrollments; meeting with new hires; assisting with overall account administration, including billing; and helping with claims.

Aflac Worldwide Headquarters Support

Customer Service Center

Quality individuals obtain quality results. The 500-plus professional representatives in our Customer Service Center are united in their mission to exceed customers' expectations throughout the life of their policies. They accomplish their goal by combining first-class technology with commitment and superior job knowledge.

Aflac's customer service representatives go through several months of on-the-job training. During this training period, they go through a four-phase training process. The first three phases consist of HIPAA training, standard operational procedures training, and customer service training. During training, each new customer service representative is mentored by an experienced customer service representative. Observing the mentor, the new customer service representative listens to and documents phone calls.

Claims Department

Aflac processes claims -- and we process them quickly. The Claims Department exists to fulfill the promises of our policy contracts during the claimant's time of need. We do this by providing a motivated and trained staff to support our policyholders, payroll accounts, and field force with the excellence in customer service they expect and deserve. New claims processors receive ten to 12 weeks of formal training that is provided in stages, depending on the type of claims handled. Every claim is reviewed by a trainer or lead until the trainee is proficient.

We set aggressive standards and continuously raise the bar on those standards through ongoing e efforts to provide our customers with easier, faster, and more customer friendly service.

E. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement.

Aflac's audited financial statements released to the stockholders are prepared using Generally Accepted Accounting Principles. The independent auditor's report states that, in their opinion, the financial statements have been prepared in conformity with Generally Accepted Accounting Principles (GAAP). Financial statements prepared for state regulators do not conform to GAAP, as the regulators require using different accounting rules and procedures.

We have provided a copy of our 2016 *Year In Review* annual report in this section of the proposal.

F. Acknowledge and address in sequential order Requirements outlined in this document.

Acknowledged

G. Provide the completed questionnaire outlined in this document.

Acknowledged

H. Discuss any current local, state or federal (i.e. HCFA / HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and/or product(s).

Aflac is a defendant in various lawsuits considered to be in the normal course of business. Although the final outcome of any litigation cannot be predicted with certainty, we believe the outcome of any pending litigation will not have a material adverse effect on our financial position, results of operations, or cash flows.

If further information is needed, please submit a written request to the address below:

Aflac Legal Department
 1932 Wynnton Road
 Columbus, Georgia 31999

I. Provide a list of office locations for local, regional and corporate entities. Location information to include but not limited to, address, phone number, services provided, and Internet email.

Office	Name/Address	Phone	Email
Local	Steven Henry 9140 York Lane Haysville, KS 67060	316.612.2352	steven_henry@us.aflac.com
Regional	Caleb Gilmour 220 E. William Wichita, KS 67202	800.594.0880	caleb_gilmour@us.aflac.com
Worldwide Headquarters	Aflac 1932 Wynnton Road Columbus, GA 31999	877.992.3522	aflacorporatebids@aflac.com

Local Office

Steven Henry, Aflac Agent, will assist the County employees with claims and invoice reconciliation and conduct new-hire enrollments throughout the year.

Regional Office

Caleb Gilmour, Regional Sales Coordinator, is responsible for recruiting, developing and implementing strategic plans, conduction development meetings, and offering consultation and practical assistance to his region.

Corporate Office

Aflac provides account-set, billing, reconciliation, customer service that can assist the County and your employees with any billing issues, account discrepancies, and claims at the point-of-call. All claims are processed at worldwide headquarters.

J. List any active or pending lawsuits and/or litigation related to the insurance agency and/or insurance company during the previous three years.

Aflac is a defendant in various lawsuits considered to be in the normal course of business. Although the final outcome of any litigation cannot be predicted with certainty, we believe the outcome of any pending litigation will not have a material adverse effect on our financial position, results of operations, or cash flows.

If further information is needed, please submit a written request to the address below:

Aflac Legal Department
1932 Wynnton Road
Columbus, Georgia 31999

K. List any active or pending fines, penalties or sanctions against the insurance agent, insurance agency, and/or the insurance company from any State Insurance Department during the previous three (3) years.

See response provided in question J above.

L. Provide a project plan and timeline for implementation.

The following is a high-level sample implementation timeline. It is for illustration purposes only.

Milestone One: Welcome to the Aflac Family

Sign a Payroll Account Acknowledgement form establishing your business as an Aflac payroll account

Milestone Two: Pre-Enrollment Activities

Finalize Aflac plans to be offered

Finalize method of enrollment

Along with your Aflac team:

- Develop and finalize a logistics plan that addresses the time(s), date(s), and location(s) for enrollment
- Develop and finalize a strategic communication plan to announce the Aflac program to employees

Table A to Three. Enrollment

Web Self-Service Enrollment Option

- Aflac obtains a file from you with the basic census information (name, address, ID number, SSN, etc.) on all eligible employees
- You add a page or option in your enrollment system for Aflac allowing employees to indicate if they want to apply for Aflac coverage

Enroller-Assisted Laptop Enrollment Option

- Brief group meetings are held, if applicable
- Individual one-on-one Aflac benefits consultations with employees
- Interested employees apply for coverage within minutes via laptop computer

Milestone Four: Post-Enrollment Activities

Meet with Human Resources and/or Payroll Administrator

- Copies of Premium Deduction Authorization cards, Salary Redirection Agreements (if applicable), and Waiver of Participation forms provided
- Processes for premium remittance, submission of claims, making changes, etc., explained; additional program administration information provided
- Follow-up date scheduled to discuss first invoice after it is generated

Milestone Five: Plan Effective Date

M. Provide a signed, completed Proposal Response Form.

See Section 7 of this proposal for our signed Proposal Response Form.

N. Proof of insurance meeting minimum insurance requirements as designated herein.

We have provided a copy of our Certificate of Liability Insurance in this section of the proposal.

O. Identify any other expectations of county responsibilities not addressed in the request for proposal document.

Aflac wants to make the administration of our plans as hassle-free for you as possible. Therefore, your responsibilities for the program will be minimal. You will only be responsible for allowing us to make plans available to your employees, and for deducting and remitting payroll premiums to us.

P. Provide any additional information relevant to expertise of the requested services that may assist the County in evaluating your proposal.

By empowering employees with greater benefits freedom and control, Aflac provides one of the industry's most complete portfolios of individually-owned policies. Aflac's policies focus on employees' greatest financial exposure and the probability of occurrence. Our market-leading coverage provides competitive protection, rate consistency, and consumer choice.

We take pride in our sound history of meeting the challenging and changing needs of consumers. We offer a broad portfolio of voluntary plans that are critical to the financial security of our customers and their families.

Q. Those responses that do not include all required forms/items may be deemed non-responsive.

Acknowledged

VIII. Questionnaire

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire will be provided in Word format for ease of completion. Please note that in the case of a discrepancy this document will prevail.

A. Provide information about your organization to include ownership and history providing voluntary benefits.

Founded more than 61 years ago, by brothers John, Paul, and Bill Amos, Aflac is a leader in voluntary insurance policies that pay cash benefits directly to policyholders, unless otherwise assigned. In 1958, Aflac introduced one of the world's first cancer plans. Aflac initially operated in Georgia and Alabama. By the mid-1960s, it had expanded across much of the Southeast. Throughout the 1970s, 1980s, and 1990s, Aflac continued its domestic expansion and now operates in all 50 states and in U.S. territories. Today, Aflac is a world leader in guaranteed-renewable insurance policies sold at the worksite in the United States. Aflac's more than 74,800 licensed independent agents sell our plans through more than 465,000 U.S. payroll accounts.

Aflac began broadening its U.S. plan line in the 1980s, after primarily selling one plan for more than 20 years. In addition to Aflac's flagship income protection insurance, the company now offers a variety of insurance policies to help with insurance needs. Today, Aflac policies include insurance policies for cancer, accident, short-term disability, hospital confinement indemnity, life, critical illness, dental, and vision.

Aflac Incorporated has been listed on the New York Stock Exchange since 1974 under the ticker symbol AFL. The company is also listed on the Tokyo Stock Exchange. Aflac's Internet address is aflac.com.

B. Provide information on each Voluntary Product you are offering including the cost for the benefit.

We have provided for our proposed voluntary insurance plan benefits information and rates in Section 6 of this proposal.

C. Provide references of three current clients of similar size for whom you provide administration for voluntary benefits. Include date plan was effective, benefit plans administered, number of covered employees, name of entity/contact person and phone number.

Account Name:	Kansas Turnpike Authority
Contact Name:	Diana Ensign
Contact's Phone:	316.682.4537
Employee Count:	340
Effective Date:	12/07/1996
Voluntary Plans:	Aflac provides accident, cancer, life and short-term disability voluntary insurance plans and services

Account Name: R...
Contact Name: Lisa Lone
Contact's Phone: 702.298.2535
Employee Count: 1800
Effective Date: 12/06/1999
Voluntary Plans: Aflac provides accident, cancer, dental and critical illness voluntary insurance plans and services

Account Name: Fulton County Government
Contact Name: Sharon Matthews
Contact's Phone: 404.612.7675
Employee Count: 5100
Effective Date: 06/12/2007
Voluntary Plans: Aflac provides accident, cancer, dental and critical illness, hospital, life, and short-term disability insurance plans and services

D. Provide references of three former clients who have terminated your services in the past two years. Provide the same information as noted above.

Aflac, as an insurance company, is primarily regulated by state law, and many states have laws that regulate how insurers may treat customers' information. Additionally, as with the County, Aflac normally enters into a non-disclosure agreement with prospective clients issuing RFPs. Due to these factors, Aflac is not in a position to provide the requested information at this time.

E. Identify the Account Management and Service Team that will be assigned to Sedgwick County.

Aflac is not organized by account. Aflac is made up of thousands of people whose actions are dedicated to providing exemplary service and solutions for businesses for individuals.

Our Customer Assurance Organization will play a key role in providing service to the County and your employees.

Customer Service

Aflac's customer service representatives go through several months of on-the-job training. During this training period, they go through a four-phase training process. The first three phases consist of HIPAA training, standard operational procedures training, and customer service training. During training, each new customer service representative is mentored by an experienced customer service representative. Observing the mentor, the new customer service representative listens to and documents phone call. Each customer service representative is trained to answer all account and policyholder questions at the point-of-call, as each call is received.

Claims Department

The Claims Department, supported by 374-plus claims processors, exists to fulfill the promises of our policy contracts during the claimant's time of need. We do this by providing a motivated and trained staff to support our policyholders, payroll accounts, and field force with the excellence in customer service they expect and deserve. New claims processors receive 10 to 12 weeks of formal training that is provided in stages, depending on the type of claims handled. Every claim is reviewed by a trainer or lead until the trainee is proficient. Aflac's claims processors are not assigned by account. The Claims Department is organized into teams that process claims by line of business (i.e., accident, cancer, critical illness, disability).

We set aggressive standards and continuously raise the bar on those standards through ongoing efforts to provide our customers with easier, faster, and more customer friendly service.

Local Support

Aflac agents are normally local residents of the community using the services of other businesses. Many sales agents have to put their reputation on line to pursue a long career within that community. Therefore, once our plans are sold, agents will assist the your Human Resource Department by handling the claims payment for the enrolled employees, reconciling the billing for the payroll clerks, and conducting new hire enrollment for the benefits department, resulting in rapport establishment with your employees.

F. What has been the incidence of account management turnover for the unit which will service Sedgwick County over the last two years?

Steven Henry has serviced the County's account since 2005 and been an Aflac agent since 2001.

G. Confirm you will attend all enrollment meetings at no additional cost.

Confirmed

H. Confirm you understand all plans and services will be evaluated separately and your quote for each coverage or service you are proposing is on a stand-alone basis.

Confirmed

I. Describe the steps of your implementation process. Include a sample timetable for a January 1, 2018 effective date.

Weeks before your enrollment begins, we distribute communication materials (i.e., payroll stuffers, posters in break rooms and other common areas, newsletters, brochure leave-behinds, fact sheets, etc.) to your employees to promote your Aflac program and to educate them about the plans available to them.

- Individual, one-on-one consultations occur
 - Your Aflac agent works hand-in-hand with each employee to design the best Aflac coverage for him or her based on his or her own financial and individual needs
- Interested employees apply for coverage in minutes via laptop computer
 - Applications are transmitted directly to Aflac Worldwide Headquarters for processing
 - A Payroll Deduction Authorization form is also completed, and a copy is given to the employee and to your payroll department
 - Employees who do not elect coverage sign a Waiver of Participation form
- Enrollment information is provided to you so that payroll deductions can begin for employees who were issued policies

Important Note: Timelines and set-up for a new account depends on the complexity of the account and the billing option selected.

J. In lieu of using employee's Social Security Number, can the client use an employee ID number or an assigned number issued by the vendor for eligibility transmission?

Yes

K. **Can you provide a dedicated toll-free Customer Service number prior to the Plan Effective date to answer questions from potential members?**

While Aflac does have the capability to create a unique toll-free number for a customer, doing so is critiqued very hard due to the extra work and resources needed to support. A potentially better alternative would be to use an existing toll-free number that is shared among our clients that gives preferential treatment to both accounts and policyholders.

Dedicated Customer Service

With more than 500 highly trained customer service representatives, if you've got a question, we've got a variety of ways to find the answer.

- Customer support is available 24 hours a day, seven days a week through our Customer Service Center's **Interactive Voice Response System**, which can assist you and your employees with payroll account information and provide immediate access to policy and claim status.
- **Customer service representatives** are available Monday through Friday from 8 a.m. to 8 p.m. Eastern time at 800-99-AFLAC. Bilingual customer service representatives are also available Monday through Friday from 8 a.m. to 6 p.m. Eastern time at 800-SI-AFLAC.
- Customers can also submit **online inquiries** through our Web site, aflac.com

Having some of the best and most innovative products in the industry means nothing without the service to support them. So Aflac works hand in hand with our agents and customers to ensure a positive experience for the life of the account.

L. **Identify your website information if applicable.**

Website for Employers

Take some of the hassle out of benefits administration with Aflac Business Services, a Web service that makes managing your account easy. With Aflac Business Services, the County can:

- Access your benefits information 24 hours a day, seven days a week
- View and update account and employee information
- Print frequently used forms
- Take advantage of Online Billing services
- Review, print and save electronic copies of your Aflac invoice

Web site for Employees

Your employees can enjoy around-the-clock policy and claims information also. We know not everyone has time to call Aflac's Customer Service Center, that's why Wingspan Business Services for Policyholders provides convenient, 24/7 access to valuable features, such as:

- Check claims status
- Update their personal profiles
- Request forms or copies of their policies
- Obtain contact information for Aflac agents
- File claims quickly using Aflac Always® online

M. List the voluntary coverages you are quoting and confirm your rates are firm regardless of how many different voluntary coverages Sedgwick County chooses to offer to employees.

Aflac is proposing the following individual voluntary insurance plans and benefits:

- Accident Advantage Plan
- Lump Sum Critical Illness Plan
- Cancer Care Plan
- Hospital Advantage Plan
- Short-Term Disability Plan

Our rates are firm regardless of the different types of coverage the County chooses to offer. Rates are guaranteed from year-to-year as long as premium is paid and the plans are available for sale in the State of Kansas.

N. How long are the voluntary rates guaranteed?

Our rates are guaranteed for five years as long as the premium is paid on our proposed voluntary plans. Our proposed plans availability and rates are only guaranteed while these plans are available for sale in the State of Kansas. Additionally, Aflac has granted the industry classification change from a 'B' to 'A' for the County's benefit eligible employees under the following terms:

- Establish a new payroll invoice account
- Allow on-site, one-on-one/face-to-face enrollment

O. How do you help enroll employees and educate them about the plans and services? Are you willing to make enrollment visits at different times and workplace locations to accommodate employees schedules and shifts?

We realize that communication plays an intricate role in orchestrating a successful benefits program and we are prepared to fulfill that role. Our solution is more than just a menu of insurance products — it is an entire package designed to aid your employees understanding and appreciation of the benefit offering. We deliver an enrollment package that is both effective and efficient, which is more valuable than just insurance alone.

We believe in the importance of reviewing the enrollment needs of the County to help determine the best method and approach that will work. Aflac plans are not commodity type products and are best understood when explained fully by an Aflac agent. The ability for each employee to communicate face-to-face with an experienced Aflac agent creates an instant appreciation of the value of the benefit as the election is made; which strengthens employee morale and retention.

Aflac is very experienced in working with government entities with thousands of employees, and to maximize awareness, Steven Henry will give brief group presentations to explain our insurance plans and enrollment process by visiting different locations at appointed time to accommodate the County's employees' schedules and shifts. Individual consultations follow generally one-two days later, and at any time employees can ask personal questions and receive a detailed explanation of the plan. Maybe it's old-fashioned, but we still believe in the personal touch.

P. How do you handle payroll deductions, billing and the claims process?

Payroll Deductions

The County deducts Aflac insurance premiums from participating employees' paychecks. Aflac bills the County for those premiums and you remit them to Aflac via check, wire transfer, or an Automated Clearing House (ACH) transaction. Once received, Aflac reconciles the invoice and applies the premiums to the applicable policies. Aflac notifies either the policyholder or the County of any discrepancies.

Billing

Aflac has built enough flexibility into our systems so that we can handle almost any type of billing layout and accommodate a variety of billing methods. We can bill the County via paper, electronically, or online.

Claims Process

Whether it's accident, cancer, hospitalization or illness, no one will process and pay claims faster. We are leading the way with One Day PaySM. It redefines fast claims payment so we are able to process, approve and pay eligible claims in just one day in just three simple steps.

1. Use Aflac SmartClaim[®] – a feature within Online Services for Policyholders.
2. Upload documents – electronic copies or images of all required supporting documentation.
3. Submit by 3 p.m. ET Monday-Friday – to complete One Day Pay processing and payment of claims eligible for this service.

Outside of the One Day PaySM option, claims submitted with complete supporting documentation are typically processed within four business days of receipt. An employee may initiate a claim by:

- Visiting aflac.com > File A Claim, answering the simple Aflac SmartClaim[®] questions, and upload any required documentation directly to the Aflac Claims Department
- Working with a local agent
- Calling the worldwide headquarters toll-free number

Claim Submission Procedures:

- The employee completes the employee sections of the claim form per the form's instructions. If applicable, the County completes the employer section(s) on the claim form.
- The employee submits the claim to worldwide headquarters via SmartClaim[®], mail, or fax. The claim may also be submitted by the employee's agent or the County on the employee's behalf. Upon receipt, the claim is routed electronically to a claims team by type for processing.
- Policy status is verified and a benefit determination made.
- If the claim form is complete and the supporting documentation is provided (as indicated by Aflac SmartClaim[®] or on the claim form), the claim is forwarded for processing.
- A benefit check and payment explanation or letter of denial is mailed to the employee, agent (upon request), or provider (if benefits have been assigned). If the claim was filed through Aflac SmartClaim[®], the employee will receive an electronic message, as well as a mailed letter, if the claim is denied.
- If the claim form is incomplete and/or supporting claim documentation is missing, a letter is mailed to the employee advising of what information is needed to continue review of the claim. If the claim was filed through Aflac SmartClaim[®], the employee will receive an electronic message requesting additional information.
- Once the requested information is received, the claim is processed as indicated above.

Q. Explain in detail, for all plans you are quoting, how rates are determined.

When developing rates for our individual plans, we calculate with future health care costs in mind and price our policies on a level premium basis. Aflac's plan pricing includes assumptions for morbidity, mortality, persistency, expenses, and investment returns. Rates will not increase due to age or to a change in the health status of the insured – regardless of the amount of claims. Our plans pricing includes assumptions for morbidity, mortality, persistency, expenses, and investment returns.

R. What was the most recent rate change by plan and what date was it effective?

We know that rate stability is important – especially in today's economy. Most of our individual insurance policies have never been increased by one premium dollar. Since 1990, over 99 percent of Aflac's individual premiums have gone without any rate changes.

When developing rates for our individual plans, we calculate with future health care costs in mind and price our policies on a level premium basis. Rates will not increase due to age or to a change in the health status of the insured – regardless of the amount of claims.

S. Will you provide any reconciliation or premium and claim information for any of the voluntary plans? Can you audit bills for every pay cycle?

The County will be responsible for deducting Aflac insurance premiums from participating employees' paychecks. Aflac bills the County for those premiums and you remit them to Aflac via check, wire transfer, or an Automated Clearing House (ACH) transaction. Once received, Aflac reconciles the invoice and applies the premiums to the applicable policies. Depending on the plan type (i.e., individual or group), Aflac notifies either the policyholder or the County of any discrepancies.

Once an invoice has been received at Aflac, we use our billing system to reconcile it. Pay codes are used to indicate how each line should be paid. Each individual policy is updated during that night's processing cycle. At times, the invoice will not balance for numerous reasons. For example, it may not balance because of leave of absence, insufficient funds, termination, and/or retirement. When discrepancies occur, system-generated letters are sent to our policyholders, requesting payments to be sent directly to Aflac, to continue their coverage.

Any claims information/discrepancy will be communicated directly with the policyholder(s).

T. What, if any, costs are associated with the provision of a toll-free customer serviceline?

While Aflac does have the capability to create a unique toll-free number for a customer, doing so is critiqued very hard due to the extra work and resources needed to support. A potentially better alternative would be to use an existing toll-free number that is shared among several clients that gives preferential (priority) treatment at the account level (not policyholder).

- U. **Are there any minimum employee participation requirements for any of the voluntary coverages you are offering? What happens if the participation requirements are not met?**

There are no minimum participation requirements for our plans. We only ask that the County establish a new payroll invoice account and allowing three separate W-2 employees to enroll in at least one of our plans through the convenience of payroll deduction.

Note: For our proposed Lump Sum Critical Illness Plan, there is a requirement of three Lump Sum Critical Illness applications.

- V. **What is the typical participation rate for other similar employer groups you currently insure?**

With a thorough marketing campaign and an integrated enrollment solution, typically 15-20 percent of employees will purchase a policy during their initial enrollment.

- W. **Please provide sample applications, policies, bills and forms necessary to file a claim.**

Sample applications, policies, invoice, and claim forms are provided in Section 6 of this proposal for your review.

- X. **Describe what happens when employment terminates. Is the coverage portable? Describe the portability provision you are proposing, especially focusing on:**

Terminated employees may continue their policy with the same payroll rate as long as one month of premium has been remitted to Aflac through payroll deduction.

1. **Limits on qualifying for coverage due to illness or injury**

There are no limits on qualifying coverage due to illness or injury for policies to be portable.

2. **When a ported policy can be cancelled by you**

Aflac will only cancel a policy due to non-payment.

3. **What premiums are charged initially (as compared to group premiums) and what determines future changes to premium**

Employees may continue their policy with the same payroll rate as long as one month of premium has been remitted to Aflac through payroll deduction.

4. **What happens to portability coverage if Sedgwick County subsequently cancels its contract with you**

We do not require a formal contract for our voluntary insurance plans as the insurance policy is the contract between Aflac and each individual policyholder.

Client#: 103008

30AFLACINCOR

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/15/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J Smith Lanier & Co. Columbus Marsh & McLennan Agency, LLC 200 Brookstone Centre Pkwy;118 Columbus, GA 31904	CONTACT NAME: Connie Whitmer	
	PHONE (A/C, No, Ext): 706 324-6671 FAX (A/C, No): 706 576-5607	
INSURED Aflac Incorporated Attn: Mary Rogers 1932 Wynnton Road Columbus, GA 31999	E-MAIL ADDRESS: cwhitmer@jsmithlanier.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Great Northern Ins A++ XV	20303
	INSURER B: Federal Insurance A++ XV	20281
	INSURER C: Pacific Indemnity Co A++ XV	20346
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

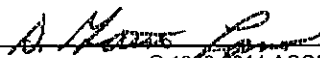
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35960492	05/16/2017	05/16/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Gen Agg Cap \$40,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			73580109	05/16/2017	05/16/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Par accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			79825301	05/16/2017	05/16/2018	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	71716058	05/16/2017	05/16/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

(GL) Notice of Cancellation per form: 80-02-9779 - Notice of Cancellation to Scheduled Persons or Organizations
 (GL) Additional Insured per form: 80-02-2367 Additional Insured - Scheduled Person or Organization
 (GL) Primary & Contributory per form: 80-02-2653 Conditions-Other Insurance-Primary, Noncontributory Insurance
 (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Sedgwick County, Kansas 525 N. Main, Suite 823 Wichita, KS 67203-0000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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DESCRIPTIONS (Continued from Page 1)

(WC) Notice of Cancellation per form: WC 99 06 44 - Notice of Cancellation to Scheduled Persons or Organizations

Certificate of Insurance – Sponsored
Agent Errors and Omissions Liability Policy
For Life Insurance Company Sponsored Agents



This insurance is provided by the Company designated by a "X" in the box below:

- Zurich American Insurance Company
 Steadfast Insurance Company

Policy Number: EOC 9319136-06

THIS IS A CLAIMS MADE AND REPORTED POLICY. "CLAIMS" MUST FIRST BE MADE AND REPORTED IN WRITING TO THE COMPANY DURING THE "CERTIFICATE PERIOD" OR ANY APPLICABLE EXTENDED PERIOD OF THE POLICY. THE PAYMENT OF "DEFENSE COSTS" REDUCES THE LIMITS OF LIABILITY. PLEASE READ THE POLICY CAREFULLY. TERMS IN QUOTATION MARKS HAVE MEANING SET FORTH IN THE POLICY.

- Item 1. "Named Certificate Holder" and Address: STEVEN S HENRY • 9146 YORK LANE HAYSVILLE, KS 67060
- Item 2. "Additional Insured": Aflac of Columbus, GA - Aflac of New York - CAIC
- Item 3. Producer Mailing Address: 8430 ENTERPRISE CIRCLE, STE 200 LAKEWOOD RANCH, FL 34202
- Item 4. Limits of Liability:
- | | |
|----------------|--|
| \$2,000,000.00 | Each "Claim"/Each "Named Certificate Holder" |
| \$2,000,000.00 | Aggregate Each "Named Certificate Holder" |
- Item 5. "Certificate Period" From: 01/01/2018 To: 01/01/2019
 12:01 am local time at the address shown in Item 1,
- Item 6. Deductible: — \$0 for AFLAC product claims, \$500 for non AFLAC product claims.
- Item 7. Premium: See premium schedule.
- Item 8. Endorsement Effective at Inception: Please see Form and Endorsement Schedule

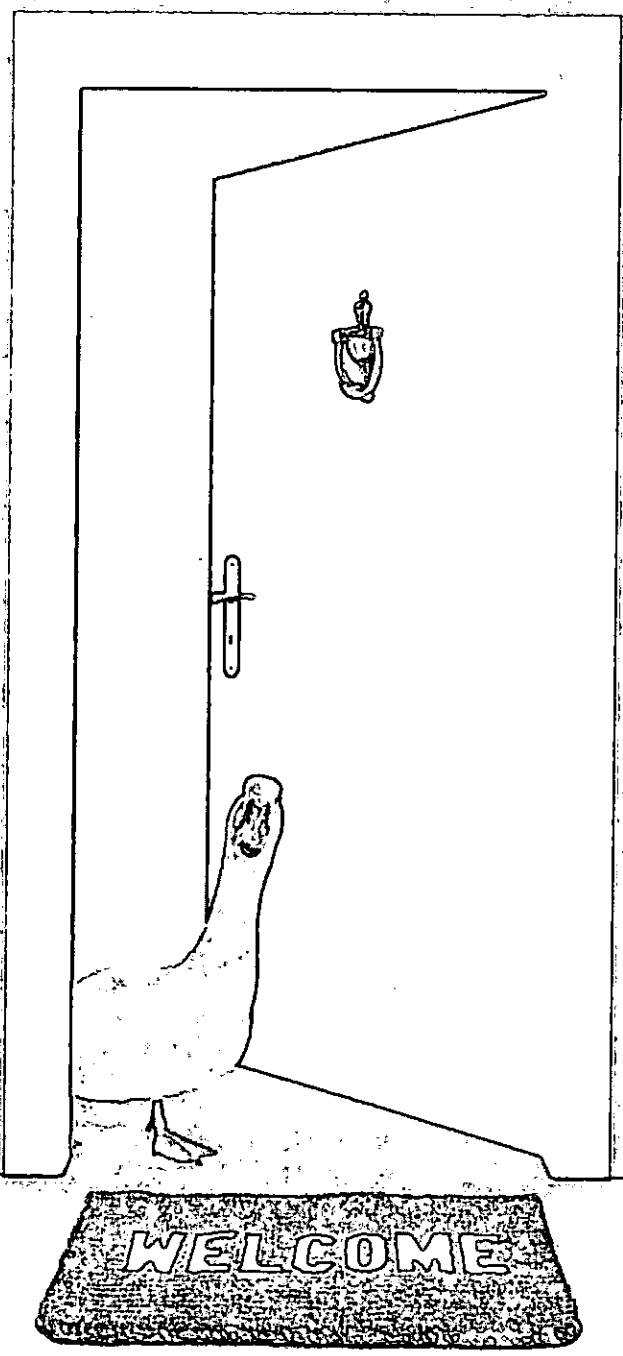
THIS "CERTIFICATE OF INSURANCE" IS ISSUED IN ACCORDANCE WITH THE "MASTER POLICY" ISSUED TO THE BY ACCEPTANCE OF THE POLICY THE "NAMED CERTIFICATE HOLDER" AGREES THAT THE STATEMENTS IN THE "CERTIFICATE OF INSURANCE" AND THE APPLICATION AND ANY ATTACHMENTS HERETO ARE THE "NAMED CERTIFICATE HOLDER'S" AGREEMENTS AND REPRESENTATIONS AND THE POLICY EMBODIES ALL AGREEMENTS EXISTING BETWEEN THE "NAMED CERTIFICATE HOLDER" AND THE COMPANY OR ANY OF ITS REPRESENTATIVES RELATING TO THIS INSURANCE.

Request a Copy of the Policy:

Contact Producer above at (800) 593-7657 or go to <http://www.napa-benefits.org/aflac>.



OPPORTUNITY KNOCKS



2016 YEAR IN REVIEW

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OPPORTUNITY KNOCKS

At Aflac, opportunity is always knocking at our door, whether that opportunity takes the form of helping provide financial protection and peace of mind for policyholders; offering solutions for employers who want to retain their workers and provide them with relevant benefits; investing in a company that strives to add value and reward its shareholders; empowering people to pursue their dreams through a career as an employee or part of our sales distribution network; or helping a child battling cancer. At Aflac, when opportunity knocks, we are there, ready to open the door and hit the ground running.

For more than 60 years, we at Aflac have been good stewards of the privilege and extraordinary opportunity to help provide peace of mind to more than 50 million people. We do this by delivering on our promise to be there for our policyholders when an illness, health event or life situation occurs and they need us most. And to all of us at Aflac, that is the opportunity of a lifetime.

AFLAC'S GOAL

日米両国のお客様に、
任意加入保険商品の
分野で最高の価値を
提供すること。それが
わたしたちの目標です。

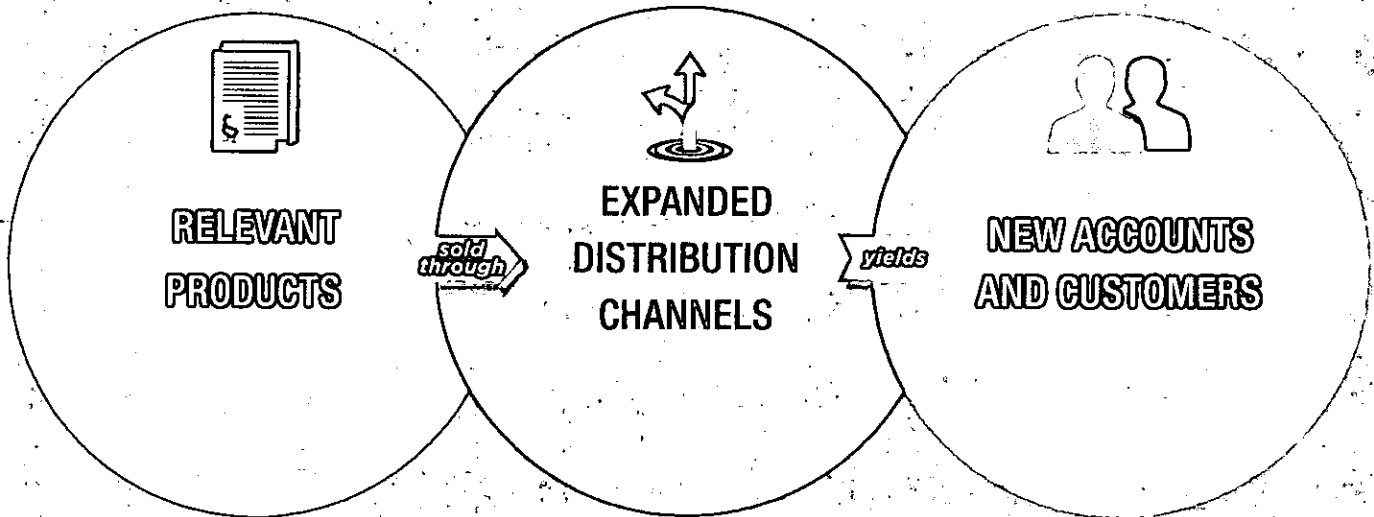
To provide customers with
the best value in voluntary
insurance products in the
United States and Japan

Aflac's voluntary insurance products pay cash benefits directly to the policyholder to help protect against income and asset loss when a specific health event or life situation presents financial challenges. Aflac is the number one provider of voluntary insurance at the worksite in the United States* and insures one in four households in Japan, providing financial protection to more than 50 million people.**

*Source: Eastbridge Consulting Group, Inc. U.S. Worksite/Voluntary Sales Report, Carrier Results for 2015, Avon, CT, April 2016

**Based on the 2016 number of households published by Japan's Ministry of Internal Affairs and Communications

OUR BUSINESS STRATEGY



PROTECTING AGAINST:

Asset Loss
Income Loss
Out-Of-Pocket
Medical Expenses

REACHING CUSTOMERS AT:

Worksite
Retail Locations
Home

INSURING:

More than
50 million people

MESSAGE FROM MANAGEMENT
DANIEL P. AMOS, CHAIRMAN AND CEO

OPPORTUNITY KNOCKS



In 1955 the Aflac opportunity came quietly knocking for Aflac and for millions of unsuspecting people – everyday, ordinary people from all walks of life. This opportunity came in the way of both career and investment opportunities, but most importantly, it would provide an opportunity to help ease the burden of people facing serious medical health events. While that knock may have sounded faint to many, John Amos, Aflac’s principal founder, and his brothers, Paul and Bill, heard it loud and clear. Inspired by firsthand knowledge of the financial burden faced by a family member battling cancer, the Amos brothers opened the door to transform their dream of starting an insurance company into a reality. Through the six incredibly rewarding decades that have followed, their vision and dedication have helped us to grow our business tremendously – and in doing so, afforded us the opportunity to provide financial protection to more than 50 million people worldwide.

In 2016, we made significant strides in advancing our vision of offering high-quality voluntary products, solutions and service through diverse distribution outlets, building upon our market-leading position to drive long-term shareholder value. We are driven each day by the opportunity to enrich the lives of policyholders, sales associates, insurance brokers, employees and shareholders.

From a financial standpoint, 2016 net earnings of \$2.7 billion increased 5.0% and operating earnings per diluted share, excluding the impact of foreign currency,* grew 4.7%. The operating earnings metric is one of the principal financial measures used to evaluate management’s performance, and we believe it continues to be a key driver of shareholder value.

AFLAC JAPAN

In Japan, where we are proud to insure one in four households, we seized the opportunity in 2016 to strengthen relationships with our sales channels and enhance our product line to ensure we’re continuing to meet the needs of consumers. These actions were instrumental in maintaining our status as the leading provider of both medical and cancer insurance in Japan.

AFLAC U.S.

In the United States, Aflac again earned the distinction of being the number one provider of voluntary insurance at the worksite.** 2016 was a year in which Aflac U.S. generated solid financial results. While new annualized premium sales came in below our expectations last year, we continue to actively invest in our platform, and we're enthusiastic about the opportunities that lie ahead for longer-term sales growth.

STRONG CAPITAL PROFILE SUPPORTS OUR PROMISE

Our strong capital position reinforces what I believe is the most important promise an insurance company makes to its policyholders – to protect them when they need us most by paying claims fairly and promptly. We believe the financial strength of our company is important to our business. Our strong capital ratios and balance sheet demonstrate our commitment to our policyholders, bondholders and shareholders. We regularly assess our capital adequacy using rigorous economic scenarios to safeguard our financial strength.

We're also proud that rating agencies continue to recognize the strength of our balance sheet. Our financial strength ratings, which reflect our ability to pay claims, are A+ (Superior) by A.M. Best, Aa3 by Moody's, A+ by Standard & Poor's (S&P), A+ by Fitch and AA- by Rating & Investment Information Inc. (R&I). In fact, Aflac is among the highest-rated insurance stock companies offering voluntary products at the worksite.

While policyholders are always top of mind, we also strive to enhance shareholder value through capital deployment. As we've consistently communicated, when it comes to deploying excess capital, the most attractive avenues include: investing in the growth of our core franchises in Japan and the U.S.; maintaining our strong dividend and track record of dividend growth; and, absent other compelling uses of capital, repurchasing our shares. In 2016, we repurchased 21.6 million of our shares at a cost of \$1.4 billion.

I am also pleased with the action by our board of directors in 2016 to increase the cash dividend to shareholders, marking the 34th consecutive year of dividend increases. Our objective is to grow cash dividends at a rate generally in line with operating earnings per diluted share excluding the impact of foreign currency.

OPPORTUNITIES FOR THE FUTURE

At Aflac, we have always managed our business for the long term while remaining laser-focused on meeting our financial objectives. This has propelled our successful development of strategic points of leverage in both Japan and the U.S. that we will use to grow and drive shareholder value. Our activities are centered on protecting our policyholders, growing our franchise and driving shareholder value.

At the same time, each day, we are presented with opportunities to support children and their families battling cancer and other serious diseases at the Aflac Cancer and Blood Disorders Center at Children's Healthcare of Atlanta and the Aflac Parents House locations in Japan, while striving to create value for our shareholders. As we reflect on 2016 and look ahead, delivering on our promise has been and will remain our top priority because we know that is not only what sets Aflac apart, it's who we are. And doing so will afford us even more opportunities to make a real difference in our constituents' lives.



Daniel P. Amos
Chairman and Chief Executive Officer

**Operating earnings per diluted share, excluding the impact of foreign currency, is a non-GAAP financial measure. A definition of this measure and a reconciliation to the most comparable GAAP measure, net earnings per diluted share, can be found on p. 40.*

***Source: Eastbridge Consulting Group, Inc. U.S. Worksite/Voluntary Sales Report. Carrier Results for 2015. Avon, CT: April 2016*

A CONVERSATION WITH
AFLAC CHAIRMAN AND
CEO **DAN AMOS**

Q What value do you think Aflac products add to peoples' lives?

A *The best way to answer that question is to speak with the claimant. I've have had the privilege of talking with many, many claimants, and they confirm that what we do matters to them. One common theme is clear: Benefits from Aflac products can mean the difference between maintaining their current lifestyle and focusing on recovery, or facing financial difficulties while still trying to recover physically. In both markets, people are looking for solutions that will help them cope with medical expenses. Whether we're talking about the value of Aflac products to Japanese citizens already covered by Japan's national health care system or U.S. citizens covered through an exchange or their employer or in the United States, our products provide policyholders with peace of mind when they are healthy and cash benefits for coverage situations when they need it most. One Day PaySM is a great example of how we are always going above and beyond our policyholders' expectations to help lift their financial burden quickly – and that is something that makes a difference. Whether we're talking about Japan or the United States, getting cash in the hands of our policyholders during these difficult times is so important, and we are committed to fulfilling that promise.*

Q What were Aflac's biggest challenges in 2016?

