Plan 1

Hospital Protection

Hospital Confinement Indemnity Insurance ... what you need, when you need it.

Designed specifically for hospital stays
Annual Hospitalization Confinement Benefit
Aflac will pay the amount listed below for the first five days of hospitalization when a covered person requires hospital confinement* for a covered sickness or injury and a charge is incurred.

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<tbody>
<tr>
<td>Sickness</td>
<td>$400 per day</td>
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<tr>
<td>Injury</td>
<td>$500 per day</td>
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Benefits for the Annual Hospitalization Confinement Benefit are limited to a total benefit payment of five days per calendar year, per policy. Confinements not separated by 30 days or more, or hospitalization that begins prior to the end of one calendar year and continues into the next calendar year, will be considered one confinement.

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. This benefit is payable in addition to the Annual Hospitalization Confinement Benefit. The maximum benefit period for any one period of hospital confinement is 365 days. No lifetime maximum.

*Hospital confinement does not include emergency rooms. Treatment or confinement in a U.S. government hospital and/or hospitals operated by or for the state of Maryland, whether deemed charitable or otherwise, do not require a charge for benefits to be payable.

Rehabilitation Unit Benefit
*Aflac will pay $100 per day for each day you are charged when a covered person is confined in a hospital and is transferred to a bed in a rehabilitation unit of a hospital for a covered sickness or injury. This benefit is limited to 15 days for each covered person per period of hospital confinement and is limited to a calendar year maximum of 30 days per covered person. No lifetime maximum.

Waiver of Premium Benefit
Aflac will waive from month to month, for the named insured only, any premium(s) falling due during the named insured's continued hospital confinement. This benefit will begin after the named insured has received Daily Hospital Confinement Benefits from the policy for 30 consecutive days. When Daily Hospital Confinement Benefits are no longer being paid, premium payments must be resumed. Once premium payments are resumed, any new confinements 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.

Guaranteed-Renewable
The policy is guaranteed-renewable for your lifetime, subject to Aflac’s right to change premiums by class upon any renewal date.

Family Coverage
Family coverage includes the insured; spouse; and dependent, unmarried children to age 19 (or 23 if they are full-time students). Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and dependent, unmarried children to age 19 (or 23 if they are full-time students). A dependent child must be under age 19 at the time of application to be eligible for coverage.

Effective Date
The effective date is the date shown in the Policy Schedule, not the date the application is signed. Payroll rates may be retained after one month’s premium payment on payroll deduction.
Pre-Existing Conditions
A pre-existing condition is an illness, disease, or disorder for which, within the 12-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than six months after the effective date of coverage. This pre-existing conditions provision will not apply to any condition revealed in the application, unless the condition is excluded by a signed waiver rider attached to the policy. A sickness is a disease, disorder, infection, or any other abnormal physical condition not caused by an injury and that first manifested itself while coverage is in force. If the sickness first manifests itself 12 months before the policy effective date, it will be covered under the policy if the loss is incurred after six months from the policy effective date.

Limitations and Exclusions
Any illness, disease, or disorder diagnosed by a physician or medically treated during the 12 months prior to the effective date of the policy will not be covered, unless the loss begins more than six months after the effective date of the policy. Benefits are not payable for any illness, disease, or disorder that is diagnosed by a physician or medically treated before coverage has been in force 30 days from the effective date shown in the Policy Schedule, unless the loss begins more than six months after the effective date of the policy. Benefits for a covered sickness for all persons added to the policy (including newborns) are subject to a 30-day waiting period. Aflac will waive the waiting period for newborns added after the policy has been in force for ten full months.

The policy does not cover losses caused by or resulting from intentionally self-inflicting bodily injury or attempting suicide; 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; having treatment for a mental or nervous disorder or disease; having cosmetic surgery that is not medically necessary (we will pay benefits for a sickness that occurs during cosmetic or elective surgery that is totally unrelated to the surgery being performed); having elective surgery that is not medically necessary within the first 12 months of the effective date of the policy; pregnancy or childbirth within the first ten months of the effective date of the policy (complications of pregnancy will be covered to the same extent as a sickness); routine nursing or well-baby care for a newborn child; being hospitalized before the effective date of coverage; donating an organ within the first 12 months of the effective date of the policy; or any claim, bill, or other demand or request for health care services determined to be furnished as a result of a referral prohibited by Subsection 1-302 of the Health Occupations Article.

If the period of hospital confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely different sickness or injury, or the confinements are separated by 30 days or more during which the covered person is not confined in any institution or facility.

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

Hospital does not include any institution or part thereof used as an emergency room; a rehabilitation unit; a hospice unit, including any bed designated as a hospice 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 unit are payable under the Rehabilitation Unit Benefit.

Complications of pregnancy do not include premature delivery without incidence, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy. Cesarean deliveries are not considered complications of pregnancy.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

This is a brief summary of coverage. Refer to the policy for complete details, limitations, and exclusions.
Aflac is ...

- A Fortune 500 company with nearly $60 billion in assets, insuring more than 40 million people worldwide.

- Rated AA in insurer financial strength by Standard & Poor’s (June 2006), Aa2 (Excellent) in insurer financial strength by Moody’s Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).*

- Named by Fortune magazine to its list of America’s Most Admired Companies for the seventh consecutive year in March 2007.

- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally.

- Outstanding in claims service, with most claims processed within four days.

- Included by Forbes magazine in its annual list of America’s 400 Best Big Companies for the seventh year in January 2007.

- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

* Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.