## Aflac Lump Sum Cancer

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



THE POLICY IS A LIMITED BENEFIT HEALTH COVERAGE POLICY 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.



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## LUMP SUM CANCER Policy Series A72000



## **Added Protection for You and Your Family**

Good health is one of the most important factors in getting the most out of life. Beyond simply feeling good, it gives you the ability and confidence to do all the things you enjoy. That's why ensuring that you have coverage in case your health should decline is important to your well-being-physically, emotionally, and financially. Even if you are at a high risk of developing cancer or have a family history of it, Aflac's Lump Sum Cancer plan can help with the treatment costs of cancer.

More importantly, the policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac's Lump Sum Cancer plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

## **The Lump Sum Cancer Insurance Policy:**

- Pays benefits directly to the insured.
- Is completely portable.
- Is guaranteed-renewable until age 75.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you. Aflac Lump Sum Cancer insurance policy is designed to provide you with cash benefits if a positive diagnosis of cancer ever occurs. This means that you will have added financial resources to help with expenses incurred due to cancer treatment, to help with ongoing living expenses, or to help with any purpose you choose.

Aflac's Lump Sum Cancer insurance policy pays cash benefits directly to you, helping with the costs of rehabilitation, extended hospital stays, or even everyday living expenses. Cancer insurance may also help with the costs not covered by major medical, such as out-of-pocket medical expenses, travel, or household bills. Knowing that you've addressed the medical costs of cancer as well as those ongoing expenses of everyday life may help provide you with much-needed peace of mind at a crucial time.

No one wants to think about cancer, but shouldn't you consider how you and your family would manage if you were unable to work due to cancer? An Aflac Lump Sum Cancer policy could make a difference to your well-being, your family, and your future.

#### **Lump Sum Cancer benefit overview**

## BENEFIT NAME BENEFIT AMOUNT

INTERNAL CANCER BENEFIT	At time of application select a benefit amount: \$10,000–\$30,000, available in \$5,000 increments; payable once per covered person, per lifetime
CARCINOMA IN SITU BENEFIT	\$2,000; payable once per covered person, per lifetime
CANCER-RELATED DEATH BENEFIT	\$5,000

### How it works



## American Family Life Assurance Company of Columbus (herein referred to as Aflac)

The policy described in this document provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT

# LUMP SUM CANCER INSURANCE

**POLICY SERIES A72200** 

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- Read Your Policy Carefully: This document provides a very brief
  description of some 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. Lump Sum Cancer Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of cancer. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- 3. Benefits: Subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered cancer that occurs while coverage is in force.

For benefits to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage, while coverage is in force, and must be separated by 180 days or more from the Onset Date of any other covered Loss for such Covered Person. If more than one Loss per Covered Person occurs within 180 days, 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 vour estate.

- A. INTERNAL CANCER BENEFIT: Aflac will pay [\$ \_\_\_\_\_ ] upon a Covered Person's Onset Date of Internal Cancer. This benefit is payable once per Covered Person, per lifetime.
- **B. CARCINOMA IN SITU BENEFIT:** Aflac will pay \$2,000 upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit is payable once per Covered Person, per lifetime.
- **C. CANCER-RELATED DEATH BENEFIT:** Aflac will pay \$5,000 when a Covered Person suffers a Cancer-Related Death.

#### 4. Optional Benefits:

## RETURN OF PREMIUM BENEFIT: (Series A72000) Applied for $\Box$ Yes $\ \Box$ No

Aflac will pay you a cash value based upon the annualized premium paid for the rider, the policy, and any other attached benefit riders (premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender the rider for its cash value after the Onset Date of a Loss but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \_\_\_\_\_\_. If you surrender the rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were

earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: The rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for the rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When the rider terminates (is no longer in force), no further premium will be charged for it.

#### Exceptions, Reductions and Limitations of the Policy (This is not a daily hospital expense plan.):

- **A.** Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of cancer; or any other disease, sickness, or incapacity. Aflac will not pay benefits for recurrence, direct extension, or metastatic spread of any cancer diagnosed prior to the Effective Date of coverage.
- **B.** Aflac will not pay benefits for any Loss that is caused by a Preexisting 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.
- C. Aflac will not pay benefits for a Loss that is diagnosed outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.
- D. 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.
- E. For benefits to be payable, the Onset Date must occur on or after the Effective Date of coverage, while coverage is in force and must be separated by 180 days or more from the Onset Date of any other covered Loss. If more than one Loss per Covered Person occurs within 180 days, only the highest eligible benefit will be paid.
- **F.** Aflac will not pay benefits for Skin Cancers.

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. 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.

6. Renewability: The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state. Coverage under the policy will terminate on the policy anniversary date following a Covered Person's 75th birthday.

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.

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### TERMS YOU NEED TO KNOW

**CANCER-RELATED DEATH:** death as a result of internal cancer. Internal cancer must be listed as the primary or a contributing cause of death on the death certificate.

**CARCINOMA IN SITU:** a carcinoma in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

**COVERED PERSON:** any person insured under the coverage type you applied for on the application: 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. This includes a party to a civil union. Newborn children are automatically insured 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 selfsustaining 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 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 is not the date you signed the application for coverage.

**INTERNAL 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. Internal cancer also includes but is not limited to leukemia, Hodgkin's disease, myeloproliferative and myelodysplastic blood disorders, and invasive melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm. Internal cancer must receive a positive medical diagnosis. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered internal cancer. Internal cancer does not include nonmelanoma skin cancers, noninvasive melanoma skin cancers, or carcinoma in situ.

**LOSS:** internal cancer, carcinoma in situ, or cancer-related death.

**ONSET DATE:** the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of internal cancer or carcinoma in situ is based. The onset date is not the date the diagnosis is communicated to the covered person.

**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.

**SKIN CANCER:** a cancer that forms in the tissues of the skin and is confined to the skin. There are several types of skin cancer. Skin cancer that forms in melanocytes (skin cells that make pigment) is called melanoma.

- **NONMELANOMA SKIN CANCER:** a cancer other than a melanoma that begins in the upper part of the skin (epidermis).
- NONINVASIVE MELANOMA SKIN CANCER: a cancer that has not spread outside the tissue in which it began and includes melanoma of Clark's Level I or II, or a Breslow Level less than or equal to 1.5 mm





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