A *Within the two markets in which we do business – Japan and the U.S. – we've been continually looking for ways to drive growth within a competitive landscape and complex financial market conditions. We're working to achieve growth in U.S. sales while also determining how to expand Aflac Japan's reach to consumers. And of course, as I've said before, investing our new money cash flows in the low-interest-rate environment has continued to be challenging for most companies, most notably those that operate in Japan, including Aflac. While the macro-environment has created a formidable investment backdrop, we have a diversified portfolio, and we're moving into alternative asset classes. However, we haven't taken undue risks to get a higher return. As is always the case, we continually strive to balance growth in our dividend and share repurchase programs while also maintaining a strong capital base. Our goal is to deliver our promise to all of our constituents who depend upon us, including policyholders and shareholders.*

Q How important is it to be a good corporate citizen?

A *It's extremely important. Taking the opportunity to give back to the communities in which we operate is the right thing to do, and I was raised with the belief that a company can thrive in the modern business world while also giving back to the community and treating people with respect. That's what we call "The Aflac Way." Our businesses in the United States and Japan are closely tied to their surrounding communities. So, from a practical standpoint, it also makes sense to give back to the community. In 1995, we began our partnership with the Aflac Cancer and Blood Disorders Center of Children's Healthcare of Atlanta. Since that time, our treasured partnership has grown larger and more meaningful than I could have ever imagined. Our efforts have spanned the globe, and we now have three locations of the Aflac Parents House in Japan, which is a home away from home for parents of children receiving treatment for cancer and other serious diseases. I believe that by being a strong corporate citizen, you ultimately have the opportunity to attract a high caliber of people who complement Aflac's culture and in turn make your company that much stronger, which enhances opportunities for future success.*

Q What has Aflac's brand in the United States and in Japan done for the company?

A *Our advertising in both the United States and Japan has had a dramatic impact on our business and our corporate culture. Before 2000, it seemed nearly impossible to imagine name recognition where nine out of ten people know who we are, or that the Aflac Duck would become a pop icon in both the United States and Japan. Having a trusted and compassionate brand has opened many doors for Aflac. Our brand represents who we are as a company and reflects how our constituents see us, so we're very protective of maintaining our reputation. We're pleased that the Aflac brand is also both well known and well respected.*

Q What are your thoughts on Aflac's competition in Japan and the United States?

A *In the United States, we are the leading provider of voluntary insurance at the worksite. While other companies are getting into the voluntary space, I do want to emphasize one major difference between Aflac and all the other competing U.S. companies: For Aflac, voluntary insurance sold at the worksite represents our primary focus, whereas our competitors tend to offer voluntary products as a peripheral line of business. We believe this discipline and focus give us an edge that has contributed to our market-leading position. In Japan, Aflac has been the number one seller of cancer insurance since we entered the Japan market in 1974 and the leading seller of medical insurance since we introduced EVER, our base medical policy, in 2002. Over the last several years, competition has intensified, which I think has actually expanded the market and made the universe of potential customers bigger. In 2016, Aflac Japan remained the leading provider of cancer and medical insurance policies in Japan, insuring one in four households, and that demonstrates that we are seizing the sales opportunities out there!*



Q You have often said that diversity within your corporate culture is key to your success. How does diversity improve your success?

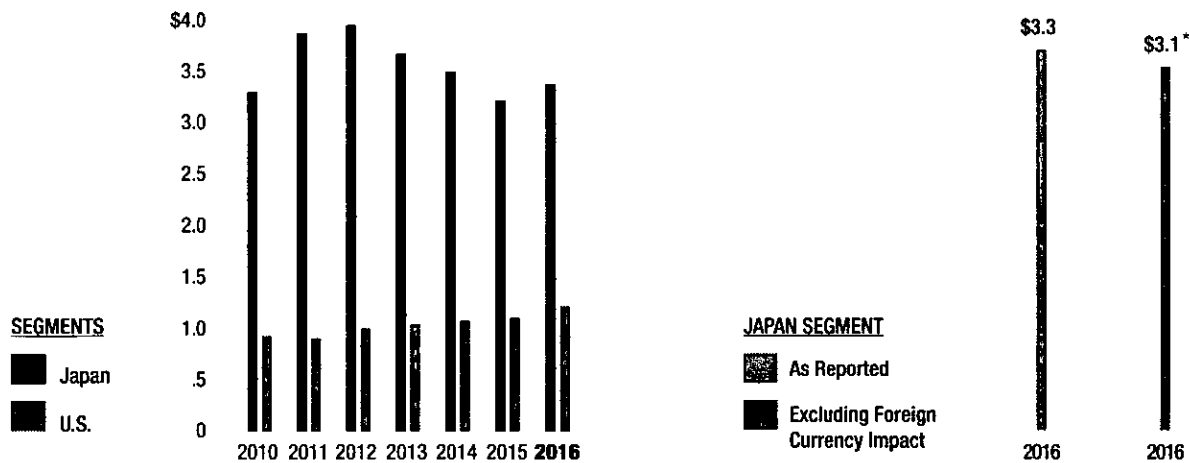
A *There is an inherent value in each of our perspectives that can truly make a big difference, and diversity is essential to bring new and varied perspectives to the table. I want insight into how other people think and to understand what life experiences have molded our frames of reference. I am very proud of our workforce in the United States – it is incredibly diverse, and we continually receive accolades that recognize our diversity. While we don't pursue recognition for the sake of recognition, when we receive great feedback, it does let us know that we're doing the right things. At Aflac Japan, we are making great strides on this front as well. Over the last several years, the introduction of an initiative in Japan known as Womenomics by Prime Minister Shinzo Abe highlights what Aflac has done for decades – celebrating and promoting women in the workforce. And in March 2016, Japan Women's Innovative Network (J-WIN) awarded Aflac Japan with a special 2016 J-WIN Diversity Award for top management's commitment to actively promoting women in leadership, engaging all levels of the company in meaningful efforts toward this initiative, and initiating enhancements to the working style of the business culture.*

THE IMPACT OF FOREIGN CURRENCY ON AFLAC

The company believes that it is important to understand the impact of translating yen into dollars on our financial statements. A significant portion of Aflac's business is in Japan, where the functional currency is the yen. For financial reporting purposes, we translate Aflac Japan's results in yen into U.S. dollars. It's noteworthy that Aflac's currency exposure is primarily translation-related as opposed to currency transactions.

Pretax Segment Operating Earnings

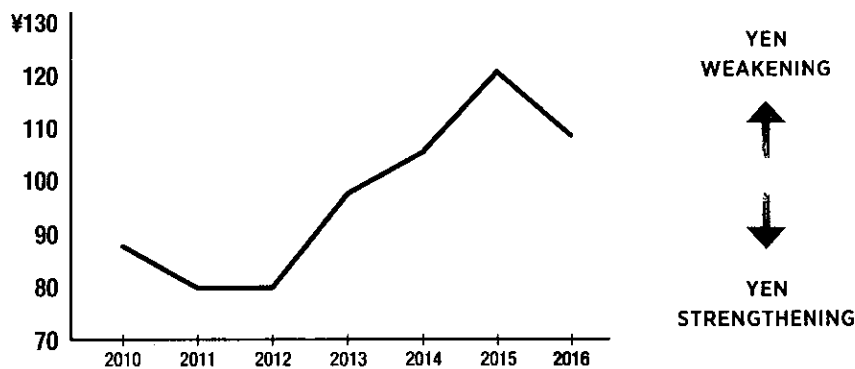
(Dollars, In Billions)



Impact of Foreign Currency on the Income Statement

Aflac's income statement is translated at the average exchange rate for the period. In years when the yen strengthens, translating yen into dollars causes more dollars to be reported. In years when the yen weakens, translating yen into dollars causes fewer dollars to be reported. After several years of strengthening, the yen weakened from 2013 to 2015. In 2016, the average yen/dollar exchange rate strengthened 11.3% from 120.99 yen to the dollar to 108.70 yen to the dollar, which magnified Aflac's income statement in dollar terms. We believe that viewing our results excluding the impact of foreign currency is the most meaningful way to evaluate our financial performance. Japan pretax segment operating earnings for the full year of 2016 were \$3.3 billion. Excluding the impact from the stronger yen, Japan pretax segment operating earnings were \$3.1 billion.

Weighted-Average Yen/Dollar Exchange Rates



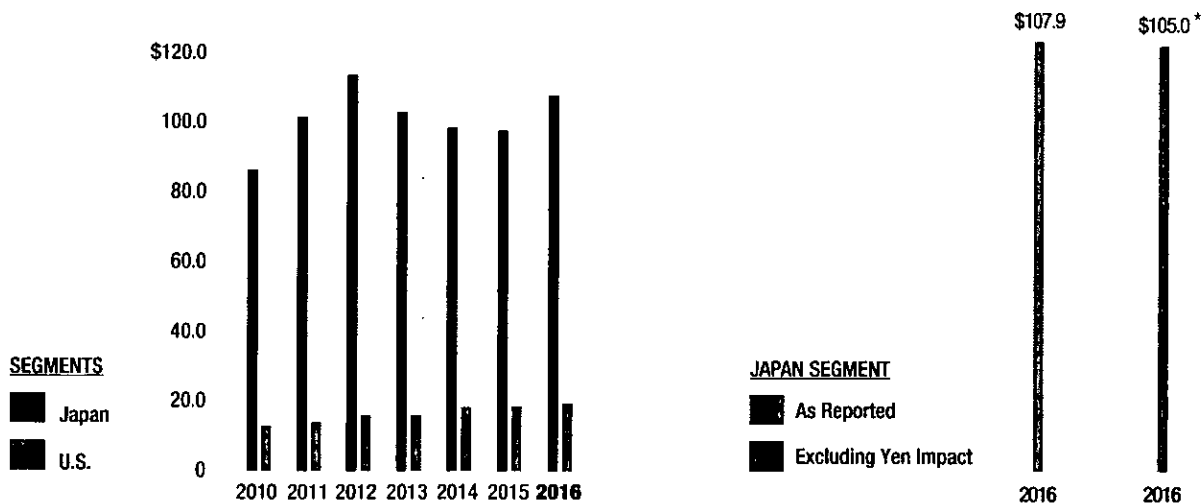
Source: Internally calculated weighted-average yen/dollar exchange rates.

*Amount excluding current period foreign currency impact (a non-GAAP measure) was computed using the average yen/dollar exchange rate for the comparable prior-year period, which eliminates dollar-based fluctuations driven solely from currency rate changes.

Due to the significant contribution of Aflac Japan's operations to overall earnings, a weaker yen suppresses Aflac Japan's results as reported in dollars. After several years of strengthening, the yen weakened in 2013, 2014 and 2015, but strengthened in 2016. In addition, approximately 47% of Aflac Japan's net investment income is dollar denominated, reducing its sensitivity to changes in foreign currency.

Segment Assets

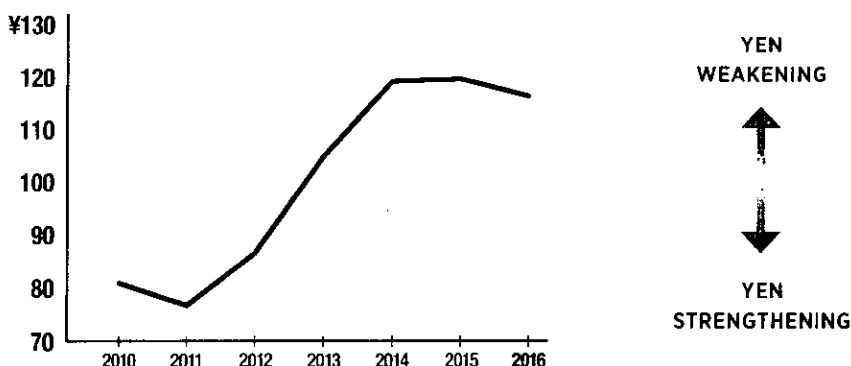
(Dollars, in Billions)



Impact of Currency on the Balance Sheet

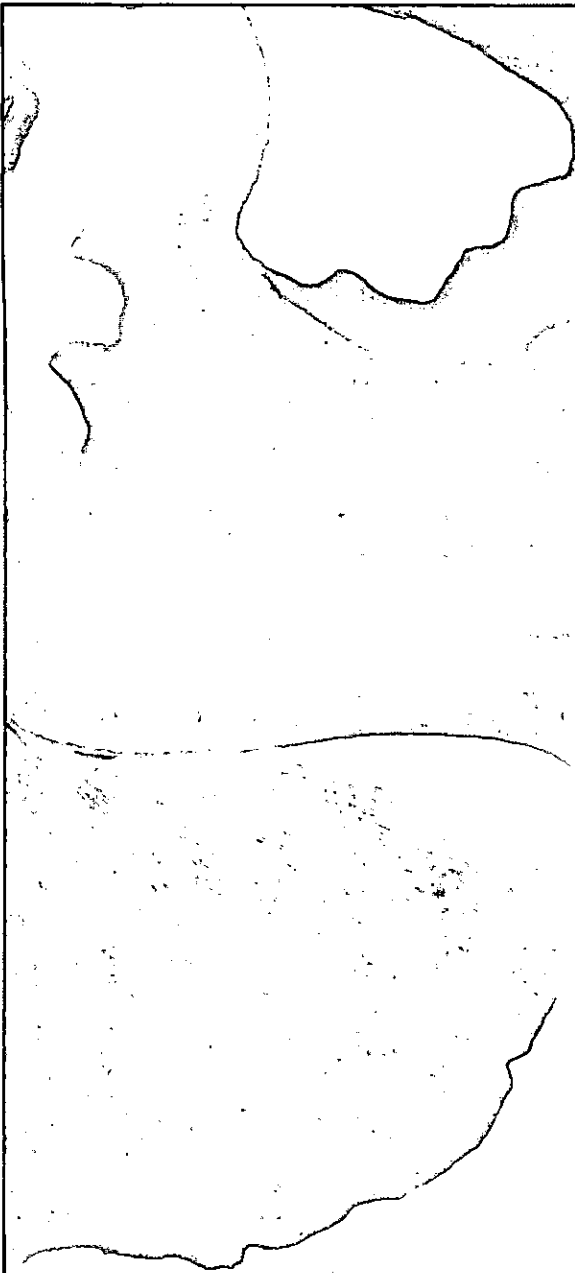
Aflac primarily holds yen-denominated assets to support the large amount of yen-denominated liabilities in Japan. Except for certain transactions, Aflac does not convert yen into dollars. Aflac Japan's balance sheet is translated using the exchange rate at the end of the period. Given the recent strengthening of the yen, Aflac's balance sheet was likewise only slightly magnified in dollar terms. The year-end exchange rate for 2016 strengthened 3.5% from the prior year to 116.49 yen to the dollar. Aflac Japan's total segment assets at the end of December 2016 were \$107.9 billion. Excluding the positive impact from the yen at year end, total segment assets were \$105.0 billion.

Year-End Yen/Dollar Exchange Rates



Source: Bloomberg ©


*Amount excluding current period foreign currency impact (a non-GAAP measure) was computed using the year-end spot yen/dollar exchange rate for the prior-year period, which eliminates dollar-based fluctuations driven solely from currency rate changes.



Aflac Japan

MORE THAN FOUR DECADES OF OPPORTUNITY

In 1974, opportunity presented itself once again, this time across the globe, some 7,000 miles away from Columbus, Ga. This was the opportunity for Aflac to become the pioneer of cancer insurance in Japan by offering a product that helped Japanese citizens cope with the expenses that arise when battling cancer. The concept of supplemental insurance is just as relevant today as it was more than four decades ago. Since its founding, Aflac Japan has navigated through more than 40 years of ongoing changes and challenges, including demographic changes such as a declining birthrate and aging population, the economy and increased competition in the marketplace. Through it all, one aspect of our business has remained unwavering: our determination to help provide Japanese citizens with options to protect their finances when a health event or life situation presents challenges.



Nanako Sugiyama is a dynamic, healthy, intelligent high school student who takes every opportunity to enjoy fun times with her friends and family. She is also driven to succeed in school, preparing for all of the opportunities life has to offer as she studies for her college entrance exams. But Nanako has a unique perspective on life that not many have at her young age: she knows how important it is to remain positive and seize the opportunities life presents. She was diagnosed with acute lymphoid leukemia when she was just nine years old and bravely battled this formidable disease until she conquered it.

continued on page 12



Nanako (center) pictured with Niko, her sister (left) and Naomi, her mother (right).

continued from page 11

Aflac seized the opportunity to help, making Nanako the first childhood cancer survivor to receive funding from the **Aflac Scholarship Fund for Childhood Cancer Survivors & Children of Cancer Victims**. This Aflac scholarship was designed to give children and their families the opportunity to focus on recovery, not financial stress. Unfortunately, just three years later, at age 12, she had a relapse and was faced yet again with battling this aggressive disease that would challenge her body and spirit. With the support of her loving friends and family, Nanako endured even more formidable treatments, including a bone marrow transplant. Her experience has shaped her life in many ways, giving her the determination to stand up to one of the hardest challenges a young person can face and instilling in her empathy for others battling serious diseases. In fact, because of her experience, she would like to become a child life specialist who works with children and their families in hospitals and other settings to help them cope with the challenges of hospitalization, illness and disability.

2016 AFLAC JAPAN FINANCIAL HIGHLIGHTS

IN YEN

- **Direct premium**** increased 1.0% to ¥1.5 trillion.
- **Total revenues** decreased 0.3% to ¥1.75 trillion.
- **Pretax segment operating earnings** decreased 5.7% to ¥362.4 billion.

IN DOLLARS*

- **Direct premium**** increased 12.6% to \$14.1 billion.
- **Total revenues** increased 11.2% to \$16.1 billion.
- **Pretax segment operating earnings** increased 5.0% to \$3.3 billion.

**Dollar amount reflects impact of foreign currency.*

***Direct premium represents amount excluding reinsurance.*

Aflac's resilience has been a significant factor in charting a secure course and expanding business through a diversified distribution system to reach consumers with products they need, despite the complex environment. Each initiative we undertake is designed to fulfill our promise of being there for our policyholders, with a focus on paying claims accurately and promptly. When Aflac pioneered cancer insurance in Japan in 1974, cancer was the second-leading cause of death in Japan and would become the number one cause of death in 1981. Our cancer insurance product addressed a significant need in Japan – a need that is just as relevant today as it was when it was first introduced. Over the years, we've successfully leveraged our brand and honed our knowledge of the market to become an innovator and provider of other supplemental products. We are driven each day to remain dedicated guardians of the trust that our Japanese policyholders have placed in us over these

last four decades. It is the trust we've established that has been a catalyst for Aflac to grow into the leading provider of medical and cancer insurance in Japan today, and we are proud to provide insurance protection to one in four Japanese households. In recent years, Aflac Japan's annual sales objective has centered on cancer and medical products, known in Japan as third sector products. These policies are more portable and less interest-rate sensitive than life insurance or savings-type products such as annuities, which is especially important given the ongoing low-interest rate environment in Japan. We also expanded our portfolio of third sector offerings in 2016 to include our innovative Income Support Insurance, designed for those unable to work due to illness or injury. It works by paying policyholders a fixed amount of monthly benefits to help cover lost income when the insured is continuously out of work for 60 days.

AFLAC JAPAN DISTRIBUTION CHANNELS

STRATEGIC ALLIANCES

- | | |
|-----------------------------------|---|
| TRADITIONAL SALES CHANNEL* | <ul style="list-style-type: none"> • Aflac Japan was represented by approximately 12,000 sales agencies at the end of 2016, equating to about 108,700 licensed sales associates employed by those agencies, including individual agencies. |
| DAI-ICHI LIFE | <ul style="list-style-type: none"> • Our alliance with Dai-ichi Life was launched in 2001, and nearly 40,000 Dai-ichi Life representatives offer Aflac's cancer products. |
| BANKS | <ul style="list-style-type: none"> • Aflac Japan was represented by 372 banks at the end of 2016, or approximately 90% of the total number of banks in Japan. |
| JAPAN POST GROUP | <ul style="list-style-type: none"> • In 2016, the number of post offices selling Aflac's cancer product totaled more than 20,000. Kampo (Japan Post Insurance Co., Ltd.) offers Aflac cancer products through its 76 branches. |
| DAIDO LIFE | <ul style="list-style-type: none"> • In September 2013, Aflac Japan and Daido Life Insurance entered into an agreement for Daido to sell Aflac's cancer insurance products specifically to the Hojinkai market, which is an association of small businesses. |

** Includes independent agencies, independent corporate agencies and affiliated corporate agencies*

Distribution that Reaches Japanese Consumers

We know how vital it is to have a presence where people want to make insurance-buying decisions. To support this goal to be where people want to buy, we believe Aflac's multi-faceted distribution platform remains one of the strongest in Japan. While Aflac insurance policies already protect one in four Japanese households, we believe there are opportunities to reach even more consumers through our product innovation. Our traditional channels, which include individual agencies, independent corporate agencies, and affiliated corporate agencies, have been, and remain, key to our success, representing a significant portion of our sales in 2016. One of our strategic partnerships unites Japan Post Group – the

largest nationwide distribution network in Japan – with Aflac Japan, the industry leader in cancer insurance. Aflac Japan is the exclusive provider of cancer insurance distributed through post offices nationwide in Japan, and our cancer insurance is offered through more than 20,000 postal outlets. Additionally, Japan Post Insurance Co., Ltd. (Kampo), the subsidiary of Japan Post Holdings Co., Ltd. that sells life insurance, distributes Aflac Japan's cancer insurance products at Kampo's 76 sales offices. Aflac Japan and Japan Post Group will continue to provide training and support that not only ensure the success of our alliance, but more importantly, the best experience for customers throughout Japan.

Rausu, Japan is a picturesque coastal town nestled amid the natural beauty of the Shiretoko Peninsula in the Hokkaido prefecture, home of the **Rausu Post Office**, which opened its doors 123 years ago. Since then, no matter what the weather, the dedicated team members who operate this post office have taken every opportunity to offer the people of Rausu and the surrounding coastal and mountainous region an array of postal services as well as financial products and insurance on a daily basis.





Pictured from left to right are Rausu Post Office employees Mitsuru Chiyoya, (supervisor); Kozue Kawakami, postmaster; and Yuki Ito, (supervisor). Mr. Takahara also supervises insurance promotion of nine regional post offices and is highly regarded for not only his tremendous sales record at post office, but also for his willingness to share sales tips to help others succeed.

Opportunities to Continue Offering Relevant Products that Respond to Consumers' Needs

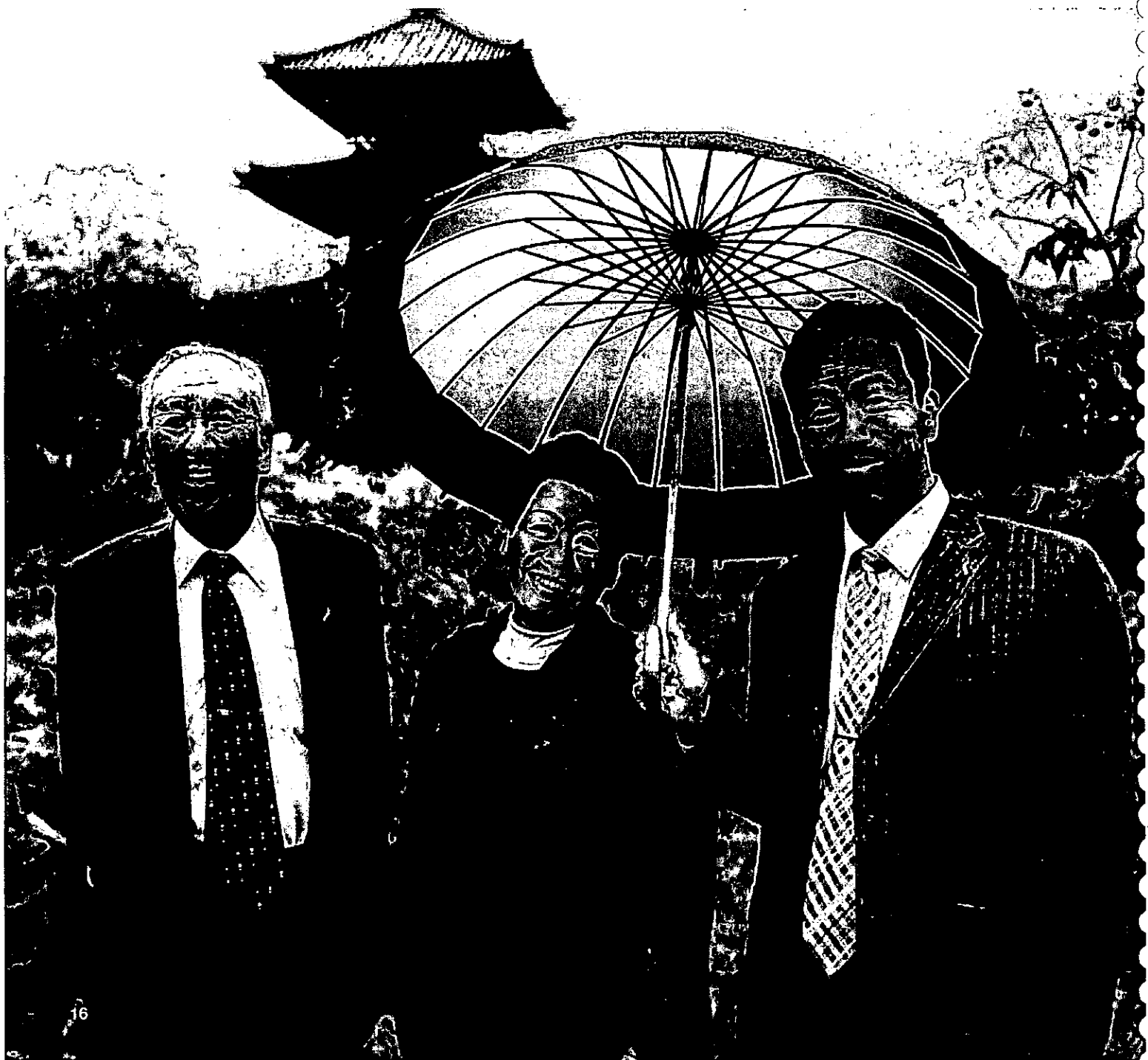
Japanese citizens are covered by a national health care insurance system that provides a standardized level of medical insurance. For decades, consumers have experienced the financial strain of increasing health care costs amid an aging population and declining birthrate. This means that over the years, Japanese citizens have been required to bear more financial responsibility for their medical care, including out-of-pocket health care expenses. To help cover these costs, most Japanese consumers turn to private insurance. Aflac's trusted brand and relevant products provide options to help.

The foundation of our product portfolio has been, and continues to be, supplemental health products such as cancer and medical insurance (see chart on page 17). Over the last four decades, we've customized our products to

respond to the evolving needs of Japanese consumers as well as advances in medical treatments and modifications to Japan's national health care system. While we also offer several life products that are part of Japan's first sector insurance category, our focus remains on selling third sector products that are less interest rate sensitive. We will continue to build and grow sales of our first sector protection-type products. However, our first sector savings-type products, namely WAYS and Child Endowment, had more exposure to the low-interest-rate environment. As such, we have been aggressive in pulling savings-type first sector products from select channels, and we conservatively repriced our WAYS and Child Endowment products for the likelihood of a prolonged low-rate environment. We are extremely encouraged by the significant progress we've made in limiting the sale of our savings-type first sector products.

Recognizing the need for supplemental insurance and the value of Aflac's products, **Yoichiro Kinari** (left) seized the opportunity to help others when he founded Sun-flacs, an independent Aflac sales agency, 31 years ago. He is now chairman of **Sun-flacs**, and his son, **Noriyoshi Kinari**, (right) was promoted to president five years ago. They consider personally delivering an insurance claim for their clients to be the most rewarding part of their job, knowing that they have had a hand in helping to lift the financial burden associated with an illness by being there for policyholders when they need it most.

In 1994, after discussions with Yoichiro at Sun-flacs, **Satomi Yamada** (center), decided to purchase an Aflac cancer insurance policy. In the two-plus decades since then, her Aflac cancer insurance policy has provided her with peace of mind. When she was diagnosed with cancer several years ago, the policy also provided financial help for the many out-of-pocket costs associated with treatment and daily living expenses. Having benefited greatly from Aflac's cancer insurance, Ms. Yamada frequently shares her experience with others with the hope that she can help spread the word about the benefits of Aflac's products that have helped her so much.



AFLAC JAPAN INSURANCE PRODUCTS

THIRD SECTOR INSURANCE

- Cancer
- Medical
- Income Support

FIRST SECTOR INSURANCE

Life insurance products, including:

- | Protection | Savings |
|--------------|-------------------|
| • Term life | • WAYS (Hybrid) |
| • Whole life | • Child Endowment |

CANCER INSURANCE

In 1974, Aflac pioneered the cancer product in Japan, and we remain the number one provider of cancer insurance today.

MEDICAL INSURANCE

In early 2002, we first introduced EVER, a stand-alone, whole-life medical product, as a solution to help Japanese citizens with rising copayments related to Japan's universal health care coverage. Within one year of the introduction of EVER, Aflac became the leading seller of medical insurance in Japan.

INCOME SUPPORT INSURANCE

In July 2016, we launched a new third sector product, Income Support Insurance, designed to provide cash benefits to policyholders who are unable to work due to illness or injury. These benefits complement coverage within the social security system, including the disability pension provided by the Japanese government.

TERM LIFE AND WHOLE LIFE

Aflac first introduced term-life and whole-life insurance products in 1996. These products have smaller face amounts and provide death benefits. They are available as stand-alone policies and riders.

WAYS (HYBRID)

In 2006, WAYS was introduced, and banks started selling this unique hybrid whole-life product in 2008. WAYS can be converted to a fixed annuity, medical coverage or nursing care benefits when the policyholder reaches a predetermined age.

CHILD ENDOWMENT

In 2009, Aflac introduced a child endowment product that pays a lump-sum benefit at the time of a child's entry into high school and an educational annuity for each of the four years of college.

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To ensure we remain in step with Japanese consumers and our distribution channels, Aflac Japan continually enhances its portfolio of products. In March 2016, we launched an innovative cancer insurance product that offers protection to customers who have survived cancer. We also made revisions to Gentle EVER, our non-standard medical product, to enhance its alignment with changing customer needs. In July, we launched a new third-sector product, Income Support Insurance, which is designed to provide cash benefits to policyholders who are unable to

work due to illness or injury. These benefits complement coverage within the social security system, including the disability pension provided by the Japanese government and it can be used to cover income loss and other financial challenges. This established a new category in the third sector market for us, which we believe will become our third pillar in the third sector over the longer term. As we look to 2017, we will continue to develop and drive product refinements in keeping with our customers' evolving needs.



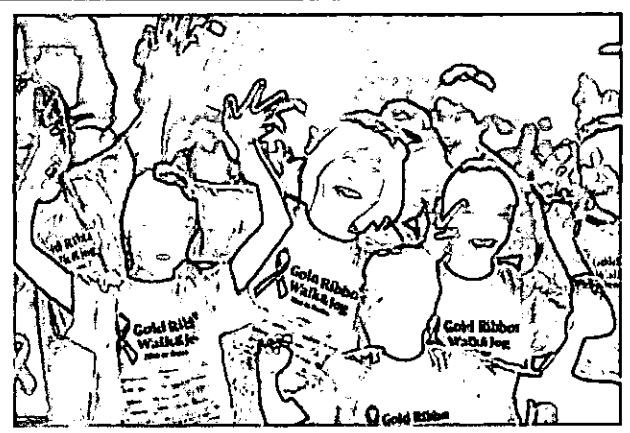
In 2016, Aflac Japan launched a commercial that promotes our **Income Support Insurance** product. This commercial features a popular female comedian and male actor playing the role as a wife and husband raising a young son together. They take a lighthearted approach to illustrate the need to be prepared for financial challenges, particularly income loss, that cannot be covered by medical insurance alone. These can arise when one is unable to work due to illness or injury.



Aflac’s Brand: More than Four Decades of Building a Brand – and a Strong Reputation

Aflac has established a powerful, trusted brand in Japan, and we continually seek opportunities to leverage our strong brand and highly regarded reputation through innovative advertising campaigns in our efforts to drive sales. Our advertising is unique in an increasingly crowded and competitive market. In 2003, Aflac Japan began using the Aflac Duck, and its popularity continues to connect with consumers today.

On an ongoing basis, Aflac Japan has seized opportunities to create separate and unique offshoot characters related to the Aflac Duck to market specific products and help drive sales. In 2014, which was Aflac’s 40th year of operations in Japan, we introduced an advertising campaign there featuring a new character called “Hajimete,” or “Pioneer,” Duck to promote New Cancer DAYS. This character was



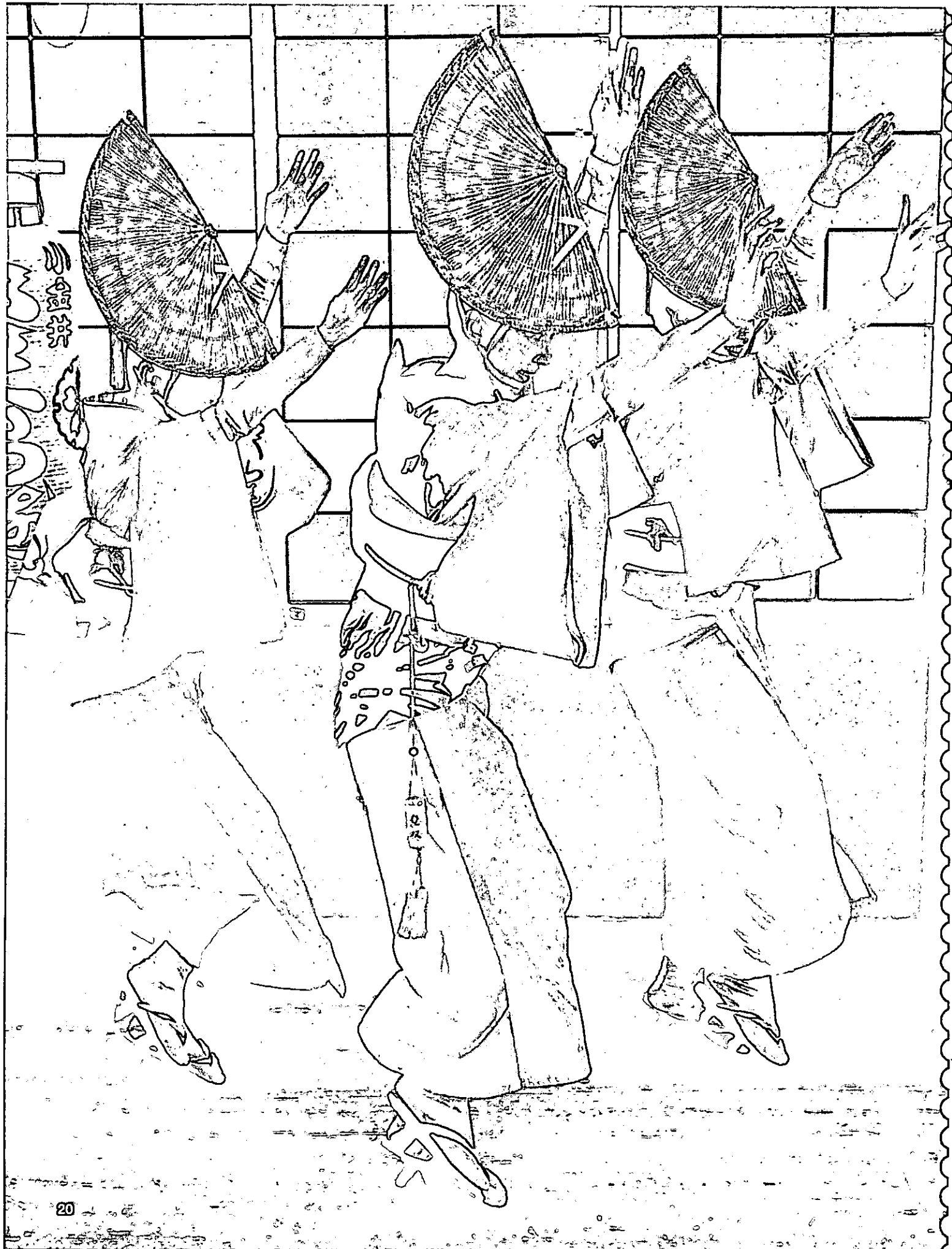
Aflac Japan is proud to be the primary sponsor of the “**Gold Ribbon Walking**” events that raise awareness for pediatric cancer, with the ultimate goal of enhancing the quality of life for children battling cancer and improving the cure rate. Aflac Japan’s ever-popular “Maneki Neko Duck” or “good luck cat duck” stops for a selfie with adoring admirers during one of the satellite events called the “Gold Ribbon Walk & Jog” that was held in Osaka in November 2016.

“**Gold Ribbon Walk & Jog**” participants enthusiastically seize the opportunity to support this great cause during a walk on a beautiful November day in Osaka.

developed to remind customers that Aflac was the “pioneer” of cancer insurance in Japan. In 2015, we built on the popularity of the Hajimete Duck in a commercial that also features characters representing Aflac’s founders and their quest to create products that help provide financial protection following a serious medical event. In 2016, we launched a commercial that promotes our new Income Support Insurance by pairing

a male actor with a female comedian, both of whom are popular with consumers in their 20s and 30s.

By leveraging the popularity of the Aflac Duck through different characters over the years, nine out of ten people now recognize the Aflac brand. We will continue to connect with consumers through innovative marketing campaigns for our product line as new opportunities arise.





Misaki Adachi, (center), **Aflac employee** since 2004, works in Aflac Japan's Agency Management Department and is tasked with the important responsibility of supervising the management of personal information by the sales agencies. Outside of the office, she is dedicated to perfecting a Japanese traditional dance known as "Awa Odori." Misaki is from Japan's Tokushima prefecture, where the traditional dance has its roots. She travels back to her home prefecture every August to perform this dance at the Awa Odori Dance Festival, the largest dance festival of its kind in Japan that attracts more than 1.3 million tourists. She started to seriously get into "Awa Odori" when she was 9 years old, and it was then that she joined a group of dancers that had an affiliation with the local Aflac sales office. It was ultimately through this connection that she developed an interest in working for Aflac, submitted her resume, and was hired.

Administrative Efficiency Drives Productivity, Profitability, Service and Value

Delivering on our promise of paying claims accurately and promptly is the cornerstone of our business, and we place our highest priority on being there for our policyholders when they need us most. Our long-term dedication in this regard has further enhanced the relationship of trust we've built with our customers over the decades. One way we continually strive to improve our administrative efficiency is

through technology. When we began operations in Japan in 1974, our systems were specifically built to administer third sector products, which are characterized by a large volume of low-premium products. The administrative efficiencies we've gained through the years have not only continued to drive strong margins and profitability, but have also enhanced the value we deliver to customers daily.



In 2017, *Osaka City Shinkin Bank* will celebrate its 90th anniversary. In those nine decades, the employees at Osaka City Shinkin Bank's 90 branch locations have made the most of opportunities to serve their customers by offering a broad portfolio of financial solutions that best respond to customers' needs throughout various stages of life. At the same time, Aflac has seized the opportunity to help Osaka City Shinkin Bank enhance its product offerings to include Aflac products. Since 2014, Osaka City Shinkin Bank was ranked either number one or number two of more than 200 shinkin banks selling third sector products in terms of new annualized premium. Most recently, Osaka City Shinkin Bank began selling Aflac's Income Support Insurance.

Pictured, Kaho Ohashi listens intently as a customer shares details about his insurance needs. She is in the process of creating a customized recommendation for products that will respond to his particular needs.

AFLAC JAPAN - KEY SALES METRICS

	TOTAL POLICIES AND RIDERS IN FORCE*	ANNUALIZED PREMIUMS IN FORCE**	NEW ANNUALIZED PREMIUMS**
2016	39,059	¥1,606,110	¥113,721
2015	38,115	1,617,691	120,855
2014	37,028	1,594,433	114,513
2013	36,117	1,567,112	149,308
2012	34,880	1,492,451	210,620
2011	33,372	1,343,663	161,033
2010	31,665	1,255,600	135,813
2009	29,934	1,200,437	122,345
2008	29,020	1,161,662	114,692
2007	28,443	1,125,561	114,636

*In thousands

**In millions



Pictured, Osaka City Shinkin Bank employees Shigeko Araki, Tomoyo Iwakuma, and Kaho Ohashi build relationships by interacting with their customers on an everyday basis, which allows them to learn about the unique needs of each customer and then suggest products that provide customized coverage.

