

Aflac

Personal Disability Income Protector

SHORT-TERM DISABILITY INSURANCE

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



THE INSURANCE POLICY DESCRIBED HEREIN PAYS BENEFITS FOR SHORT-TERM DISABILITY CAUSED BY SICKNESS OR OFF-THE-JOB INJURY. THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

AFLAC PERSONAL DISABILITY INCOME PROTECTOR

SHORT-TERM DISABILITY INSURANCE

Policy Series A-57400

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Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Personal Disability Income Protector may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We pay you a cash benefit for each day you are disabled.¹

Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly (unless otherwise assigned).

¹Subject to your benefit period and elimination period.



Understand the difference Aflac makes in your financial security.

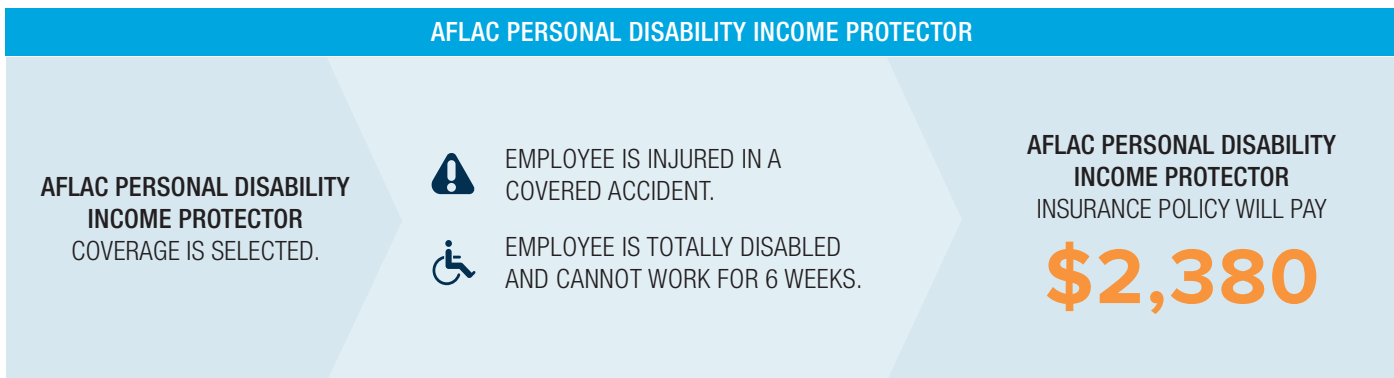
Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Personal Disability Income Protector benefits provide you with a source of income while you concentrate on getting better. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Coverage Options

CHOOSE THE POLICY YOU NEED

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$500 to \$5,000 (subject to income requirements and benefit period restrictions)
BENEFIT PERIODS	3, 6, 12, or 24 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/14, 0/30, 30/30, 60/60, 90/90, 180/180
OPTIONAL RIDERS	
DISABILITY BENEFIT RIDER FOR ON-THE-JOB INJURY	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Benefits payable up to the benefit period selected and is subject to the elimination period.
CONTINUING DISABILITY BENEFIT RIDER	If you are totally disabled for 180 continuous days, we will pay additional benefits as shown in the Policy Schedule for each subsequent day you remain totally disabled for that disability to the extent to which benefits are payable under the policy.

How it works



The above example is based on a scenario for Aflac Personal Disability Income Protector that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$1,700 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 3 month benefit period.

Benefits and/or premiums may vary based on state and option selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 complete benefit details, definitions, limitations and exclusions.

SHORT-TERM DISABILITY COVERAGE

LIMITATIONS AND EXCLUSIONS,
TERMS YOU NEED TO KNOW AND NOTICES

American Family Life Assurance Company of Columbus (AFLAC)
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Columbus, Georgia 31999
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)

SHORT-TERM DISABILITY COVERAGE
Outline of Coverage for Policy Series A-57400

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from AFLAC.

- 1. Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and AFLAC. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- 2.** Short-Term Disability Coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- 3. Benefits.** The following benefits are a part of the policy.

We will pay the following benefits as applicable if your disability is caused by a covered Sickness or covered Off-the-Job Injury. All benefits are subject to the limitations and exclusions, pre-existing conditions and other policy terms:

A. Working Full Time: While you are working at a Full-Time Job and while coverage is in force, we will insure you as follows:

If your covered Sickness or covered Off-the-Job Injury causes you to become Totally Disabled within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you one-thirtieth of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

B. Not Working Full Time: If you are not working at a Full-Time Job and while coverage is in force, we will insure you as follows:

If you are unable to perform two or more ADLs within 90 days of your last treatment resulting from a covered Sickness or covered Off-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth of \$_____ for each day you can not perform such ADLs. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. After this policy has been in force ten months, 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 you remain disabled, as defined in your policy, 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 during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled, or whether you are unable to perform two 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.**

