Aflac

Lump Sum Critical Illness

LIMITED BENEFIT HEALTH INSURANCE

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

Aflac®

LUMP SUM CRITICAL ILLNESS

LIMITED BENEFIT HEALTH INSURANCE

Policy Series A73000

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Added Protection for You and Your Family

Getting the best out of life: It's something that everyone strives for. And the assurance of knowing you're safe and sound plays a large part in being able to enjoy it to the fullest. With heart attacks affecting more than 900,000 people each year and strokes affecting about 795,000 people each year,[1] Aflac's Lump Sum Critical Illness insurance policy can help with the treatment costs of these illnesses and health events.

More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With Aflac's Lump Sum Critical Illness plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses, such as car payments, the mortgage or rent, groceries, or utility bills—the choice is yours.

No one wants to think that a serious illness could occur, but shouldn't you consider how you and your family would manage if you were unable to work due to an illness? An Aflac Lump Sum Critical Illness policy could make a difference to your well-being, your family, and your future.

The facts say you need the protection of the Aflac Lump Sum Critical Illness plan:

FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.[1]

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.[1]

[1]*Heart Disease and Stroke Statistics,* 2016 Update, American Heart Association.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you. The Aflac Lump Sum Critical Illness plan is designed to provide you with cash benefits if you experience a serious health event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime—and when it does, everyday expenses may suddenly seem insurmountable. Fortunately, Aflac's Lump Sum Critical Illness insurance policy can help with those everyday expenses, so all you have to focus on is getting well.

Why Aflac Lump Sum Critical Illness may be the right choice for you:

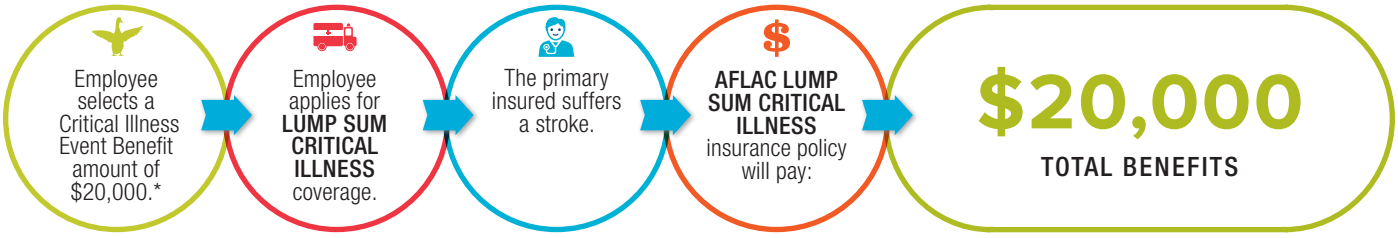
- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness event.
- Your dependent children are covered at no additional cost.
- We now offer the option of guaranteed-issue* lump sum critical illness coverage. That means no medical questionnaire is required.
- There are no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

*Subject to eligibility requirements.

Critical illness events covered by the Lump Sum Critical Illness policy include:

- Coma
- End-Stage Renal Failure
- Heart Attack
- Complications arising from a Major Human Organ Transplant
- Paralysis
- Stroke

How it works



*At the time of application, the employee answers underwriting questions and selects a Critical Illness Event Benefit amount of $20,000 (base of $10,000 plus two additional units of $5,000 each).

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.

Lump Sum Critical Illness Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
CRITICAL ILLNESS EVENT BENEFIT	
Primary insured:	$10,000 (additional amounts may be available in $5,000 increments up to $100,000)*
Spouse/Dependent children:	50% of the primary insured benefit amount
	Payable once per covered person, per lifetime
COMPLICATIONS OF CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	
Primary insured:	$3,000
Spouse/Dependent children:	$1,500
	Payable once per covered person, per lifetime
SUDDEN CARDIAC ARREST BENEFIT**	
Primary insured:	$10,000
Spouse/Dependent children:	$5,000
	Payable once per covered person, per lifetime

*Applicants who apply for $15,000-$30,000 require underwriting; applicants who apply for $35,000 and above require underwriting and must meet other stipulations. Ask your Aflac agent for more information.