Looking Ahead

As we assess our past accomplishments and design our plans for the future, the competitive strengths that have made Aflac the leading provider of medical and cancer insurance are very much alive and well. Looking to the future, we believe Aflac products will continue to provide valuable insurance options for Japanese consumers.

We believe our innovative product development strategies and enhancements to current product offerings will benefit customers now and in the future, supporting our commitment to deliver on our promises just as we have for more than four decades.



Aflac U.S.

Cassandra Green, Aflac agent and regional sales coordinator from Orange County, Calif., will tell you that the Aflac opportunity came knocking on her family's door in a big way when her husband, Nicholas Green, Aflac district sales coordinator, joined Aflac in 2008. He showed Cassandra the value of Aflac's products, and as a stay-at-home mom and former hairdresser, she immediately saw a two-fold opportunity with Aflac. First, a sales career with Aflac would offer her an opportunity to work a business with a purpose that helps people, while also allowing her the flexibility to work around her schedule as a busy wife and mother. Secondly, recognizing her own Hispanic background, Cassandra saw an opportunity to reach out to and share Aflac's products with the Hispanic community. Cassandra views her role as a regional sales coordinator as one of helping to change lives and offer other people the opportunity she was given as a stay-at-home mom—an opportunity to achieve success on a personal and professional level, regardless of their background or life experiences.

The Green family, from left: Patricio, Cassandra, Micah, Miles, Nicholas and Maddox.

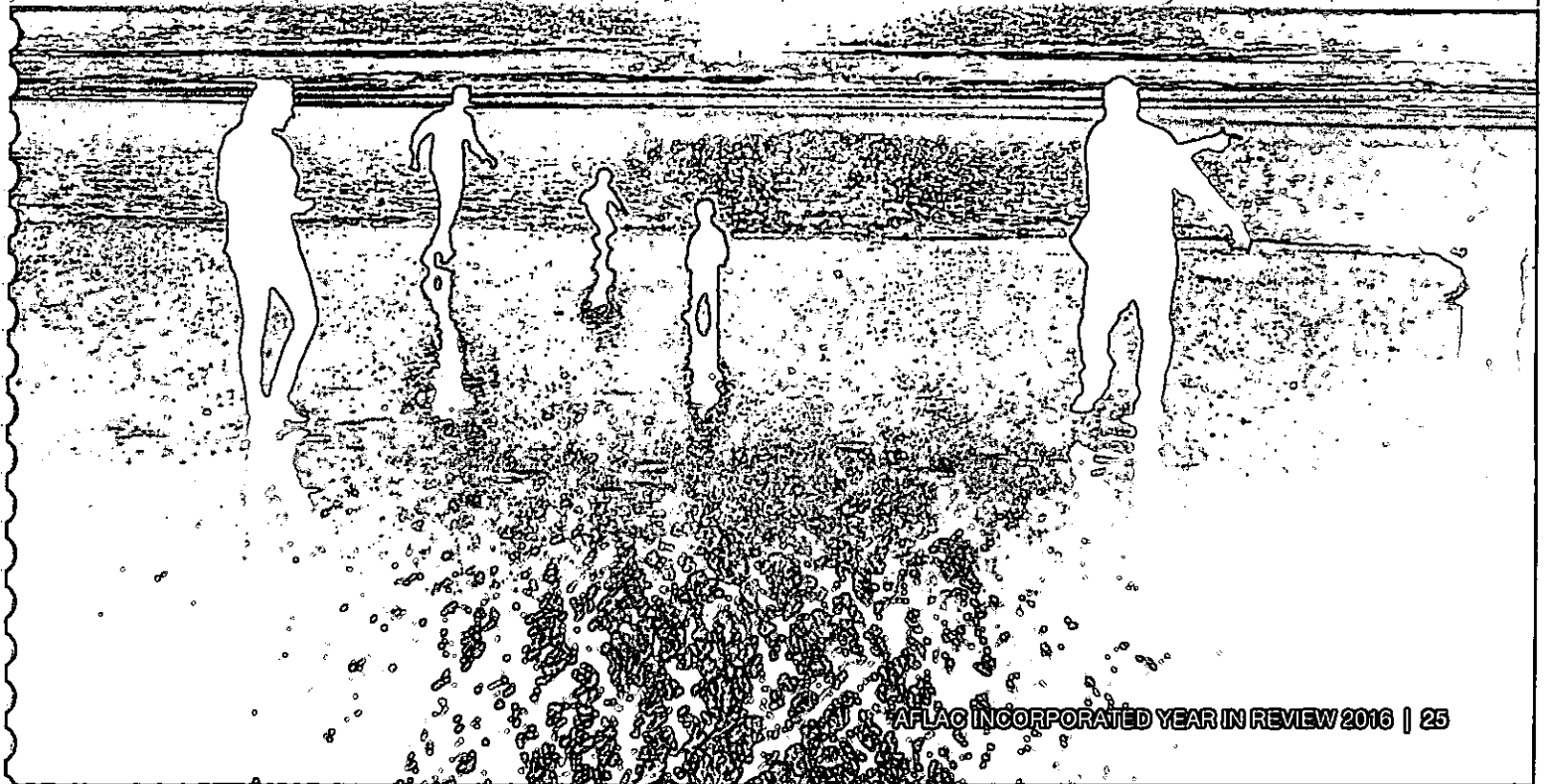


SIX DECADES OF OPPORTUNITY

Opportunity is knocking in the United States, where approximately 98% of our products are sold on a payroll deduction basis and Aflac is the number one provider of voluntary insurance at the worksite.* In 2016, we continued to focus our strategic efforts in the United States on expanding and improving our distribution system, creating innovative products and owning our customer experience. In addition to expanding our distribution, we have worked to deepen our relationships with brokers and continue to invest in our platform, resulting in improved persistency and operational efficiency. In doing so, we have expanded our presence in the voluntary worksite market and made strides toward driving future sales momentum in the U.S. market. In 2016, new annualized premium sales for Aflac U.S. were \$1.5 billion, representing a slight decrease of 0.3% over sales in 2015.

*Source: Eastbridge Consulting Group, Inc. U.S. Worksite/Voluntary Sales Report. Carrier Results for 2015. Avon, CT: April 2016

Cassandra Green, Aflac regional sales coordinator, and her husband, Nicholas Green, Aflac district sales coordinator, and family, Huntington Beach, Calif.



2016 AFLAC U.S. FINANCIAL HIGHLIGHTS

- **Direct premium*** increased 2.1% to \$5.5 billion.

**Direct premium represents amount excluding reinsurance.*

- **Total revenues** increased 2.2% to \$6.2 billion.

- **Pretax segment operating earnings** increased 9.7% to \$1.2 billion.

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We believe the need for Aflac's products will grow given the current climate where health care costs are steadily increasing and employees are bearing more and more of the financial burden associated with those costs. At the same time, we are empowering our distribution channels to reach more businesses of all sizes through our field force of career agents and broker relationships. To that end, we continue to seek opportunities to leverage our strong brand to support product growth in the ever-evolving health care landscape in the United States. Additionally, we continue to seek innovative ways to offer value added services to employers, who are increasingly turning to voluntary supplemental providers to deliver customized options and tailored solutions to their employees.

Innovative Products Provide Financial Protection

The most fundamental element of our business lies in our commitment to consumers and our ability to respond to and even anticipate their needs. Although many aspects of our business have changed since Aflac's founding 61 years ago, our competitive, valuable and affordable products have been one of our greatest strengths and a constant year after year. Aflac's insurance policies pay

cash benefits directly to the customer. These benefits can be used to help policyholders cope with unexpected out-of-pocket medical expenses including medication and copays, household expenses or protection from income and asset loss associated with an illness or medical event. We believe our extensive portfolio of both individual and group supplemental products provides our policyholders with outstanding value while affording businesses of all sizes the opportunity to offer their employees an affordable and comprehensive selection of supplemental benefit solutions. In 2016, we sought to offer innovative solutions to counter the challenges consumers face by introducing revised policies on both an individual and group basis. Among these, we rolled out new updates to our short-term disability product to include a new rider that provides a benefit to the policyholder even if a claim is not incurred during the rider's benefit period. Additionally, in 2016 we launched a new group hospital indemnity product designed to provide flexible coverage for both routine and medical care as well as catastrophic illness and accidents. We also introduced a revised whole life plan and began offering a new cancer survivor benefit on our group critical illness product.

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AFLAC U.S. PRODUCTS

- **Cancer**
- **Accident**
- **Short-Term Disability**
- **Critical Illness**
- **Hospital Indemnity**
- **Dental**
- **Vision**
- **Life (Term, Whole, Universal)**



Aflac continuously works to improve our distribution system to deliver the valuable benefits of our products to consumers nationwide. Throughout 2016, Aflac sought not only to improve distribution among our traditional career agents, but also to deepen relationships within our broker channel. Since 2009, Aflac has worked with **Tom Farmer**, Principal at **Mercer Health and Benefits**. Tom is responsible for large and middle market case sales and strategy in the west region for Voluntary Benefits within Mercer Health & Benefits. Based in El Dorado Hills, Calif., Tom oversees the sales and strategies for Mercer's Voluntary Benefits, which provides a comprehensive suite of voluntary products and solutions, including Aflac's supplemental insurance products, to clients in large and middle markets. He engages his clients to help them navigate the complexities of voluntary benefits solutions and identify tailored options that best suit their individualized needs. Tom is consistently a top sales producer for Mercer and a leader within the voluntary benefit industry, serving on the Voluntary Benefit Association board of directors. Tom also serves on multiple carrier broker panels and is a national speaker on the subject of voluntary benefits.

AFLAC U.S. DISTRIBUTION

CHANNEL	MARKET SEGMENT	PRODUCTS
Career Agent	< 100 employees	Individual
Broker	100-1,000 employees	Individual/ Group (standardized)
	> 1,000 employees	Group (customized)

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Expanding and Developing Our Distribution

We believe our streamlined and multi-faceted approach to distribution drives sales. To reach our sales goals, the objective of our multi-channel distribution system is to meet consumers when, where and how they prefer to be reached to purchase Aflac's products. As consumers' preferences change with respect to how and where they want to buy health insurance, we will continue to hone our distribution opportunities and provide more voluntary product solutions to help consumers deal with a major health event or unexpected illness. To this end, we are continually seeking avenues to enhance our sales capabilities through our sales force of traditional/ individual career agents as well as building out relationships through our expanding broker channel. Because the needs of each distribution channel are unique, we continually strive to tailor our approach to support their particular sales efforts and accommodate their customers' specific supplemental insurance needs.

At the end of 2016, our extensive distribution network was made up of more than 9,000 average weekly producers. We continue to see promising opportunities for our distribution channels and believe that by reaching new consumers, Aflac will continue to enhance the value we deliver to our policyholders and shareholders. In addition to empowering our career sales force of independent sales associates, we continue to deepen our relationships with insurance brokers on local, regional and broader national levels to improve our access to businesses employing more than 100 workers. As we continue to nurture our relationships with larger brokers, we are also pursuing opportunities to offer Aflac's products on their private exchanges, in addition to offering an array of value-added services, enhanced tools and solutions and an improved pay-for-performance compensation model that emphasizes recruiting and improving productivity. Changes we have made to our incentive compensation plan, which rewards field management when the recruit produces sales at specified levels, have helped to enhance our productivity among new recruits.



Keyla Cabret-Lewis, senior Human Resources business partner at Aflac, will be the first to tell you that opportunity is always knocking – even after 22 years of service. Keyla’s career at Aflac began through an internship program when she was a high school student. Since that time, she’s held a variety of positions in Human Resources, working mainly in Talent Acquisition until her promotion to HR business partner in 2012. Acting as an “account manager” of sorts for various business units, Keyla’s current role gives her the opportunity to help Aflac’s leaders and their teams of employees every day with an array of important matters including employee relations, policies and procedures, HR compliance and assessment and mitigation of risks, which she says keeps her thinking strategically at all times. Even after more than two decades in HR, Keyla says there’s never a dull moment and always an opportunity knocking at Aflac – for everyone!

Owning Our Customer Experience by Leveraging the Aflac Brand

While establishing and maintaining a strong reputation for paying claims promptly and fairly, we’ve created a powerful brand that is very popular with consumers. The well-known and now beloved Aflac Duck has been the star of one of the most successful advertising campaigns ever. Since the

Aflac Duck debuted on the eve of the new millennium, he’s appeared in more than 90 commercials that have placed our rambunctious feathered friend in one comical situation after another, propelling Aflac’s brand awareness over the years. Through leveraging the popularity of the Aflac Duck,



Aflac's commercial, "*Ski Patrol*," made its television debut during the 90th Macy's Thanksgiving Day Parade broadcast, which featured the Duck's sixth appearance in the legendary parade. This commercial was designed to reaffirm the relevance of Aflac's supplemental insurance products with a new generation of customers – millennials. The commercial illustrates how Aflac's policies provide consumers with an opportunity to keep their lifestyle healthy in the event that an unexpected injury or illness strikes. Decked out in a ski hat and scarf, the Aflac Duck makes a comedic appearance in the commercial to remind viewers, including millennials, that while our health can change, the lifestyle we love doesn't have to.

nine out of ten Americans recognize the Aflac brand. The Aflac Duck and brand are more than a series of entertaining advertising initiatives – they illustrate how we take excellent care of our policyholders and payroll accounts.

We believe it's important not only to meet, but to exceed the expectations of all of our customers. With that in mind, the Aflac Duck was very busy in 2016, reaching

out to millennials, a demographic that is growing at the workplace. Born after 1980, millennials represent the first generation to come of age in the new millennium. This campaign was designed to create an emotional connection with millennials and demonstrate the relevance of Aflac's products among this growing demographic. Essentially, the message is that Aflac's products provide consumers with the opportunity to help keep their lifestyle

AFLAC U.S. – KEY SALES METRICS

	POLICIES AND CERTIFICATES IN FORCE*	ANNUALIZED PREMIUMS IN FORCE**	TOTAL NEW ANNUALIZED PREMIUM**
2016	12,692	\$5,896	\$1,482
2015	12,498	5,760	1,487
2014	12,407	5,668	1,433
2013	12,310	5,570	1,424
2012	12,232	5,451	1,488
2011	11,732	5,188	1,476
2010	11,436	4,973	1,382
2009	11,688	4,956	1,453
2008	11,437	4,789	1,551
2007	11,116	4,510	1,558

* In thousands

** In millions

healthy in the event of an injury or illness. In other words, the Duck is working hard to illustrate the value and protection that Aflac policies provide.

Illustrating our commitment to paying claims faster than ever, in 2016 we paid 1.8 million claims through One Day PaySM, our industry-leading initiative that allows us to process, approve and pay eligible claims in just one day. We estimate that 79% of our policyholders can use One Day Pay for their claims, and in 2016, we did not miss our One Day Pay commitment for a single claim that met the One Day Pay criteria. We will continue to pursue market-leading initiatives such as One Day Pay that are designed to “own the customer experience” and further enhance customer satisfaction. We believe that One Day Pay will continue to enhance our strong brand and distinguish Aflac from its competitors.

Further highlighting our commitment to delivering on our promise and owning our customer experience, we are proud that in January 2016, Aflac’s contact centers were recognized by J.D. Power by providing “an outstanding

customer service experience.” This recognition is based on successful completion of an audit and exceeding a customer satisfaction benchmark.

Technology Drives Opportunities for Efficiencies

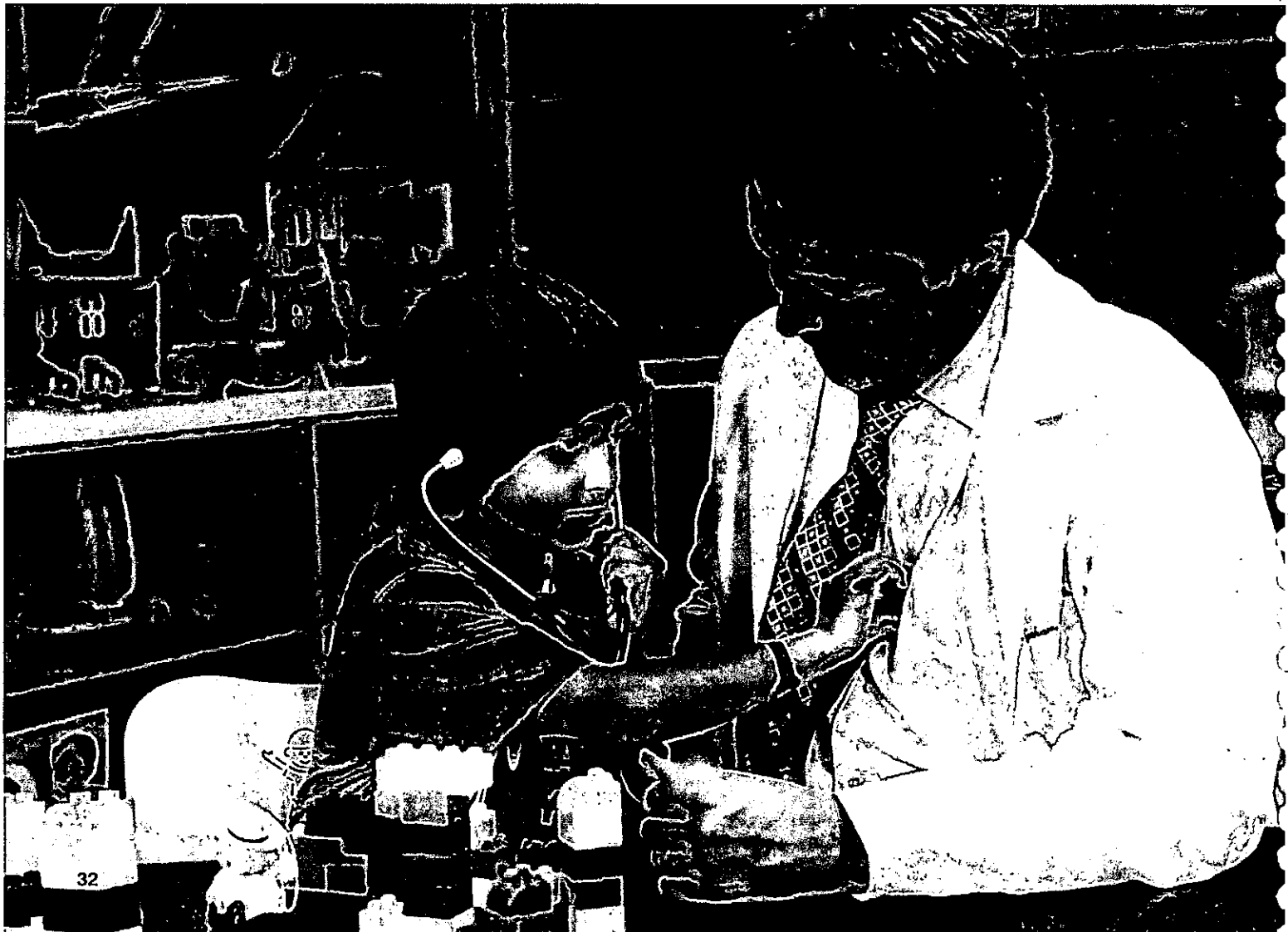
Our disciplined risk management and focus on operating efficiency helped drive strong profitability in 2016, which was the most profitable year in Aflac U.S. history in terms of segment pretax operating earnings. Throughout 2016, we continued to make broad-based investments in our U.S. platform, including an investment of more than \$20 million in our Aflac Group business, which has seen outsized growth. We’ve begun to see our platform investments pay off in the form of improved persistency and customer satisfaction. Additionally, 95% of our policyholders who use One Day Pay say they are likely to refer other people to Aflac, which we believe will continue to differentiate and reinforce our strong brand and policyholders’ trust. We’ve also increased our career sales agents’ adoption of our everwellSM enrollment platform, which in turn has increased account penetration in our accounts with less than 100 workers.

Aflac Cancer and Blood Disorders Center

Since its establishment in 1995, the Aflac Cancer and Blood Disorders Center at Children's Healthcare of Atlanta has become nationally renowned as one of the leading childhood cancer, hematology, and blood and marrow transplant programs in the United States. Thanks to innovative research and leading-edge treatment options, the five-year survival rate for childhood cancer has risen from 20% in 1965 to greater than 80%. Following a series of milestones in 2015, including the celebration of its 20th anniversary of partnership with Aflac, Aflac's contributions to the

Aflac Cancer Center exceeded the \$110 million mark in 2016. This cause is very near and dear to the heart of the Aflac family, including the Aflac Foundation, executives, employees and the field force, whose generous contributions help to provide a steady stream of funding for research. This generosity has contributed to the Aflac Cancer Center's success and distinction in research, a factor which led to the Aflac Cancer Center being designated as one of the top 10 pediatric cancer programs in the United States in 2016 by *U.S. News and World Report*, for the second year in a row.

The Aflac Cancer and Blood Disorders Center at Children's Healthcare of Atlanta is a national leader among childhood cancer, hematology, and blood and marrow transplant programs, serving infants through young adults and giving children like **Brayden Webb**, 7, the opportunity to receive world-class care. Here, Brayden checks the heartbeat of **Douglas Graham, M.D.**, Ph.D., Director & Daniel P. Amos Children's Chair of the Aflac Cancer and Blood Disorders Center.





Kyle Klerk, 10, assembles building blocks with *Shogo Kobayashi*, M.D., assistant professor at the Department of Pediatric Oncology at Fukushima Medical University and **TOMODACHI-Aflac Program** participant. Since January 2013, Aflac has participated in the TOMODACHI Initiative, a public and private partnership that invests in the next generation of Japanese and American citizens in meaningful disciplines. Dr. Kobayashi is assistant professor at the Department of Pediatric Oncology at Fukushima Medical University, and the fourth participant in a series of Japan-based pediatric cancer specialists invited to the Aflac Cancer and Blood Disorders Center of Children's Healthcare of Atlanta through the TOMODACHI -Aflac Program.

Looking to the Future

As we look ahead to 2017 and beyond, we are confident that the strengths that have positioned Aflac as the leading provider of voluntary insurance products at the worksite are firmly established, and we are positioning Aflac in a way that we believe will enhance our footprint in the ever-evolving health care landscape. The United States continues to be well suited for the products Aflac offers, and we still believe there is significant room for growth opportunities given the rising cost of co-pays and deductibles and increasing gaps in major medical insurance coverage. As businesses and consumers continue to look for practical and affordable solutions

to the challenging health care market the United States faces, we believe the desire for the type of supplemental products Aflac provides will continue to increase. We believe Aflac will continue to stand out in this increasingly competitive and evolving marketplace. Though many things have changed over the course of our six decades, Aflac's commitment to its policyholders has remained the same – to deliver on our promise and exemplify The Aflac Way by being there for our policyholders when they need us most, paying claims fairly and more promptly than ever before.



SELECTED FINANCIAL DATA

For the Year (In millions, except for share and per-share amounts)	2016	2015	2014	2013
Revenues:				
Net premiums, principally supplemental health insurance	\$ 19,225	\$ 17,570	\$ 19,072	\$ 20,135
Net investment income	3,278	3,135	3,319	3,293
Realized investment gains (losses)	(123)	140	215	399
Other income	179	27	122	112
Total revenues	22,559	20,872	22,728	23,939
Benefits and expenses:				
Benefits and claims, net	12,919	11,746	12,937	13,813
Expenses	5,573	5,264	5,300	5,310
Total benefits and expenses	18,492	17,010	18,237	19,123
Pretax earnings	4,067	3,862	4,491	4,816
Income taxes	1,408	1,329	1,540	1,658
Net earnings	\$ 2,659	\$ 2,533	\$ 2,951	\$ 3,158
Share and Per-Share Amounts				
Net earnings (basic)	\$ 6.46	\$ 5.88	\$ 6.54	\$ 6.80
Net earnings (diluted)	6.42	5.85	6.50	6.76
Items impacting net earnings:²				
Realized investment gains (losses):				
Securities transactions and impairments	\$.32	\$.35	\$.40	\$.09
Impact of derivative and hedging activities:				
Hedge costs related to foreign currency investments ³	(.45)	(.17)	(.08)	(.04)
Other derivative and hedging activities ^{1,3}	(.37)	(.05)	.05	.49
Other and non-operating income (loss)	(.07)	(.61)	.15	.04
Income tax benefit (expense)	.20	.17	(.18)	—
Cash dividends paid	\$ 1.66	\$ 1.58	\$ 1.50	\$ 1.42
Shareholders' equity	50.47	41.73	41.47	31.82
Weighted-average common shares used to calculate basic EPS (In thousands)	411,471	430,654	451,204	464,502
Weighted-average common shares used to calculate diluted EPS (In thousands)	413,921	433,172	454,000	467,408
At Year-end				
Assets:				
Investments and cash	\$ 116,361	\$ 105,897	\$ 107,341	\$ 108,459
Other ⁴	13,458	12,359	12,386	12,809
Total assets	\$ 129,819	\$ 118,256	\$ 119,727	\$ 121,268
Liabilities and shareholders' equity:				
Policy liabilities	\$ 93,726	\$ 87,631	\$ 83,933	\$ 89,402
Income taxes	5,387	4,340	5,293	3,718
Notes payable ⁴	5,360	4,971	5,242	4,858
Other liabilities	4,864	3,606	6,912	8,670
Shareholders' equity	20,482	17,708	18,347	14,620
Total liabilities and shareholders' equity	\$ 129,819	\$ 118,256	\$ 119,727	\$ 121,268
Supplemental Data				
Stock price range:				
High	\$ 74.50	\$ 66.53	\$ 66.69	\$ 67.62
Low	54.57	51.41	54.99	48.17
Close	69.60	59.90	61.09	66.80
Yen/dollar exchange rate at year-end (yen)	¥ 116.49	¥ 120.61	¥ 120.55	¥ 105.39
Weighted-average yen/dollar exchange rate (yen)	108.70	120.99	105.46	97.54

Amounts in 2009 and prior years have not been adjusted for retrospective adoption of revised accounting guidance related to deferral of policy acquisition costs effective January 1, 2012.

¹ Includes impact from ASC 815 for all years presented prior to 2011

² Amounts in 2013 and prior are shown net of tax.

³ Amounts in 2013 and prior have not been reclassified to reflect the change in methodology of calculating the hedge costs related to foreign currency investments.

⁴ Amounts in 2010 and prior have not been adjusted for the adoption of accounting guidance on January 1, 2016 related to debt issuance costs.

Aflac Incorporated and Subsidiaries

2012	2011	2010	2009	2008	2007	2006
\$ 22,148	\$ 20,362	\$ 18,073	\$ 16,621	\$ 14,947	\$ 12,973	\$ 12,314
3,473	3,280	3,007	2,765	2,578	2,333	2,171
(349)	(1,552)	(422)	(1,212)	(1,007)	28	79
92	81	74	80	36	59	52
25,364	22,171	20,732	18,254	16,554	15,393	14,616
15,330	13,749	12,106	11,308	10,499	9,285	9,016
5,732	5,472	5,065	4,711	4,141	3,609	3,336
21,062	19,221	17,171	16,019	14,640	12,894	12,352
4,302	2,950	3,561	2,235	1,914	2,499	2,264
1,436	1,013	1,233	738	660	865	781
\$ 2,866	\$ 1,937	\$ 2,328	\$ 1,497	\$ 1,254	\$ 1,634	\$ 1,483
\$ 6.14	\$ 4.15	\$ 4.96	\$ 3.21	\$ 2.65	\$ 3.35	\$ 2.99
6.11	4.12	4.92	3.19	2.62	3.31	2.95
\$ (.69)	\$ (1.81)	\$ (.58)	\$ (1.67)	\$ (1.37)	\$.04	\$.10
(.01)	-	-	-	-	-	-
.22	(.34)	-	(.01)	-	-	-
(.01)	-	-	.02	-	-	-
-	-	-	-	-	-	-
\$ 1.34	\$ 1.23	\$ 1.14	\$ 1.12	\$.96	\$.80	\$.55
34.16	27.76	22.44	17.96	14.23	18.08	16.93
466,868	466,519	469,038	466,552	473,405	487,869	495,614
469,287	469,370	473,085	469,063	478,815	493,971	501,827
\$ 118,219	\$ 103,462	\$ 88,230	\$ 73,192	\$ 68,550	\$ 57,056	\$ 51,972
18,838	12,757	12,013	10,914	10,781	8,749	7,833
\$ 131,057	\$ 116,219	\$ 100,243	\$ 84,106	\$ 79,331	\$ 65,805	\$ 59,805
\$ 97,720	\$ 94,239	\$ 82,310	\$ 69,245	\$ 66,219	\$ 50,676	\$ 45,440
3,858	2,308	1,689	1,653	1,201	2,531	2,462
4,315	3,267	3,038	2,599	1,721	1,465	1,426
9,186	3,459	2,666	2,192	3,551	2,338	2,136
15,978	12,946	10,540	8,417	6,639	8,795	8,341
\$ 131,057	\$ 116,219	\$ 100,243	\$ 84,106	\$ 79,331	\$ 65,805	\$ 59,805
\$ 54.93	\$ 59.54	\$ 58.31	\$ 47.75	\$ 68.81	\$ 63.91	\$ 49.40
38.14	31.25	39.91	10.83	29.68	45.18	41.63
53.12	43.26	56.43	46.25	45.84	62.63	46.00
¥ 86.58	¥ 77.74	¥ 81.49	¥ 92.10	¥ 91.03	¥ 114.15	¥ 119.11
79.81	79.75	87.73	93.49	103.46	117.93	116.31

INVESTOR FACTS

Aflac's Total Return to Shareholders

2016 marked the 34th consecutive year Aflac Incorporated increased its annual dividend. Including reinvested cash dividends, Aflac's total shareholder return increased 19.1% in 2016. This compares with a total shareholder return of 24.9% for the S&P Life & Health Index, 12.0% for the S&P 500 and 16.5% for the Dow Jones Industrial Average.

For many years, we have managed our business with a long-term view in mind. As a result:

- ▶ Over the last five years, Aflac's total shareholder return, including reinvested dividends, was 82.6%.
- ▶ Over the last 10 years, Aflac's total shareholder return, including reinvested dividends, was 93.2%.

AFL Shareholder Mix*

Number of registered shareholders	86,575
Percentage of outstanding AFL shares owned by institutional investors	71%
Percentage of outstanding AFL shares owned by individual investors	29%

**Approximate as of 12/31/16*

First Shareholders

Cost of 100 shares purchased in 1955 when Aflac was founded	\$1,110
Number of shares those 100 shares grew into (after 28 stock dividends and splits)	187,980 shares
Value at 12/31/16 (excluding reinvested dividends)	\$13.1 million
Dividends paid in 2016	\$312,046

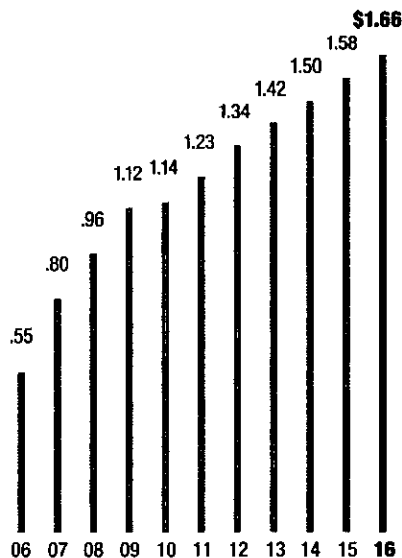
Aflac Financial Strength*

Standard & Poor's	A+
Moody's Investors Service	Aa3
A.M. Best	A+ (Superior)
Fitch	A+
Rating & Investment Information Inc. (R&I)	AA-

**Ratings as of 3/1/17*

Visit aflac.com and click on *Investors* to access:

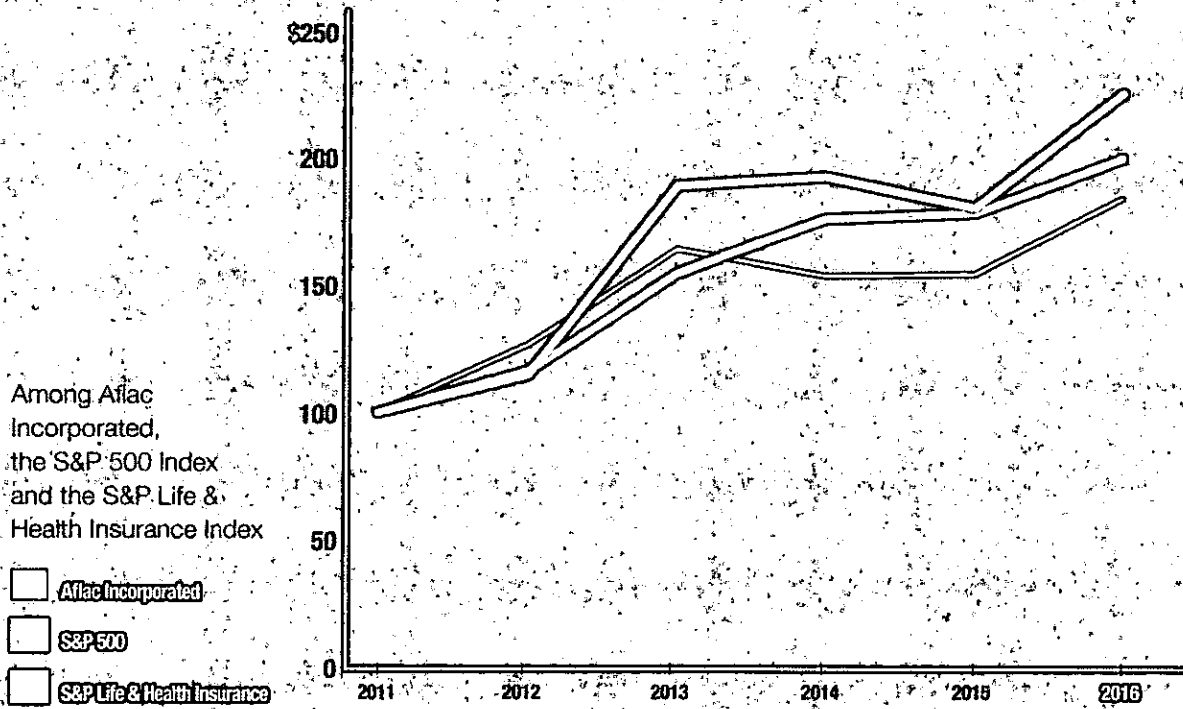
- ▶ Your AFL shareholder account through *aflinc*®
- ▶ Aflac's financial information
- ▶ A calendar of events
- ▶ Dividend reinvestment plan (DRIP) information



Annual Cash Dividends Paid Per Share

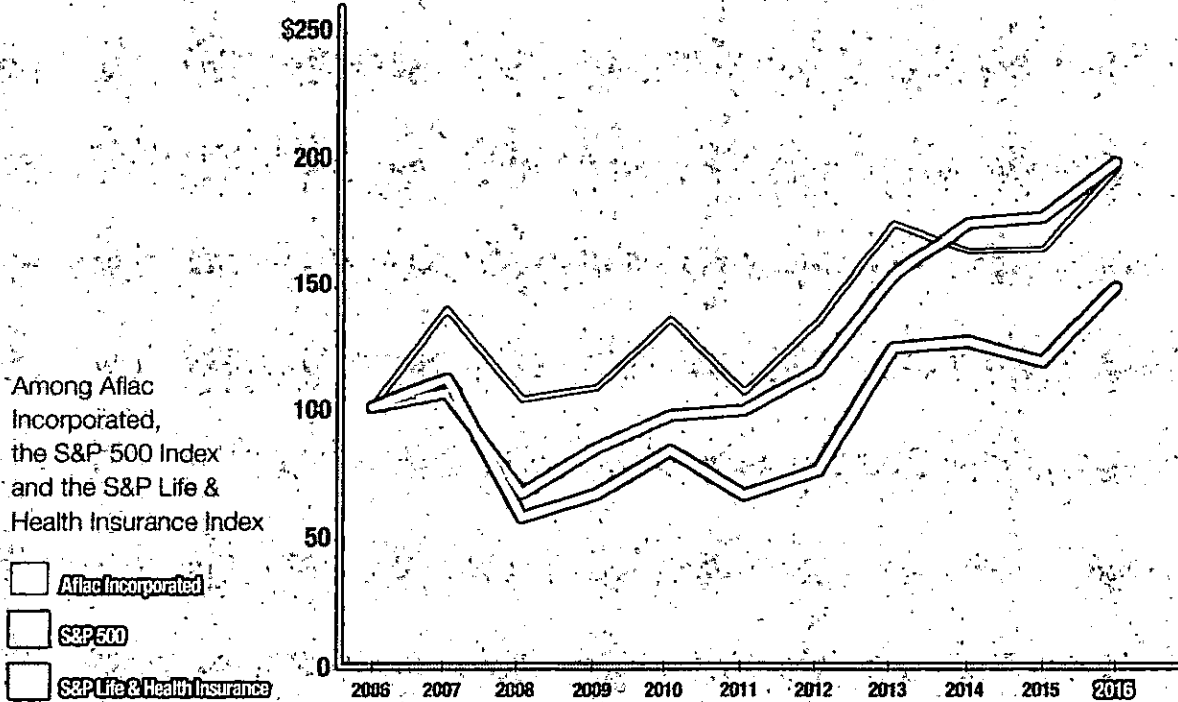
Aflac has increased its annual dividend for 34 consecutive years. Total cash dividends paid in 2016 were 5.1% higher than in 2015.

Comparison of Five-Year Cumulative Total Shareholder Return*



*\$100 invested on December 31, 2011, in stock or index, including reinvestment of dividends. Fiscal year ending December 31. Copyright © 2017 Standard & Poor's, a division of The McGraw-Hill Companies, Inc. All rights reserved.

Comparison of Ten-Year Cumulative Total Shareholder Return*



*\$100 invested on December 31, 2006, in stock or index, including reinvestment of dividends. Fiscal year ending December 31. Copyright © 2017 Standard & Poor's, a division of The McGraw-Hill Companies, Inc. All rights reserved.

BOARD OF DIRECTORS



Daniel P. Amos, 65, chairman and chief executive officer of Aflac and Aflac Incorporated, has been with the company full time since 1973. He was named president of Aflac in 1983 and chief operating officer in 1987. He became chief executive officer of Aflac Incorporated in 1990 and was named chairman in 2001. He joined Aflac Incorporated's board in 1983.



Paul S. Amos III, 41, president of Aflac, joined Aflac in 2002 as a state sales coordinator. He was promoted to executive vice president in 2005, leading Aflac U.S. operations, and a year later he was named chief operating officer. In 2007, he was promoted to president of Aflac. In 2013, Paul began oversight of Aflac Japan. He joined Aflac Incorporated's board in 2007.



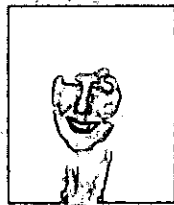
W. Paul Bowers, 60, is chairman, president and chief executive officer of Georgia Power. Prior to being named to his current position, he was chief financial officer of Southern Company. He has held senior executive leadership positions across Southern Company as CEO of Southern Power, president of Generation and chairman, president and CEO of the company's former United Kingdom subsidiary. He is currently on the board of the Nuclear Electric Insurance Limited and serves as a regent for the University System of Georgia. He received the American Jewish Committee's 2015 National Human Relations Award and was inducted to the Junior Achievement Hall of Fame. He joined Aflac Incorporated's board in 2013.



Kriss Cloninger III, 69, president of Aflac Incorporated, joined Aflac in 1992 as senior vice president and chief financial officer after working with Aflac as a consulting actuary since 1977. In addition to serving as chief financial officer from 1992 to 2015, Kriss was named president of Aflac Incorporated in 2001. He also serves on the boards of TSYS and Tupperware Brands. He joined Aflac Incorporated's board in 2001.