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

PRE-EXISTING CONDITIONS: 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. A Pre-existing Condition is a Sickness or 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 symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

4. OPTIONAL BENEFITS:

Disability Benefit Rider for On-the-Job Injury: (Series A-57450) Applied For: Yes No

A. Working Full Time: While you are working at a Full-Time Job and while this coverage is in force, we will insure you as follows:

If your covered On-the-Job Injury causes you to be Totally Disabled within 90 days of your last treatment for your covered On-the-Job Injury, we will pay you one-thirtieth of \$_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

B. Not Working Full Time: If you are not working at a Full-Time Job and while coverage is in force, we will insure you as follows:

If you are unable to perform two or more ADLs within 90 days of your last treatment resulting from a covered On-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you one-thirtieth of \$_____ for each day you cannot perform such ADLs. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Continuing Disability Benefit Rider: (Series A-57451) Applied For: Yes No

The following benefit is payable for a disability caused by a covered Sickness or covered Off-the-Job Injury. Disability benefits are subject to the Limitations and Exclusions, Pre-existing Conditions and other policy terms:

If you are Totally Disabled for 180 continuous days, we will pay an additional amount equal to one-thirtieth of the Continuing Disability Rider benefit shown in the Policy Schedule for each subsequent day you remain Totally Disabled for that disability to the extent to which benefits are payable under the policy. Benefits under this rider will cease on the earlier of (1) the date you are no longer Totally Disabled or (2) the date you have reached the Benefit Period under your policy and policy benefits are no longer payable. For benefits under this rider to again become payable, you must be Totally Disabled for another 180 continuous days for a separate disability, subject to a new Elimination Period under your policy. For a continuation of a prior disability, refer to the definition of "Successive Periods of Disability" in the policy.

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

IMPORTANT PROVISIONS OF YOUR POLICY

LIMITATIONS AND EXCLUSIONS.

- A. We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.**
- B. We will not pay benefits for a disability that is caused by or occurs as a result of your:**
1. Giving birth within the first 10 months of the Effective Date of this policy as a result of a normal pregnancy, including cesarean (complications of pregnancy will be covered to the same extent as a Sickness);
 2. Being addicted to alcohol or drugs, unless administered by a Physician and taken according to the Physician's instructions;
 3. 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);
 4. Mountaineering using ropes and/or other equipment, parachuting or hang gliding;
 5. 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;
 6. Suicide (while sane or insane), attempted suicide or intentionally self-inflicted Injury;
 7. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of Injury;
 8. Being exposed to war or any act of war, declared or undeclared;
 9. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
 10. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
 11. 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;
 12. Becoming Totally Disabled due to any of 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; or
 13. Donating an organ within the first 12 months of the Effective Date of this policy.

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.

Renewability. The Policy is guaranteed renewable to age 70 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.

**RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): CONTINENCE: maintaining control of 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, and/or medically necessary braces and artificial limbs usually worn; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into the body.

BASE PAY EARNINGS: your gross salary or wages for your full-time job. This does not include variable pay such as overtime (unless contractual), bonuses, or other incentives. If you are self-employed, the term base pay earnings means your business's gross income minus the allowable business deductions from that business. (For tax purposes, base pay earnings is referred to as net earnings.)

EFFECTIVE DATE: the date shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

FULL-TIME JOB: a job at which you work 30 or more hours per week for pay or benefits.

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.

OFF-THE-JOB INJURY: an injury that occurs while you are not working at any job for pay or benefits.

ON-THE-JOB INJURY: an injury that occurs while you are working at any job for pay or benefits.

SICKNESS: a disease, disorder, infection, or any other abnormal physical condition that is not caused by an injury that is first manifested or treated more than 30 days after your effective date of coverage and while coverage is in force. Sickness includes diseases or conditions resulting from insect bites or infestations by micro-organisms. If the disease or disorder is first manifested or treated within the first 30 days after your effective date of coverage, any resulting disability will not be covered unless it begins more than 12 months after the effective date of coverage.

SUCCESSIVE PERIODS OF DISABILITY: separate periods of disability, if caused by the same or a related condition and not separated by 180 days or more, are considered a continuation of the prior disability. Separate periods of disability resulting from unrelated causes are considered a continuation of the prior disability unless they are 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 this job and are no longer qualified to receive disability benefits.

TOTALLY DISABLED: your continuing inability to perform the material and substantial duties of your full-time job. You must also be under the care and attendance of a physician for your condition. If you are unable to perform the material and substantial duties of your full-time job but are able to work at any job, you will continue to be considered totally disabled as long as your earnings are less than 80% of your base pay earnings at the time you became totally disabled. If you return to work at any job and are earning 80% or more of your predisability base pay earnings, you will no longer be considered totally disabled.

ADDITIONAL INFORMATION

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





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