

# Aflac Accident Indemnity Advantage<sup>®</sup>

24-HOUR ACCIDENT-ONLY INSURANCE – PLAN 1

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



Aflac<sup>®</sup>

# ACCIDENT INDEMNITY ADVANTAGE®

## 24-HOUR ACCIDENT-ONLY INSURANCE

Policy Series A35000

# AC<sup>1</sup>

## Added Protection for You and Your Family

Even if you're well prepared, accidents happen. And they happen to all kinds of people every day. What's even more unexpected are the out-of-pocket expenses associated with them—even if you have major medical insurance.

That's how Aflac can help. Aflac pays cash benefits directly to you (unless you specify otherwise) to help with things like out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills. Helping you with the medical expenses that major medical doesn't cover—and much more.

### The Aflac Accident Indemnity Advantage® insurance policy has:

- No deductibles and no copayments
- No lifetime limit—policy won't terminate based on the number of claims filed or the dollar amount of claims paid
- No network restrictions—you choose your own healthcare provider
- No coordination of benefits—we pay regardless of any other insurance



### The facts say you need the protection of the Aflac Accident Indemnity Advantage® plan:

#### FACT NO. 1

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

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.<sup>1</sup>

#### FACT NO. 2

EVERY HOUR APPROXIMATELY

**4,220**

MEDICALLY CONSULTED INJURIES OCCUR.<sup>1</sup>

<sup>1</sup>Injury Facts, 2013 Edition, National Safety Council.

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

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

### Most accidents are unpredictable.

### But their impact on your finances doesn't have to be.

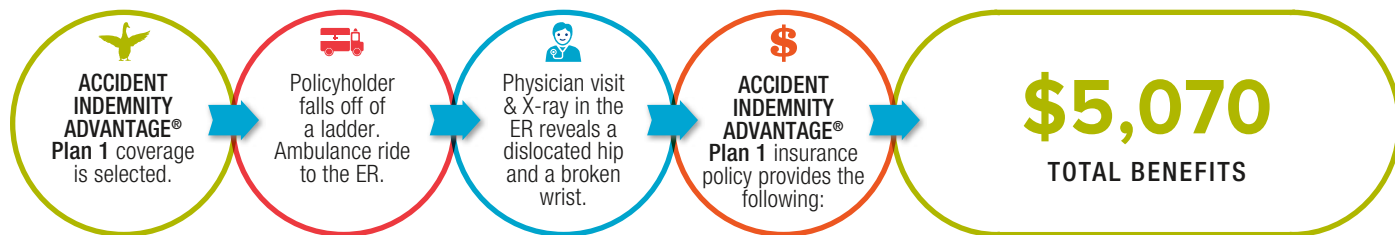
So, what would an injury or trip to the emergency room mean to your savings? Out-of-pocket expenses associated with an accident are unexpected and often burdensome; perhaps the accident itself could not have been prevented, but its impact on your finances and your well-being certainly can be reduced.

Aflac enables you to take charge and to help provide for an unpredictable future by paying cash benefits for accidental injuries. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

### Policy Benefits Include:

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Daily hospitalization benefits payable for hospital stays.
- Benefits payable for emergency treatment, X-rays, and major diagnostic exams.
- Benefits payable for follow-up treatments and physical therapy.
- Transportation and lodging benefits payable for travel to receive treatment.

### How it works



The above example is based on a scenario for Accident Indemnity Advantage® – Plan 1 that includes the following benefit conditions: Ground ambulance transportation (Ambulance Benefit) of \$150, physician visit (Accident Emergency Treatment Benefit) of \$120, x-ray (X-Ray Benefit) of \$25, dislocated hip – open reduction under general anesthesia (Accident Specific-Sum Injuries Benefit) of \$2,000, broken wrist – closed reduction (Accident Specific-Sum Injuries Benefit) of \$250, Initial Accident Hospitalization Benefit of \$1,000, Accident Hospital Confinement Benefit (hospitalized for 5 days) of \$1,000, Major Diagnostic Exams Benefit (CT scan) of \$150, Physical Therapy Benefit (8 treatments) of \$200, Appliances Benefit (wheelchair) of \$100, Accident Follow-Up Treatment Benefit (3 days) of \$75.