**Sudden cardiac arrest is not a heart attack.

REFER TO THE FOLLOWING OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

CRITICAL ILLNESS INSURANCE

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)

CRITICAL ILLNESS INSURANCE – OUTLINE OF COVERAGE
Policy Form Number A73100MA

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is furnished by Aflac.

(1) The coverage outlined here is that of an **individual, limited benefit,** policy of insurance**.**

Caution: The issuance of the critical illness insurance policy is based on your answers to the questions on your application. A copy of your application is attached to your policy. If your answers are not correct or are not true as of the date that you signed the application, we have the right to deny benefits or rescind your policy. This is subject to the Time Limit on Certain Defenses provision that is in your policy. The best time to clear up any questions is now, before you have a claim to file! If, for any reason, any of your answers are not correct, contact Aflac Worldwide Headquarters. You may contact us at 1932 Wynnton Road, Columbus, Georgia 31999.

(2) SUMMARY OF POLICY FEATURES:

The policy:

1. is not a Medicare Supplement policy.
2. is guaranteed-renewable for your lifetime.
3. is not subject to automatic premium increases as you get older.
4. may be subject to across the board premium increases for all policyholders in your class.
5. does not offer an option to purchase inflation protection.
6. does not offer an option to purchase nonforfeiture protection.
7. does contain special age limitations for purchase.
8. does not cover services due to Pre-existing Conditions (existing health problems) for a period of twelve months from policy issue.
9. does not have a waiting period before benefits are payable by policy.
10. does not offer a waiver of premium.

(3) THE PURPOSE OF AN OUTLINE OF COVERAGE. An outline of coverage provides just a very brief description of the features of the coverage that are important. You should compare this outline of coverage to the outlines of coverage for other policies that are available to you. This is not a contract of insurance. It is just a summary of the coverage. Only the individual policy contains the actual contractual provisions. This means that your policy sets forth in detail the rights and the obligations of both you and Aflac. That is why if you buy this or any other coverage, it is important for you to READ YOUR POLICY CAREFULLY!

(4) THE TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.

a) RENEWABILITY: THE POLICY IS GUARANTEED-RENEWABLE. This means that you have the right to continue the coverage as long as you pay your premiums on time. This is subject to the terms of your policy. We can not change any of the terms of your policy on our own. This is except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

b) The policy does not provide a privilege for conversion without evidence of insurability. This is except in the case of 1) dissolution of marriage, 2) death, or 3) termination of dependency. Please see the Right of Conversion section of the policy for details.

c) We may change the established premium rate only if it is first approved by the Massachusetts Commissioner of Insurance. It must be changed on all policies of the same form number and class that are in force in your state. While the policy is in force, no change will be made in your class because of 1) the age, 2) the sex, or 3) the physical condition of any covered person. If a change is made to the established premium rate, we will notify you in writing at your last known address at least 30 days before the change is to become effective.

(5) THE TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.

a) It is important to us for you to be satisfied with the policy and for it to meet your insurance needs. If you are not satisfied, you may return it to us within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all of the premiums that have been paid. Your policy will be void from its Effective Date. If you do return the policy, please note in writing: "The policy is returned for cancellation and refund of premium."

b) The policy does not contain a provision providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy, unless the optional Return of Premium Benefit Rider is purchased.

(6) **THE COVERAGE IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is available from Aflac. Neither Aflac nor its associates (duly licensed agents) represent Medicare, the federal government, or any state government.

(7) **THE BENEFITS PROVIDED BY THE POLICY:**

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE BENEFIT AMOUNT FOR THE PRIMARY INSURED.

We will pay the benefits that are shown below, as applicable, while the coverage is in force. This is subject to the Pre-existing Condition Limitations, the Limitations and Exclusions, and all of the other provisions of the policy, unless it is indicated otherwise.