Toshihiko Fukuzawa, 60, is president and chief executive officer of Yushu Tatemono Co., Ltd., a prominent real estate leasing company in Japan. Prior to this, he served in various positions, including managing executive officer of Mizuho Bank Ltd. and deputy president & executive officer of Mizuho Trust & Banking Co., Ltd. Over his 36-year career as a banker in Japan, he has gained extensive business and IT knowledge and experience with a wide range of Japanese financial services. He joined Aflac Incorporated's board in 2016.



Elizabeth J. Hudson, 67, retired from her position as chief communications officer for the National Geographic Society in 2015, having previously held similar positions with Millage, the Reader's Digest Association and NBC. She was also previously a director in Spencer Stuart's Media & Communication Practice. Hudson co-chairs the Washington Chapter of Women Corporate Directors, and joined Aflac Incorporated's board in 1990.



Douglas W. Johnson, 73, certified public accountant and retired Ernst & Young audit partner, has spent the majority of his career auditing companies in the life, health and property/casualty segments of the insurance industry. He joined Aflac Incorporated's board in 2003.



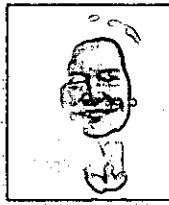
Robert B. Johnson, 72, retired from his position at Porter Novelli in 2014, at which he had been senior advisor since 2003. He was formerly chairman and CEO of the One America Foundation (an organization that promotes dialogue and solidarity among Americans of all races). He also previously served in President Clinton's White House as an assistant to the president and director of the president's initiative for One America. He joined Aflac Incorporated's board in 2002.



Thomas J. Kenny, 53, has served as a TIAA-CREF trustee since December 2011. He currently serves as the chair of the TIAA-CREF Funds Investment Committee and also serves on the TIAA-CREF Funds Operations Committee. Prior to his role at TIAA-CREF, he held a variety of leadership positions at Goldman Sachs. He joined Aflac Incorporated's board in 2015.



Charles B. Knapp, 70, is president emeritus of the University of Georgia. Earlier in his career, he served as U.S. deputy assistant secretary of labor in the Carter Administration. He also served as executive vice president and chief financial officer of Tulane University. He joined Aflac Incorporated's board in 1990.



Karole B. Lloyd, 58, is a certified public accountant and recently retired vice chair and managing partner for Ernst & Young, LLP. With more than 37 years of experience and leadership, she has extensive experience with large financial services, insurance and health care companies in both the United States and Canada, as well as additional experience with leadership and consulting related to financial reporting, board governance and legal matters, regulatory compliance, internal audit and risk management. She was appointed to Aflac Incorporated's board in January 2017.



Joseph L. Moskowitz, 63, retired as executive vice president of Primerica, Inc. after more than 25 years of service. He led the Product Economics and Financial Analysis Group after previously serving as chief actuary among various other positions of increasing responsibility. Prior to joining Primerica, he was vice president of Sun Life Insurance Company of America and also worked for KPMG. He is a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries. He joined Aflac Incorporated's board in 2015.



Barbara K. Rimer, DrPH, 68, has been dean and alumni distinguished professor at the University of North Carolina at Chapel Hill Gillings School of Global Public Health for more than 10 years, and was previously director of the Division of Cancer Control and Population Sciences at the National Cancer Institute. She was elected to the Institute of Medicine in 2008 and was appointed chair of the President's Cancer Panel in 2011. She joined Aflac Incorporated's board in 1995.



Melvin T. Stith, 70, dean emeritus of the Martin J. Whitman School of Management at Syracuse University, was also previously dean and Jim Moran Professor of Business Administration at Florida State University, where he remains dean emeritus. Before retiring in 2015, Dr. Stith maintained his role as professor of marketing and business for more than 35 years, after previously serving in the U.S. Military Intelligence Command and achieving the rank of captain. He joined Aflac Incorporated's board in 2012.

EXECUTIVE MANAGEMENT

Daniel P. Amos (see facing page) | Kriss Cloninger III (see facing page) | Paul S. Amos II (see facing page)



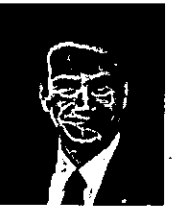
Frederick J. Crawford, 53, joined Aflac in June 2015 as executive vice president and chief financial officer of Aflac Incorporated, responsible for overseeing the financial management of company operations. Before joining Aflac, he served as executive vice president and chief financial officer of CNO Financial Group, after spending more than a decade at the Lincoln Financial Group in roles of increasing responsibility, including executive vice president and chief financial officer. Prior to that, he held leadership positions at Bank One Corporation. Fred received a bachelor of arts from Indiana State University and a master of business administration from the University of Iowa.



Kenneth S. Janke, 58, executive vice president; treasurer; head of Corporate Finance and Development, Aflac Incorporated, joined Aflac as manager of Investor Relations in 1985. He was promoted to senior vice president in 1993 and to executive vice president; deputy chief financial officer of Aflac Incorporated in 2010. In July 2013, he assumed the additional role of president, Aflac U.S., before returning full-time to the deputy CFO role in September 2014. In his current role, Ken is responsible for the management of Aflac's corporate finance activities and treasury operations, as well as strategic partnerships and acquisitions.



J. Todd Daniels, 46, executive vice president; global chief risk officer and chief actuary, joined Aflac in 2002 as an actuarial assistant. He was promoted to vice president, Financial Planning and Analysis in 2011 and to senior vice president; deputy corporate actuary in 2012. He assumed the responsibilities of global chief risk officer in January 2014 and the additional role of chief actuary in December 2015. Todd oversees the actuarial functions of both Aflac U.S. and Aflac Japan and leads strategic and tactical global risk management programs and policies for the company. He is a Fellow of the Society of Actuaries and a member of the American Academy of Actuaries.



Charles D. Lake II, 55, president, Aflac International; chairman, Aflac Japan, joined Aflac International in February 1999 and Aflac Japan in June 1999. Prior to his current position, he served as vice chairman and president of Aflac Japan. Before joining Aflac, he was director of Japan Affairs at the office of the U.S. Trade Representative in the executive office of the president, and he practiced law in Washington, D.C.



Teresa L. White, 50, president, Aflac U.S., joined Aflac in 1998. She has served in various leadership roles within Administration and Sales Support leading to her current position in September 2014, where she is responsible for driving seamless strategy and execution across Aflac's U.S. operations, including oversight and support of the company's extensive insurance distribution network of individual agents and brokers. She is an alumna of Leadership Columbus; a Fellow of the Life Management Institute; and a member of Delta Sigma Theta.



Eric M. Kirsch, 56, executive vice president and global chief investment officer, joined Aflac in 2011 and is responsible for overseeing the company's investment efforts, including Aflac's investment portfolio and investment team. He is a chartered financial analyst and former chairman of the Stable Value Investment Association. Eric is also a trustee of the Jersey Shore University Medical Center Foundation and serves on the board for the Baruch College Fund.



Audrey Boone Tillman, 52, executive vice president and general counsel, Aflac Incorporated, joined Aflac in 1996 in the company's Legal Department. She was promoted to vice president; senior associate counsel, Legal, in 2000; to senior vice president; director, Human Resources in 2008; and to executive vice president, Corporate Services in 2011. She was promoted to her current role in May 2014 where she oversees Aflac's legal division and functions related to Corporate Communications, Compliance, Government Relations, Federal Relations, Global Cyber Security and the office of the Corporate Secretary. In addition to her role at Aflac U.S., Audrey's responsibilities also include oversight functions of the General Counsel and Compliance offices at Aflac Japan.



Hiroshi Yamauchi, 65, president and chief operating officer, Aflac Japan, joined Aflac in 1976 and served in the Actuarial Department as section manager and assistant general manager. He was promoted to general manager in the Policy Maintenance Department in 1998, to vice president in 1999 and to first senior vice president in 2002. In January 2012, he was promoted to executive vice president and assumed his current position as president and chief operating officer of Aflac Japan in January 2015.



Masatoshi Koide, 56, deputy president, Aflac Japan, originally joined Aflac in November 1998 and stayed with Aflac until March 2006. He worked for Nikko Asset Management before he joined Aflac again in December 2008 as vice president. He was promoted to senior vice president in January 2012 and to first senior vice president in July 2013. He was promoted to executive vice president, Planning and Research, Risk Management, Investment, Compliance and General Affairs in January 2015 and to his current position in July 2016. He is a member of the New York State Bar.



Koji Ariyoshi, 63, executive vice president; director of Sales and Marketing, Aflac Japan, joined Aflac as senior vice president responsible for sales planning in 2008. Since then, he has managed various departments, including Retail Marketing, Alliance Management and Hojinkai Promotion. He was promoted to his current position in January 2012. Before joining Aflac, he worked for Alico Japan as vice president and for AXA Life Insurance as senior vice president.



John A. Moorefield, 55, executive vice president; chief transformation officer, IT, policy services, information security, Aflac Japan, joined Aflac in 2005 and has held several key positions, including chief information officer of Aflac Japan. Prior to joining Aflac, he served as a principal in ApproxiCom, LLC and held executive leadership positions at Cap Gemini Ernst & Young LLP, Fidelity Investments and NationsBank, where he was responsible for technology strategy and delivery of information architecture and systems. He was promoted to his current position in January 2017.



Jun Isonaka, 59, first senior vice president, sales, Aflac Japan, joined Aflac in 1980 and served as general manager in various marketing and sales departments from 1999 through 2001. He was promoted to vice president in 2002 and to senior vice president in January 2007. He became chief administrative officer in January 2010 and was promoted to his current position in January 2012.

GLOSSARY OF SELECTED TERMS

Affiliated Corporate Agency – Agency in Japan directly affiliated with a specific corporation that sells insurance policies primarily to its employees

Direct Premium – Premiums earned before the impact of reinsurance

Earnings Per Basic Share – Net earnings divided by the weighted-average number of shares outstanding for the period

Earnings Per Diluted Share – Net earnings divided by the weighted-average number of shares outstanding for the period plus the weighted-average shares for the dilutive effect of share-based awards outstanding

Group Insurance – Insurance issued to a group, such as an employer or trade association, that covers employees or association members and their dependents through certificates of coverage

Individual Insurance – Insurance issued to an individual with the policy designed to cover that person and his or her dependents

In-force Policies – A count of policies that are active contracts at the end of a period

Net Investment Income – The income derived from interest and dividends on investment securities, after deducting investment expenses

New Annualized Premium Sales – Annual premiums, on policies sold and incremental increases from policy conversions, collected over a 12-month period, assuming the policies remain in force

Operating Earnings Per Diluted Share Excluding the Impact of Foreign Currency – Annual profits per share derived from operations before realized investment gains and losses from securities transactions, impairments, derivative and hedging activities, other non-operating income (loss) from net earnings as well as nonrecurring items, computed using the average yen/dollar exchange rate for 2015 and divided by the average outstanding diluted shares for 2016

Persistency – Percentage of premiums remaining in force at the end of a period, usually one year. For example, 95% persistency would mean that 95% of the premiums in force at the beginning of the period were still in force at the end of the period

Premium Income – Revenues that an insurer receives as premiums paid by its customers for insurance products

Risk-based Capital (RBC) Ratio – Statutory adjusted capital divided by statutory required capital. This insurance ratio is based on rules prescribed by the National Association of Insurance Commissioners (NAIC) and provides an indication of the amount of statutory capital the insurance company maintains, relative to the inherent risks in the insurer's operations

Solvency Margin Ratio (SMR) – Solvency margin total divided by one half of the risk total. This insurance ratio is prescribed by the Japan Financial Services Agency (FSA) and is used for all life insurance companies in Japan to measure the adequacy of the company's ability to pay policyholder claims in the event actual risks exceed expected levels

Total Return to Shareholders – Appreciation of a shareholder's investment over a period of time, including reinvested cash dividends paid during that time

Voluntary Supplemental Insurance – Benefits purchased by a consumer at the consumer's own expense in addition to a (typically employer-provided) major medical plan that covers out-of-pocket expenses not typically covered under the primary insurance policy

RECONCILIATION OF NET EARNINGS TO OPERATING EARNINGS PER DILUTED SHARE

TWELVE MONTHS ENDED DECEMBER 31,	2016	2015	% Change
Net earnings per diluted share	\$ 6.42	\$ 5.85	9.7 %
Items impacting net earnings:			
Realized investment (gains) losses:			
Securities transactions and impairments	(.32)	(.35)	
Impact of derivative and hedging activities:			
Hedge costs related to foreign currency investments ¹	.45	.17	
Other derivative and hedging activities ¹	.37	.05	
Other and non-recurring (income) loss	.07	.61	
Income tax (benefit) expense on items excluded from operating earnings	(.20)	(.17)	
Operating earnings per diluted share	6.79	6.16	10.2 %
Current period foreign currency impact ²	(.34)	N/A	
Operating earnings per diluted share excluding current period foreign currency impact ³	\$ 6.45	\$ 6.16	4.7 %

¹ Prior year amounts have been reclassified to reflect the change in methodology of calculating the hedge costs related to foreign currency investments.

² Prior period foreign currency impact reflected as "N/A" to isolate change for current period only.

³ Amounts excluding current period foreign currency impact are computed using the average yen/dollar exchange rate for the comparable prior-year period, which eliminates dollar-based fluctuations driven solely from currency rate changes.

Aflac Worldwide Headquarters
1932 Wynnton Rd.
Columbus, GA 31999

tel: 706.323.3431

aflac.com

Shareholders in the U.S. with questions about individual stock accounts

Shareholder Services
tel: 706.596.3581 or 800.227.4756
Email: shareholder@aflac.com

Institutional investors with questions about the company

Robin Y. Wilkey
*Senior Vice President,
Investor and Rating Agency Relations*
tel: 706.596.3264 or 800.235.2667
David A. Young
*Vice President,
Investor and Rating Agency Relations*
tel: 706.596.3264 or 800.235.2667

Rating agencies and debt investors with questions about the company

Delia H. Moore
*Director,
Investor and Rating Agency Relations*
tel: 706.596.3264 or 800.235.2667

Individual/retail shareholders with questions about the company

Daniel A. Bellware
*Senior Manager,
Investor and Rating Agency Relations*
tel: 706.596.3264 or 800.235.2667

Information requests such as Form 10-K, quarterly earnings releases and other financial materials

Investor and Rating Agency Relations
tel: 706.596.3264 or 800.235.2667

Policyholders/claimants

tel: 800.992.3522
(en.Español, tel: 800.742.3522)

Aflac Japan
Shinjuku Mitsui Building
2-1-1, Nishishinjuku
Shinjuku-ku, Tokyo
163-0456, Japan

Junichiro Horie
*Manager, Aflac Japan Investor Relations
Support Office*
tel: 011.81.3.3344.0481

aflac.co.jp

This 2016 Year in Review contains forward-looking statements based on expectations, estimates and projections as of the date of this report. These cautionary statements by their nature are subject to risks, uncertainties and assumptions, and are influenced by various factors. As a consequence, actual results may differ materially from those expressed in the forward-looking statements. Aflac undertakes no obligation to update such forward-looking statements. For more information, see "Item 7. Management's Discussion and Analysis of Financial Condition and Results of Operations – Forward-Looking Information" in Aflac's Annual Report on Form 10-K for the year ended December 31, 2016, filed with the Securities and Exchange Commission.

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Aflac® is a registered trademark of American Family Life Assurance Company of Columbus.

One Day Pay™ and everwell™ are service marks of American Family Life Assurance Company of Columbus.

Communicorp, Aflac's printing and communications subsidiary, has received Forest Stewardship Council® (FSC®) certification. This chain-of-custody certification is part of a not-for-profit organization program that brings people together to find solutions and reward good forest management.





aflac.com

706.596.3264 or 800.235.2667

Aflac Incorporated | 1932 Wynnton Road

Columbus, Georgia 31999

NOTICE TO BUYER: This is an accident-only policy and it does not pay benefits for loss from Sickness or the medical or surgical treatment of Sickness. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Review your policy carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).

For claim forms, visit our website at aflac.com.
INDEX

Named Insured	Policy Schedule
Benefits.....	Part 1
Definitions	Part 2
Limitations and Exclusions.....	Part 3
Right of Conversion.....	Part 4
Uniform Provisions.....	Part 5

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

Policy Schedule

NAMED INSURED: [John A. Doe]

POLICY NUMBER: [111-2222]

TYPE OF COVERAGE: [Individual; Named Insured/Spouse Only; One-Parent Family; Two-Parent Family]

MODE OF PAYMENT: [Weekly; Biweekly; Semimonthly; Monthly; Quarterly; Semiannual; Annual]

PREMIUMS:

Policy: [\$XX]
[Rider: \$XX]

EFFECTIVE DATES:

Policy: [XX/XX/XX]
[Rider: XX/XX/XX]

[OPTIONAL RIDER:]

[ADDITIONAL ACCIDENTAL-DEATH BENEFIT RIDER]

**This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.**

**Part 1
BENEFITS**

Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

HOSPITAL BENEFITS:

INITIAL ACCIDENT HOSPITALIZATION BENEFIT: Aflac will pay \$500 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or Aflac will pay \$750 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

ACCIDENT HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$150 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Aflac will pay this benefit up to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Aflac will pay an additional \$300 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

SERVICE BENEFITS:

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

Hospital Emergency Room with X-Ray	\$130
Hospital Emergency Room without X-Ray	\$100
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$80
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$50

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

Person.

AMBULANCE BENEFIT: Aflac will pay \$120 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$800 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

BLOOD/PLASMA/PLATELETS BENEFIT: Aflac will pay \$100 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

AFTER CARE SERVICES:

ACCIDENT FOLLOW-UP TREATMENT BENEFIT: Aflac will pay \$25 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

THERAPY BENEFIT: Aflac will pay \$25 per therapy treatment when a Covered Person receives treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. **The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

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

Back brace	\$200
Body jacket	\$200
Knee scooter	\$200

Wheelchair	\$200
Leg brace	\$50
Crutches	\$25
Walker	\$25
Walking boot	\$25
Cane	\$25

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

PROSTHESIS BENEFIT: Aflac will pay \$375 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

PROSTHESIS REPAIR OR REPLACEMENT BENEFIT: Aflac will pay \$375 when:

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

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

REHABILITATION FACILITY BENEFIT: Aflac will pay \$75 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

HOME MODIFICATION BENEFIT: Aflac will pay \$1,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:

Aflac will pay the following benefit for the treatment listed when a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident.

Dislocation (reduced under general anesthesia):

Aflac will pay for no more than two Dislocations per covered accident, per Covered Person.

Benefits are payable for only the first Dislocation of a joint.

<u>Joint</u>	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$1,500	\$375
Shoulder	\$375	\$150
Knee	\$375	\$150
Collar bone	\$600	\$110
Ankle/Foot	\$375	\$110
Lower Jaw	\$375	\$190
Wrist	\$300	\$150
Elbow	\$300	\$150
Toe/Finger	\$75	\$40

If a Dislocation is reduced with local or no anesthesia by a Physician, Aflac will pay 25 percent of the amount shown for the closed Reduction Dislocation.

Burns (treated by a Physician within 72 hours after a covered accident):

	<u>2nd Degree</u>	<u>3rd Degree</u>
Less than 20 square centimeters of the body surface	\$75	\$150
More than 20 but less than 40 square centimeters of the body surface	\$150	\$375
More than 40 but less than 65 square centimeters of the body surface	\$300	\$750
More than 65 but less than 160 square centimeters of the body surface	\$450	\$2,250
More than 160 but less than 225 square centimeters of the body surface	\$600	\$5,250
More than 225 square centimeters of the body surface	\$750	\$7,500

Skin Grafts:

If a Covered Person receives one or more skin grafts for a covered burn, Aflac will pay a total of 50 percent of the Burns benefit amount we paid for the burn involved.

Eye Injury:

Surgical Repair	\$250
Removal of foreign body by a Physician	\$50

Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):

Laceration(s) not requiring sutures and treated by a Physician (total of all lacerations)	\$20
Laceration(s) less than 5 centimeters (total of all lacerations)	\$40
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$150
Laceration(s) over 15 centimeters (total of all lacerations)	\$300

A laceration resulting from an open Fracture will not be payable under the laceration benefit. Please refer to Fractures for benefit payable.

Fractures:

Aflac will pay 25 percent of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Aflac will pay for no more than two Fractures per covered accident, per Covered Person.

	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$1,500	\$750
Leg	\$750	\$375
Hand (excluding fingers)	\$375	\$190
Foot (excluding toes/heel)	\$375	\$190
Wrist	\$375	\$190
Elbow	\$375	\$190
Ankle	\$375	\$190
Kneecap	\$375	\$190
Shoulder blade	\$375	\$190
Forearm	\$375	\$190
Lower jaw	\$375	\$190
Vertebrae (body of)	\$750	\$375
Pelvis (excluding coccyx)	\$750	\$375
Sternum	\$750	\$375

Upper jaw	\$375	\$225
Upper arm	\$375	\$225
Face (excluding nose)	\$375	\$225
Rib	\$750	\$75
Nose	\$450	\$75
Heel	\$450	\$75
Finger	\$450	\$75
Coccyx	\$150	\$75
Toe	\$150	\$75
Vertebral processes	\$750	\$110
Skull	depressed \$1,125	simple \$375

Concussion (brain): \$50

Emergency dental work:

Broken tooth repaired with crown	\$75
Broken tooth resulting in extraction	\$25

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

Coma (duration of at least seven days): \$7,500

Paralysis:

Quadriplegia (Paralysis of four limbs)	\$7,500
Paraplegia (Paralysis of lower limbs)	\$3,750
Hemiplegia (Paralysis of one side of the body)	\$3,000

The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable once per Covered Person.

Surgical Procedures:

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

Arthroscopy without surgical repair	\$185
Open abdominal (including exploratory laparotomy)	\$750
Cranial	\$750
Hernia	\$150
Open thoracic surgery (excluding chest tube insertions)	\$750
Repair of:	
Tendons and/or ligaments	\$375
Torn rotator cuffs	\$375
Ruptured discs	\$375
Torn knee cartilages	\$375

Miscellaneous Surgical Procedures:

Miscellaneous surgery that is not covered by any other specific-sum Injury benefit (Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.):

Miscellaneous surgery with general anesthesia	\$190
Other miscellaneous surgery with conscious sedation	\$80

Pain Management (non-surgical):

Epidural	\$100
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This benefit is payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a Hospital or a Physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per Covered Person.

ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:

ACCIDENTAL-DEATH BENEFIT: Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

Common-Carrier Accident	\$80,000
Other Accident	\$20,000
Hazardous Activity Accident	\$5,000

Child-

Common-Carrier Accident	\$10,000
Other Accident	\$6,000
Hazardous Activity Accident	\$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

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

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

ACCIDENTAL-DISEMBEUREMENT BENEFIT: Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$20,000
Two eyes, feet, hands, arms or legs	\$20,000
One eye, foot, hand, arm, or leg	\$5,000
One or more fingers and/or one or more toes	\$1,000

Partial Dismemberment of finger or toe \$450

Child-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$6,000
Two eyes, feet, hands, arms or legs	\$6,000
One eye, foot, hand, arm, or leg	\$1,500
One or more fingers and/or one or more toes	\$400
Partial Dismemberment of finger or toe	\$200

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

ADDITIONAL BENEFITS:

WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable): Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

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

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

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

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

You will again become eligible to receive this benefit after:

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

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

WAIVER OF PREMIUM BENEFIT:

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

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

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

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

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

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

TRANSPORTATION BENEFIT: Aflac will pay \$200 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident.

Aflac will also pay \$200 per round trip when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available

locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

FAMILY LODGING BENEFIT: Aflac will pay \$75 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

Part 2 **DEFINITIONS**

ACCIDENTAL-DEATH: death of a Covered Person caused by a covered Injury. See the Limitations and Exclusions section for Injuries not covered by this policy.

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

The ADLs are:

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

AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, clinic, or other such location.

CALENDAR YEAR: January 1 through December 31 of the same year.

CATASTROPHIC LOSS: an Injury that results in total and permanent or irrevocable loss of:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

The Catastrophic Loss must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.

CHIP FRACTURE: a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray. **The Chip Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.**

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

COVERED PERSON: any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must also furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you. **The Direct Personal Assistance must begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

DISLOCATION: a completely separated joint due to an Injury. The Dislocation must be diagnosed by a Physician within 72 hours after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Dislocation must occur on or**

after the Effective Date of coverage and while coverage is in force for benefits to be payable.

DISMEMBERMENT: loss (with or without reattachment) of one or more of the following due to an Injury: (1) Arm – actual severance above the elbow; (2) Leg – actual severance above the knee; (3) Hand – actual severance above the wrist; (4) Foot – actual severance above the ankle; (5) Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (6) Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and (7) Eye – loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200. **Loss of use does not constitute Dismemberment, except as stated above in (7) Eye. The Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.

FRACTURE: a break in a bone due to an Injury and that can be seen by X-ray. The Fracture must be diagnosed by a Physician within 14 days after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

HAZARDOUS ACTIVITY ACCIDENT: an accident while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or 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. **A Hazardous Activity Accident does not include any Common-Carrier Accidents. The Hazardous Activity Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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 a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**

HOSPITAL CONFINEMENT: a stay of a Covered Person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Injury. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. **The Hospital Confinement must**

begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.

HOSPITAL EMERGENCY ROOM: a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.

IMMEDIATE FAMILY: anyone related to you in the following manner: Spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.

INJURY: a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause. See the Limitations and Exclusions section for Injuries not covered by this policy. **An Injury must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

INTENSIVE CARE UNIT (ICU): a 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 ICU 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 ICU on a full-time basis. These units must be listed as 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) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.

MEDICAL DIAGNOSTIC IMAGING CENTER: a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.

MEDICALLY NECESSARY: treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of an Injury based upon generally accepted medical practice.

OCCUPATIONAL THERAPIST: a specialist in occupational therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

ORGANIZED SPORTING ACTIVITY: a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The Organized Sporting Activity Benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

OTHER ACCIDENT: an accident that is not classified as either a Common-Carrier Accident or a Hazardous Activity Accident and that is not specifically excluded in the Limitations and Exclusions

section. **An Other Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.**

PARTIAL DISMEMBERMENT: loss (with or without reattachment) of at least one joint of a finger or toe, other than the first interphalangeal joint. **The Partial Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

PERIOD OF HOSPITAL CONFINEMENT: the period of Hospital Confinement that starts on or after the Effective Date of coverage and while coverage is in force. If the Hospital Confinement follows a previously covered Hospital Confinement, it will be deemed a continuation of the first Hospital Confinement unless (1) the later Hospital Confinement is the result of an entirely unrelated Injury or (2) the Hospital Confinements are separated by 30 days or more. Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one Hospital Confinement.

PHYSICAL THERAPIST: a specialist in physical therapy (also known as a "Physiotherapist") other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PROSTHETIC DEVICE/PROSTHESIS: an artificial device designed to replace a missing part of the body.

REDUCTION: open (surgical) or closed (manipulative) repair of a Fracture or Dislocation. **The Reduction must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

REHABILITATION FACILITY: a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

SICKNESS: an illness, disease, infection, disorder, or condition not caused by an Injury, occurring on or after the Effective Date of coverage and while coverage is in force.

SPEECH THERAPIST: a specialist in speech therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. "Your Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all of your Dependent Children (or those of your Spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a placement for adoption was filed within 31 days of the birth of the child. A child which is not a newborn will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due, if any. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday, (for continuation of coverage information, see Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 3
LIMITATIONS AND EXCLUSIONS

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

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

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

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

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 benefits were received that were not lawfully due and that fraudulently induced payment.

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

- Being 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;
- 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);
- 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;
- 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;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

Part 4
RIGHT OF CONVERSION

DISSOLUTION OF MARRIAGE: If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy in the same occupation class providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

DEATH: In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured and coverage will continue in the same occupation class.

TERMINATION OF DEPENDENCY: A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy in the same occupation class without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 5
UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. No claim for loss commencing after the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

TERM: The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age. Aflac will refund all unearned

premiums paid, less any benefits paid, if the misstated age at the time of application was outside the age limits for this policy.

REINSTATEMENT: If any renewal premium is not paid within the time granted you for payment, subsequent acceptance of premium by Aflac or by any associate (duly licensed agent) authorized by Aflac to accept such premium without requiring an application for reinstatement will reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only Loss or confinement that occurs more than ten days after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

GRACE PERIOD: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.

MISSTATEMENT OF OCCUPATION OR INCOME: If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level, and any overpayment of premium will be refunded.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

CLAIM FORMS: When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within 15 working days after such notice is given, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

PAYMENT OF CLAIMS: Except for the Accidental-Death Benefit payable due to your Accidental-Death, all benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits up to an amount not exceeding

\$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment. See the Accidental-Death Benefit for claim payment information regarding your Accidental-Death.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE AND FEDERAL STATUTES: Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

PHYSICAL EXAMINATIONS AND AUTOPSY: Aflac, at its own expense, will have the right and opportunity to examine a Covered Person when and as often as it may be reasonably required during the pendency of a claim hereunder, and to make an autopsy in the case of death where autopsy is not forbidden by law.

CHANGE OF BENEFICIARY: Unless you made the beneficiary designation in the attached application irrevocable, you have the right to make a change by giving Aflac notice in a form satisfactory to Aflac. The beneficiary change will not be effective until we have recorded it at Aflac's Worldwide Headquarters. After it has been recorded, the beneficiary change will be effective as of the date it is signed. However, your dying before the request is recorded will not affect any benefit we have already paid. The consent of the beneficiary is not required to surrender the policy, assign the policy benefits, change the beneficiary, or make any other changes to this policy.

ASSIGNMENT: Aflac will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice at our worldwide headquarters that you have specifically assigned the benefits of your Aflac policy.

OTHER INSURANCE WITH AFLAC: Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.

CANCELLATION BY THE INSURED: You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

NOTICE TO BUYER: This is an accident-only policy and it does not pay benefits for loss from Sickness or the medical or surgical treatment of Sickness. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Review your policy carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).

For claim forms, visit our website at aflac.com.
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Benefits Part 1
Definitions Part 2
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Right of Conversion Part 4
Uniform Provisions Part 5

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

Policy Schedule

NAMED INSURED: [John A. Doe]

POLICY NUMBER: [111-2222]

TYPE OF COVERAGE: [Individual; Named Insured/Spouse Only; One-Parent Family; Two-Parent Family]

MODE OF PAYMENT: [Weekly; Biweekly; Semimonthly; Monthly; Quarterly; Semiannual; Annual]

PREMIUMS:

Policy: [\$XX]
[Rider: \$XX]

EFFECTIVE DATES:

Policy: [XX/XX/XX]
[Rider: XX/XX/XX]

[OPTIONAL RIDER:]

[ADDITIONAL ACCIDENTAL-DEATH BENEFIT RIDER]

**This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.**

**Part 1
BENEFITS**

Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

HOSPITAL BENEFITS:

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

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

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

SERVICE BENEFITS:

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

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

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

Person.

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

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

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

AFTER CARE SERVICES:

ACCIDENT FOLLOW-UP TREATMENT BENEFIT: Aflac will pay \$35 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

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

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

Back brace	\$300
Body jacket	\$300
Knee scooter	\$300

Wheelchair	\$300
Leg brace	\$125
Crutches	\$100
Walker	\$100
Walking boot	\$100
Cane	\$25

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

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

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

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

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

REHABILITATION FACILITY BENEFIT: Aflac will pay \$150 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

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

ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:

Aflac will pay the following benefit for the treatment listed when a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident.

Dislocation (reduced under general anesthesia):

Aflac will pay for no more than two Dislocations per covered accident, per Covered Person.

Benefits are payable for only the first Dislocation of a joint.

<u>Joint</u>	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$3,750	\$1,000
Shoulder	\$1,000	\$375
Knee	\$1,000	\$375
Collar bone	\$1,500	\$300
Ankle/Foot	\$1,000	\$300
Lower Jaw	\$1,000	\$500
Wrist	\$750	\$375
Elbow	\$750	\$375
Toe/Finger	\$200	\$100

If a Dislocation is reduced with local or no anesthesia by a Physician, Aflac will pay 25 percent of the amount shown for the closed Reduction Dislocation.

Burns (treated by a Physician within 72 hours after a covered accident):

	<u>2nd Degree</u>	<u>3rd Degree</u>
Less than 20 square centimeters of the body surface	\$125	\$250
More than 20 but less than 40 square centimeters of the body surface	\$250	\$625
More than 40 but less than 65 square centimeters of the body surface	\$500	\$1,250
More than 65 but less than 160 square centimeters of the body surface	\$750	\$3,750
More than 160 but less than 225 square centimeters of the body surface	\$1,000	\$8,750
More than 225 square centimeters of the body surface	\$1,250	\$12,500

Skin Grafts:

If a Covered Person receives one or more skin grafts for a covered burn, Aflac will pay a total of 50 percent of the Burns benefit amount we paid for the burn involved.

Eye Injury:

Surgical Repair	\$300
Removal of foreign body by a Physician	\$65

Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):

Laceration(s) not requiring sutures and treated by a Physician (total of all lacerations)	\$35
Laceration(s) less than 5 centimeters (total of all lacerations)	\$65
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$250
Laceration(s) over 15 centimeters (total of all lacerations)	\$500

A laceration resulting from an open Fracture will not be payable under the laceration benefit. Please refer to Fractures for benefit payable.

Fractures:

Aflac will pay 25 percent of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Aflac will pay for no more than two Fractures per covered accident, per Covered Person.

	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$3,500	\$1,750
Leg	\$1,750	\$875
Hand (excluding fingers)	\$700	\$350
Foot (excluding toes/heel)	\$700	\$350
Wrist	\$700	\$350
Elbow	\$800	\$400
Ankle	\$700	\$350
Kneecap	\$700	\$350
Shoulder blade	\$700	\$350
Forearm	\$700	\$350
Lower jaw	\$700	\$350
Vertebrae (body of)	\$1,750	\$875
Pelvis (excluding coccyx)	\$1,750	\$875
Sternum	\$1,250	\$625

Upper jaw	\$800	\$400
Upper arm	\$800	\$400
Face (excluding nose)	\$800	\$400
Rib	\$1,250	\$300
Nose	\$800	\$400
Heel	\$700	\$350
Finger	\$625	\$125
Coccyx	\$450	\$225
Toe	\$250	\$125
Vertebral processes	\$1,250	\$350
Skull	depressed \$3,000	simple \$1,250

Concussion (brain): \$150

Emergency dental work:

Broken tooth repaired with crown	\$400
Broken tooth resulting in extraction	\$130

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

Coma (duration of at least seven days): \$12,500

Paralysis:

Quadriplegia (Paralysis of four limbs)	\$12,500
Paraplegia (Paralysis of lower limbs)	\$6,250
Hemiplegia (Paralysis of one side of the body)	\$4,750

The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable once per Covered Person.

Surgical Procedures:

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

Arthroscopy without surgical repair	\$300
Open abdominal (including exploratory laparotomy)	\$1,250
Cranial	\$1,250
Hernia	\$200
Open thoracic surgery (excluding chest tube insertions)	\$1,250
Repair of:	
Tendons and/or ligaments	\$625
Torn rotator cuffs	\$625
Ruptured discs	\$625
Torn knee cartilages	\$625

Miscellaneous Surgical Procedures:

Miscellaneous surgery that is not covered by any other specific-sum Injury benefit (Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.):

Miscellaneous surgery with general anesthesia	\$300
Other miscellaneous surgery with conscious sedation	\$120

Pain Management (non-surgical):

Epidural	\$100
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This benefit is payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a Hospital or a Physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per Covered Person.

ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:

ACCIDENTAL-DEATH BENEFIT: Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

Common-Carrier Accident	\$150,000
Other Accident	\$40,000
Hazardous Activity Accident	\$10,000

Child-

Common-Carrier Accident	\$25,000
Other Accident	\$10,000
Hazardous Activity Accident	\$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

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

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

ACCIDENTAL-DISEMBLEMENT BENEFIT: Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$40,000
Two eyes, feet, hands, arms or legs	\$40,000
One eye, foot, hand, arm, or leg	\$10,000
One or more fingers and/or one or more toes	\$2,000

Partial Dismemberment of finger or toe \$625

Child-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$12,500
Two eyes, feet, hands, arms or legs	\$12,500
One eye, foot, hand, arm, or leg	\$3,750
One or more fingers and/or one or more toes	\$625
Partial Dismemberment of finger or toe	\$300

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

ADDITIONAL BENEFITS:

WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable): Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

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

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

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

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

You will again become eligible to receive this benefit after:

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

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

WAIVER OF PREMIUM BENEFIT:

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

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

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

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

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

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

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

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

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available

locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

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

Part 2 **DEFINITIONS**

ACCIDENTAL-DEATH: death of a Covered Person caused by a covered Injury. See the Limitations and Exclusions section for Injuries not covered by this policy.

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

The ADLs are:

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

AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, clinic, or other such location.

CALENDAR YEAR: January 1 through December 31 of the same year.

CATASTROPHIC LOSS: an Injury that results in total and permanent or irrevocable loss of:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

The Catastrophic Loss must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.

CHIP FRACTURE: a Fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray. **The Chip Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.**

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

COVERED PERSON: any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must also furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you. **The Direct Personal Assistance must begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

DISLOCATION: a completely separated joint due to an Injury. The Dislocation must be diagnosed by a Physician within 72 hours after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Dislocation must occur on or**

after the Effective Date of coverage and while coverage is in force for benefits to be payable.

DISMEMBERMENT: loss (with or without reattachment) of one or more of the following due to an Injury: (1) Arm – actual severance above the elbow; (2) Leg – actual severance above the knee; (3) Hand – actual severance above the wrist; (4) Foot – actual severance above the ankle; (5) Finger – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (6) Toe – actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and (7) Eye – loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200. **Loss of use does not constitute Dismemberment, except as stated above in (7) Eye. The Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.

FRACTURE: a break in a bone due to an Injury and that can be seen by X-ray. The Fracture must be diagnosed by a Physician within 14 days after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

HAZARDOUS ACTIVITY ACCIDENT: an accident while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or 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. **A Hazardous Activity Accident does not include any Common-Carrier Accidents. The Hazardous Activity Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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 a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**

HOSPITAL CONFINEMENT: a stay of a Covered Person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Injury. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. **The Hospital Confinement must**

begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.

HOSPITAL EMERGENCY ROOM: a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.

IMMEDIATE FAMILY: anyone related to you in the following manner: Spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.

INJURY: a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause. See the Limitations and Exclusions section for Injuries not covered by this policy. **An Injury must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

INTENSIVE CARE UNIT (ICU): a 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 ICU 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 ICU on a full-time basis. These units must be listed as 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) Intensive Care Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.

MEDICAL DIAGNOSTIC IMAGING CENTER: a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.

MEDICALLY NECESSARY: treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of an Injury based upon generally accepted medical practice.

OCCUPATIONAL THERAPIST: a specialist in occupational therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

ORGANIZED SPORTING ACTIVITY: a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The Organized Sporting Activity Benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

OTHER ACCIDENT: an accident that is not classified as either a Common-Carrier Accident or a Hazardous Activity Accident and that is not specifically excluded in the Limitations and Exclusions

section. **An Other Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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.**

PARTIAL DISMEMBERMENT: loss (with or without reattachment) of at least one joint of a finger or toe, other than the first interphalangeal joint. **The Partial Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

PERIOD OF HOSPITAL CONFINEMENT: the period of Hospital Confinement that starts on or after the Effective Date of coverage and while coverage is in force. If the Hospital Confinement follows a previously covered Hospital Confinement, it will be deemed a continuation of the first Hospital Confinement unless (1) the later Hospital Confinement is the result of an entirely unrelated Injury or (2) the Hospital Confinements are separated by 30 days or more. Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one Hospital Confinement.

PHYSICAL THERAPIST: a specialist in physical therapy (also known as a "Physiotherapist") other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PROSTHETIC DEVICE/PROSTHESIS: an artificial device designed to replace a missing part of the body.

REDUCTION: open (surgical) or closed (manipulative) repair of a Fracture or Dislocation. **The Reduction must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

REHABILITATION FACILITY: a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

SICKNESS: an illness, disease, infection, disorder, or condition not caused by an Injury, occurring on or after the Effective Date of coverage and while coverage is in force.

