We’ve got you under our wing.

aflacgroupinsurance.com | 1.800.433.3036

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

For groups situated in New York, group coverage is underwritten by American Family Life Assurance Company of New York, and customer service is administered by Continental American Insurance Company, 22 Corporate Woods Boulevard Albany, New York 12211.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Forms AF2800NY, AF2800NYR, AF2801NY, AF2810NY, and AF2811NY.

AF2875NY  R2 IV (4/16)

Notice to Consumer: The coverage provided by American Family Life Assurance Company of New York represents supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. American Family Life Assurance Company of New York coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Peace of Mind and Real Cash Benefits

GROUP CRITICAL ILLNESS
Includes Cancer and Heart Screening

This is a limited plan. It provides benefits for cancer, carcinoma in situ, skin cancer, heart attack, stroke, and end-stage renal failure only. Read the plan carefully with the required disclosure statement. This coverage does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

Notice: Any applicant who does not have at least major medical insurance or at least basic hospital and basic medical insurance is not eligible for this coverage and will not be covered by the group policy.
You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn’t have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the added costs of battling a specific critical illness.

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**GROUP CRITICAL ILLNESS**

*Policy Forms AF2800NY, AF2801NY, AF2810NY, and AF2811NY*

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**WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW**

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy. This plan contains a 30-day waiting period. This means no benefits are payable for any insured who has been diagnosed before their coverage has been in force 30 days from their effective date. If a specified critical illness is diagnosed during the initial 30 days of coverage (the waiting period), no benefits will be payable for that specified critical illness until 12 months after the insured’s effective date. *Note: The child benefit amount is 50% of the employee’s initial benefit amount. This 200% represents 100% of this 50%—not 200% of the employee’s initial benefit amount. When we have paid the lifetime maximum benefit shown in the insured’s certificate benefit schedule, the coverage for that insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered specified critical illness for which we have paid benefits. When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for each insured, the certificate terminates. We will pay benefits for a specified critical illness in the order the events occur.*

**BENEFITS**

<table>
<thead>
<tr>
<th>COVERED CRITICAL ILLNESSES</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCER (Inestinal)</td>
<td>100%</td>
</tr>
<tr>
<td>MYOCARDIAL INFARCTION</td>
<td>100%</td>
</tr>
<tr>
<td>STROKE (Cerebral Vascular Accident)</td>
<td>100%</td>
</tr>
<tr>
<td>RENAL FAILURE (End-Stage)</td>
<td>100%</td>
</tr>
<tr>
<td>CARCINOMA IN ST (Hepatic)</td>
<td>100%</td>
</tr>
<tr>
<td>SKIN CANCER</td>
<td>10%</td>
</tr>
</tbody>
</table>

**LIFE-TIME MAXIMUM BENEFITS**

- **Employee:** 200%
- **Spouse:** 200%
- **Child(ren):** 200%*  

*Note: The child benefit amount is 50% of the employee’s initial benefit amount. This 200% represents 100% of this 50%—not 200% of the employee’s initial benefit amount.

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**CHILD COVERAGE AT NO ADDITIONAL COST**

Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.

**$50 HEALTH SCREENING BENEFIT**

(Enterprise and Spouse Only)

After the waiting period, an insured may receive a maximum of $50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit. It will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for dependent Children.

**COVERAGE HEALTH SCREENING TESTS INCLUDE:**

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of LDL and HDL

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**WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW**

If a benefit is paid for Carcinoma in Situ, the internal cancer benefit will be reduced by 25 percent. If a benefit is paid for skin cancer, the internal cancer benefit will be reduced by 10 percent.

**EXCLUSIONS**

We will not pay for loss due to: (1) War – War or act of war (whether declared or undeclared), or service in the Armed Forces or units auxiliary thereto; (2) Suicide/Self-inflicted injury – Suicide, attempted suicide, or intentionally self-inflicted injury; (3) Illegal Acts – Participation in a felony, riot, or insurrection.

Diagnosis must be made and treatment received in the United States, its possessions, or the countries of Mexico or Canada.

**PRE-EXISTING CONDITION LIMITATION**

We will not pay benefits for any specified critical illness starting within six months of the insured’s effective date that is caused by, contributed to by, or resulting from a pre-existing condition.

A claim for benefits for loss starting after six months from the insured’s effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A specified critical illness will no longer be considered pre-existing at the end of six consecutive months starting and ending after the insured’s effective date.

Pre-existing condition means a condition for which medical advice was given or treatment was recommended by, or received from, a licensed health care provider within the six-month period before an insured’s effective date.

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**COVERAGE WORK SHEET**

| Employee Benefit: | $ ___________________ |
| Spouse Benefit: | $ ___________________ |
| Child Benefit: (50 percent of the primary insured amount) | $ ___________________ |

**Total Deduction:** $ ___________________

This work sheet is for illustration purposes only. It does not imply coverage.