For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, 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 that are unpaid at your death will be paid to your estate.

A. **CRITICAL ILLNESS EVENT BENEFIT:** We will pay the amount that is shown in the Policy Schedule upon a Covered Person's Onset Date of any one of the following Critical Illness Events:

1. Heart Attack
2. Stroke
3. End-Stage Renal Failure
4. Coma
5. Paralysis
6. Complications arising from a Major Human Organ Transplant

Payment of the amount that is shown in the Policy Schedule is limited to one time, per Covered Person, per lifetime.

After the amount that is shown in the Policy Schedule has been paid for a Covered Person's Critical Illness Event, we will pay $7,500* upon that Covered Person's subsequent Onset Date of any one of the Critical Illness Events that are shown above. **This benefit may be paid one time per Covered Person, per Calendar Year.** This benefit has no lifetime maximum.

B. **COMPLICATIONS OF CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** We will pay the amount that is shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery, and later experiences complications. This benefit may be paid one time per Covered Person, per lifetime.

C. **SUDDEN CARDIAC ARREST BENEFIT:** We will pay the amount that is shown in the Policy Schedule upon a Covered Person's Onset Date of Sudden Cardiac Arrest. This benefit may be paid one time per Covered Person, per lifetime.

*This is the benefit amount for the Primary Insured.

Optional Benefits:

LUMP SUM CANCER BENEFIT RIDER: (FORM A73050MA) Applied for ❑ Yes ❑ No

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE BENEFIT AMOUNT THAT IS PAID FOR THE PRIMARY INSURED.

We will pay the benefits that are shown below, as applicable, while the coverage is in force. This is subject to the Limitations and Exclusions as well as all of the other policy provisions, with the exception of the Pre-existing Condition Limitations, unless it is indicated otherwise.

We will not accept an assignment of these benefits. All payable benefits will be paid to you. Any benefits that are accrued and unpaid at your death will be paid to your estate.

A. **INTERNAL CANCER BENEFIT:** We will pay the amount that is shown in the Policy Schedule upon a Covered Person's Onset Date of Internal Cancer. This benefit may be paid one time per Covered Person, per lifetime.

B. **CARCINOMA IN SITU BENEFIT**: We will pay the amount that is shown in the Policy Schedule upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit may be paid one time per Covered Person, per lifetime.

C. **CANCER-RELATED DEATH BENEFIT:** We will pay the amount that is shown in the Policy Schedule when a Covered Person suffers a Cancer-Related Death.

Exceptions, Reductions, and Limitations of Rider Form A73050MA:

A. Benefits are not provided for premalignant conditions or conditions that have malignant potential (unless specifically listed as covered); or for any other disease, sickness, or incapacity.

B. The rider has a waiting period of 30 days. If a Covered Person has a Loss before his or her coverage under the rider has been in force for 30 days, benefits will not be payable for that Loss. At your option, you may choose to void the coverage under the rider and receive a full refund of premium for such coverage under the rider.

C. We will not pay benefits if coverage that is provided by the rider violates any U.S. economic or trade sanctions. If the

coverage does violate such sanctions, the coverage will be null and void.

D. For benefits to be payable, the Onset Date of the Loss must be after the waiting period of 30 days and while the coverage is in force.

E. We will not pay benefits for Skin Cancer.

F. In order for the Internal Cancer Benefit to be payable for a recurrence, a direct extension, or a metastatic spread of any Internal Cancer that was diagnosed prior to the Effective Date of coverage or during the 30-day waiting period, the Covered Person must be free from Treatment for that Internal Cancer for a period of 12 consecutive months before the Onset Date of the recurrence, the direct extension, or the metastatic spread.

"Treatment" means consultation, care, or services that are provided by a Physician, or taking prescribed medications or drugs, for Internal Cancer. Treatment does **not** include Maintenance Drug Therapy or routine follow-up visits to verify whether Internal Cancer or Carcinoma In Situ has returned.