SPEECH THERAPIST: a specialist in speech therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. "Your Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all of your Dependent Children (or those of your Spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a placement for adoption was filed within 31 days of the birth of the child. A child which is not a newborn will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due, if any. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday, (for continuation of coverage information, see Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 3
LIMITATIONS AND EXCLUSIONS

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

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

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

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

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 benefits were received that were not lawfully due and that fraudulently induced payment.

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

- Being 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;
- 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);
- 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;
- 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;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

Part 4
RIGHT OF CONVERSION

DISSOLUTION OF MARRIAGE: If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy in the same occupation class providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

DEATH: In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured and coverage will continue in the same occupation class.

TERMINATION OF DEPENDENCY: A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy in the same occupation class without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 5
UNIFORM PROVISIONS

ENTIRE CONTRACT; CHANGES: This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. No claim for loss commencing after the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

TERM: The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**

MISSTATEMENT OF AGE: If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age. Aflac will refund all unearned

premiums paid, less any benefits paid, if the misstated age at the time of application was outside the age limits for this policy.

REINSTATEMENT: If any renewal premium is not paid within the time granted you for payment, subsequent acceptance of premium by Aflac or by any associate (duly licensed agent) authorized by Aflac to accept such premium without requiring an application for reinstatement will reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only Loss or confinement that occurs more than ten days after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

GRACE PERIOD: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.

MISSTATEMENT OF OCCUPATION OR INCOME: If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level, and any overpayment of premium will be refunded.

NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

CLAIM FORMS: When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within 15 working days after such notice is given, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

PROOF OF LOSS: Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

PAYMENT OF CLAIMS: Except for the Accidental-Death Benefit payable due to your Accidental-Death, all benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits up to an amount not exceeding

\$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment. See the Accidental-Death Benefit for claim payment information regarding your Accidental-Death.

LEGAL ACTIONS: No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.

CONFORMITY WITH STATE AND FEDERAL STATUTES: Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

PHYSICAL EXAMINATIONS AND AUTOPSY: Aflac, at its own expense, will have the right and opportunity to examine a Covered Person when and as often as it may be reasonably required during the pendency of a claim hereunder, and to make an autopsy in the case of death where autopsy is not forbidden by law.

CHANGE OF BENEFICIARY: Unless you made the beneficiary designation in the attached application irrevocable, you have the right to make a change by giving Aflac notice in a form satisfactory to Aflac. The beneficiary change will not be effective until we have recorded it at Aflac's Worldwide Headquarters. After it has been recorded, the beneficiary change will be effective as of the date it is signed. However, your dying before the request is recorded will not affect any benefit we have already paid. The consent of the beneficiary is not required to surrender the policy, assign the policy benefits, change the beneficiary, or make any other changes to this policy.

ASSIGNMENT: Aflac will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice at our worldwide headquarters that you have specifically assigned the benefits of your Aflac policy.

OTHER INSURANCE WITH AFLAC: Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.

CANCELLATION BY THE INSURED: You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

FOR ILLUSTRATION ONLY

Payroll

ACCIDENT-ONLY INSURANCE (A36000 Series)

New
 Conversion

Application to: American Family Life Assurance Company of
Columbus (herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____ Best Time to Call _____
 Home Work Cell

Email Address _____

Are you applying for Dependent Child(ren) coverage? Yes No

If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____ Type of Business _____

Job Duties _____

Job Title _____

Occupation Class _____ Industry Code _____
(Completed by associate/agent) (Completed by associate/agent)

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTION

1. Are you, the Proposed Insured, actively at work with the employer listed above? Yes No
If no, a policy will not be issued; therefore, do not submit this application.

Is this insurance intended to replace any other health insurance now in force? Yes No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable, and provide the policy number here: _____

Does anyone to be covered currently have any other Accident coverage with Aflac or have you, the Proposed Insured, had any other Accident coverage with Aflac that terminated within the last six months? Yes No
If yes, or we determine that other Accident coverage was in force within the last six months, this application will be processed as a conversion of that coverage. Please give current policy number and see Applicant's Statements and Agreements concerning conversions and replacement of coverage.

Policy Number: _____

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
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Class: A B C D E Pre-Tax or After-Tax

SELECT ONE TYPE OF COVERAGE: 24-Hour Accident-Only Off-the-Job Accident-Only (available on Option 3 only)

SELECT ONE PLAN OPTION (Issue Ages 18-75): Option 1 Option 2 Option 3 Option 4

Optional Rider (Issue Ages 18-70):
 Additional Accidental-Death Benefit Rider Series A36050 After-Tax Only

Billing Method:	Mode:
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 01 14-Day Biweekly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 01 Semimonthly
	<input type="checkbox"/> 01 28-Day Biweekly
	<input type="checkbox"/> 01 Monthly
	<input type="checkbox"/> 03 Quarterly
	<input type="checkbox"/> 06 Semiannual
	<input type="checkbox"/> 12 Annual

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____
 Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

BENEFICIARY INFORMATION

PLEASE NOTE: Your beneficiary will be your estate unless otherwise indicated.

If you name a trust as your beneficiary, please include full name of trust.

We do not recommend that you name a minor child as your beneficiary. If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by your state. We suggest you obtain legal advice before naming a minor child as your beneficiary.

Primary beneficiary(ies):	NOTE: Total % of Proceeds must equal 100%
(1) Name _____ % of Proceeds _____ <small>Last Name First Name MI</small>	
Or Trustee(s) of _____ <small>Name of Trust</small>	
Trust under trust agreement dated _____	
Address _____ <small>Street Address City State Zip</small>	
Telephone No. _____ SSN _____ - _____ - _____	
Date of Birth _____ Relationship to Insured _____	
(2) Name _____ % of Proceeds _____ <small>Last Name First Name MI</small>	
Or Trustee(s) of _____ <small>Name of Trust</small>	
Trust under trust agreement dated _____	
Address _____ <small>Street Address City State Zip</small>	
Telephone No. _____ SSN _____ - _____ - _____	
Date of Birth _____ Relationship to Insured _____	

Contingent beneficiary(ies):

NOTE: Total % of Proceeds must equal 100%

(1) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

(2) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy and/or rider(s) will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of coverage. If I am applying for an optional rider, I understand that the rider I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage.
- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.
- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Outline of Coverage
 - Guide to Health Insurance for People With Medicare
 - Electronic Delivery Notice
- I understand that (1) the policy, together with the applications, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the purchase of the policy and/or rider(s) is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in all health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



ACCIDENTAL INJURY CLAIM FORM

Thank you for trusting Aflac with your Accidental Injury needs.

➤ If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy) / / Telephone Number where we can reach you - -

*Home Address

*City *State *Zip Code

Check box if this is a permanent address change.

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy) / /

*Sex: Male Female

*Relationship: Primary Policyholder Spouse Dependent Child

Accidental Injury Checklist

- Date of the injury: _____ / _____ / _____
- Describe how the injury occurred: _____
- Was this injury caused by an incident that occurred while performing the duties of his/her employment? No Yes
- Was injury a result of participating in an organized sporting activity? No Yes
Type of Event _____ Sporting Organization _____
- Was this a motor vehicle accident in which the patient was the driver? No Yes (If yes, please submit a copy of the Police Report.)
- Was death a result of this injury? No Yes (If yes, please submit the certified death certificate and the Life-Beneficiary's Statement.)
- Was the patient confined to the hospital as a result of this injury? No Yes (If yes, please submit the UB04 (Universal Billing 2004), itemized hospital bill, or HCFA 1500.)
- Hospital Name: _____
- City _____ State _____



Accident/Hospital Indemnity Wellness Benefit Claim Form

If you are interested in filing your claim online, register using aflac.com/smartclaim.

- Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.

Please read all instructions and complete the form, failure to do so could delay the processing of your claim.

Please check your policy for specific details on this benefit.

- Do not include receipts, statements or other claim documentation with this form.
- Do not write on form except as instructed.
- Sign, date and fax or mail the completed form to the Aflac fax number/address shown below.
- Use black or blue ink only and print legibly when completing this form in its entirety.
- Mark only wellness exam boxes for test(s) and/or treatment(s) received.
- Failure to complete all sections may result in a delay in processing this claim.
- Some types of tests and/or treatment listed may not be covered by your policy.

Please keep a copy of this completed form for your records. Please print a separate form for each additional family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under this policy must be filed separately using the claim forms available at aflac.com or by calling 1-800-99-AFLAC (1-800-992-3522).

Accident/Hospital Indemnity Wellness Benefit Claim Form

Policy Number:

All Fields are required.

Policyholder Information:

Last Name **Suffix** **First Name** **MI**

Date of Birth (mm/dd/yy) / / **Telephone Number where we can reach you** - -

Home Address

City **State** **Zip Code**

Check box if this is permanent address change.

Patient Information:

Last Name **First Name** **Date of Birth (mm/dd/yy)** / /

Sex: Male Female
Relationship: Primary Policyholder Spouse Dependent Child

Treatment and Physician Information

Treatment Date: **Mammogram Date:** **Pap Smear Date:**

- | | | |
|---|--|---|
| <input type="checkbox"/> Annual Physical | <input type="checkbox"/> Blood Screening | <input type="checkbox"/> Dental Exam |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Immunizations | <input type="checkbox"/> Flexible Sigmoidoscopy |
| <input type="checkbox"/> PSA (blood test for prostate cancer) | <input type="checkbox"/> Eye Exam | |
| <input type="checkbox"/> Pap Smear | <input type="checkbox"/> Mammogram | |

Physician's Phone Number: - -

Physician's Name

Physician's Street Address

Physician's City **State:** **Zip:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

The Provider listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE **FAMILY RELATIONSHIP, IF NOT POLICYHOLDER** **DATE**

Sample Benefit Policies, Applications, Claim Form, and Rates

Accident Advantage Plan Industry Class A Ages 18-75

Bi-Weekly Rates

Coverage Type	Base Plan One	Base Plan Three
Individual	\$ 5.94	\$10.14
Insured & Spouse	\$ 8.34	\$14.40
One-Parent Family	\$ 9.54	\$17.04
Two-Parent Family	\$12.48	\$22.08

Rates are subject to change as allowed by the terms of the RFP.

**THIS IS A LIMITED POLICY, PLEASE READ IT CAREFULLY
WITH THE OUTLINE OF COVERAGE.**

NOTICE TO BUYER: This is a Lump Sum Critical Illness policy. It pays benefits for Critical Illnesses only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

**THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME WITH BENEFITS
REDUCED AT AGE 75, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS
UPON ANY RENEWAL DATE.**

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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.

Aflac may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our website at aflac.com.

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Named Insured Policy Schedule

Definitions Part 1

Limitations and Exclusions Part 2

Right of Conversion..... Part 3

Uniform Provisions Part 4

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Policy Schedule

NAMED INSURED: John A. Doe **POLICY NUMBER:** 111-2222

TYPE OF COVERAGE: Individual **COVERAGE:** XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS: **EFFECTIVE DATE:**
Policy: \$xxxxxx Policy: XX/XX/XXXX
Rider: \$xxxxxx Rider: XX/XX/XXXX


BENEFIT AMOUNT:


Policy:
Major Critical Illness Event Benefit: \$XX,XXX (Primary Insured)*
Subsequent Critical Illness Event Benefit: \$ 5,000 (Primary Insured)*
Coronary Artery Bypass Graft Surgery Benefit: \$ 3,000 (Primary Insured)*
Sudden Cardiac Arrest Benefit: \$10,000 (Primary Insured)*

Cancer Benefit Rider:
Internal Cancer Benefit: \$ XXXX (Primary Insured)*
Carcinoma in situ Benefit: \$ 3,000 (Primary Insured)*
Cancer-Related Death Benefit: \$ XXXX (Primary Insured)*

*Benefits are paid for a covered Spouse and Dependent Children at 50% of the Primary Insured's benefit amount. All benefits reduce by 50% for Losses incurred on or after a Covered Person's 75th birthday.

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.


Paul S. Amos II, President


J. Matthew Loudermilk, Secretary

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. If you are replacing another specified disease policy that was in force at the time of the Effective Date of the policy, or issuing coverage in addition to existing coverage, we will credit the Pre-existing Condition waiting period with the period of time the previous coverage was in force.

**This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.**

Part 1 DEFINITIONS

- A. 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. The term "Coma" does not include any medically induced coma.
- B. 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.
- C. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- D. CRITICAL ILLNESS EVENT:** Heart Attack, Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, or Coma.
- E. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must also furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- F. 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.
- G. END-STAGE RENAL FAILURE:** permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

- H. 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. Sudden Cardiac Arrest is not a Heart Attack.
- I. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- J. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force.
- K. LOSS:** a Critical Illness Event, Coronary Artery Bypass Graft Surgery, or Sudden Cardiac Arrest.
- L. 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.**
- M. 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.
- N. 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.
- O. 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.
- P. SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of Injury, occurring on or after the Effective Date of coverage and while coverage is in force.
- Q. 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).
- R. 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 this policy. Sudden Cardiac Arrest is not a Heart Attack.

S. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all of your Dependent Children (or those of your Spouse).

Newborn children are automatically covered from the moment of birth. Adopted children are covered from the moment of birth if a placement for adoption was filed within 31 days of the birth of the child. A child which is not a newborn will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due, if any. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required.

If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. The added person(s) will be subject to the Pre-existing Condition Limitations provision. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday, (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so

incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2
LIMITATIONS AND EXCLUSIONS

Benefits payable under this 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 this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D.** 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. This 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.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate.
- C. TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for Loss incurred after the expiration of such two-year period. No claim for Loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date. Coverage for Pre-existing Conditions will not be reduced or denied after the policy has been in force 12 months.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months,

semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**

- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, subsequent acceptance of premium by Aflac or by any associate (duly licensed agent) authorized by Aflac to accept such premium without requiring an application for reinstatement will reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only Loss with an Onset Date on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered Loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of Loss. If the forms are not given to you within 15 working days after such notice is given, you will meet the proof-of-Loss requirements by giving us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of Loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such Loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of Loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.

- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of Loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of Loss is required to be furnished.
- L. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac, at its own expense, will have the right and opportunity to examine a Covered Person when and as often as it may be reasonably required during the pendency of a claim hereunder, and to make an autopsy in the case of death where autopsy is not forbidden by law.
- M. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- N. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under an Aflac policy or rider with Critical Illness, Specified Health Event, or Cancer benefits, is limited to one such policy elected by you, your beneficiary or your estate, as the case may be and Aflac will return all premiums paid for other Critical Illness, Specified Health Event, or Cancer policies and riders.
- O. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

Part 5
BENEFITS

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.



FOR ILLUSTRATION ONLY

LUMP SUM CRITICAL ILLNESS INSURANCE POLICY (A73000 Series) Supplemental Health Insurance Coverage

Application to: American Family Life Assurance Company of Columbus (herein referred to as Aflac) Worldwide Headquarters • Columbus, Georgia 31999

Policy Number: [] New [] Conversion

Please Print in Black Ink - To Be Completed by Proposed Insured

Proposed Insured's Name Last First MI

DOB Month/Day/Year Sex State of Birth Height Weight

SSN - -

Address Street or Post Office Box Apt. No.

City State ZIP

Telephone () Home Work Cell Best Time to Call

E-mail Address (optional)

Are you applying for Dependent Child(ren) coverage? Yes No If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no spouse or your spouse is not to be covered, put N/A in the space below.

Spouse's Name Last First MI DOB Month/Day/Year Sex

Account Name Account No.

Name of Employer

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

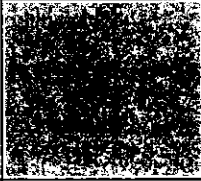
- 1. Are you, the Proposed Insured, actively working with the employer listed above? Yes No
2. Has anyone to be covered used tobacco products or products containing nicotine of any type in the last 12 months? This information may be verified at the time of claim. Yes No

Is this insurance intended to replace any other health insurance now in force? Yes No If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Does anyone to be covered have any other Specified Health Event, Critical Care and Recovery, or Lump Sum Critical Illness coverage with Aflac? Yes No If yes, this must be a conversion of that coverage. Please give current policy number and see the Applicant's Statements and Agreements concerning conversions. Policy Number:

Does anyone to be covered under the Lump Sum Cancer Benefit Rider have any other cancer coverage with Aflac? Yes No N/A If yes, this must be a conversion of that coverage. Please give current policy number and see the Applicant's Statements and Agreements concerning conversions. Policy Number:

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
--------------------------------	-------------------------------------	---	--	--

	Total Benefit Amount*	Premium	
Policy (select one): <input type="checkbox"/> \$10,000 Lump Sum Critical Illness Policy (Series A73100) <input type="checkbox"/> \$10,000 Lump Sum Critical Illness Policy Option H (Series A7310H)			<input checked="" type="checkbox"/> After-Tax
Optional Rider: <input type="checkbox"/> \$10,000 Lump Sum Cancer Benefit Rider (Series A73050)			
Optional Units: <input type="checkbox"/> Add-on Units Number of units _____ Each add-on unit equals \$5,000 and applies to the policy and, if selected above, the Lump Sum Cancer Benefit Rider.			
*Benefits for the Lump Sum Critical Illness Policy and the Lump Sum Cancer Benefit Rider are paid for a covered Spouse and Dependent Children at 50% of the Primary Insured's amount.			
Optional Rider: <input type="checkbox"/> Return of Premium Benefit Rider (Series A73051) Options: <input type="checkbox"/> No Rider <input type="checkbox"/> New Rider <input type="checkbox"/> Retain Current Rider (Factor amt. _____)			
	Total Premium		

Billing Method: <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Bank Draft (B/D) <input type="checkbox"/> Credit Card (C/C)	Mode: <input type="checkbox"/> 01 Weekly <input type="checkbox"/> 01 Monthly <input type="checkbox"/> 01 14-Day Biweekly <input type="checkbox"/> 03 Quarterly <input type="checkbox"/> 01 Semimonthly <input type="checkbox"/> 06 Semiannual <input type="checkbox"/> 01 28-Day Biweekly <input type="checkbox"/> 12 Annual	
PLEASE NOTE: If B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.		
Employee No. _____	Dept. No. _____	Assoc./Agent's No. _____
Billable Premium \$ _____	Premium Collected \$ _____	Sit. Code _____

I am applying for the guaranteed-issue amount only; therefore, the underwriting questions are not required to be answered. Yes No

IF YOU ARE APPLYING FOR MORE THAN THE GUARANTEED-ISSUE AMOUNT OR A CONVERSION, COMPLETE THE QUESTIONS BELOW FOR EVERYONE TO BE COVERED UNDER THE POLICY.

1. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession at a health facility for any of the following: Yes No
- Heart Attack
 - Stroke or Transient Ischemic Attack (TIA)
 - Impaired kidney function (other than stones or acute infection)

2. Within the last five years, has anyone to be covered had or been advised by a member of the medical profession of the need to have any of the following: Yes No
- Major organ transplant
 - Coronary artery bypass surgery
 - Angioplasty or stent placement

3. If either underwriting Question 1 or 2 directly above is answered yes, was it the:

Proposed Insured? Spouse? Child? If a child, please list the name of the child(ren):

Name of person(s)

For any person(s) indicated above, additional underwriting may be required to determine eligibility for coverage under this policy.

If a child, are other children to be covered? Yes No

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTION IF YOU ARE APPLYING FOR \$25,000 OR MORE OF COVERAGE OR ANY CONVERSION.

4. Within the last 12 months, has anyone to be covered been to see a member of the medical profession about a medical condition that has yet to be diagnosed? Yes No
- If yes, please complete Question 9.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE APPLYING FOR \$25,000 OR MORE OF COVERAGE. Additional underwriting may be required.

5. Within the last 24 months, (excluding routine childbirth), has anyone to be covered been (a) out of work due to sickness or injury more than five consecutive days; (b) in a hospital or emergency room (ER) for more than 24 hours for sickness; (c) diagnosed or treated by a member of the medical profession for hypertension or diabetes; or is anyone to be covered currently disabled due to sickness or injury? Yes No
6. Does anyone to be covered have any condition for which surgery or any other medical procedure has been planned or the possibility of which has been discussed with medical personnel within the last 5 years? Yes No
7. Does anyone to be covered currently have or in the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions or had any of the following procedures: Yes No

- | | |
|---|---|
| Systemic lupus | Irregular heart beat |
| Pulmonary hypertension | Chest pains |
| Cystic fibrosis | Vascular insufficiency (circulatory problems) |
| Uncontrolled hypertension/high blood pressure | Renal hypertension |
| Tachycardia | Diabetes (Type II) diagnosed prior to age 30 |

8. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions or had any of the following procedures: Yes No

Cardiomyopathy
 Atrial fibrillation
 Implant of pacemaker/defibrillator
 Heart surgery (including valve replacement or correction)
 Congestive heart failure
 Chronic obstructive pulmonary disease (COPD)
 Emphysema
 Pulmonary fibrosis

Alcohol or drug abuse
 Diabetes and used tobacco after diagnosis
 Diabetes treated with insulin
 Diabetes with complications, including nephropathy; neuropathy; or retinopathy
 Kidney disease or disorder (not including stones)
 Liver disease or disorder (excluding Hepatitis A)
 The administration of chemotherapy
 Sarcoidosis

9. If any one of Questions 4 – 8 is answered yes, was it the:

Proposed Insured? Spouse? Child? If a child, please list the name of the child(ren):

 Name of person(s)

For any person(s) indicated above, additional underwriting may be required to determine eligibility for coverage under this policy.

If a child, are other children to be covered? Yes No

10. Within the last six months, has anyone to be covered been diagnosed by a member of the medical profession with any medical condition; received any medical treatment, including injections; or been prescribed or taken prescription medications (other than prescription contraceptives)? Yes No
 If yes, please provide descriptive information below.

Name	Medical Conditions/ Treatments	Onset (mo/yr)	Surgery Performed? (If yes, provide the type of procedure and date)	Date Last Treated	Released by Physician	For Hypertension and Diabetes, List the Average Reading (for the last three months)
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name	Medication Name	Dosage	Date First Prescribed	Medical Condition

IF YOU ARE APPLYING FOR MORE THAN THE GUARANTEED-ISSUE AMOUNT OF OR A CONVERSION TO THE LUMP SUM CANCER BENEFIT RIDER, PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS.

11. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession for any of the following conditions: Yes No
- Internal Cancer (including myelodysplastic blood disorder and myeloproliferative blood disorder)
 Melanoma (Clark's Level III or higher or a Breslow Level greater than 1.5 mm.)
 Carcinoma In Situ

12. If Question 11 is answered yes, was it the:
- Proposed Insured? Spouse? Child? If a child, please list the name of the child(ren):

Name of person(s)

For any person(s) indicated above, additional underwriting may be required to determine eligibility for coverage under this rider.

If a child, are other children to be covered? Yes No

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE APPLYING FOR \$25,000 OR MORE OF THE LUMP SUM CANCER BENEFIT RIDER.

13. Has anyone to be covered had Internal Cancer that was diagnosed or last treated by a member of the medical profession over five years ago? Yes No
- If yes, you are eligible to apply for a maximum of \$20,000 of coverage. This information will be verified at the time of claim.

14. If Question 13 is answered yes, was it the:
- Proposed Insured? Spouse? Child? If a child, please list the name of the child(ren):

Name of person(s)

You are eligible to apply for a maximum of \$20,000 of coverage.

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has attained age 71 before the Effective Date of the policy. Coverage will reduce to half on a Covered Person's 75th birthday.

- I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.
- I understand that coverage is not provided for 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. Loss caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. If you are replacing another specified disease policy that was in force at the time of the Effective Date of the policy, or issuing coverage in addition to existing coverage, we will credit the Pre-existing Condition waiting period with the period of time the previous coverage was in force.

Proposed Insured's Initials _____

- If I am applying for the Lump Sum Cancer Benefit Rider, I understand that 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, 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.

Proposed Insured's Initials _____

- I acknowledge receipt of, if applicable:
 - Replacement Notice Outline of Coverage
 - Guide to Health Insurance for People With Medicare*
- If this is an application for a conversion of coverage, the following conditions will apply: (1) If anyone covered under the previous policy is not eligible for coverage under the new policy, the policy for which this application is made for the person(s) identified will be void, and coverage will continue for this person only under the terms of the previous policy, if such policy remains in force; (2) The Time Limit on Certain Defenses provision will run from the Effective Date of the new policy, and the original policy will be terminated as of the Effective Date of the new policy; and (3) The Pre-existing Condition Limitations in the new policy will run from the original policy's Effective Date for the benefits provided under the original policy. For any increased benefit amount, the Pre-existing Condition Limitations in the new policy will run from the new policy's Effective Date.
- I understand that (1) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers (if any), constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies have different benefits and that I have made a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy(ies) and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- I have read, or had read to me, the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties but that material misrepresentations herein may result in loss of coverage under this policy.
- I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

INFORMATION REGARDING THE MIB PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at 1-866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Aflac, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

I prefer to receive an electronic copy of my policy instead of a paper copy. Yes No
If yes, please enter your email address on Page 1.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People With Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



SPECIFIED EVENT CLAIM FORM

Thank you for trusting Aflac with your Specified Event needs.

- If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy) Telephone Number where we can reach you

*Home Address

*City *State *Zip Code

Check box if this is a permanent address change.

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

*Sex: Male Female

*Relationship: Primary Policyholder Spouse Dependent Child

Specified Event Checklist

- Please indicate the condition the patient is filing for below:
 - Coma** - Please submit medical documentation from the health care provider indicating the duration of the coma and the ranking on the coma scale.
 - Burn** - Please submit medical documentation showing the total percentage of the body with third degree burns.
 - Paralysis** - Please submit medical documentation from the health care provider of complete and total loss of use of two or more limbs, including the duration of paralysis.
 - Heart attack** - Please submit the electrocardiographic findings or clinical findings together with test results of blood enzymes diagnosing a heart attack.
 - Stroke** - Please submit medical documentation of a neurological deficit with complete or partial function loss for more than 24 hours.
 - End stage renal failure** - Please submit medical documentation of a diagnosis of permanent and irreversible kidney failure.
 - Persistent vegetative state** - Please submit a statement from two physicians indicating cognitive function has been substantially impaired and there is no reasonable expectation that the patient will regain cognitive function.
 - Sudden cardiac arrest** - Please submit medical documentation or the discharge summary indicating the diagnosis.
 - Coronary artery bypass graft surgery** - Please submit medical documentation from the health care provider indicating open-heart surgery was performed to correct the narrowing or blockage of one or more coronary arteries with bypass grafts.
 - Major human organ transplant** - Please submit medical documentation from the health care provider indicating the covered person has received, as a result of surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas.
 - Heart surgery** - Please submit medical documentation from the health care provider indicating the type of heart surgery performed.
- Symptoms first occurred on: First date of treatment for this condition:
- Was death a result of this condition? No Yes (If yes, please submit a copy of the death certificate and legal documents verifying the person authorized to handle the affairs of the deceased).

If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

*Policy Number:

Policyholder Information:

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy)

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

- Was the patient injured in a motor vehicle accident? No Yes (If yes, please submit a copy of the Police Report.)
- Was the patient confined to the hospital as a result of this condition? No Yes (If yes, please submit the itemized hospital bill, UB04, or HCFA 1500.)

Hospital name _____
City _____ State _____

- Was the patient confined to the intensive care unit as a result of this condition? No Yes (If yes, please submit the itemized hospital bill, UB04, or HCFA 1500.)

• Please provide the name, address and phone number of the patient's primary treating physician.
Name: _____ Phone Number: _____
Address: _____

• Was the patient treated by any other physicians for this condition? No Yes
If yes, physician's name(s): _____
Phone Number(s): _____
Address: _____

- Was the patient transported by an ambulance as a result of this condition? No Yes (If yes, please submit the ambulance bill.)
- Transportation/Lodging Information: Please complete if you are filing a claim for transportation or lodging and submit the hotel receipts and mileage information. For additional information, please refer to your policy language.

Date	To/From	Round-Trip Mileage

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

POLICYHOLDER/PATIENT SIGNATURE FAMILY RELATIONSHIP, IF NOT POLICYHOLDER DATE

Sample Benefit Policies, Applications, Claim Forms, and Rates

Lump Sum Critical Illness Plan

Bi-Weekly Rates for \$10,000 in Monthly Benefits

One unit = \$5,000 of Coverage

Minimum = Two Units; Maximum = Six Units

Coverage Type	Ages	Non-Smoker	Smoker
Individual/One-Parent Family	18-24	\$ 2.04	\$ 2.64
	25-29	\$ 2.28	\$ 3.30
	30-34	\$ 3.00	\$ 4.56
	35-39	\$ 4.08	\$ 6.24
	40-44	\$ 5.28	\$ 8.10
	45-49	\$ 6.42	\$ 9.90
	50-54	\$ 7.50	\$ 1.58
	55-59	\$ 8.52	\$13.08
	60-64	\$10.02	\$15.30
	65-70	\$10.02	\$15.30
Insured & Spouse/ Two-Parent Family	18-24	\$ 3.30	\$ 4.56
	25-29	\$ 3.72	\$ 5.52
	30-34	\$ 4.86	\$ 7.44
	35-39	\$ 6.42	\$ 9.90
	40-44	\$ 8.04	\$12.48
	45-49	\$ 9.78	\$15.24
	50-54	\$11.76	\$18.36
	55-59	\$13.80	\$21.42
	60-64	\$16.98	\$26.16
	65-70	\$16.98	\$26.16

Rates are subject to change as allowed by the terms of the RFP.

FOR ILLUSTRATION ONLY
CANCER INDEMNITY INSURANCE

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy,
call 1.800.99.AFLAC (1.800.992.3522).**

For claim forms, visit our website at aflac.com.
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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. 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.
- B. 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.**
- C. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.
- D. BONE MARROW TRANSPLANTATION:** harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**
- E. CALENDAR MONTH:** one of the 12 divisions of a year as determined by the Gregorian calendar.
- F. CALENDAR WEEK:** Sunday through Saturday of the same week.
- G. CALENDAR YEAR:** January 1 through December 31 of the same year.
- H. 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.

I. CHEMOTHERAPY:

1. **INJECTED CHEMOTHERAPY:** medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
2. **NONHORMONAL ORAL CHEMOTHERAPY:** medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
3. **HORMONAL ORAL CHEMOTHERAPY:** medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.
4. **TOPICAL CHEMOTHERAPY:** medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

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

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. 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" 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. 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.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**

W. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date of placement, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of a child. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than

annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2
LIMITATIONS AND EXCLUSIONS

- 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 Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; or (2) 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 this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- C. Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

Part 3
RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. (b) There is no pre-existing conditions limitation in the policy.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Rd, Columbus, GA 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.
- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5
ELIGIBILITY FOR BENEFITS

- A. If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy. The "diagnosis date" is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The "diagnosis date" is not the date the diagnosis is communicated to the Covered Person.
- B. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- C. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: 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, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6
BENEFITS

All treatments listed below, except prescription drugs, must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable. Prescription drugs will be covered if the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature. The prescribing Physician shall submit to the insurer documentation supporting the proposed off-label use or uses if requested by the insurer.

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay \$25 per Calendar Year when a Covered Person receives one of the following:
- 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. **MAMMOGRAPHY BENEFIT:** Aflac will pay \$70 (seventy dollars) per Calendar Year when charges are incurred for an annual screening by low dose mammography for the presence of occult breast Cancer. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.
3. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

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

Named Insured or Spouse	\$ 500
Dependent Child	\$1,000

This benefit is payable under this 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 C1a). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Chemotherapy Benefits, Injected Chemotherapy Administration Benefit, or the Radiation Therapy Benefit.

a. **CHEMOTHERAPY BENEFITS:**

- (1) **NONHORMONAL ORAL/INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) **HORMONAL ORAL/INJECTED 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/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral/Injected 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/Injected 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.

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 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.

- b. **INJECTED CHEMOTHERAPY ADMINISTRATION BENEFIT:** Aflac will pay \$200 once per Calendar Week for administration fee for the treatment of Cancer or Associated Cancer Condition injected by medical personnel in a Physician's office, clinic or a Hospital. 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.
- 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 anti-nausea 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, 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 following 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.

SCHEDULE OF OPERATIONS

ABDOMEN

Paracentesis	\$ 50
Exploratory laparotomy.....	175

BLADDER

Cystoscopy.....	50
TUR bladder tumors	175
Cystectomy	
(partial)	300
(complete)	600
(with ureteroileal conduit)....	1,200

BRAIN

Burr holes not followed by surgery.....	250
Ventriculoperitoneal shunt.....	250
Exploratory craniotomy.....	550
Excision brain tumor.....	1,100
Hemispherectomy	1,700

BREAST

Needle biopsy.....	50
Cutting operation biopsy.....	90
Lumpectomy.....	110
Mastectomy	
(partial)	175
(simple).....	250
(radical)	350

CERVIX

D & C	55
Colposcopy	55
Vaginal hysterectomy/ uterus only.....	175
Oophorectomy	175
Abdominal hysterectomy/ uterus only.....	300
uterus, tubes & ovaries.....	575
with partial exenteration.....	1,000
with complete exenteration..	1,700

CHEST

Thoracentesis	50
Bronchoscopy	100
Mediastinoscopy	100
Thoracostomy	100
Thoracotomy	250
Wedge resection.....	400
Lobectomy	550
Pneumonectomy	700

ESOPHAGUS

Esophagoscopy.....	90
Esophagogastrectomy	550
Resection of esophagus.....	650

EYE	
P32 uptake	85
Enucleation	170
INTESTINES	
Sigmoidoscopy	50
Proctosigmoidoscopy	50
Colonoscopy (does not include virtual).....	90
Cutting operation on rectum for biopsy	90
Colostomy/or revision of	110
ERCP	110
Ileostomy	110
Colectomy	300
Resection of small intestine.....	700
Abdominal-perineal approach for removal of Cancer of sigmoid colon or rectum.....	850
KIDNEY	
Nephrectomy (simple)	700
(radical)	1,200
LIVER	
Needle biopsy.....	50
Wedge biopsy	110
Resection of liver (partial)	325
(complete)	850
LYMPHATIC	
Excision of lymph nodes.....	55
Splenectomy	250
Axillary node dissection.....	250
Lymphadenectomy (unilateral).....	250
(bilateral)	300
MANDIBLE	
Mandibulectomy	500
MISCELLANEOUS	
Peripherally inserted central catheter (PICC).....	50
Bone marrow biopsy or aspiration.....	50
Venous-catheters/venous port. for chemotherapy.....	50
Pathological fracture.....	135
Cholecystectomy	250

Pathological hip fracture.....	275
MOUTH	
Hemiglossectomy.....	110
Tonsil/mucous membrane	175
Glossectomy	250
Resection of palate	250
PANCREAS	
Jejunostomy.....	300
Pancreatectomy	700
Whipple procedure.....	1,200
PENIS	
Amputation (partial)	110
(complete)	250
(radical)	300
PROSTATE	
Needle biopsy	50
Cystoscopy	50
TUR prostate.....	175
Radical prostatectomy.....	500
RADIUM IMPLANTS	
Insertion	325
Removal.....	170
SALIVARY GLANDS	
Biopsy	110
Parotidectomy	250
Radical neck dissection.....	600
SPINE	
Cordotomy	175
Laminectomy.....	300
STOMACH	
Gastroscopy	100
Gastrojejunostomy	300
Gastrectomy (partial)	300
(complete)	500
TESTIS	
Orchiectomy (unilateral)	110
(bilateral)	160
THROAT	
Laryngoscopy.....	100

Tracheostomy	100	(total: both lobes).....	250
Laryngectomy			
(without neck dissection)	300	VULVA	
(with neck dissection)	600	Vulvectomy	
		(partial).....	175
THYROID		(complete)	350
Thyroidectomy		(radical)	500
(partial: one lobe).....	175		

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 benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 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 benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and 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 this policy and riders for up to two months if you meet all of the following conditions:

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

You will again become eligible to receive this benefit after:

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

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

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy,**

call 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our website at aflac.com.
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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. 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.

B. 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.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. 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.

I. CHEMOTHERAPY:

1. **INJECTED CHEMOTHERAPY:** medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
2. **NONHORMONAL ORAL CHEMOTHERAPY:** medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
3. **HORMONAL ORAL CHEMOTHERAPY:** medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.
4. **TOPICAL CHEMOTHERAPY:** medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

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

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. 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" 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. 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.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**

W. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date of placement, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of a child. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2
LIMITATIONS AND EXCLUSIONS

- 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 Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; or (2) 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 this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- C. Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

Part 3
RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. (b) There is no pre-existing conditions limitation in the policy.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Rd, Columbus, GA 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.
- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5
ELIGIBILITY FOR BENEFITS

- A. If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy. The "diagnosis date" is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The "diagnosis date" is not the date the diagnosis is communicated to the Covered Person.
- B. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- C. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: 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, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6
BENEFITS

All treatments listed below, except prescription drugs, must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable. Prescription drugs will be covered if the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature. The prescribing Physician shall submit to the insurer documentation supporting the proposed off-label use or uses if requested by the insurer.

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:
- 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. **MAMMOGRAPHY BENEFIT:** Aflac will pay \$70 (seventy dollars) per Calendar Year when charges are incurred for an annual screening by low dose mammography for the presence of occult breast Cancer. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.]
3. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

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

Named Insured or Spouse	\$4,000
Dependent Child	\$8,000

This benefit is payable under this 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 \$135 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 C1a). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Chemotherapy Benefits, Injected Chemotherapy Administration Benefit, or the Radiation Therapy Benefit.

a. **CHEMOTHERAPY BENEFITS:**

- (1) **NONHORMONAL ORAL/INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) **HORMONAL ORAL/INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral/Injected Chemotherapy for a Covered Person, Aflac will pay \$75 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral/Injected 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 \$150 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.

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 Chemotherapy medicines per Calendar Month, up to a maximum of \$750 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- b. **INJECTED CHEMOTHERAPY ADMINISTRATION BENEFIT:** Aflac will pay \$400 once per Calendar Week for administration fee for the treatment of Cancer or Associated Cancer Condition injected by medical personnel in a Physician's office, clinic or a Hospital. 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.
- c. **RADIATION THERAPY BENEFIT:** Aflac will pay \$350 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 \$350 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$100 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 anti-nausea drugs received by the Covered Person.