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

# Plan 1 Accident Indemnity Advantage® Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT			
WELLNESS BENEFIT	\$60 once per 12-month period			
ACCIDENT EMERGENCY TREATMENT BENEFIT	\$120 once per 24-hour period, per covered accident, per covered person			
X-RAY BENEFIT	\$25 once per covered accident, per covered person			
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$25 for one treatment per day, per covered accident, per covered person			
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 once per period of hospital confinement or \$1,500 once when a covered person is admitted directly to an intensive care unit per year, per covered person			
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$200 per day, up to 365 days per covered accident, per covered person			
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day, per covered accident, per covered person			
ACCIDENT SPECIFIC-SUM INJURIES BENEFIT	Pays (according to the policy) for the treatments below:			
	DISLOCATIONS .....	\$50-\$2,000	EMERGENCY DENTAL WORK	
	BURNS.....	\$100-\$10,000	Broken tooth repaired with crown .....	\$300
	SKIN GRAFTS .....	50% of the burn benefit amount paid for the burn involved	Broken tooth resulting in extraction .....	\$100
	LACERATIONS		EYE INJURIES	
	Not requiring sutures .....	\$25	Surgical repair.....	\$250
	Less than 5 centimeters .....	\$50	Removal of foreign body by a physician ..	\$50
	At least 5 cm but not more than 15 cm ..	\$200	FRACTURES.....	\$100-\$2,000
	Over 15 centimeters .....	\$400	COMA .....	\$10,000
	CONCUSSION (brain) .....	\$50	SURGICAL PROCEDURES .....	\$250-\$1,000
	PARALYSIS		MISCELLANEOUS SURGICAL PROCEDURES	
	Quadriplegia .....	\$10,000	Miscellaneous surgery with general anesthesia .....	\$250
	Paraplegia.....	\$5,000	Other miscellaneous surgery with conscious sedation .....	\$100
	Hemiplegia.....	\$4,000		
MAJOR DIAGNOSTIC EXAMS BENEFIT	\$150 per year, per covered person			
EPIDURAL PAIN MANAGEMENT BENEFIT	\$100 paid no more than twice per covered accident, per covered person			
PHYSICAL THERAPY BENEFIT	\$25 per treatment, per covered accident, per covered person			
REHABILITATION UNIT BENEFIT	\$100 per day			
APPLIANCES BENEFIT	\$100 once per covered accident, per covered person			
PROSTHESIS BENEFIT	\$500 once per covered accident, per covered person			
BLOOD/PLASMA/PLATELETS BENEFIT	\$100 once per covered accident, per covered person			
AMBULANCE BENEFIT	\$150 ground or \$1,000 air			
TRANSPORTATION BENEFIT	\$400 per round trip, up to 3 trips per year, per covered person			
FAMILY LODGING BENEFIT	\$100 per night, up to 30 days per covered accident			
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident	Other Accident	Hazardous Activity Accident	
	INSURED	\$100,000	\$25,000	\$6,250
	SPOUSE	\$100,000	\$25,000	\$6,250
	CHILD	\$15,000	\$7,500	\$1,875
ACCIDENTAL-DISEMBLEMENT BENEFIT	\$500–\$25,000			
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months			

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

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# ACCIDENT-ONLY COVERAGE

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

**ACCIDENT-ONLY COVERAGE**  
**Policy Series A35100**

**THE POLICY PROVIDES LIMITED BENEFITS.**

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

1. **Read Your Policy Carefully.** This document provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
2. Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident **ONLY**, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
3. **Benefits.** Benefit A is a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable.
  - A. **WELLNESS BENEFIT:** After the policy has been in force for 12 months, Aflac will pay \$60 if you or any one family member undergoes routine examinations or other preventive testing during the following policy 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 will become available following each anniversary of the policy's Effective Date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Eligible family members are your spouse and the Dependent Children of either you or your spouse. 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.

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.
  - B. **ACCIDENT EMERGENCY TREATMENT BENEFIT:** Aflac will pay \$120 when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment by a Physician or treatment received in a Hospital emergency room. 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.
  - C. **X-RAY BENEFIT:** Aflac will pay \$25 when a Covered Person requires an X-ray while receiving emergency treatment in a Hospital or a Hospital emergency room for Injuries sustained in a covered accident. This benefit is not payable for X-rays received in a Physician's office. This benefit is limited to one payment per covered accident, per Covered Person. **The X-Ray Benefit (C) is not payable for exams listed in the Major Diagnostic Exams Benefit (I).**
  - D. **ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** Aflac will pay \$25 per day when a Covered Person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency 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 furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit (D) is not payable for the same days that the Physical Therapy Benefit (K) is paid.**
  - E. **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 for Injuries sustained in a covered accident or Aflac will pay \$1,500 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.
  - F. **ACCIDENT HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$200 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 (F) and the Rehabilitation Unit Benefit (L) will not be paid on the same day. The highest eligible benefit will be paid.**
  - G. **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.