RETURN OF PREMIUM BENEFIT RIDER: (FORM A73051MA)
Applied for ❑ Yes ❑ No

Aflac will pay you an amount 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 paid will be less any claims paid. If you surrender the rider for the Return of Premium Benefit after the Onset Date of a Loss but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the Return of Premium Benefit 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. If the rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of the rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

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

Your Return of Premium Benefit amount 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 return of premium benefit amount 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 this benefit amount on the last rider anniversary date, and this will be the Return of Premium Benefit paid.

(8) THE LIMITATIONS AND EXCLUSIONS OF THE POLICY (not a daily hospital expense plan):

a) We will not pay benefits for any Loss that is caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

b) We will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

c) We will not pay benefits if coverage that is provided by the policy violates any U.S. economic or trade sanctions. If the coverage does violate such sanctions, the coverage will be null and void.

d) For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force.

e) We will not pay benefits if fraud is committed in making a claim under the coverage or any other Aflac coverage.

f) The policy does not cover Loss that is caused by or that results from:

1. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions); or willingly taking any kind of poison or inhaling any kind of gas or fumes;
2. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether you are charged or not. ("Felony" will be defined by the law of the jurisdiction in which the activity takes place.); or being incarcerated in a detention facility or a penal institution;
3. Self-inflicting a bodily injury on purpose; or trying to commit suicide, while sane or insane;
4. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or any of their auxiliary units. This includes the National Guard or Reserve. (When you notify us that you have joined an armed service, we will suspend your coverage and we will return the pro-rata premium. If you are in the service for less than five years, you may renew your policy on the date your service ends. To renew your policy, we have to

receive your written application as well as your premium within 60 days of your discharge. We will renew your policy on the same basis as before it was suspended.); or

5. Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

(9) THE RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of care services are likely to go up over time, you should think about if and how the benefits of the plan may be adjusted.

a) The benefit level will not increase over time.

b) There are no automatic benefit adjustment provisions.

c) You are not guaranteed the option to buy additional benefits.

d) There are no additional benefits available for purchase.

e) There will be no additional premium charge imposed as there are no additional benefits available for purchase.

(10) THE PREMIUM:

a) Total Annual Premium: _____

	Annual:
Policy:	$_____
Rider A73050MA:	$_____
Rider A73051MA:	$_____

(11) COMPLAINTS: If you have a complaint, you may call us at 1-800-992-3522 or your associate (duly licensed agent). If you are not satisfied, you may call the Massachusetts Division of Insurance at (617) 521-7777 or write to them at 1000 Washington Street, Suite 810, Boston, Massachusetts 02118-6200.

RETAIN THIS FORM FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS JUST A BRIEF SUMMARY OF THE COVERAGE THAT IS PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE THE GOVERNING PROVISIONS OF THE CONTRACT.

TERMS YOU NEED TO KNOW

COMA: a continuous state of profound unconsciousness diagnosed or treated on or after the effective date of coverage, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the coverage type that 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. 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 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 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.

CRITICAL ILLNESS EVENT: heart attack, stroke, complications arising from a major human organ transplant, end-stage renal failure, paralysis, or coma.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date is not the date you signed the application for coverage.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. Heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden cardiac arrest is not a heart attack.

LOSS: a critical illness event, complications of coronary artery bypass graft surgery, or sudden cardiac arrest.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a member of the medical profession after the effective date of coverage in which a covered person receives, as a result of a surgical transplant, one or more of the following human organs: heart, kidney, liver, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

ONSET DATE: the date of the occurrence for a heart attack, stroke, or sudden cardiac arrest; the date of diagnosis for end-stage renal failure, paralysis, or coma; or the initial date complications of surgery arise for a major human organ transplant or coronary artery bypass graft surgery.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a covered spinal cord injury. The paralysis must be confirmed by your attending physician.

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.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be sudden cardiac arrest for purposes of the policy. Sudden cardiac arrest is not a heart attack.

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Underwritten by:
American Family Life Assurance Company of Columbus
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