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$350 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 \$1,750 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 \$100 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, 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 anti-nausea drugs is incurred. No lifetime maximum.
- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$7,000 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 \$7,000 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$7,000 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 \$750 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$7,000 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$100 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 \$175 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 following 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 \$4,250. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN

Paracentesis	\$ 100
Exploratory laparotomy.....	350

BLADDER

Cystoscopy.....	100
TUR bladder tumors	350
Cystectomy	
(partial)	600
(complete)	1,200
(with ureteroileal conduit)....	2,400

BRAIN

Burr holes not followed by surgery	500
Ventriculoperitoneal shunt	500
Exploratory craniotomy	1,100
Excision brain tumor	2,200
Hemispherectomy	3,400

BREAST

Needle biopsy.....	100
Cutting operation biopsy.....	180
Lumpectomy.....	220
Mastectomy	
(partial)	350
(simple).....	500
(radical)	700

CERVIX

D & C.....	115
Colposcopy.....	115
Vaginal hysterectomy/ uterus only	350
Oophorectomy	350
Abdominal hysterectomy/ uterus only	600
uterus, tubes & ovaries	1,150
with partial exenteration	2,000
with complete exenteration..	3,400

CHEST

Thoracentesis	100
Bronchoscopy.....	200
Mediastinoscopy	200
Thoracostomy	200
Thoracotomy.....	500
Wedge resection	800
Lobectomy.....	1,100
Pneumonectomy.....	1,400

ESOPHAGUS

Esophagoscopy	180
Esophagogastrectomy	1,100
Resection of esophagus	1,300

EYE	
P32 uptake	170
Enucleation	340
INTESTINES	
Sigmoidoscopy	100
Proctosigmoidoscopy	100
Colonoscopy (does not include virtual).....	180
Cutting operation on rectum for biopsy	180
Colostomy/or revision of	220
ERCP	220
Ileostomy	220
Colectomy	600
Resection of small intestine.....	1,400
Abdominal-perineal approach for removal of Cancer of sigmoid colon or rectum.....	1,700
KIDNEY	
Nephrectomy (simple)	1,400
(radical)	2,400
LIVER	
Needle biopsy.....	100
Wedge biopsy	220
Resection of liver (partial)	650
(complete)	1,700
LYMPHATIC	
Excision of lymph nodes.....	115
Splenectomy	500
Axillary node dissection	500
Lymphadenectomy (unilateral).....	500
(bilateral)	600
MANDIBLE	
Mandibulectomy	1,000
MISCELLANEOUS	
Peripherally inserted central catheter (PICC).....	100
Bone marrow biopsy or aspiration.....	100
Venous-catheters/venous port. for chemotherapy.....	100
Pathological fracture.....	275
Cholecystectomy	500

Pathological hip fracture

575

MOUTH

Hemiglossectomy	220
Tonsil/mucous membrane	350
Glossectomy	500
Resection of palate	500

PANCREAS

Jejunostomy	600
Pancreatectomy.....	1,400
Whipple procedure	2,400

PENIS

Amputation (partial).....	220
(complete).....	500
(radical).....	600

PROSTATE

Needle biopsy.....	100
Cystoscopy	100
TUR prostate	350
Radical prostatectomy	1,000

RADIUM IMPLANTS

Insertion.....	650
Removal	340

SALIVARY GLANDS

Biopsy.....	220
Parotidectomy.....	500
Radical neck dissection	1,200

SPINE

Cordotomy	350
Laminectomy	600

STOMACH

Gastroscopy	200
Gastrojejunostomy.....	600
Gastrectomy (partial).....	600
(complete).....	1,000

TESTIS

Orchiectomy (unilateral)	220
(bilateral).....	320

THROAT

Laryngoscopy	200
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Tracheostomy	200	(total: both lobes)	500
Laryngectomy			
(without neck dissection)	600	VULVA	
(with neck dissection)	1,200	Vulvectomy	
THYROID		(partial).....	350
Thyroidectomy		(complete).....	700
(partial: one lobe).....	350	(radical).....	1,000

- 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 \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 35
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	70
Excision of lesion of skin without flap or graft	170
Flap or graft without excision	250
Excision of lesion of skin with flap or graft	400

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$200 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	\$200
Dependent Child	\$250

- 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	\$400
Dependent Child	\$500

- 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 \$200. 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 \$200. 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 benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 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 benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$100 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 \$100 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 \$2,000 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 \$4,000 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 \$175 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 \$350 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 \$2,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Facial Reconstruction	500

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 \$1,000 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$350 for the storage of a Covered Person's 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 \$1,350 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 40 cents per mile for transportation, up to a combined maximum of \$1,200, 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 \$1,200 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 \$65 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 this policy and riders for up to two months if you meet all of the following conditions:

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

You will again become eligible to receive this benefit after:

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

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

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy,
call 1.800.99.AFLAC (1.800.992.3522).**

**For claim forms, visit our website at aflac.com.
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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. 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.

B. 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.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. 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.

I. CHEMOTHERAPY:

1. **INJECTED CHEMOTHERAPY:** medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
2. **NONHORMONAL ORAL CHEMOTHERAPY:** medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.
3. **HORMONAL ORAL CHEMOTHERAPY:** medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.
4. **TOPICAL CHEMOTHERAPY:** medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

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

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. 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" 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. 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.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**

W. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date of placement, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 280 days. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of a child. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than

annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- 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 Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; or (2) 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 this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- C. Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

Part 3

RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous**

Condition will not be eligible for an Initial Diagnosis Benefit.

Part 4

UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period. (b) There is no pre-existing conditions limitation in the policy.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Rd, Columbus, GA 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.
- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5
ELIGIBILITY FOR BENEFITS

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy. The "diagnosis date" is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The "diagnosis date" is not the date the diagnosis is communicated to the Covered Person.
- B.** The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- C.** Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: 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, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6
BENEFITS

All treatments listed below, except prescription drugs, must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable. Prescription drugs will be covered if the prescription drug is recognized for treatment of the indication in one of the standard reference compendia or in substantially accepted peer-reviewed medical literature. The prescribing Physician shall submit to the insurer documentation supporting the proposed off-label use or uses if requested by the insurer.

A. CANCER WELLNESS BENEFITS:

- 1. CANCER WELLNESS:** Aflac will pay \$100 per Calendar Year when a Covered Person receives one of the following:

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

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

2. **MAMMOGRAPHY BENEFIT:** Aflac will pay \$70 (seventy dollars) per Calendar Year when charges are incurred for an annual screening by low dose mammography for the presence of occult breast Cancer. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.
3. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

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

Named Insured or Spouse	\$ 6,000
Dependent Child	\$12,000

This benefit is payable under this 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 \$200 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 \$1,000 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 C1a). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Chemotherapy Benefits, Injected Chemotherapy Administration Benefit, or the Radiation Therapy Benefit.

a. **CHEMOTHERAPY BENEFITS:**

- (1) **NONHORMONAL ORAL/INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) **HORMONAL ORAL/INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral/Injected Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral/Injected Chemotherapy for a Covered Person, Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral/Injected 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 \$200 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.

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 Chemotherapy medicines per Calendar Month, up to a maximum of \$1,200 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- b. **INJECTED CHEMOTHERAPY ADMINISTRATION BENEFIT:** Aflac will pay \$600 once per Calendar Week for administration fee for the treatment of Cancer or Associated Cancer Condition injected by medical personnel in a Physician's office, clinic or a Hospital. 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.
- c. **RADIATION THERAPY BENEFIT:** Aflac will pay \$500 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 \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$125 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 anti-nausea drugs received by the Covered Person.

a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$500 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 \$2,500 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 \$150 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, 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 anti-nausea drugs is incurred. No lifetime maximum.

c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$10,000 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 \$10,000 per Covered Person.

d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$10,000 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 \$1,000 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per Covered Person.

e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$150 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 \$250 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 following 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 \$6,250. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN		Colposcopy.....	175
Paracentesis	\$ 140	Vaginal hysterectomy/ uterus only	525
Exploratory laparotomy.....	525	Oophorectomy	525
BLADDER		Abdominal hysterectomy/ uterus only	900
Cystoscopy.....	140	uterus, tubes & ovaries	1,750
TUR bladder tumors	525	with partial exenteration	3,000
Cystectomy		with complete exenteration..	5,000
(partial)	900	CHEST	
(complete)	1,800	Thoracentesis	140
(with ureteroileal conduit)....	3,600	Bronchoscopy	300
BRAIN		Mediastinoscopy	300
Burr holes not		Thoracostomy	300
followed by surgery	700	Thoracotomy.....	700
Ventriculoperitoneal shunt	700	Wedge resection	1,200
Exploratory craniotomy.....	1,500	Lobectomy	1,500
Excision brain tumor	3,500	Pneumonectomy.....	2,100
Hemispherectomy	5,000	ESOPHAGUS	
BREAST		Esophagoscopy	280
Needle biopsy.....	140	Esophagogastrectomy	1,500
Cutting operation biopsy.....	280	Resection of esophagus	2,000
Lumpectomy.....	350	EYE	
Mastectomy		P32 uptake	250
(partial)	525	Enucleation.....	500
(simple).....	700	INTESTINES	
(radical)	1,050	Sigmoidoscopy	140
CERVIX			
D & C	175		

Proctosigmoidoscopy	140
Colonoscopy (does not include virtual).....	280
Cutting operation on rectum for biopsy	280
Colostomy/or revision of	350
ERCP	350
Ileostomy	350
Colectomy	900
Resection of small intestine.....	2,100
Abdominal-perineal approach for removal of Cancer of sigmoid colon or rectum.....	2,500
KIDNEY	
Nephrectomy (simple)	2,100
(radical)	3,600
LIVER	
Needle biopsy.....	140
Wedge biopsy	350
Resection of liver (partial)	1,000
(complete)	2,500
LYMPHATIC	
Excision of lymph nodes.....	175
Splenectomy	700
Axillary node dissection.....	700
Lymphadenectomy (unilateral).....	700
(bilateral)	900
MANDIBLE	
Mandibulectomy	1,400
MISCELLANEOUS	
Peripherally inserted central catheter (PICC).....	140
Bone marrow biopsy or aspiration.....	140
Venous-catheters/venous port. for chemotherapy.....	140
Pathological fracture.....	400
Cholecystectomy	700
Pathological hip fracture.....	875
MOUTH	
Hemiglossectomy.....	350
Tonsil/mucous membrane	525
Glossectomy	700

Resection of palate

700

PANCREAS

Jejunostomy	900
Pancreatectomy.....	2,100
Whipple procedure	3,600

PENIS

Amputation (partial).....	350
(complete).....	700
(radical).....	900

PROSTATE

Needle biopsy.....	140
Cystoscopy	140
TUR prostate	525
Radical prostatectomy	1,400

RADIUM IMPLANTS

Insertion.....	1,000
Removal	500

SALIVARY GLANDS

Biopsy.....	350
Parotidectomy.....	700
Radical neck dissection	1,800

SPINE

Cordotomy	525
Laminectomy	900

STOMACH

Gastroscopy	300
Gastrojejunostomy.....	900
Gastrectomy (partial).....	900
(complete).....	1,400

TESTIS

Orchiectomy (unilateral)	350
(bilateral).....	490

THROAT

Laryngoscopy	300
Tracheostomy.....	300
Laryngectomy (without neck dissection)....	900
(with neck dissection).....	1,800

THYROID

Thyroidectomy	
(partial: one lobe).....	525
(total: both lobes).....	700

VULVA

Vulvectomy	
(partial).....	525
(complete).....	1,050
(radical).....	1,400

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 \$600. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 50
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

c. ADDITIONAL SURGICAL OPINION BENEFIT: Aflac will pay \$300 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	\$300
Dependent Child	\$375

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	\$600
Dependent Child	\$750

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

\$300. 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 \$300. 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 benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$150 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 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 benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 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 \$150 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 \$3,000 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 \$6,000 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 \$250 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 \$500 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 \$3,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$3,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

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 \$1,500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 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 \$2,000 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 50 cents per mile for transportation, up to a combined maximum of \$1,500, 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 \$1,500 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 \$80 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 this policy and riders for up to two months if you meet all of the following conditions:

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

You will again become eligible to receive this benefit after:

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

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

FOR ILLUSTRATION ONLY
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999
A Stock Company

This **INITIAL DIAGNOSIS BUILDING BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
LIMITATIONS AND EXCLUSIONS

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 this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; or (2) 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 this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

Part 3
BENEFITS

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

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

Part 4
TERMINATION

This rider will terminate upon the earlier of the termination of the policy to which it is attached, the failure to pay the premiums for this rider, or the date upon which there are no longer any payable benefits for any Covered Person.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

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This **DEPENDENT CHILD RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
LIMITATIONS AND EXCLUSIONS

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; or (2) 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 this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

Part 3
BENEFITS

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

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

Part 4
TERMINATION

This rider will terminate upon the earlier of the termination of the policy to which it is attached, the failure to pay the premiums for this rider, the date upon which there is no longer any coverage for a Dependent Child, or the date upon which there are no longer any payable benefits for any Dependent Child.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

FOR ILLUSTRATION RIDER
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
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This **LUMP SUM CRITICAL ILLNESS BENEFIT RIDER** is a part of the policy and is subject to all policy provisions, unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
PRE-EXISTING CONDITIONS LIMITATION

A "Pre-existing Condition" is any 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. If you are replacing specified disease coverage that was in force at the time of the Effective Date of the rider, or issuing coverage in addition to existing coverage, we will credit the Pre-existing Condition waiting period with the period of time the previous coverage was in force.

Part 3
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring a person's level of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing 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 the 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 one's body.

B. ADVANCED ALZHEIMER'S DISEASE: Alzheimer's disease that causes a person to be incapacitated. Alzheimer's disease is a progressive degenerative brain disease that is diagnosed by a psychiatrist or neurologist as Alzheimer's disease. To be incapacitated due to Alzheimer's disease, a Covered Person must:

1. Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, **and**
 2. Be unable to perform three or more ADLs, as certified by a Physician, and require Direct Personal Assistance to perform such ADLs.
- C. ADVANCED PARKINSON'S DISEASE:** Parkinson's disease that causes a person to be incapacitated. Parkinson's disease is a chronic progressive neurological disease that is diagnosed by a psychiatrist or neurologist as Parkinson's disease. To be incapacitated due to Parkinson's disease, a Covered Person must:
1. Exhibit two or more of the following clinical manifestations:
 - Muscle rigidity
 - Tremor
 - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), **and**
 2. Be unable to perform three or more ADLs, as certified by a Physician, and require Direct Personal Assistance to perform such ADLs.
- D. AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's disease):** a chronic, progressive neurological disease resulting in permanent clinical impairment of motor function and is definitively diagnosed by a neurologist as Amyotrophic Lateral Sclerosis.
- E. BACTERIAL MENINGITIS:** inflammation of the thin, membranous covering (meninges) of the brain and the spinal cord caused by a bacterial infection and characterized by fever, vomiting, intense headache, and stiff neck.
- F. CEREBRAL PALSY:** a disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.
- G. 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. The term "Coma" does not include any medically induced coma.
- H. 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.
- I. COVERED PERSON:** any person insured under the policy to which this rider is attached.
- J. CYSTIC FIBROSIS:** a hereditary disorder affecting the exocrine glands which causes the production of abnormally thick mucus, leading to the blockage of the pancreatic ducts, intestines, and bronchi and often resulting in respiratory infection.
- K. DIRECT PERSONAL ASSISTANCE:** direct physical assistance from another party required to help a person perform an ADL, each and every time that activity is performed, because of an inability to perform the entire activity alone with the supports and mechanical aids that are normally available to a person.

- L. ENCEPHALITIS:** an inflammation of the brain, usually caused by a direct viral infection or a hyper-sensitivity reaction to a virus or foreign protein.
- M. 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.
- N. 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" 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.
- O. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and Medically Necessary. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- P. INJURY:** a bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this rider.
- Q. LOSS OF INDEPENDENCE:** being unable to perform three or more ADLs, as certified by a Physician, due to a covered Injury and requiring Direct Personal Assistance to perform such ADLs for a continuous period of at least 90 days.
- R. LYME DISEASE:** an inflammatory disease caused by bacteria that are transmitted by ticks that is characterized initially by a rash, headache, fever, and chills, and later by possible arthritis and neurological and cardiac disorders.
- S. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of sickness or Injury based upon generally accepted medical practice.
- T. NECROTIZING FASCIITIS:** a severe bacterial infection of the fascia, the soft tissues that line and separate muscles, that causes extensive tissue death.
- U. ONSET DATE:** is as follows for each covered condition:
1. Heart Attack: the date of occurrence of a Heart Attack as defined in this rider.
 2. Stroke: the date of occurrence of a Stroke as defined in this rider.

3. Coma: the date a Physician confirms a Coma as defined in this rider.
4. Paralysis: the date a Physician establishes the diagnosis of Paralysis (as defined in this rider) on clinical or laboratory findings as supported by medical records.
5. Type 1 Diabetes: the date a Physician initially establishes the diagnosis of Type 1 Diabetes on clinical or laboratory findings as supported by medical records.
6. Traumatic Brain Injury: the date of occurrence of a Traumatic Brain Injury as defined in this rider.
7. Advanced Alzheimer's Disease: the date a Physician initially certifies that a Covered Person is incapacitated due to Alzheimer's disease as defined in this rider.
8. Advanced Parkinson's Disease: the date a Physician initially certifies that a Covered Person is incapacitated due to Parkinson's disease as defined in this rider.
9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease): the date of diagnosis of Amyotrophic Lateral Sclerosis as defined in this rider.
10. Loss of Independence: the date of diagnosis of Loss of Independence as defined in this rider.
11. Sustained Multiple Sclerosis: the date of diagnosis of Sustained Multiple Sclerosis (as defined in this rider) by a Physician.
12. Permanent Loss of Sight, Hearing, or Speech: the date that Permanent Loss of Sight, Hearing, or Speech (as defined in this rider) is initially diagnosed by a Physician.
13. Sudden Cardiac Arrest: the date of occurrence of Sudden Cardiac Arrest as defined in this rider.
14. Encephalitis, Bacterial Meningitis, Lyme Disease, Necrotizing Fasciitis, and Osteomyelitis: the date of diagnosis by a Physician.
15. Sickle Cell Anemia and Cerebral Palsy: the date of initial diagnosis by a Physician.
16. Coronary Artery Bypass Graft Surgery: the date of surgery.
17. Systemic Lupus: the date of initial diagnosis by a Physician.
18. Cystic Fibrosis: the date of initial diagnosis by a Physician.

V. OSTEOMYELITIS: inflammation of the bone due to infection.

W. 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 that occurred on or after the Effective Date of coverage. The Paralysis must be confirmed by the attending Physician.

X. PERMANENT LOSS OF SIGHT, HEARING, or SPEECH:

1. Loss of Sight: the restriction of visual field to 20 degrees or less in both eyes, or the reduction of sight in the better eye to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-chart Acuity), and diagnosed by a Physician.
2. Loss of Hearing: the total, irreversible, and uncorrectable loss of all hearing in both ears and diagnosed by a Physician.

3. **Loss of Speech:** the permanent, total, and irreversible loss of the ability to speak, including loss of speech due to surgery or medical treatment for an illness, and diagnosed by a Physician.
- Y. SICKLE CELL ANEMIA:** a chronic hereditary blood disease marked by sickle-shaped red blood cells and characterized by episodic pain in the joints, fever, leg ulcers, and jaundice.
- Z. 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).
- AA. 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 this rider.
- BB. SUSTAINED MULTIPLE SCLEROSIS:** a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways, with muscular weakness, loss of coordination, or speech and visual disturbances present for a continuous period of at least 90 days.
- CC. SYSTEMIC LUPUS:** a chronic inflammatory multisystem disease that occurs when the body's immune system attacks its own tissues and organs.
- DD. TIER ONE CRITICAL ILLNESS EVENT:** Heart Attack; Stroke; Coma; Paralysis; Type 1 Diabetes; Traumatic Brain Injury; Advanced Alzheimer's Disease; Advanced Parkinson's Disease; Amyotrophic Lateral Sclerosis; Loss of Independence; Sustained Multiple Sclerosis; Permanent Loss of Sight, Hearing, or Speech; or Sudden Cardiac Arrest.
- EE. TIER TWO CRITICAL ILLNESS EVENT:** Encephalitis, Bacterial Meningitis, Lyme Disease, Sickle Cell Anemia, Cerebral Palsy, Necrotizing Fasciitis, Osteomyelitis, Systemic Lupus, or Cystic Fibrosis.
- FF. TRAUMATIC BRAIN INJURY:** a nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. Traumatic Brain Injury must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies.
- GG. TYPE 1 DIABETES:** a form of diabetes mellitus causing total insulin deficiency of a Covered Person along with continuous dependence on exogenous insulin in order to maintain life. A diagnosis of Type 1 Diabetes must be made by a Physician who specializes in diabetes.

Part 4

LIMITATIONS AND EXCLUSIONS

- A.** Aflac will not pay benefits for any loss that is caused by a Pre-existing Condition, unless the Onset Date is more than 12 months after the Effective Date of coverage. Benefits are payable

for only one covered loss at a time per Covered Person. Aflac will not pay benefits for any condition when diagnosis occurred prior to the Effective Date of coverage.

- B. Aflac will not pay benefits for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.
- C. Aflac will not pay benefits whenever coverage provided by this 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 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 benefits were received that were not lawfully due and that fraudulently induced payment.
- F. **This rider does not cover loss caused by or resulting from:**
 - 1. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident 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. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
 - 5. Being exposed to war or any act of war, declared or undeclared; or
 - 6. Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

Part 5
UNIFORM PROVISIONS

- A. **TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this rider or to deny a claim for loss incurred after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- B. **REINSTATEMENT:** Reinstatement of your policy is required in order to reinstate your rider. If any renewal premium is not paid within the time granted you for payment, subsequent acceptance of premium by Aflac or by any associate (duly licensed agent) authorized by Aflac to accept such premium without requiring an application for reinstatement will reinstate the

policy and rider. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy and rider will be reinstated upon approval of such application by us or lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated rider will cover only Loss with an Onset Date on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy and rider immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

- C. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a Lump Sum Critical Illness rider, is limited to one such rider elected by you, your beneficiary, or your estate, as the case may be and Aflac will return all premiums paid for other Lump Sum Critical Illness riders.

Part 6 **BENEFITS**

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

Benefits will not be payable for Advanced Alzheimer's Disease when Alzheimer's disease was diagnosed prior to the Effective Date of coverage, Advanced Parkinson's Disease when Parkinson's disease was diagnosed prior to the Effective Date of coverage, or Sustained Multiple Sclerosis when multiple sclerosis was diagnosed prior to the Effective Date of coverage.

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. TIER ONE CRITICAL ILLNESS EVENT BENEFIT:** Aflac will pay \$5,000 upon a Covered Person's Onset Date of one of the following Tier One Critical Illness Events:

- | | |
|---------------------------------|----------------------------------|
| 1. Heart Attack | 9. Amyotrophic Lateral Sclerosis |
| 2. Stroke | 10. Loss of Independence |
| 3. Coma | 11. Sustained Multiple Sclerosis |
| 4. Paralysis | 12. Permanent Loss of Sight |
| 5. Type 1 Diabetes | 13. Permanent Loss of Hearing |
| 6. Traumatic Brain Injury | 14. Permanent Loss of Speech |
| 7. Advanced Alzheimer's Disease | 15. Sudden Cardiac Arrest |
| 8. Advanced Parkinson's Disease | |

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

- B. SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT:** After a Covered Person has previously qualified for benefits for a Tier One Critical Illness Event under Benefit A above, Aflac will pay \$2,500 upon that Covered Person's Onset Date of:

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

For this benefit to be payable, the Onset Date of the subsequent Tier One Critical Illness Event must be 180 days or more from the Onset Date of any previously paid Tier One Critical Illness Event for such Covered Person. This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

C. **TIER TWO CRITICAL ILLNESS EVENT BENEFIT:** Aflac will pay \$1,250 upon a Covered Person's Onset Date of one of the following Tier Two Critical Illness Events:

- | | |
|-------------------------|--------------------------|
| 1. Encephalitis | 6. Necrotizing Fasciitis |
| 2. Bacterial Meningitis | 7. Osteomyelitis |
| 3. Lyme Disease | 8. Systemic Lupus |
| 4. Sickle Cell Anemia | 9. Cystic Fibrosis |
| 5. Cerebral Palsy | |

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

D. **CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** Aflac will pay \$1,250 when a Covered Person undergoes Coronary Artery Bypass Graft Surgery.

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

Part 7
TERMINATION

This rider will terminate upon the earlier of the termination of the policy to which it is attached or the failure to pay the premiums for this rider.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

FOR ILLUSTRATION ONLY
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999
A Stock Company

This **SPECIFIED-DISEASE BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
ELIGIBILITY FOR BENEFITS

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

Part 3
BENEFITS

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this 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 THIS 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.

Part 4
DEFINITION OF COVERED DISEASES

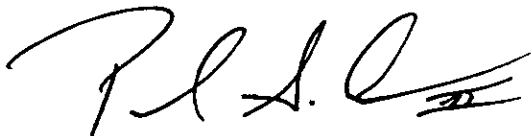
"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician on or after the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s).

- 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

Part 5
TERMINATION

This rider will terminate if the policy to which it is attached terminates or if the premium for this rider is not paid.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

Payroll

FOR ILLUSTRATION ONLY
Application for Cancer Indemnity Insurance (A78000 Series)
Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

<input type="checkbox"/> Payroll
<input type="checkbox"/> New
<input type="checkbox"/> Conversion
<input type="checkbox"/> Add CI Rider Only
<input type="checkbox"/> Convert CI Rider Only
Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year (Optional)

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
 Home Work Cell

Email Address (optional) _____

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 at the time of application.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____
Last First MI DOB _____ Sex _____
Month/Day/Year

Employee's Name _____ Relationship to Proposed Insured _____
(For Billing, If Employee Is Medically Ineligible for Coverage)

Account Name _____ Account No. _____

Name of Employer _____

Is this insurance intended to replace any other health insurance now in force? Yes No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Does anyone to be covered have any other Cancer coverage with Aflac, other than a Lump Sum Cancer Benefit Rider? Yes No

If yes, this must be a conversion of that coverage. Please indicate the current policy number below and see Applicant's Statements and Agreements concerning conversions.

Policy Number: _____

Does anyone to be covered have an Aflac Lump Sum Critical Illness policy with a Lump Sum Cancer Benefit Rider? Yes No

If yes, please complete the Supplemental Notification section at the end of this application and be aware that you cannot have this policy without canceling the Aflac Lump Sum Cancer Benefit Rider.

Are you (or Employee listed above if Employee is medically ineligible for coverage) actively working with the employer listed on the first page of this application? Yes No
If no, a policy will not be issued; therefore, do not submit this application.

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
--------------------------------	-------------------------------------	--	--	--

<input type="checkbox"/> Preferred: Policy (Series A78100)	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Select: Policy (Series A78200)	
<input type="checkbox"/> Classic: Policy (Series A78300)	
<input type="checkbox"/> Premier: Policy (Series A78400)	

Optional Riders:	
Initial Diagnosis Building Benefit Rider (Series A78050) Units _____ Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Dependent Child Rider (Series A78051) (only available with One-Parent Family or Two-Parent Family coverage) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Specified-Disease Benefit Rider (Series A78052) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Return of Premium Benefit Rider (Series A78053) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider (Factor amt. _____)	

Billing Method:	Mode:
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly
<input type="checkbox"/> Bank Draft (B/D)	<input type="checkbox"/> 01 14-Day Biweekly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 01 Semimonthly
	<input type="checkbox"/> 01 28-Day Biweekly
	<input type="checkbox"/> 01 Monthly
	<input type="checkbox"/> 03 Quarterly
	<input type="checkbox"/> 06 Semiannual
	<input type="checkbox"/> 12 Annual

PLEASE NOTE: If B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

ASSOCIATED CANCEROUS CONDITION: a 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 is limited to only the conditions listed above.

CANCER: a disease manifested by the presence of a malignant tumor 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.

INTERNAL CANCER: all Cancers other than Nonmelanoma Skin Cancer.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS.

- Have you or has anyone to be covered under this policy ever been diagnosed with or treated for Cancer or an Associated Cancerous Condition of any type or form? Yes No
If yes, please complete Questions 2, 3, and 4.

2. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **within the last five years** or received preventive hormonal therapy **within the last 12 months**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

For any person(s) so designated, additional underwriting may be required to determine eligibility for coverage.

If a child, are any other children to be covered? Yes No

3. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **over five years ago**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

If yes, please complete a Cancer History Form provided by your associate/agent on any individual(s) listed. Additional underwriting may be required.

4. Have you or has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated **within the last five years**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

For any person(s) so designated, additional underwriting may be required to determine eligibility coverage.

If yes, and this is a conversion, additional underwriting may be required for coverage under the converted policy.

Proposed Insured's Initials _____

PLEASE ANSWER THE FOLLOWING QUESTION IF APPLYING FOR THE SPECIFIED-DISEASE RIDER.

5. Have you or has anyone to be covered under this policy ever had 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 disease, 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), or yellow fever in any form? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

For any person(s) so designated, additional underwriting may be required to determine eligibility for coverage under Specified-Disease Rider Form Series A78052.

If a child, are any other children to be covered? Yes No

APPLICANT'S STATEMENTS AND AGREEMENTS

- I acknowledge that I was offered the optional riders, and I have personally determined which, if any, are best for me.

Proposed Insured's Initials _____

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has attained age 76 before the Effective Date of the policy.

- I understand that Dependent Children, if any, must be under age 26 at the time of application. Once covered, Dependent Children will continue to be covered until their 26th birthday.
- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Guide to Health Insurance for People with Medicare*
 - Outline of Coverage
- If this is an application for a conversion, the following condition applies: If Cancer or an Associated Cancerous Condition is diagnosed between the date this application is signed and the Effective Date of the policy shown in the Policy Schedule, the policy for which this application is made will be void, and coverage will continue under the terms of the previous policy, which may remain in force. Any benefits that may be due will be paid under the previous policy. Any premium paid on the original policy that is unearned as of the Effective Date of the new policy will be applied to the new policy.

Proposed Insured's Initials _____

- I understand that (1) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein, and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- I have reviewed the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under this policy.
- I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, Virginia, and Wisconsin.

SUPPLEMENTAL NOTIFICATION

COMPLETE IF YOU ARE REPLACING/TERMINATING EXISTING AFLAC COVERAGE THAT CONTAINS CANCER BENEFITS.

_____ is applying for Aflac's Cancer policy and currently has cancer benefits under a Lump Sum Cancer Benefit Rider on Aflac's Lump Sum Critical Illness policy number _____.

Existing Aflac Cancer coverage must be cancelled to purchase this Cancer policy.

- Please cancel the existing Lump Sum Cancer Benefit Rider attached to Lump Sum Critical Illness policy number _____, but keep the Lump Sum Critical Illness policy in force. Existing benefits provided for in the current Lump Sum Cancer Rider will not be provided for in the new Cancer policy.
- Please cancel the entire Lump Sum Critical Illness policy (with Lump Sum Cancer Benefit Rider) number _____. Existing benefits provided for in the current Lump Sum Critical Illness policy and Lump Sum Cancer Benefit Rider are not provided for in the new Cancer policy.

I prefer to receive an electronic copy of my policy instead of a paper copy. Yes No
If yes, please enter your email address on Page 1.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Resident Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Application for Lump Sum Critical Illness Rider Series CIRIDER
Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Is the lump sum critical illness insurance rider (Aflac Plus Rider) intended to replace any other health insurance now in force?

Yes No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Is anyone to be covered also covered under any other Aflac Plus Rider?

Yes No

If yes, anyone covered under an existing Aflac Plus Rider cannot be covered under the new rider; therefore, the new rider will not be issued.

Are you applying to convert your current HSA-compatible Aflac Plus Rider (Series CIRIDERH) to the Aflac Plus Rider (Series CIRIDER) that is not HSA-compatible?

Yes No

If yes, please complete the Notice and Acknowledgment Regarding Conversion form provided by your associate/agent.

The type of coverage must match that of the policy to which the rider will be attached.

CHECK COVERAGE DESIRED:

Aflac Plus Rider (Series CIRIDER) Aflac Plus Rider (Series CIRIDERH)

Pre-Tax
 After-Tax

Add or convert rider as indicated:

Cancer Indemnity policy (Series A78000)

Options: No rider New rider Retain current rider Convert current rider

Premium for the rider \$ _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTION

1. Are you, the Proposed Insured, actively working with the employer listed on page one?
If no, a rider will not be issued; therefore, do not submit this rider application.

Yes No

APPLICANT'S STATEMENTS AND AGREEMENTS FOR THE RIDER

- I understand that the Effective Date of the rider will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the following conditions apply:
Coverage is not provided for any 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. If you are replacing specified disease coverage that was in force at the time of the Effective Date of the rider, or issuing coverage in addition to existing coverage, we will credit the Pre-existing Condition waiting period with the period of time the previous coverage was in force.

Proposed Insured's Initials _____

- I understand that the rider I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage.
- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



CANCER WELLNESS BENEFIT CLAIM FORM

If you are interested in filing your claim online, register using aflac.com/smartclaim.

- Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.

Please read all instructions and complete the form, failure to do so could delay the processing of your claim.

Please check your policy for specific details on this benefit.

- Do not include receipts, statements or other claim documentation with this form.
- Do not write on form except as instructed.
- Sign, date and fax or mail the completed form to the Aflac fax number/address shown below.
- Use black or blue ink only and print legibly when completing this form in its entirety.
- Mark only wellness exam boxes for test(s) and/or treatment(s) received.
- Failure to complete all sections may result in a delay in processing this claim.
- Some types of tests and/or treatment listed may not be covered by your policy.

Please keep a copy of this completed form for your records. Please print a separate form for each additional family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under this policy must be filed separately using the claim forms available at aflac.com or by calling 1-800-99-AFLAC (1-800-992-3522).

CANCER WELLNESS BENEFIT CLAIM FORM

Policy Number:

All Fields are required.

Policyholder Information:

Last Name Suffix First Name MI

Date of Birth (mm/dd/yy) Telephone Number where we can reach you

Home Address

City State Zip Code

Check box if this is permanent address change.

Patient Information:

Last Name First Name Date of Birth (mm/dd/yy)

Sex: Male Female

Relationship: Primary Policyholder Spouse Dependent Child
M M D D Y Y Y Y M M D D Y Y Y Y

Treatment Date: Mammogram Date: Pap Smear Date:

- | | | |
|--|---|---|
| <input type="checkbox"/> Breast MRI | <input type="checkbox"/> Testicular Ultrasound | <input type="checkbox"/> CA153 |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Hemocult Stool Specimen | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Colonoscopy/Virtual Colonoscopy | <input type="checkbox"/> CEA (blood test for colon cancer) | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> Flexible Sigmoidoscopy | <input type="checkbox"/> CA 125 (blood test for ovarian cancer) | <input type="checkbox"/> Breast ultrasound/Breast sonogram |
| <input type="checkbox"/> Pap Smear/Pap Smear - ThinPrep | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> HPV Screening | <input type="checkbox"/> Cervical Cancer Screening | <input type="checkbox"/> Cancer Prevention Vaccine |

Actual Cost of Mammogram Physician's Phone Number:

Physician's Name

Physician's Street Address

Physician's City State: Zip:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

The Provider listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE FAMILY RELATIONSHIP, IF NOT POLICYHOLDER DATE



CANCER CLAIM FORM

Thank you for trusting Aflac with your Cancer needs.

- If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy) Telephone Number where we can reach you

*Home Address

*City *State *Zip Code

Check box if this is a permanent address change.

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

*Sex: Male Female

*Relationship: Primary Policyholder Spouse Dependent Child

Cancer Checklist

- Is this the initial claim for this cancer diagnosis? No Yes (If yes, please submit the initial pathology report or exam that diagnosed cancer.)
- Please be sure to include the following information along with this claim form: positive Pathology Report and itemized bills from facility including diagnosis and/or procedure codes and charge amounts (Itemized bills may include but are not limited to the following: UB04 from your provider, HCFA1500 from your provider, etc.)
- Has the patient been diagnosed with cancer? No Yes (If yes, please submit the initial pathology report or exam that diagnosed cancer.)
- Type of cancer: _____
- Date of initial diagnosis: ____/____/____
- First date of treatment for this diagnosis: ____/____/____

Sample Benefit Policies, Applications, Claim Forms, and Rates

Aflac Cancer Care Plan

Bi-Weekly Rates

Coverage Type	Ages	Preferred	Classic	Premier
Individual/One-Parent Family	18-75	\$ 7.38	\$15.66	\$22.14
Insured & Spouse/ Two-Parent Family	18-75	\$11.76	\$26.40	\$38.40

Rates are subject to change as allowed by the terms of the RFP.

Optional Riders, All Plan Levels

Coverage Type	Ages	Initial Diagnosis Rider (one unit)	Specified-Disease Rider
Individual/One-Parent Family	18-75	\$0.54	\$0.42
Insured & Spouse/ Two-Parent Family	18-75	\$1.20	\$0.78

Coverage Type	Ages	Dependent Child Rider (one unit)
Individual/ Insured & Spouse	18-75	\$0.00
One-Parent Family/ Two-Parent Family	18-75	\$0.42

Rates are subject to change as allowed by the terms of the RFP.

Optional Aflac Plus Rider Plan

Bi-Weekly Rates

Coverage Type	Ages	Rates
Individual	18-29	\$ 1.44
	30-39	\$ 2.04
	40-49	\$ 3.48
	50-70	\$ 5.94
One-Parent Family	18-29	\$ 2.70
	30-39	\$ 4.02
	40-49	\$ 6.60
	50-70	\$11.34
Insured & Spouse	18-29	\$ 2.88
	30-39	\$ 3.12
	40-49	\$ 4.20
	50-70	\$ 6.12
Two-Parent Family	18-29	\$ 3.48
	30-39	\$ 4.50
	40-49	\$ 6.78
	50-70	\$11.40

Rates are subject to change as allowed by the terms of the RFP.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

ESSENTIALS

This brochure is for a hospital confinement indemnity policy providing limited benefits.
Benefits provided are supplemental and are not intended to cover all medical expenses.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 2 BENEFITS

HOSPITAL CONFINEMENT	\$500 PER COVERED PERSON
REHABILITATION FACILITY	\$50 PER DAY
HOSPITAL EMERGENCY ROOM	\$50 UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	\$50 UP TO 2 TIMES PER YEAR, PER POLICY
MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 - GROUND, \$1,000 - AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 3 BENEFITS

ALL BENEFITS OF OPTION 2 PLUS THE FOLLOWING

SURGICAL	\$50-\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	\$100 ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS

ALL BENEFITS OF OPTIONS 2 & 3 PLUS THE FOLLOWING

DAILY HOSPITAL CONFINEMENT	\$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	\$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

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

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

PREFERRED

This brochure is for a hospital confinement indemnity policy providing limited benefits.
Benefits provided are supplemental and are not intended to cover all medical expenses.

Aflac Hospital Advantage
HOSPITAL CONFINEMENT INDEMNITY INSURANCE
 Policy Series A49000

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HOSPITAL CONFINEMENT	\$1000 PER COVERED PERSON
REHABILITATION FACILITY	\$100 PER DAY
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MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 - GROUND, \$1,000 - AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 3 BENEFITS

ALL BENEFITS OF OPTION 2 PLUS THE FOLLOWING

SURGICAL	\$50-\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
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OPTION 4 BENEFITS

ALL BENEFITS OF OPTIONS 2 & 3 PLUS THE FOLLOWING

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

**FOR ILLUSTRATION ONLY
HOSPITAL CONFINEMENT INDEMNITY POLICY
LIMITED BENEFIT**

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

**THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S
RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.**

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

PRE-EXISTING CONDITION LIMITATIONS

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, 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, including deliveries for children conceived prior to the Effective Date of coverage, will not be covered unless it begins more than 12 months after the Effective Date of coverage.

Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).**

Named Insured.....	Policy Schedule
Definitions.....	Part 1
Limitations and Exclusions.....	Part 2
Right of Conversion	Part 3
Uniform Provisions.....	Part 4
Benefits.....	Part 5

Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: XX/XX/XX

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy will be 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.

- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- F. 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.
- G. 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" 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.**

- H. 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.
- I. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- J. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- K. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- L. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- M. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- N. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- O. 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.

P. REHABILITATION FACILITY: a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Q. SICKNESS: an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician after the Effective Date of coverage and while coverage is in force.

R. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).

2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.

4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 180 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. **Newborn children will not be covered for routine nursing or well-baby care. We will pay policy benefits for their Sickness or Injury, including congenital anomaly.**

If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. The added person(s) will be subject to a Pre-existing Conditions provision. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- 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 whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- C. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- D. **This policy does not cover losses caused by or resulting from:**
 - 1. Receiving routine nursing or routine well-baby care for a newborn child;
 - 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 incarcerated 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, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ; or
10. 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, depression, stress, or post-partum depression. This 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.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution and pay the appropriate premium for the policy. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate.
- C. TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.

- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period. (b) No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days after the date of reinstatement. In all other respects you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after such notice is given, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not

reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate; as the case may be, and Aflac will return all premiums paid for all other such policies.
- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5 **BENEFITS**

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

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period

of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.

- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 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. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 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. This benefit is not payable for treatment received in a Hospital Emergency Room. 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.

- E. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- F. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. 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.

- 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: We will waive all monthly premiums due for this 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.



FOR ILLUSTRATION ONLY
HOSPITAL CONFINEMENT INDEMNITY POLICY
LIMITED BENEFIT

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

PRE-EXISTING CONDITION LIMITATIONS

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, 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, including deliveries for children conceived prior to the Effective Date of coverage, will not be covered unless it begins more than 12 months after the Effective Date of coverage.

Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).

For claim forms, visit our website at aflac.com.
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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: XX/XX/XX

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy will be 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.

- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- F. 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.
- G. 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" 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.**

- H. 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.
- I. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- J. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- K. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- L. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- M. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- N. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- O. 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.

P. REHABILITATION FACILITY: a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Q. SICKNESS: an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician after the Effective Date of coverage and while coverage is in force.

R. TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 180 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. **Newborn children will not be covered for routine nursing or well-baby care. We will pay policy benefits for their Sickness or Injury, including congenital anomaly.**

If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. The added person(s) will be subject to a Pre-existing Conditions provision. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2
LIMITATIONS AND EXCLUSIONS

- 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 whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- C.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- D. This policy does not cover losses caused by or resulting from:**
 - 1. Receiving routine nursing or routine well-baby care for a newborn child;
 - 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 incarcerated 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, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ; or
10. 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, depression, stress, or post-partum depression. This 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.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution and pay the appropriate premium for the policy. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate.
- C. TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.

- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period. (b) No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover loss resulting from accidental injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days after the date of reinstatement. In all other respects you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after such notice is given, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not

reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.

- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.
- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5 **BENEFITS**

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

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period

of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.

- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 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. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 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. This benefit is not payable for treatment received in a Hospital Emergency Room. 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.

- E. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.
- F. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. 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.
- G. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations below when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation 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 operation most nearly similar in severity and gravity. **Only one benefit is payable per 24-hour period for surgery, 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 Surgical 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: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.

SCHEDULE OF OPERATIONS

BONE

Bone marrow biopsy or aspiration	\$100
Removal of knee cartilage	150
Total knee replacement	500
Total hip replacement	750

BRAIN

Burr holes not followed by surgery.....	300
Ventriculoperitoneal shunt.....	500
Exploratory craniotomy	700
Excision of brain tumor	1,000
Hemispherectomy	1,000

BREAST

Incisional biopsy.....	100
Needle biopsy.....	100
Breast reduction.....	300
Lumpectomy	200
Stereotactic biopsy.....	100
Axillary node dissection.....	150
Partial mastectomy	300
Breast reconstruction.....	500
Mastectomy Simple	300
Radical	600

DIGESTIVE

Exploratory laparotomy	300
Appendectomy	200
Colostomy.....	200
ERCP.....	200
Vagotomy.....	300
Partial colectomy.....	400
Colectomy.....	600
Colectomy with ileostomy.....	600
Cholecystectomy.....	600
Esophagectomy	750
Gastrectomy Partial.....	500
Total.....	1,000

EAR/NOSE

Tympanotomy.....	100
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Adenoidectomy	150
Myringotomy.....	100
Myringoplasty	150
Mastoidectomy Simple	150
Radical	300
Tonsillectomy with or without adenoids	150

EYE

Cataract	200
Enucleation	500
Corneal transplant.....	750

GYNECOLOGIC

Dilation & curettage (D&C).....	100
Vaginal delivery.....	200
Cesarean delivery	200
Hysterectomy Partial.....	450
Total.....	775
Vulvectomy Partial	200
Radical	300

HEART

Insertion of pacemaker.....	200
Angioplasty One vessel.....	500
Two vessels.....	750
Coronary artery with graft.....	1,000
Replacement of aortic or mitral valve	1,000

LARYNX

Tracheostomy	100
Laryngectomy	500
Laryngectomy with radical neck dissection	1,000

LIVER

Needle biopsy	100
Wedge biopsy	150
Resection of liver.....	750

LUNGS		Excision of lesion of skin	
Needle biopsy	200	Without flap or graft.....	100
Thoracotomy	400	With flap or graft.....	300
Pneumonectomy	750		
Wedge resection of lung	500	SPINE	
Lobectomy	750	Discectomy	500
		Fusions	750
		Laminectomy.....	500
LYMPHATIC			
Biopsy lymph node.....	100	THYROID	
Splenectomy	300	Biopsy	150
Lymphadenectomy (bilateral)..	500	Thyroidectomy	
		One lobe.....	200
		Two lobes	500
MISCELLANEOUS			
Foot surgery	150	URINARY	
Repair of hernia	250	Biopsy prostate	100
Carpal tunnel release		Hydrocele.....	100
(one hand or two).....	100	Cystotomy	200
Fractures		Orchiectomy	
Open reduction.....	250	(unilateral, bilateral).....	200
Mandibulectomy.....	400	Biopsy of kidney.....	400
Organ transplant.....	1,000	TUR bladder.....	300
Vasectomy	150	TUR prostate.....	300
		Prostatectomy, radical.....	750
PANCREAS		Cystectomy (bladder)	
Jejunostomy.....	200	Partial	500
Pancreatectomy	500	Complete.....	750
Whipple procedure.....	1,000	Nephrectomy.....	750
SKIN			
Biopsy	50		

H. 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, 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 Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

I. 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.

J. CONTINUATION OF COVERAGE BENEFIT: We will waive all monthly premiums due for this 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.



FOR ILLUSTRATION ONLY
HOSPITAL CONFINEMENT INDEMNITY POLICY

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for refund of premium and will be void from its Effective Date."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

PRE-EXISTING CONDITION LIMITATIONS

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, 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, including deliveries for children conceived prior to the Effective Date of coverage, will not be covered unless it begins more than 12 months after the Effective Date of coverage.

Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).

For claim forms, visit our website at aflac.com.
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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: XX/XX/XX

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy will be 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.

- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. Coverage provided under any One-Parent or Two-Parent Family policy 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 this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- F. 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.
- G. 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" 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.**

- H. **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.
- I. **HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- J. **HOSPITAL INTENSIVE CARE UNIT:** a 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 Units, (2) Cardiac intensive care units, and (3) Infant (neonatal) intensive care units. **It does not provide benefits for confinement in 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.
- K. **IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- L. **INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.

- M. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- N. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- O. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- P. PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital Intensive Care Unit. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Intensive Care Unit Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- Q. 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.
- R. REHABILITATION FACILITY:** a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.
- S. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician after the Effective Date of coverage and while coverage is in force.
- T. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.
 3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
 4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness diagnosed on or after the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the moment of birth if a petition for adoption was filed within 31 days of the birth of the child. A child, who is not a newborn, will be covered from the date the child is placed in the insured's home for the purpose of adoption, and shall be eligible for coverage as long as the date from the time of placement to the date the petition for adoption is filed does not exceed 180 days. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 31 days of the child's birth or the date of placement for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of placement for adoption of a child, and an additional premium payment will not be required. **Newborn children will not be covered for routine nursing or well-baby care. We will pay policy benefits for their Sickness or Injury, including congenital anomaly.**

If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. The added person(s) will be subject to a Pre-existing Conditions provision. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- 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 whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- C. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- D. **This policy does not cover losses caused by or resulting from:**
1. Receiving routine nursing or routine well-baby care for a newborn child;
 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 incarcerated 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, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery;
 8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
 9. Donating an organ; or
 10. 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, depression, stress, or post-partum depression. This 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.

Part 3
RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make

application to Aflac within 60 days following the entry of the decree of dissolution and pay the appropriate premium for the policy. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate.
- C. TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 4 **UNIFORM PROVISIONS**

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred after the expiration of such two-year period. (b) No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, a subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring in connection therewith an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon

approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days after the date of reinstatement. In all other respects you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after such notice is given, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like

policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.

- N. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in the case of death where it is not forbidden by law.

Part 5 **BENEFITS**

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

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 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. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 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. This benefit is not payable for treatment received in a Hospital Emergency Room. 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.

- E. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.
- F. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. 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.
- G. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations below when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation 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 operation most nearly similar in severity and gravity. **Only one benefit is payable per 24-hour period for surgery, 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 Surgical 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: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.

SCHEDULE OF OPERATIONS

BONE		Breast reduction	300
Bone marrow biopsy		Lumpectomy	200
or aspiration	\$100	Stereotactic biopsy.....	100
Removal of knee cartilage	150	Axillary node dissection.....	150
Total knee replacement	500	Partial mastectomy.....	300
Total hip replacement	750	Breast reconstruction	500
		Mastectomy	
BRAIN		Simple.....	300
Burr holes not followed		Radical.....	600
by surgery.....	300		
Ventriculoperitoneal shunt.....	500	DIGESTIVE	
Exploratory craniotomy	700	Exploratory laparotomy	300
Excision of brain tumor	1,000	Appendectomy	200
Hemispherectomy	1,000	Colostomy	200
		ERCP	200
BREAST		Vagotomy.....	300
Incisional biopsy.....	100	Partial colectomy.....	400
Needle biopsy	100	Colectomy.....	600

Colectomy with ileostomy.....	600
Cholecystectomy.....	600
Esophagectomy.....	750
Gastrectomy	
Partial.....	500
Total.....	1,000

EAR/NOSE

Tympanotomy.....	100
Adenoidectomy.....	150
Myringotomy.....	100
Myringoplasty.....	150
Mastoidectomy	
Simple.....	150
Radical.....	300
Tonsillectomy with or without adenoids.....	150

EYE

Cataract.....	200
Enucleation.....	500
Corneal transplant.....	750

GYNECOLOGIC

Dilation & curettage (D&C).....	100
Vaginal delivery.....	200
Cesarean delivery.....	200
Hysterectomy	
Partial.....	450
Total.....	775
Vulvectomy	
Partial.....	200
Radical.....	300

HEART

Insertion of pacemaker.....	200
Angioplasty	
One vessel.....	500
Two vessels.....	750
Coronary artery with graft.....	1,000
Replacement of aortic or mitral valve.....	1,000

LARYNX

Tracheostomy.....	100
Laryngectomy.....	500
Laryngectomy with radical neck dissection.....	1,000

LIVER

Needle biopsy.....	100
Wedge biopsy.....	150

Resection of liver.....	750
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LUNGS

Needle biopsy.....	200
Thoracotomy.....	400
Pneumonectomy.....	750
Wedge resection of lung.....	500
Lobectomy.....	750

LYMPHATIC

Biopsy lymph node.....	100
Splenectomy.....	300
Lymphadenectomy (bilateral) ..	500

MISCELLANEOUS

Foot surgery.....	150
Repair of hernia.....	250
Carpal tunnel release (one hand or two).....	100
Fractures	
Open reduction.....	250
Mandibulectomy.....	400
Organ transplant.....	1,000
Vasectomy.....	150

PANCREAS

Jejunostomy.....	200
Pancreatectomy.....	500
Whipple procedure.....	1,000

SKIN

Biopsy.....	50
Excision of lesion of skin	
Without flap or graft.....	100
With flap or graft.....	300

SPINE

Discectomy.....	500
Fusions.....	750
Laminectomy.....	500

THYROID

Biopsy.....	150
Thyroidectomy	
One lobe.....	200
Two lobes.....	500

URINARY

Biopsy prostate.....	100
Hydrocele.....	100
Cystotomy.....	200
Orchiectomy	

(unilateral, bilateral).....	200	Cystectomy (bladder)	
Biopsy of kidney.....	400	Partial	500
TUR bladder	300	Complete	750
TUR prostate	300	Nephrectomy.....	750
Prostatectomy, radical	750		

H. 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, 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 Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

I. 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 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.

J. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Aflac will pay \$100 per day when a Covered Person incurs a 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. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.

K. 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.

L. CONTINUATION OF COVERAGE BENEFIT: We will waive all monthly premiums due for this 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.



FOR ILLUSTRATION ONLY

Application for Hospital Confinement Indemnity Insurance (A49000 Series)
Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

Worldwide Headquarters • Columbus, Georgia 31999

Form with checkboxes: New, Conversion, Downgrade, and a field for Policy Number.

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name Last First MI

DOB Month/Day/Year Sex SSN - -

Address Street or Post Office Box Apt. No.

City State ZIP

Telephone () Home Work Cell

Email Address (optional)

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage;
if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name Last First MI DOB Month/Day/Year Sex

Account Name Account No.

Name of Employer

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS (NOT REQUIRED FOR A DOWNGRADE)

- 1. Are you, the Proposed Insured, actively working with the employer listed above? Yes No
2. (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? If yes to 2(b), your Spouse is not eligible for coverage. Yes No N/A

Check Coverage Desired: Individual, Named Insured/Spouse Only, One-Parent Family, Two-Parent Family

Hospital Confinement Benefit Amount: Essentials (\$500), Preferred (\$1,000), Select 1500 (\$1,500), Select 2000 (\$2,000), Select 2500 (\$2,500), Select 3000 (\$3,000), Option 2, Option 3, Option 4, Option H

Billing Method:

- Payroll Deduction
 Employer Paid
 Bank Draft (B/D)
 Credit Card (C/C)

Mode:

- 01 Weekly
 01 14-Day Biweekly
 01 Semimonthly
 01 28-Day Biweekly
 01 Monthly
 03 Quarterly
 06 Semiannual
 12 Annual

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

Is this insurance intended to replace any other health insurance now in force?

Yes No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Do you have **BOTH** hospital confinement indemnity **AND** hospital confinement **sickness** indemnity coverage with Aflac?

Yes No

If yes, do you wish to convert both policies to this one new hospital confinement indemnity policy? Yes No N/A

If not converting both, this must be a conversion of the hospital confinement indemnity coverage.

Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning conversions, and complete the Conversion Notice.

Policy Number(s) to Be Converted: _____

Do you have **EITHER** hospital confinement indemnity **OR** hospital confinement **sickness** indemnity coverage with Aflac?

Yes No

If yes, this must be a conversion of that coverage. Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning conversions, and complete the Conversion Notice.

Policy Number(s) to Be Converted: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE APPLYING FOR: OPTION H, OPTION 3, OR OPTION 4; OR ANY CONVERSION. (NOT REQUIRED FOR A DOWNGRADE)

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? Yes No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement? Yes No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months? Yes No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result? Yes No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)? Yes No

6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

- | | |
|--|---|
| Chronic obstructive lung disease | Pulmonary fibrosis |
| Cerebral vascular disease | Stroke or transient ischemic attack (TIA) |
| Heart attack | Heart bypass surgery, stent placement, or angioplasty |
| Uncorrected congenital heart defect | Cardiomyopathy |
| Congestive heart failure | Cystic fibrosis |
| Sickle cell anemia | Cancer, other than nonmelanoma skin cancer |
| Systemic lupus | Muscular dystrophy |
| Multiple sclerosis | Psoriatic arthritis |
| Diabetes treated with insulin or other injectable medication | Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy |
| Diabetes and used tobacco after the diagnosis | Kidney disease or disorder (except kidney stones) |
| Liver disease or disorder | Organ or bone marrow transplant |
| Alcohol or drug abuse | |

7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No

8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? Yes No

- | | |
|--|--|
| Angina (heart related chest pain) | Peripheral vascular disease (circulatory problems) |
| Pancreatitis | Ulcerative colitis or proctitis |
| Crohn's disease | Atrial fibrillation |
| Arrhythmia with pacemaker or defibrillator implant | Parkinson's disease |
| Alzheimer's disease | Senile dementia |

9. If any one of Questions 1 through 8 is answered yes and:

a. this is an application for a new policy, is it the:

- Proposed Insured? Spouse? Child? If "Child," please list the name(s) of the child(ren).

For any person(s) so designated, additional underwriting may be required to determine eligibility for coverage.

If a child, are any other children to be covered? Yes No

b. this is an application for a conversion policy, you are not eligible for conversion to this policy; therefore, do not submit this application.

APPLICANT'S STATEMENTS AND AGREEMENTS

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that coverage is not provided for any 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, 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, including deliveries for children conceived prior to the Effective Date of coverage, will not be covered unless it begins more than 12 months after the Effective Date of coverage. Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of the policy.
- I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday.

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).





HOSPITAL INDEMNITY CLAIM FORM

Thank you for trusting Aflac with your Hospital Indemnity needs.

- If you are interested in filing your claim online or uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy) Telephone Number where we can reach you

*Home Address

*City *State *Zip Code

Check box if this is a permanent address change.

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

*Sex: Male Female

*Relationship: Primary Policyholder Spouse Dependent Child

Hospital Indemnity Checklist

***If filing for a claim within the first two years of the policy, medical records may be requested for evidence of insurability.**

- Is treatment due to an injury? No Yes *If yes, please complete the following questions related to the injury:*
- Date of the injury: _____
 - Describe how the injury occurred: _____
 - Was this disability caused by an incident that occurred while performing the duties of the patient's employment? No Yes
 - Was this a motor vehicle accident in which the patient was the driver? No Yes (If yes, please submit a copy of the Police Report.)
- Is treatment due to a sickness? No Yes *If yes, please complete the following questions related to the sickness:*
- Symptoms first occurred on: _____
 - First date of treatment for this condition: _____
 - If diagnosed with cancer, date of initial diagnosis: _____
 - Was the patient treated by any other physicians for this sickness or a related condition? No Yes
- If yes, physician's name(s): _____
 Phone Number(s): _____
 Address: _____

If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

*Policy Number:

Policyholder Information:

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy)

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

Pregnancy claims:

- Date of delivery: ___/___/___ Vaginal Cesarean
- If not delivered, expected delivery date: ___/___/___
- Please advise of any complications: _____

For all claims, please complete all remaining sections.

- Please provide the name, address and phone number of the patient's primary treating physician.
Name: _____ Phone Number: _____
Address: _____
- Was the patient confined to the hospital as a result of this condition? No Yes (If yes, please submit the itemized hospital bill, UB04, or HCFA 1500)
Hospital Name: _____
City: _____ State: _____
- Was the patient confined to the intensive care unit as a result of this condition? No Yes (If yes, please submit the itemized bill, UB04, or HCFA 1500.)
- Was the patient confined to a rehabilitation unit as a result of this condition? No Yes (If yes, please submit the itemized bill, UB04, or HCFA 1500.)
- Was patient treated in an emergency room as a result of this condition? No Yes (If yes, please submit the emergency room report, UB04, or HCFA 1500.)
Hospital name: _____ Date of treatment: ___/___/___
- Was the patient transported by an ambulance as a result of this condition? No Yes (If yes, please submit the ambulance bill)
- Was surgery performed as a result of this condition? No Yes (If yes, please submit a copy of the operative report, UB04, or HCFA 1500.)
- Were medical imaging services (i.e. CT Scan, MRI, EEG, etc.) provided as a result of this condition? No Yes (If yes, please submit a copy of the exam report and/or billing, UB04, or HCFA 1500.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

POLICYHOLDER/PATIENT SIGNATURE FAMILY RELATIONSHIP, IF NOT POLICYHOLDER DATE

Sample Benefit Policies, Applications, Claim Forms, and Rates

Hospital Advantage Plan

Bi-Weekly Rates Essentials Plan

Coverage Type	Ages	Option Two	Option Three	Option Four
Individual	18-75	\$ 9.90	\$13.56	\$18.18
One-Parent Family	18-75	\$13.68	\$17.52	\$22.42
Insured & Spouse	18-75	\$14.58	\$20.76	\$29.39
Two-Parent Family	18-75	\$16.44	\$22.56	\$29.45

Bi-Weekly Rates Preferred Plan

Coverage Type	Ages	Option Two	Option Three	Option Four
Individual	18-75	\$15.96	\$19.32	\$24.06
One-Parent Family	18-75	\$22.08	\$25.92	\$30.90
Insured & Spouse	18-75	\$24.12	\$30.36	\$39.03
Two-Parent Family	18-75	\$27.36	\$33.54	\$40.54

Rates are subject to change as allowed by the terms of the RFP.



NOTICE TO BUYER: This policy pays benefits for short-term Disability caused by Sickness or Off-the-Job Injury. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as "you," "your," or "yours." American Family Life Assurance Company of Columbus, a stock company, will be referred to as "we," "our," "us," or "Aflac."

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: "This policy is returned for cancellation and refund of premium."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE TO AGE 75, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in your health or physical condition. You are guaranteed the right to renew this policy until the policy anniversary date following your 75th birthday 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. **Your coverage will terminate on the policy anniversary date following your 75th birthday.**

Aflac may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of age, sex, or physical condition. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

PRE-EXISTING CONDITION LIMITATIONS

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

Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).

This policy is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your level 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.

B. ANNUAL INCOME: your taxable (gross) annual income from your Full-Time Job. If you are self-employed, the term "Annual Income" means an average of the net earnings reported to the Internal Revenue Service for the past two years from your business.

C. BENEFIT PERIOD: the maximum number of days after the Elimination Period, if any, for which you can be paid benefits for any period of Disability. Each new Benefit Period is subject to a new Elimination Period. See the Policy Schedule for the Benefit Period you selected. For the purposes of this calculation, a "month" is defined as 30 days for which benefits are paid.

D. COMPLICATIONS OF PREGNANCY: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) hyperemesis gravidarum and pre-eclampsia requiring hospital confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible. Complications of Pregnancy will be covered to the same extent as a Sickness.

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

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

- E. DAILY DISABILITY BENEFIT:** one-thirtieth of the applicable monthly Disability benefit shown in the Policy Schedule.
- F. DIRECT PERSONAL ASSISTANCE:** direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids that are normally available to you.
- G. DISABILITY:**
 - 1. TOTAL DISABILITY:** being under the care and attendance of a Physician due to a condition that causes you to be unable to perform the material and substantial duties of your Full-Time Job, and not working at any job.
 - 2. PARTIAL DISABILITY:** being under the care and attendance of a Physician due to a condition that causes you to be unable to perform the material and substantial duties of your Full-Time Job, but able to work at any job earning less than 80 percent of your Annual Income of your Full-Time Job at the time you became disabled.
- H. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy is **not** the date you signed the application for coverage.
- I. ELIMINATION PERIOD:** the number of consecutive days at the beginning of your period of Disability for which no benefits are payable. See the Policy Schedule for the Elimination Period you selected. Each new Benefit Period is subject to a new Elimination Period.
- J. FULL-TIME JOB:** one job at which you work 19 or more hours per week for one employer for pay or benefits.
- K. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brother- or sister-in-law; and spouses, as applicable, of any of these.
- L. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force.
- M. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of a Sickness or an Injury based upon generally accepted medical practice.
- N. OFF-THE-JOB INJURY:** an Injury that occurs while you are not working at any job for pay or benefits.
- O. ON-THE-JOB INJURY:** an Injury that occurs while you are working at any job for pay or benefits.

- P. 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.
- Q. SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of Injury, that is first manifested and first treated after the Effective Date of coverage and while coverage is in force.

Part 2
LIMITATIONS AND EXCLUSIONS

- A.** Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.
- B.** Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States.
- C.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- D.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- E.** Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a Disability due to an Injury; such disability will be covered to the same extent as a Disability due to Sickness.
- F. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:**
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 any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or penal institution;
 4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 5. Having cosmetic surgery or other elective procedures that are not Medically Necessary;
 6. Having dental treatment, except as a result of Injury;

7. Being exposed to war or any act of war, declared or undeclared;
8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ;
10. Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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

Part 3 **UNIFORM PROVISIONS**

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** (a) After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for Disability commencing after the expiration of such two-year period. (b) No claim for loss incurred or Disability commencing after 12 months from the Effective Date of coverage for this policy shall be reduced on the grounds that a Sickness or physical condition, not excluded from coverage by name or specific description, had existed prior to the Effective Date of coverage. Coverage for Pre-existing Conditions will not be reduced or denied after the policy has been in force 12 months.
- C. TERM:** You are guaranteed the right to renew this policy until the policy anniversary date following your 75th birthday by the timely payment of premiums at the rate in effect at the beginning of each term. Your coverage will terminate on the policy anniversary date following your 75th birthday. The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.** If you are receiving short-term Disability benefits on the date coverage would otherwise terminate, coverage under this

policy will be extended to the earlier of the date you are no longer qualified to receive Disability benefits or to the end of the Benefit Period, whichever occurs first.

- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. MISSTATEMENT OF AGE:** If your age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age. Aflac will refund all unearned premiums paid, less any benefits paid, if your misstated age at the time of application was outside the age limits for this policy.
- F. REINSTATEMENT:** If any renewal premium is not paid within the time granted you for payment, subsequent acceptance of premium by Aflac or by any agent duly authorized by Aflac to accept such premium without requiring an application for reinstatement shall reinstate the policy. If we require an application for reinstatement and issue a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by us or, lacking such approval, upon the 45th day following the date of such conditional receipt unless we have previously notified you in writing of the disapproval of such application. The reinstated policy will cover only loss resulting from a condition that begins on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.
- G. MISSTATEMENT OF OCCUPATION OR INCOME:** If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level, and any overpayment of premium will be refunded.
- H. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Rd, Columbus, GA 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the covered person and the policy number.
- I. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within 15 working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- J. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- K. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

- L. PAYMENT OF CLAIMS:** All benefits will be payable to you, unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any benefits of this policy shall be payable to your estate, or to you or your beneficiary who is a minor or otherwise not competent to give a valid release, we may pay such benefits, up to an amount not exceeding \$1,000, to any relative by blood or connection by marriage of you or your beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of such payment.
- M. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after five years from the time written proof of loss is required to be furnished.
- N. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that on its Effective Date is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** Aflac, at its own expense, will have the right and opportunity to examine a covered person when and as often as it may be reasonably required while a claim is pending hereunder, and to make an autopsy in the case of death where autopsy is not forbidden by law.
- P. ASSIGNMENT:** Aflac will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we receive notice at our worldwide headquarters that you have specifically assigned the benefits of your Aflac policy.
- Q. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on you under a like policy or policies with Aflac is limited to one such policy elected by you, your beneficiary or your estate, as the case may be, and Aflac will return all premiums paid for all other such policies.
- R. CANCELLATION BY THE INSURED:** You may cancel this policy at any time by written notice delivered or mailed to Aflac, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or your death, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.

Part 4 **BENEFITS**

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

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Deliveries for children conceived prior to the Effective Date of coverage will not be covered. The Form A57600KS

maximum period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames.

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

A. TOTAL DISABILITY BENEFITS:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

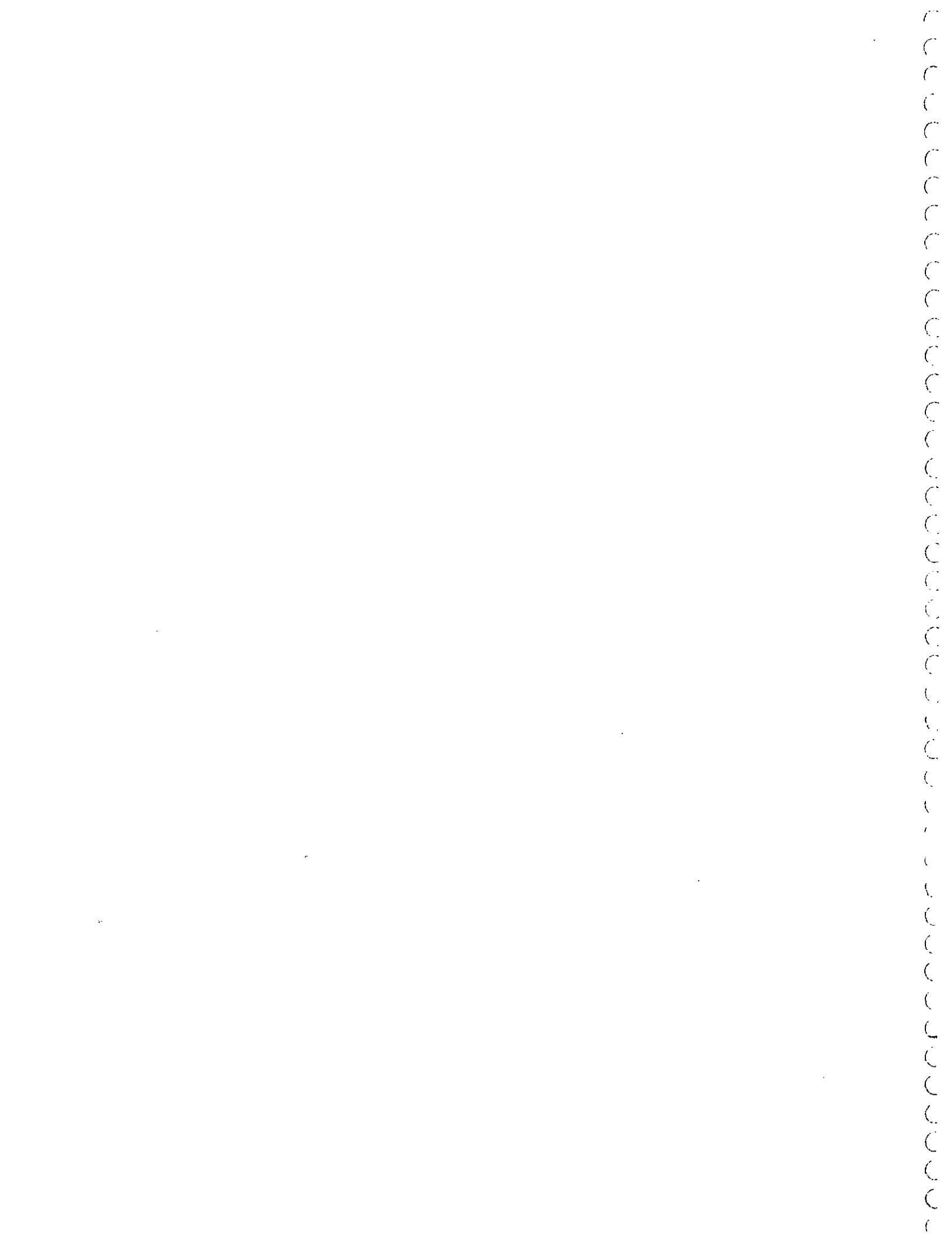
The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

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

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

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

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



FOR ILLUSTRATION ONLY
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999
A Stock Company

This **AFLAC VALUE RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
BENEFITS

AFLAC VALUE BENEFIT: Aflac will pay you the greater of:

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

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

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

Part 3
TERMINATION

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

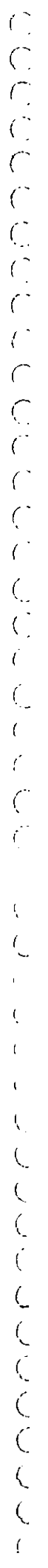
In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary



Payroll

FOR ILLUSTRATION ONLY
SHORT-TERM DISABILITY INSURANCE (A57600 Series)
Application to: American Family Life Assurance Company of
Columbus (herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

- New
- Conversion
- Additional Units
- Add Aflac Value Rider Only

Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Driver's License Number _____ State of Issue _____ State of Birth _____

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Primary Telephone () _____ Best Time to Call _____
 Home Work Cell

Secondary Telephone () _____ Best Time to Call _____
 Home Work Cell

E-Mail Address _____

Account Name _____ Account No. _____

Name of Employer _____ Type of Business _____

Job Duties _____

Job Title _____

Occupation Class _____ Industry Code _____
(Completed by associate/agent) (Completed by associate/agent)

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

1. Are you, the Proposed Insured, currently reporting to work (not out on leave, FML, disability, hiatus, or layoff) with the employer listed on this application? Yes No

If you answered No to Question 1, a policy will not be issued; therefore, do not submit this application.

2. Do you work fewer than 19 hours per week with the employer listed on this application? Yes No

3. Do you have disability coverage that you purchased that will remain in force which, combined with this applied-for coverage, will exceed 72 percent of your gross monthly income? Yes No

If you answered Yes to Question 2 or 3, a policy will not be issued; therefore, do not submit this application.

4. I certify that my taxable (gross) annual income from my job with the employer listed on this application is \$_____ (If you are self-employed, please use an average of the **net earnings** for the past two years from the business listed on this application.) I understand that this information may require verification, to include tax records, at the time of claim. **Annual income must be \$9,000 or greater for coverage to be issued.**

Is the purchase of this coverage intended to replace any other disability insurance with another carrier? Yes No
 N/A

If Yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable, and provide the policy number here: _____

Do you currently have any other Short-Term Disability coverage with Aflac or have you, the Proposed Insured, had any other Short-Term Disability coverage with Aflac that terminated within the last 12 months? Yes No

If Yes, or we determine that other Short-Term Disability coverage was in force within the last 12 months, this application will be processed as a conversion of that coverage. Please give current policy number and see the Applicant's Statements and Agreements concerning conversions and replacement of coverage.

Policy Number: _____

If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies and/or rider(s) may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current Aflac policy and/or rider(s) and its/their benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

If this is an application for a conversion of coverage, I understand that: (1) the Time Limit on Certain Defenses provision will run from the Effective Date of the original policy, and the original policy will be terminated as of the Effective Date of the new policy; and (2) the Pre-existing Conditions and pregnancy exclusion provision in the new policy will run from the original policy's Effective Date for the benefits provided under the original policy. For all increased benefit amounts (i.e., amounts due to additional units, increased benefit period, or reduced elimination period), the Pre-existing Conditions and pregnancy exclusion provisions in the new policy will run from the new policy's Effective Date.

Proposed Insured's Initials _____

Do you have any Aflac accident policies with disability benefits? Yes No

If Yes, please complete the Supplemental Notification section at the end of this application, and be aware that you cannot have this policy without canceling those disability benefits with Aflac.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method:
 Payroll Deduction
 Bank Draft (B/D, ACH)
 Credit Card (C/C)

Mode:
 01 Weekly
 01 14-Day Biweekly
 01 Semimonthly
 01 28-Day Biweekly
 01 Monthly
 03 Quarterly
 06 Semiannual
 12 Annual

PLEASE NOTE: If B/D, ACH, or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

CHECK COVERAGE DESIRED: Class: A B C E

Total Disability Benefit Periods:	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months (maximum of 30 units) <input type="checkbox"/> 24 Months (maximum of 30 units)
Partial Disability Benefit Period:	3 Months
Elimination Periods: Injury/Sickness	<input type="checkbox"/> 0/7 Days <input type="checkbox"/> 0/14 Days <input type="checkbox"/> 7/7 Days <input type="checkbox"/> 7/14 Days <input type="checkbox"/> 14/14 Days <input type="checkbox"/> 0/30 Days* <input type="checkbox"/> 30/30 Days* (*not available with 3-month Total Disability Benefit Period) <input type="checkbox"/> 60/60 Days** <input type="checkbox"/> 90/90 Days** <input type="checkbox"/> 180/180 Days** (**not available with 3- or 6-month Total Disability Benefit Period)

	No. of Units Purchased for this Application	<input type="checkbox"/> Pre-Tax or <input type="checkbox"/> After-Tax
<input type="checkbox"/> Base Policy Series A57600 (Issue Ages 18-74)		
<input type="checkbox"/> Optional On-the-Job Injury Rider Series A57650 (Issue Ages 18-74)		
Are you currently covered by on-the-job disability income replacement under a collective bargaining agreement, workers' compensation or a similar law in your job with the employer listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Similar laws include but are not limited to the following: Railroad Retirement Act; Jones Act; Maritime Doctrine of Maintenance, Wages, or Cure; Longshore and Harbor Workers' Compensation Act		
If you answered Yes, the maximum number of units for the On-the-Job Injury Rider coverage will be based on half of the unit amount allowed for your salary.		
<input type="checkbox"/> Optional Additional Units of Disability Benefit Rider Series A57651 (applies to base policy only) (Issue Ages 18-74)		
Current Units: _____ (includes any additional units previously purchased) (must match policy Elimination and Benefit periods)		
NOTE: Each unit is equal to a \$100 monthly benefit.		

Optional Aflac Value Rider (Issue Ages 18-69):	
<input type="checkbox"/> Aflac Value Rider Series A57653 Options: <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	<input checked="" type="checkbox"/> After-Tax Only

I am applying for Guaranteed-Issue; therefore, the underwriting questions are not required to be answered. Yes No

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS 1-6 IF YOUR INDUSTRY CLASS IS E OR IF YOU ARE APPLYING FOR A BENEFIT PERIOD GREATER THAN SIX MONTHS, OR MORE THAN 40 TOTAL UNITS OF COVERAGE.

- Are you currently disabled due to sickness or injury; or have you been out of work or disabled due to sickness or injury more than five consecutive days within the last 12 months, excluding colds, influenza, routine childbirth, appendectomy, tonsillectomy, cholecystectomy (gall bladder removal), or hysterectomy? Yes No
- Do you have any condition for which any medical procedure (including but not limited to surgery, child delivery, or organ or bone marrow transplant) has been planned or the possibility of which has been discussed with medical personnel within the last five years? Yes No
- Within the last five years, have you been convicted of a felony, charged two or more times with operating a vehicle while under the influence of alcohol or drugs, charged three or more times with a moving violation; or are you currently on parole or incarcerated in a correctional institution? Yes No

For new policies:

- If you answered Yes to any of Questions 1–3 and your Industry Class is E, additional underwriting may be required to determine eligibility for this policy.
- If you answered Yes to any of Questions 1–3 and you belong to another Industry Class, you may only apply for the guaranteed-issue limit.

For upgrades to existing policies, if you answered Yes to any of Questions 1–3, additional underwriting may be required to determine eligibility for this upgrade.

4. Within the last six months, have you been diagnosed by a member of the medical profession with any medical condition; received any medical treatment, including injections or chiropractic adjustments; or been prescribed or taken prescription medications (other than prescription contraceptives)?

Yes No

If Yes, please provide descriptive information below.

Height Current Weight
 ft in lbs

Medical Condition			
Onset (mo/yr)			
Type of Treatment (e.g. – name of prescription medications, injections, surgery, physical therapy, etc.)			
Date First Prescribed/Onset of Treatment			
For Hypertension and Diabetes, List the Average Reading (for the last three months)			

If more medical conditions exist, please use the additional chart provided:

Medical Condition			
Onset (mo/yr)			
Type of Treatment (e.g. – name of prescription medications, injections, surgery, physical therapy, etc.)			
Date First Prescribed/Onset of Treatment			
For Hypertension and Diabetes, List the Average Reading (for the last three months)			

5. Within the last 12 months, have you used tobacco products or any other products containing nicotine? Yes No
6. a. Do you have any individual disability income coverage in force other than Aflac? Yes No
 b. Do you have any group disability income coverage in force other than Aflac? Yes No

If you answered Yes to 6a or 6b, please list your monthly benefit amounts/percentages: _____,
 your Benefit Period: _____, and your Elimination Period: _____.

ADDITIONAL UNDERWRITING MAY BE REQUIRED.

APPLICANT'S STATEMENTS AND AGREEMENTS

- I understand that the Effective Date of the policy and/or rider(s) will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I acknowledge receipt of, if applicable:

<input type="checkbox"/> Replacement Notice	<input type="checkbox"/> <i>Guide to Health Insurance for People With Medicare</i>
<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Fair Credit Reporting Notice
<input type="checkbox"/> Electronic Delivery Notice	
- I understand that (1) the policy, together with the applications, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance; and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein, and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions, either orally or in writing.
- I understand that the purchase of the policy and/or rider(s) is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- I understand that coverage is not provided for an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition, including deliveries for children conceived prior to the Effective Date of coverage, or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

Proposed Insured's Initials _____

- If this is an application for a conversion of coverage, I understand that the Pre-existing Conditions and pregnancy exclusion provisions will run from the original policy's Effective Date for the benefits provided under the original policy. I further understand that for all increased benefit amounts (i.e., amounts due to additional units, increased benefit period, or reduced elimination period), coverage is not provided for an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation; or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition, including deliveries for children conceived prior to the Effective Date of coverage, or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. Deliveries for children conceived prior to the Effective Date of coverage will not be covered.

Proposed Insured's Initials _____

- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies and/or rider(s) may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current Aflac policy and/or rider(s) and its/their benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- I acknowledge that I was offered the optional rider(s), and I have personally determined which, if any, are best for me.

Proposed Insured's Initials _____

- I have read, or had read to me, the statements and answers I have provided on this application. I understand that the policy and/or rider(s) are to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under the policy and/or rider(s).

SUPPLEMENTAL NOTIFICATION

COMPLETE IF YOU ARE REPLACING OR TERMINATING EXISTING AFLAC DISABILITY COVERAGE.

I, _____, am applying for Aflac's Short-Term Disability policy. I currently have disability benefits under Aflac Accident/Disability policy number _____. I understand that I must cancel existing Aflac disability coverage to purchase this Short-Term Disability policy.