- H. ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:** When a Covered Person receives treatment for Injuries sustained in a covered accident, Aflac will pay specified benefits ranging from \$25–\$10,000 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, and miscellaneous surgical procedures. See policy for specific amounts payable.
- I. MAJOR DIAGNOSTIC EXAMS:** Aflac will pay \$150 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 or a Physician's office. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum. **Exams listed in the Major Diagnostic Exams Benefit (I) are not payable under the X-Ray Benefit (C).**
- J. EPIDURAL PAIN MANAGEMENT BENEFIT:** Aflac will pay \$100 when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered 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.
- K. PHYSICAL THERAPY BENEFIT:** Aflac will pay \$25 per treatment when a Covered Person receives emergency treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Physical Therapist. Physical 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 Physical Therapy Benefit (K) is not payable for the same days that the Accident Follow-Up Treatment Benefit (D) is paid.**
- L. REHABILITATION UNIT BENEFIT:** Aflac will pay \$100 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Unit of a Hospital 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 Unit Benefit (L) will not be payable for the same days that the Accident Hospital Confinement Benefit (F) is paid. The highest eligible benefit will be paid.**
- M. APPLIANCES BENEFIT:** Aflac will pay \$100 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: wheelchair, leg brace, back brace, walker, and a pair of crutches. This benefit is payable once per covered accident, per Covered Person.
- N. PROSTHESIS BENEFIT:** Aflac will pay \$500 when a Covered Person requires use of a Prosthetic Device 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.
- O. 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.
- P. AMBULANCE BENEFIT:** Aflac will pay \$150 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 \$1,000 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.
- Q. TRANSPORTATION BENEFIT:** Aflac will pay \$400 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 \$400 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.
- R. FAMILY LODGING BENEFIT:** Aflac will pay \$100 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.
- S. ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.



	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accident	\$100,000	\$100,000	\$15,000
Other Accident	25,000	25,000	7,500
Hazardous Activity Accident	6,250	6,250	1,875

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

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

- T. ACCIDENTAL-DISEMBLEMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of the accident.

**Dismemberment or complete loss of, with or without reattachment:**

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Both arms and both legs	\$25,000	\$25,000	\$7,500
Two eyes, feet, hands, arms, or legs	25,000	25,000	7,500
One eye, foot, hand, arm, or leg	6,250	6,250	1,875
One or more fingers and/or one or more toes	1,250	1,250	500

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

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

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.**

#### 4. Optional Benefits

- A. Off-the-Job Accident Disability Benefit Rider:**  
(Series A35050) Applied For: ☐ Yes ☐ No

**The rider does not apply to the spouse or dependents. It applies to the Named Insured only, as shown in the Policy Schedule.**

**PRE-EXISTING CONDITION LIMITATIONS:** A Pre-existing Condition is an 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 or hospitalization 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.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE OFF-THE-JOB ACCIDENT DISABILITY BENEFIT RIDER:** Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States. Refer to your policy for additional Limitations and Exclusions.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Injury. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

1. **TOTAL OR PARTIAL DISABILITY BENEFIT (through age 69):** If you have a Full-Time Job at the time of your Off-the-Job Injury, we will insure you as follows while coverage is in force:
  - a. **Total Disability:** If your covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Off-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This



benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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.

- b. **Partial Disability:** If your covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Off-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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 Base Pay Earnings of your Full-Time Job at the time you became disabled.

2. **DISABILITY BENEFIT (without a Full-Time Job or at age 70 and above):** If you do not have a Full-Time Job at the time of your Off-the-Job Injury or if you are age 70 or above, we will insure you as follows while coverage is in force:

If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Off-the-Job Accident Disability Benefit Rider multiplied by three for each day you are confined. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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

- B. **On-the-Job Accident Disability Benefit Rider:**  
(Series A35051)    Applied For:   ☐ Yes   ☐ No

**The rider does not apply to the spouse or dependents. It applies to the Named Insured only, as shown in the Policy Schedule.**

PRE-EXISTING CONDITION LIMITATIONS: A Pre-existing Condition is an 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 or hospitalization 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.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE ON-THE-JOB ACCIDENT DISABILITY BENEFIT RIDER: Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States. Refer to your policy for additional Limitations and Exclusions.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Injury. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

1. **TOTAL OR PARTIAL DISABILITY BENEFIT (through age 69):** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

- a. **Total Disability:** If your covered On-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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.

- b. **Partial Disability:** If your covered On-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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 Base Pay Earnings of your Full-Time Job at the time you became disabled.