- Please cancel the disability riders attached to my accident policy, but keep my accident policy in force.
- I wish to retain my spouse disability rider. I may retain the spouse disability rider **ONLY** if the accident policy remains in force.
- Please cancel my entire accident policy (with disability benefits) number _____. I understand that I will be terminating benefits provided for in my current accident policy that are not provided for in the new Short-Term Disability policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

INFORMATION REGARDING THE MIB PRENOTICE

Information regarding your insurability will be treated as confidential. Aflac or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB toll-free at 1-866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Aflac, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus, American Family Life Assurance Company of New York, and Continental American Insurance Company (collectively, "Aflac"): any medical professional, medical care institution, pharmacy-related service organizations, insurer (including Aflac, with respect to other Aflac coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), MIB, Inc. (formerly known as the Medical Information Bureau), consumer reporting agency, or employer.

"Information" includes facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or nonmedical facts that are required as part of the underwriting process in order to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize Aflac to give information to MIB, Inc.

I also authorize Aflac to make a brief report of my personal health information to MIB, Inc. (formerly known as the Medical Information Bureau). I understand that any disclosure of health information to Aflac for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be redisclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by Aflac for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that Aflac is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) Aflac has taken action in reliance on this authorization or (2) other law provides Aflac with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to Aflac, Policy Service, 1932 Wynnton Road, Columbus, Georgia 31999.

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date Aflac notifies me of its declination of my application for coverage or, if a policy is issued, two years from the date this application is signed.

I agree that a copy of this authorization is as valid as the original.

I prefer to receive an electronic copy of my policy instead of a paper copy. Yes No
If Yes, please enter your email address on Page 1.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**





INITIAL DISABILITY CLAIM FORM

Thank you for trusting Aflac with your Initial Disability needs.

➤ If you are interested in uploading documentation on an existing claim, register using aflac.com/smartclaim.

To prevent delays, please provide documentation from your healthcare provider to support this claim. If you have additional bills or medical documentation that relates to this diagnosis other than the documentation defined, please submit them for review of additional benefits.

- Service related items can be obtained directly from the patient's healthcare provider(s) by requesting a UB04 hospital bill or HCFA 1500 non-hospital bill.
- Failure to complete all sections may result in a delay in processing this claim.
- Disclaimer: Some of the services listed may not be covered by your policy.

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy) Telephone Number where we can reach you

*Home Address

*City *State *Zip Code

Check box if this is a permanent address change.

Patient Information:

*Last Name *First Name *Date of Birth (mm/dd/yy)

*Sex: Male Female

*Relationship: Primary Policyholder Spouse

Initial Disability Checklist

- Is disability due to a sickness? No Yes
- Is disability due to an injury? No Yes
- If yes, please complete the following questions related to the injury:
 - Date of the injury: _____
 - Describe how the injury occurred: _____
 - Was this disability caused by an incident that occurred while performing the duties of the patient's employment? No Yes
 - Was this a motor vehicle accident in which the patient was the driver? No Yes (If yes, please submit a copy of the Police Report)

For all claims, please complete all remaining sections.

- Was the patient confined to the hospital as a result of this condition? No Yes (If yes, please submit the itemized hospital bill, UB04, or HCFA 1500)
- Hospital name: _____
- City: _____ State: _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

 POLICYHOLDER/PATIENT SIGNATURE FAMILY RELATIONSHIP, IF NOT POLICYHOLDER DATE

INITIAL DISABILITY CLAIM FORM - EMPLOYER'S STATEMENT

*Policy Number:

Policyholder Information: This * denotes a required field.

*Last Name Suffix *First Name MI

*Date of Birth (mm/dd/yy)
 / /

*Employee's Name (Last Name, Suffix, First Name, MI)

*Employer's Name/Account # *Employer's Phone Number - -

*Employer's Address

*City *State *Zip Code -

- First date of disability: ____/____/____
- Was this disability caused by an incident that occurred while performing the duties of his/her employment? No Yes
- Prior to this disability, number of hours worked per week: _____
- Gross annual income prior to disability: _____ ***Income is subject to verification at time of claim.**
 Self-employed? No Yes (If yes, your gross annual income is the average of your net earnings for the past two years. Please submit tax records for the past two years.)
- Has the employee returned to work? No Yes
- If no, expected return to work date: ____/____/____ If yes, date returned to work: ____/____/____
- If the employee has returned to work is he or she working: Full-Time Part-Time Light Duty
 If working part time or light duty, please provide the number of working hours per week: _____
 If part-time/light duty, date expected to return to work to full-time: ____/____/____
 If part-time/light duty, is/was the employee earning at least 80% of his/her pre-disability salary? No Yes

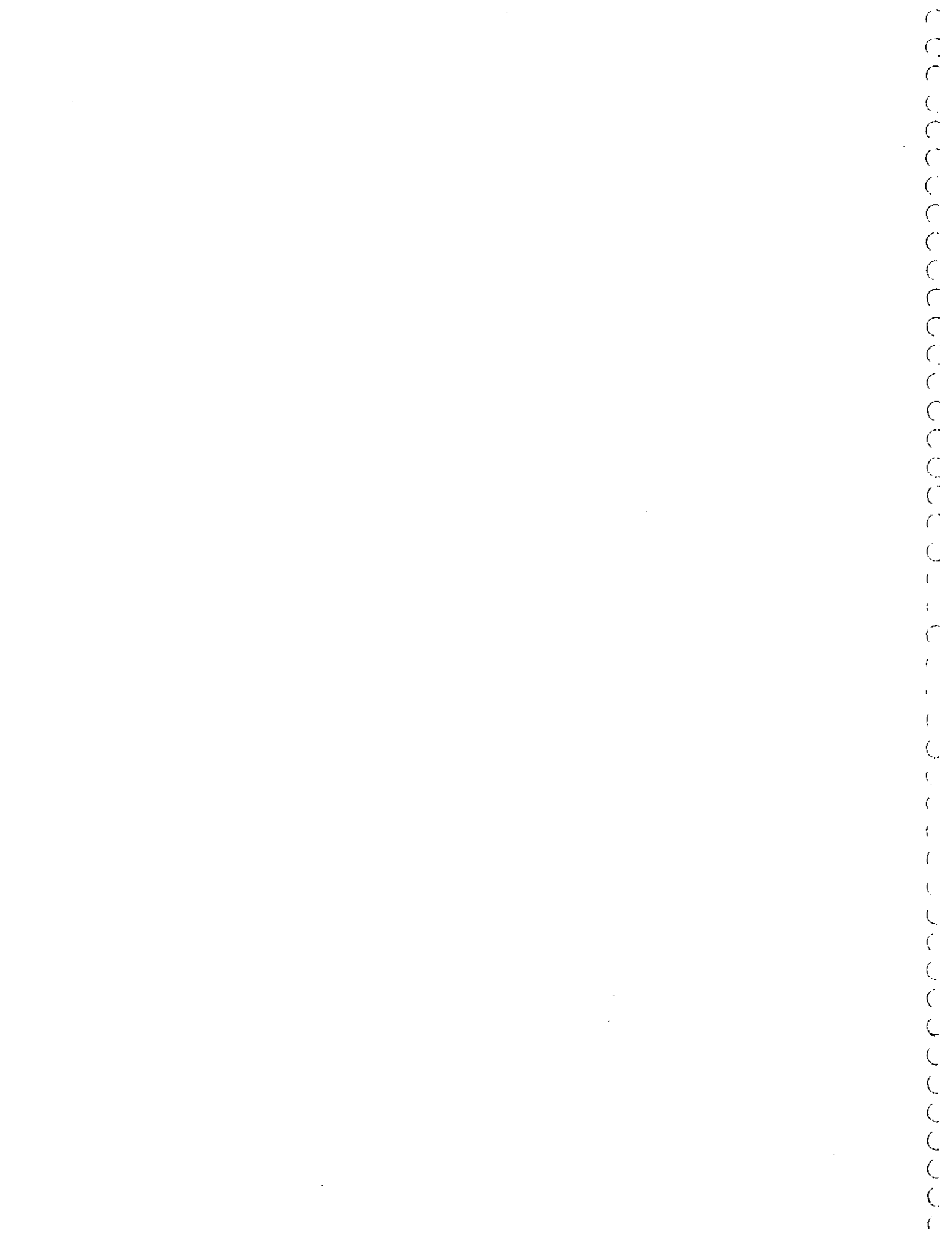
Please complete this section only for W-2 Employees and/or Contract 1099. (Please contact payroll and/or check the policyholder's Salary Redirection Agreement/Premium Deduction Authorization card for the answer to these questions.)

- Are Disability Rider or Short-Term Disability premiums deducted from the policyholder's paycheck on a pre-tax basis? No Yes
- Does the employer pay a portion of the disability premium for the policyholder? No Yes (If yes, what percent? _____%)
- Policyholder is: (Check all that apply.) Exempt from Social Security Exempt from Medicare Subject to RRTA
- Date of hire: ____/____/____
- Is the person still employed? No Yes
 - If no, last date of employment: ____/____/____

Please note:
 The employer is required to report disability benefits paid on pre-tax plans on Form 941 and the employee's Form W-2.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

 EMPLOYER'S SIGNATURE EMPLOYER'S PRINTED NAME TITLE DIRECT PHONE NUMBER DATE



Sample Benefit Policies, Applications, Claim Forms, and Rates

Aflac Short-Term Disability Plan Industry Class A

Bi-Weekly Rates for \$500 of Monthly Benefits

Minimum = Five Units; Maximum = 60 Units (One unit = \$100. Number of units available for purchase based on salary requirements; additional monthly benefit amounts and elimination periods, besides those illustrated, are available. See your Aflac agent for more details.)

Ages	Elimination Period (Accident/Sickness)	3-Month Benefit Period	6-Month Benefit Period
18-49	0/7	\$ 6.60	\$ 8.40
50-64	0/7	\$ 6.90	\$ 9.00
65-74	0/7	\$ 8.40	\$11.40

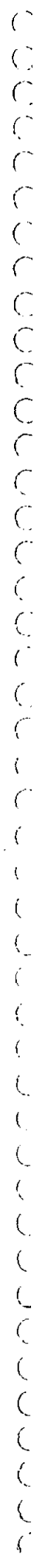
Ages	Elimination Period (Accident/Sickness)	3-Month Benefit Period	6-Month Benefit Period
18-49	0/30	---	\$ 3.60
50-64	0/30	---	\$ 4.80
65-74	0/30	---	\$ 6.00

Rates are subject to change as allowed by the terms of the RFP.

Optional Aflac Value Rider

Age	Rate
18-69	\$5.04

Rates are subject to change as allowed by the terms of the RFP.



SAMPLE INVOICE – SECTION A

An example of your Aflac invoice is provided on the next pages, along with explanations for each field.

SECTION A



Attn: Jane Doe
 ABC Company
 1234 Elm Lane
 Columbus, GA 31999

PREMIUM STATEMENT

PREMIUM DUE DATE: 10/01/2007 INVOICE NO: 000001
 MODE OF PAYMENT: Monthly ACCOUNT NO: A1234
 DATE PREPARED: 09/11/2007 PAGE NO: 1

COMPLETE IF YOUR MAILING ADDRESS OR POINT OF CONTACT HAS CHANGED.

CLAIM FORMS ARE NOW AVAILABLE ONLINE AT AFLAC.COM.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR STATEMENT, PLEASE CALL 1-800-99-AFLAC (1-800-992-3522).

ATTENTION CAFETERIA PLAN SPONSORS

Coverage modifications made prior to the end of the current cafeteria plan year must be made on account of, and attributable to a change in status (i.e., marriage, divorce, birth, adoption, death, or change in employment status). You, as plan sponsor, bear sole responsibility for making this determination.

****IMPORTANT****
 A COPY OF THIS STATEMENT MUST BE REMITTED WITH YOUR PREMIUM IF ADJUSTMENTS ARE REQUIRED

PLEASE USE THE REVERSE SIDE OF THIS STATEMENT FOR REPORTING CURRENT MAILING ADDRESS OF EMPLOYEES NO LONGER PARTICIPATING WITH THIS INSURANCE PROGRAM.

PLEASE UPDATE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN THE SPACE PROVIDED BELOW.

Field	Description
PREMIUM DUE DATE	Date the statement is due for payment.
MODE OF PAYMENT	Frequency of payment. <i>28-Day – One invoice every 28 days (13 times a year)</i> <i>Biweekly – One invoice every 2 weeks (26 times a year)</i> <i>Monthly – One invoice per month (12 times a year)</i>
DATE PREPARED	Date the statement was prepared
INVOICE NUMBER	Aflac-assigned statement number
ACCOUNT NUMBER	Aflac's identification number for your account
ADDRESS BLOCK	Name of your company, point of contact, and mailing address <i>Note: It is a good idea to verify that this information is accurate to help us keep our records accurate.</i>
ADDRESS CORRECTION	Information to be corrected if your company's mailing address and/or point of contact have changed (by marking out the current information and writing in the new address and/or point of contact)
INFORMATION BLOCK	Information about Aflac coverage or new services and Aflac's customer service number(s)

SAMPLE INVOICE – SECTION B

Section B of the premium statement cover page is a remittance document. It is to be returned with your payment to ensure prompt processing.

SECTION B

INVOICE NO. {DATA}	ACCOUNT NO. {DATA}	DUE DATE {DATA}	MODE {DATA}	TOTAL NO. OF EMP. {DATA}	AMOUNT DUE \${DATA}	AMOUNT PAID \$ _____
-----------------------	-----------------------	--------------------	----------------	-----------------------------	------------------------	-------------------------

SEND PAYMENT TO:

AFLAC	{DATA}
ATTN: REMITTANCE PROCESSING SERVICES	{DATA}
1932 WYNNNTON ROAD	{DATA}
COLUMBUS, GEORGIA 31999-0001	{DATA}

**PLEASE DO NOT STAPLE, FOLD, OR BEND
PLEASE MAKE SURE CHECK IS SIGNED AND PAYABLE TO AFLAC.**

In this section, we will address only the fields that were not defined in Section A.

Field	Description
TOTAL NO. OF EMPLOYEES	Total number of full-time employees in your company
AMOUNT DUE	Total amount due for this statement
AMOUNT PAID	Total amount paid for this statement

On the back of your invoice, space is available for you to provide the current mailing address of employees who are no longer participating in Aflac's insurance program. We will mail letters telling them how they may continue their Aflac coverage.

SAMPLE INVOICE – SECTION C

SECTION C



PREMIUM DUE DATE: 10/01/2005
 MODE OF PAYMENT: Monthly
 DATE PREPARED: 09/11/2005

INVOICE NO: 000001
 ACCOUNT NO: A1234
 PAGE NO: 1

POLICY CONTRACT	TYPE COVERAGE	CT	DEPT NO.	EMPLOYEE NUMBER	NAME	RM	PREMIUM	TOTAL PREMIUM	EC	LINE NO.
12345678	ICARE	F			Jones, William		6.00			
12345679	CANCER	F			Jones, William		20.00	26.00		
02345619	DENTAL	I			Adams, John NEW		5.00	5.00		
TOTAL AMOUNT DUE:					PAGE TOTAL:					
(+,-) TOTAL ADJUSTMENTS:					ADJUSTMENTS:					
AMOUNT PAID:					PAGE SUB-TOTAL:					

CT – COVERAGE TYPE **RM – REMARKS** **EC – EVENT CODES**

F FAMILY
 I INDIVIDUAL
 P PRIMARY and SPOUSE
 S SINGLE PARENT FAMILY

PA PAID IN ADVANCE OF INVOICE DUE DATE
 CV PENDING CONVERSION ON POLICY
 PC PENDING CONVERSION ON PAID AHEAD POLICY

T EMPLOYMENT TERMINATED (BILL AT HOME)
 C CANCEL AT REQUEST OF EMPLOYEE
 D EMPLOYEE DECEASED
 L LEAVE WITHOUT PAY (NO DEDUCTION)
 N FIRST MISSED DEDUCTION
 F FAMILY MEDICAL LEAVE
 R RETIRED
 0 OTHER (EXPLANATION ATTACHED)

SAMPLE INVOICE – SECTION C, CONTINUED

Section C of the premium statement is the invoice page. If you are paying the amount billed, without any adjustments on this page, it is not necessary to include this page with your payment. If adjustments are being made to an invoice page, please return that page with the entire payment. **Always include Section B of your invoice with your payment.**

Various print sequences are available to assist you with your statement reconciliation. If you would like to change the current print sequence of your statement, please call 1-800-99-AFLAC (1-800-992-3522) or visit us at aflac.com.

In this section, we will address the fields that were not defined in Sections A and B.

Field	Description
POLICY CONTRACT	Eight-character policy number assigned by Aflac
POLICY TYPE	Type of coverage requested on corresponding policy number (Cancer, Accident, etc.)
CT	Denotes Individual (I), Family (F), Primary and Spouse (P), or Single-Parent Family (S) coverage for the corresponding policy number
DEPARTMENT NUMBER	Four-digit department number (if your account requires these)
EMPLOYEE NUMBER	Ten-digit employee identification number (if your account requires these) If correction is needed to employee number, indicate it here.
NAME	Policyholder or billing name (employee)
NEW	"NEW" (prints for newly issued policies)
RM	Remarks associated with corresponding policy number (listing of remark codes is provided at the bottom of the invoice)
PREMIUM	Premium amount due for each policy
TOTAL PREMIUM	Total premium due for all policies for each policyholder
EC	Reason for nonpayment (a list of event codes is provided at the bottom of the invoice). To prevent any interruption in coverage for the employee, please provide a reason for all nonpayments. <i>Note: Use "O" for other, and include an explanation so we may assist with policy changes other than those associated with nonpayment.</i>
LINE NUMBER	Automatically generated line count
TOTAL AMOUNT DUE	Total amount of invoice
TOTAL ADJUSTMENTS	The total amount added or deducted from the billed amount <i>Note: If there are adjustments indicated here, this page must be returned with payment.</i>
AMOUNT PAID	The total amount submitted with the premium statement
PAGE TOTAL	Total premium for each page of the invoice
ADJUSTMENT	The total adjustment for each page with premium adjustments
PAGE SUBTOTAL	The total amount from the page that will be submitted with the premium statement

Please remit deductions for all employees. If an employee does not appear on your invoice, add the name of the employee and the amount deducted on the last page of your invoice.

X. Response Form

**REQUEST FOR PROPOSAL
#17-0031
VOLUNTARY BENEFITS**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME American Family Life Assurance Company of Columbus (Aflac)

DBA/SAME Aflac

CONTACT Rhonda Russell

ADDRESS 1932 Wynnton Road CITY/STATE Columbus, GA ZIP 31999

PHONE 877.992.3522 FAX 800.849.2943 HOURS Customer Service Center: Monday-Friday from 8 a.m. to 8 p.m.

STATE OF INCORPORATION or ORGANIZATION Nebraska COMPANY WEBSITE aflac.com

ADDRESS 1932 Wynnton Road EMAIL aflacorporatebids@aflac.com

NUMBER OF LOCATIONS 5 NUMBER OF PERSONS EMPLOYED 8,500

TYPE OF ORGANIZATION: Public Corporation Private Corporation Sole Proprietorship
Partnership Other (Describe): _____

BUSINESS MODEL: Small Business Manufacturer Distributor Retail

Dealer Other (Describe): Voluntary Insurance provider

Not a Minority-Owned Business: Minority-Owned Business: (Specify Below)

African American (05) Asian Pacific (10) Subcontinent Asian (15) Hispanic (20)

Native American (25) Other (30) - Please specify _____

Not a Woman-Owned Business: Woman-Owned Business: (Specify Below)

Not Minority -Woman Owned (50) African American-Woman Owned (55)

Asian Pacific-Woman Owned (60) Subcontinent Asian-Woman Owned (65) Hispanic Woman Owned (70)

Native American-Woman Owned (75) Other - Woman Owned (80) - Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: Yes No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: Yes No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO. 1, DATED 5/5/2017 NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature *Rhonda Russell* Title Second Vice President, CAIC Group Underwriting

Print Name Rhonda Russell Dated May 12, 2017

Kansas Insurance Department

Insurance Agent License

STEVEN S. HENRY

License No. (NPN): 4906243

I, KEN SELZER, Commissioner of Insurance of the State of Kansas, by the authority vested in me by law, do hereby authorize the licensee named hereon to act with powers indicated below.

Lines of Authority	Effective Date	Renewal Date
LIFE	June 30, 1999	December 29, 2018
HEALTH	June 30, 1999	December 29, 2018
PROPERTY	January 30, 2015	December 29, 2018
CASUALTY	January 30, 2015	December 29, 2018
PERSONAL LINES	January 30, 2015	December 29, 2018
CROP	January 30, 2015	December 29, 2018

IN WITNESS WHEREOF, I have hereunto affixed the Office Seal of this Department in the city of Topeka, Kansas, on December 23, 2016.



Ken Selzer
Ken Selzer, CPA
Commissioner of Insurance

NPN = National Producer Number



STATE OF KANSAS

INSURANCE DEPARTMENT

CERTIFICATE OF AUTHORITY

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS

a corporation organized under the laws of NEBRASKA with a registered corporate office at OMAHA, NEBRASKA has complied with all the requirements of the insurance laws of this state applicable to said company, and the said company is hereby authorized and empowered, through this Certificate of Authority, to transact the following lines of business, to wit:

* Life *

* Accident and Health *

within the State of Kansas from the 31st day of December, 2001 until such certificate is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.

In Witness Whereof, I KATHLEEN SEBELIUS, Commissioner of Insurance of Kansas, have hereunto affixed my signature and the seal of the Commissioner of Insurance, in the city of Topeka, Kansas, this 25th day of February, 2002.



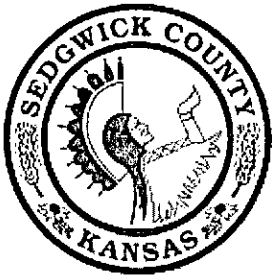
FIRE - CASUALTY - LIFE

Kathleen Sebelius

Commissioner of Insurance

By _____

Assistant Commissioner



SEDGWICK COUNTY, KANSAS
FINANCE DEPARTMENT
DIVISION OF PURCHASING
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316-383-7055
<http://www.sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR PROPOSAL
#17-0031
VOLUNTARY BENEFITS SERVICES

April 24, 2017

Sedgwick County, Kansas (hereinafter referred to as "county") is seeking a firm or firms to provide Voluntary Benefits Services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CDT, Tuesday, May 16, 2017.

All contact concerning this solicitation shall be made through the Division of Purchasing. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer's response.

Sincerely,

Kara Kingsley
Buyer

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I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County, through the Department of Human Resources, administers employee enrollment in the County's benefits program consisting of Medical/Pharmacy, Flexible Spending, Life, Dental and Vision. The Sedgwick County Department of Human Resources coordinates an annual open enrollment period for County employees. This is usually done in October of each year.

These benefit services are offered by Sedgwick County to the full-time active population of approximately 2,800 total eligible employees and all COBRA eligible employees.

Sedgwick County currently offers one Voluntary Benefits Service which is Vision Coverage. Employees pay 100% of the cost of the Vision Plan. A separate RFP has been prepared for Vision. No other supplemental or voluntary products are offered by Sedgwick County at this time.

A copy of Sedgwick County census information can be obtained by emailing Kara.Kingsley@sedgwick.gov.

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as "county") is seeking a firm or firms to provide Voluntary Benefits. Voluntary Benefits are outlined in the Scope of Work. The following objectives have been identified for this contract:

- A. Acquire Voluntary Benefits Services meeting the parameters, conditions and mandatory requirements presented in the document.
- B. Establish contract pricing, starting no later than January 1, 2018, with the vendor that has the best proven "track-record" in performance, service and customer satisfaction.
- C. Acquire Voluntary Benefits Services with the most advantageous overall cost to the County.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, May 16, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent's name will be disclosed at Bid Opening.

V. Scope of Work

This section lists the criteria to be considered in evaluating the ability of vendors interested in providing the service specified in this solicitation document. All requirements along with the questionnaire found below must be addressed in the vendor's proposal response.

Please provide information requested throughout this RFP on the following Voluntary Products if your company provides for them as well as any other products you would like Sedgwick County to consider offering:

- Accident
- Critical Illness
- Cancer
- Hospital Indemnity
- Short Term Disability

A. The following requirements outline the design and performance requirements for this RFP. Requirements are provided to assist vendors in submitting a thorough response that meets the County's objectives. Content in this section will be addressed in the questionnaire to follow.

1. Provide for benefited employees and eligible dependents, if applicable, without restriction.
2. Begin services no later than 12:01 a.m., January 1, 2018.
3. Provide all open enrollment presentations and materials such as Certificates of Coverage or Benefit Summaries, if applicable.
4. Provide complete plan administration, accounting, data processing, and cost control, quality assurance, utilization review, marketing, claims processing, customer service, fiscal services, and other services related to the Voluntary Products.

VI. Sedgwick County's Responsibility

- Provide information, as legally allowed, in possession of the County, which relates to the County's requirements or which is relevant to this project.
- Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- Coordinate enrollment periods for county employees.
- Process and tabulate all plan enrollments, terminations and changes and forward enrollment information to the insurance company on a weekly basis through an electronic format to a secure web site by encryption.
- Remit monthly payment in ACH format.

#17-0031

Sedgwick County... Working for you

VII. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at karakingsley@sedgwick.gov by 5:00 p.m. CDT Friday, May 1, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CDT Wednesday, May 3, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Have a minimum of three (3) years' experience in providing services similar to those specified in this RFP.
2. Have an expertise understanding of industry standards and best practices.
3. Have experience in managing projects of comparable size and complexity to that being proposed.
4. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
5. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
6. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
7. Have proper certifications(s) and/or license(s) for the services specified in the RFP
8. Provide project supervision (as required) and quality control procedures.
9. Have appropriate material, equipment and labor to perform specified services.

C. Evaluation Criteria

The selection process will be based on the responses to this RFP and live demonstrations or interviews, if required. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints. County staff will judge each response as determined by the scoring criteria below:

Component	Points
a. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response	25
b. Proven ability to provide high quality service	25
c. Qualifications and expertise	25
d. The most advantageous proposal as determined by the County	25
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm's method of providing the service and the fee schedule achieved through discussions and agreement with the county's review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. Request for Proposal Timeline

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	April 24, 2017
Questions and clarifications submitted in writing by 5:00 p.m. CDT	May 1, 2017
Addendum Issued	May 3, 2017
Sealed Proposal due before 1:45pm CDT	May 16, 2017
Evaluation Period	May 16 – June 1, 2017
Board of Bids and Contracts Recommendation	June 8, 2017
Board of County Commission Award	June 14, 2017

E. Contract Period and Payment Terms

A contractual period will begin January 1, 2018, following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period two (2) years with three (3) one (1) year options to renew.

It is the intent of Sedgwick County to lock the terms, conditions, and costs for the initial two (2) year period. Each vendor should clearly delineate exception if an escalation/de-escalation approach is being proposed.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. Insurance Requirements

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

Workers' Compensation:

Applicable coverage per State Statutes

Employer's Liability Insurance: \$100,000.00

Commercial General Liability Insurance:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability:

Combined single limit \$500,000.00

Professional Liability

If required

Special Risks or Circumstances:

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

General Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

VIII. Required Response Content

Proposals received should reflect in detail their inclusion and the degree provided. The Proposal should be organized in the following format and information sequence:

- A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
- B. Provide a description of your firm and include qualifications, experience, depth of staff and quality control processes.
- C. Provide applicable certifications/licenses as deemed necessary by local, state, and federal laws.
- D. Provide resumes of key staff working on this project. Resumes shall include background qualifications, past work experience on large projects and similar work, and a summary of the anticipated role of each on this project.
- E. Provide a bank reference statement and/or a copy of the most recent, audited, financial statement.
- F. Acknowledge and address in sequential order Requirements outlined in this document.
- G. Provide the completed questionnaire outlined in this document.
- H. Discuss any current local, state or federal (i.e. HCFA / HIPAA) violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide service(s) and /or product(s).
- I. Provide a list of office locations for local, regional and corporate entities. Location information to include but not limited to, address, phone number, services provided, and Internet email.
- J. List any active or pending lawsuits and/or litigation related to the insurance agency and/or insurance company during the previous three years.
- K. List any active or pending fines, penalties or sanctions against the insurance agent, insurance agency, and/or the insurance company from any State Insurance Department during the previous three (3) years.
- L. Provide a project plan and timeline for implementation.
- M. Provide a signed, completed Proposal Response Form.
- N. Proof of insurance meeting minimum insurance requirements as designated herein.
- O. Identify any other expectations of county responsibilities not addressed in the request for proposal document.
- P. Provide any additional information relevant to expertise of the requested services that may assist the County in evaluating your proposal.
- Q. Those responses that do not include all required forms/items may be deemed non-responsive.

IX. Questionnaire

In your response document, respond to all questions and requests listed below. Please precede your answer with a copy of the question. A copy of the questionnaire will be provided in Word format for ease of completion. Please note that in the case of a discrepancy this document will prevail.

- A. Provide information about your organization to include ownership and history providing voluntary benefits.
- B. Provide information on each Voluntary Product you are offering including the cost for the benefit.
- C. Provide references of three current clients of similar size for whom you provide administration for voluntary benefits. Include date plan was effective, benefit plans administered, number of covered employees, name of entity/contact person and phone number.
- D. Provide references of three former clients who have terminated your services in the past two years. Provide the same information as noted above.
- E. Identify the Account Management and Service Team that will be assigned to Sedgwick County.
- F. What has been the incidence of account management turnover for the unit which will service Sedgwick County over the last two years?
- G. Confirm you will attend all enrollment meetings at no additional cost.
- H. Confirm you understand all plans and services will be evaluated separately and your quote for each coverage or service you are proposing is on a stand-alone basis.
- I. Describe the steps of your implementation process. Include a sample timetable for a January 1, 2018 effective date.
- J. In lieu of using employee's Social Security Number, can the client use an employee ID number or an assigned number issued by the vendor for eligibility transmission?
- K. Can you provide a dedicated toll-free Customer Service number prior to the Plan Effective date to answer questions from potential members?
- L. Identify your website information if applicable.
- M. List the voluntary coverages you are quoting and confirm your rates are firm regardless of how many different voluntary coverages Sedgwick County chooses to offer to employees.
- N. How long are the voluntary rates guaranteed?
- O. How do you help enroll employees and educate them about the plans and services? Are you willing to make enrollment visits at different times and workplace locations to accommodate employee schedules and shifts?
- P. How do you handle payroll deductions, billing and the claims process?
- Q. Explain in detail, for all plans you are quoting, how rates are determined.
- R. What was the most recent rate change by plan and what date was it effective?
- S. Will you provide any reconciliation or premium and claim information for any of the voluntary plans? Can you audit bills for every pay cycle?
- T. What, if any, costs are associated with the provision of a toll-free customer service line?
- U. Are there any minimum employee participation requirements for any of the voluntary coverages you are offering? What happens if the participation requirements are not met?
- V. What is the typical participation rate for other similar employer groups you currently insure?
- W. Please provide sample applications, policies, bills and forms necessary to file a claim.
- X. Describe what happens when employment terminates. Is the coverage portable? Describe the portability provision you are proposing, especially focusing on:
 - 1. Limits on qualifying for coverage due to illness or injury
 - 2. When a ported policy can be cancelled by you
 - 3. What premiums are charged initially (as compared to group premiums) and what determines future changes to premium
 - 4. What happens to portability coverage if Sedgwick County subsequently cancels its contract with you

X. Response Form

**REQUEST FOR PROPOSAL
#17-0031
VOLUNTARY BENEFITS**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____ COMPANY WEBSITE _____

ADDRESS _____ EMAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ Minority-Owned Business: _____ (Specify Below)

___ African American (05) ___ Asian Pacific (10) ___ Subcontinent Asian (15) ___ Hispanic (20)

___ Native American (25) ___ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ Woman-Owned Business: _____ (Specify Below)

___ Not Minority -Woman Owned (50) ___ African American-Woman Owned (55)

___ Asian Pacific-Woman Owned (60) ___ Subcontinent Asian-Woman Owned (65) ___ Hispanic Woman Owned (70)

___ Native American-Woman Owned (75) ___ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

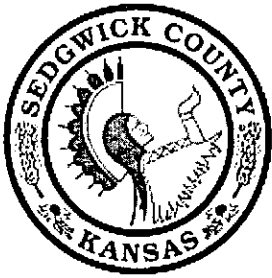
ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
Purchasing Division
Joseph Thomas, Purchasing Director
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316 383-7055
<http://sedgwickcounty.org/finance/purchasing.asp>

ADDENDUM #1
#17-0031
VOLUNTARY BENEFITS SERVICES

May 3, 2017

The following is to ensure that vendors have complete information prior to submitting a response. Below are some clarifications regarding Voluntary Benefits Services:

Questions and/or statements of clarification are in bold font, and answers to specific questions are italicized.

- 1. How will the County be enrolling for these voluntary benefits?**
Answer: We are willing to work with a vendor to determine the best method of enrollment for our employees.
- 2. Please provide benefit summary for life and supplemental life.**
Answer: Certificate attached for Life and AD&D.
- 3. Please provide claims experience (claims and premium for 24 months) for life.**
Answer: Please see attachment.
- 4. Please provide current rates.**
Answer:

<i>Annual Salary</i>	<i>Life Coverage</i>	<i>Cost Per Check</i>	<i>AD&D Coverage</i>	<i>Cost Per Check</i>
<i>\$17,000.00 or Less</i>	<i>\$10,000.00</i>	<i>\$0.42</i>	<i>\$10,000.00</i>	<i>\$0.09</i>
<i>\$17,001.00 - \$23,000.00</i>	<i>\$15,000.00</i>	<i>\$0.62</i>	<i>\$15,000.00</i>	<i>\$0.14</i>
<i>\$23,001.00 - \$36,000.00</i>	<i>\$25,000.00</i>	<i>\$1.04</i>	<i>\$25,000.00</i>	<i>\$0.23</i>
<i>\$36,001.00 - \$45,000.00</i>	<i>\$35,000.00</i>	<i>\$1.45</i>	<i>\$35,000.00</i>	<i>\$0.32</i>
<i>\$45,001.00 and Up</i>	<i>\$50,000.00</i>	<i>\$2.08</i>	<i>\$50,000.00</i>	<i>\$0.46</i>
<i>All Ranges</i>	<i>\$75,000.00</i>	<i>\$3.12</i>	<i>\$75,000.00</i>	<i>\$0.69</i>

A. The County pays the premium on behalf of the employee based on where their salary falls. Employees may purchase any amount to suit their needs. The current enrollment in these benefits is as follows (as of January 2017):

Life Coverage	# of Participants	AD&D Coverage	# of Participants
\$10,000.00	84	\$10,000.00	68
\$15,000.00	43	\$15,000.00	41
\$25,000.00	511	\$25,000.00	480
\$35,000.00	206	\$35,000.00	213
\$50,000.00	388	\$50,000.00	344
\$75,000.00	1237	\$75,000.00	1309

B. Advance dependent life is covered at the sole cost of any eligible employee that enrolls in the coverage. The current policy is as follows:

- i. Dependent life covers both spouse and child(ren) up to age 26 (includes biological, adopted, legal guardianship and court ordered dependents).
- ii. In the event of death, the dependent term life insurance provides a cash benefit.
- iii. If the child has left the hospital and is 15 days to 6 months of age the life benefit is limited to \$250. We would like to eliminate this provision and allow full coverage from birth to age 26.
- iv. Kansas law states that an individual cannot purchase an amount of dependent life which exceeds 50% of their own life insurance election.
- v. Dependent life terminates at age 75.

Dependent Coverage	Cost Per Check
\$5,000.00 Spouse/Child(ren)	\$1.12
\$10,000.00 Spouse Only	\$1.29
\$10,000.00 Spouse/Child(ren)	\$2.19
\$10,000.00 Child(ren) Only	\$0.90

C. The current enrollment in these benefits is as follows (as of January 2017):

Coverage	# of Participants
\$5,000.00 Spouse/Child(ren)	57
\$10,000.00 Spouse Only	320
\$10,000.00 Spouse/Child(ren)	721
\$10,000.00 Child(ren) Only	286

5. Who is the current provider for the voluntary benefits?

Answer: Sedgwick County does not currently offer Voluntary benefits as far as the products mentioned in the RFP (accident, critical illness, cancer, hospital indemnity and short term disability). We did indicate in the RFP we were willing to review any other products your company offers. We do offer a vision benefit, paid 100% by the employee (a RFP for vision was already produced and deadline has passed) and Life and ADD coverage (a RFP for life was already produced and deadline has passed).

6. How do you anticipate enrollments happening? Will it be a check box on an enrollment form with info in a benefits book, will we have a booth at a benefits fair, or will we be doing presentations to employee groups? Will you be sending materials out to employees announcing the new benefits?

Answer: We are willing to work with a vendor to determine the best method of enrollment for our employees. We can also assist with the communication of any new benefits an employee would be eligible for.

7. What enrollment methodology will be used? (Paper or Electronic System currently utilized by Sedgwick County)

Answer: We don't currently work with a vendor for Voluntary products. We are willing to work with a vendor to determine the best method of enrollment for our employees.

8. Who is the payroll vendor, and if known, what version or name of the system is utilized?

Answer: We currently utilize SAP, version 6.0

9. What are the individual and family deductibles and OOP maxes for medical plan options?

*Answer: Deductible: Individual: \$1,000
2-Person: \$2,000
Family \$2,000*

*OOP max: Individual: \$2,000
2-Person: \$4,000
Family \$4,000*

10. What percentage of employees have work emails or known emails for employee communication?

Answer: 100% of employees have Sedgwick County work emails. We do have a small portion of employees who do not have access to their emails due to their work duties, approximately 2% of our eligible population.

11. Do you anticipate and Active Enrollment? Meaning would it be expected that 85% of the employees would return either a declination/waiver or, return an election?

Answer: If we are offering a new product, we would have an active enrollment for those products.

12. Do you have a voluntary STD plan currently in force? If so, please provide 24 months of paid premium and paid claims experience.

Answer: We do not currently provide STD.

13. Is it possible to provide RFP and Provisions documents in Word format?

Answer: Please email kara.kingslev@sedgwick.gov for a copy of the RFP in Word format.

14. Are you looking for group based products or individual products, regardless if it's employer or employee paid?

Answer: We are looking for group based products that employees can continue on an individual basis upon leaving Sedgwick County. The products will be 100% employee paid.

15. Please provide a list of current benefits offered and the carrier for each, or is this a new benefits program for you?

*Answer: Medical/RX-UnitedHealthcare with Optum RX
Dental: Delta Dental of Kansas
Vision: Superior Vision
Life/ADD: Advance Life Insurance
FSA: ASI Flex
Cobra/Retiree administration: Harrington Health
EAP: EMPAC*

We do not currently offer Voluntary Products that were outlined in the RFP under the Scope of work.

16. If you have current benefits, please provide census that includes DOB, gender, salary, job title.

Answer: Census was previously provided with RFP

17. Please describe the current method used for open enrollment.

Answer: We have a passive Open Enrollment and all changes are made online by the employee through our County intranet.

18. Will the selected vendor be allowed to conduct group meetings and meet with each employee face-to-face?
Answer: We will work with the vendor to determine the best method of enrollment for our employees. We would need to work with each department to understand what type of enrollment will work for their schedule.

19. What HR/payroll system is currently being used?
Answer: SAP, version 6.0

20. What enrollment technology platform is used? Please describe how that vendor/administrator would work with us to enroll and administer our products most efficiently?
Answer: SAP. We currently have everything administered in house. The Benefits Division will work with the vendor for enrollment and administration purposes.

Please contact Kara Kingsley at kara.kingsley@sedgwick.gov for a copy of the RFP in Word form and a copy of Sedgwick County census information in Excel form.

Firms interested in submitting a *proposal* must respond with complete information and **deliver on or before 1:45 p.m. May 16, 2017**. Late *proposals* will not be accepted and will not receive consideration for final award.

“PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE *PROPOSAL* RESPONSE PAGE.”



Kara Kingsley
Purchasing Agent