2. **DISABILITY BENEFIT (without a Full-Time Job or at age 70 and above):** If you do not have a Full-Time Job at the time of your On-the-Job Injury or if you are age 70 or above, we will insure you as follows while coverage is in force:

If you require Hospital Confinement within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Accident Disability Benefit Rider multiplied by three for each day you are confined. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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

**C. Sickness Disability Benefit Rider:**  
(Series A35052)    **Applied For:** ☐Yes   ☐No

**The rider does not apply to the spouse or dependents. It applies to the Named Insured only, as shown in the Policy Schedule.**

PRE-EXISTING CONDITION LIMITATIONS: A Pre-existing Condition is an illness, disease, infection, or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability or hospitalization caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE SICKNESS DISABILITY BENEFIT RIDER: (The Limitations and Exclusions listed in the policy do not apply to the rider unless they are listed below) Aflac will not pay benefits for services rendered by a member of the Immediate Family of a Covered Person. Aflac will not pay benefits whenever coverage provided by the rider is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void. Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States. Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or microorganism 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. Aflac will not pay benefits for a Disability that is caused by or occurs as a result of your: (1) Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. The rider 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; (2) Pregnancy or childbirth within the first 270 days of the Effective Date of coverage. (Complications of Pregnancy will be covered to the same extent as a Sickness); or (3) Donating an organ within the first 12 months of the Effective Date of the rider.

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will only be payable after the rider has been in force 270 days. The maximum Benefit Period allowed for 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. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

**1. TOTAL OR PARTIAL DISABILITY BENEFIT (through age 69):** If you have a Full-Time Job at the time of your Sickness, we will insure you as follows while coverage is in force:

**a. Total Disability:** If your covered Sickness causes your Total Disability within 90 days of your last treatment for your covered Sickness, we will pay you the Daily Disability Benefit for the Sickness Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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.

**b. Partial Disability:** If your covered Sickness causes your Partial Disability within 90 days of your last treatment for your covered Sickness, we will pay you the Daily Disability Benefit for the Sickness Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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 Base Pay Earnings of your Full-Time Job at the time you became disabled.

**2. DISABILITY BENEFIT (without a Full-Time Job or at age 70 and above):** If you do not have a Full-Time Job at the time of your Sickness or if you are age 70 or above, we will insure you as follows while coverage is in force:

If you require Hospital Confinement within 90 days of your last treatment for your covered Sickness, we will pay you the Daily Disability Benefit for the Sickness Disability Benefit Rider multiplied by three for each day you are confined. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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

**D. Spouse Off-the-Job Accident Disability Benefit Rider: (Series A35053) Applied For: ☐Yes ☐No**

**The rider applies to the Named Insured's spouse only, as shown in the Policy Schedule.**

**PRE-EXISTING CONDITION LIMITATIONS:** A Pre-existing Condition is an 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 or hospitalization 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.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE SPOUSE OFF-THE-JOB ACCIDENT DISABILITY BENEFIT RIDER:** Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States. Refer to your policy for additional Limitations and Exclusions.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Injury. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

**1. TOTAL OR PARTIAL DISABILITY BENEFIT (through age 69):** If you have a Full-Time Job at the time of your Off-the-Job Injury, we will insure you as follows while coverage is in force:

- a. Total Disability:** If your covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Spouse Off-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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.

- b. Partial Disability:** If your covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Spouse Off-the-Job Accident Disability Benefit Rider for each day of your Disability or your Successive Periods of Disability. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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 Base Pay Earnings of your Full-Time Job at the time you became disabled.

**2. DISABILITY BENEFIT (without a Full-Time Job or at age 70 and above):** If you do not have a Full-Time Job at the time of your Off-the-Job Injury or if you are age 70 or above, we will insure you as follows while coverage is in force:

If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for the Spouse Off-the-Job Accident Disability Benefit Rider multiplied by three for each day you are confined. This benefit is payable up to the 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 definitions of "Benefit Period" and "Successive Periods of Disability."

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

**E. Additional Accidental-Death Benefit Rider: (Series A35054) Applied For: ☐Yes ☐No**

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

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

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

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

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

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

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

- A. Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.**
- B. 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.**
- C. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.**
- D. Aflac will not pay benefits for an Injury, treatment, disability, or loss that is caused by or occurs as a result of a Covered Person's:**

- 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 type 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; or
  - 8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.
- 6. Renewability.** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**THE POLICY HAS LIMITATIONS THAT MAY AFFECT BENEFITS PAYABLE.  
THIS BROCHURE IS FOR ILLUSTRATION PURPOSES ONLY.  
REFER TO THE POLICY AND RIDERS FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.**



## TERMS YOU NEED TO KNOW

**ACCIDENTAL-DEATH:** Death caused by a covered injury. See the Limitations and Exclusions section for injuries not covered by the policy.

**COMMON-CARRIER ACCIDENT:** An accident, occurring on or after the effective date of coverage and while coverage is in force, 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.

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

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

**HAZARDOUS ACTIVITY ACCIDENT:** An accident, occurring on or after the effective date of coverage and while coverage is in force, 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.

**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. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, 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 the policy.

**OTHER ACCIDENT:** An accident that occurs on or after the effective date of coverage and while coverage is in force 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.

**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.

## ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a physician's or dentist's office, clinic, or other such location.

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

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

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

Burns must be treated by a physician within 72 hours after a covered accident.

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

Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician.

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

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

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

Coma must last a minimum of seven days. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

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

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.









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