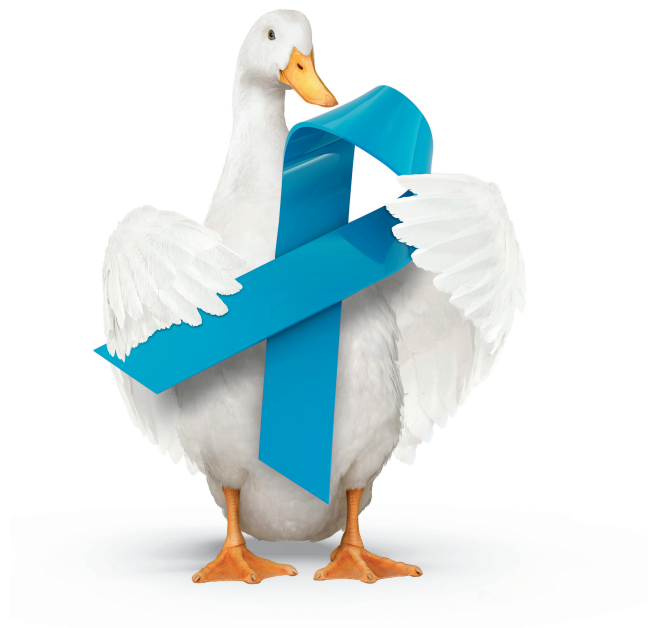


Aflac

Personal Cancer Indemnity

CANCER INDEMNITY INSURANCE – LEVEL 3

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



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 CANCER INDEMNITY INSURANCE

Policy A75300VA; Riders A75050VA, A75051VA and A75052VA



We're there when you need us most

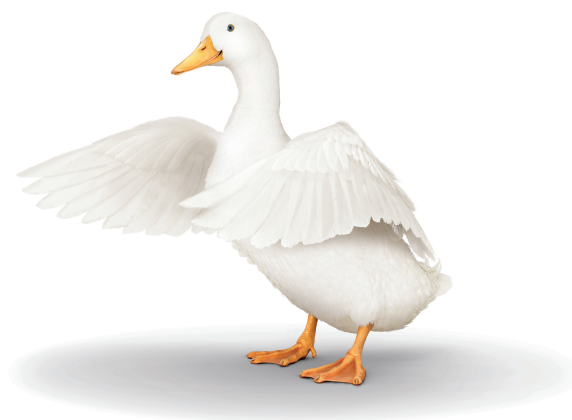
The unfortunate reality is cancer touches almost everyone at some point in their lives, whether it's yourself or a loved one. But each person has a unique story, especially when it comes to cancer treatment. We believe if faced with a cancer diagnosis, you need real solutions that help you face the financial, physical and emotional challenges often experienced by cancer patients and their families – before, during, and after treatment.

Since 1958, Aflac has been a pioneer in cancer insurance. As cancer treatment protocols have changed, our coverage has evolved to help cover the costs of those innovative treatments and provide solutions that empower you to seek treatment, while easing the financial concerns that often accompany it.

Benefits paid directly to you

Aflac Cancer Protection Assurance pays cash benefits directly to you, unless assigned, when you need them most. If you're ever diagnosed with a covered cancer, these benefits are more important than ever. Why? Because cancer treatment can be expensive.

Health insurance was never intended to cover the cost of things like deductibles, co-pays, lost work time, or even travel. Aflac Personal Cancer Indemnity insurance can help with cancer-associated costs like these.



Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Personal Cancer Indemnity is designed to provide you with cash benefits if a positive diagnosis of cancer 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 Personal Cancer Indemnity insurance stays with you for life*

We're with you, even when you're well. We pay a benefit for early detection and preventive care, like mammograms, PSA blood tests, and many other kinds of cancer screenings.

We'll see you all the way through treatment. If you're diagnosed with cancer, we offer benefits that you can count on. You'll receive a benefit upon initial diagnosis of a covered cancer and our support doesn't end there.

We give you the freedom to choose the best care for you. You and your doctor decide on a treatment plan together; we help provide you with financial support when you're undergoing that treatment. Want a second opinion? We provide a benefit for that, too.

Plan benefits include:


- A lump-sum benefit payable upon initial cancer diagnosis, which increases for dependent children.
- A wellness benefit payable for cancer screenings to encourage early detection and prevention.
- Daily hospitalization benefits payable for hospital stays.
- Benefits payable for radiation, chemotherapy, experimental treatments, and cancer surgery.
- Transportation and lodging benefits payable for travel to receive treatment.


Additional plan features:


- Portable – You can take the plan with you if you leave your job for any reason.
- Guaranteed-renewable – As long as premiums are paid, the policy cannot be canceled.

How it works

AFLAC PERSONAL CANCER INDEMNITY - LEVEL 3 COVERAGE IS SELECTED.

 POLICYHOLDER SUFFERS FROM FREQUENT INFECTIONS & HIGH FEVERS.

 BONE MARROW BIOPSY REVEALS DIAGNOSIS OF LEUKEMIA.

 **AFLAC PERSONAL CANCER INDEMNITY - LEVEL 3 INSURANCE POLICY PROVIDES THE FOLLOWING:**

TOTAL BENEFITS OF

\$45,550

The above example is based on a scenario for Aflac Personal Cancer Indemnity – Level 3 that includes the following benefit conditions: Biopsy (Cancer Screening Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$175, NCI Evaluation/Consultation Benefit of \$500, First-Occurrence Benefit of \$5,000, venous port (Surgical/Anesthesia Benefit) of \$350, Radiation and Chemotherapy Benefit (chemotherapy injection, once a week for 10 weeks) of \$3,000, Immunotherapy Benefit (3 months) of \$1,500, Antinausea Benefit (3 months) of \$450, Hospital Confinement Benefit (10-week hospitalization) of \$33,000, In-Hospital Blood and Plasma Benefit (10 transfusions) of \$1,500.

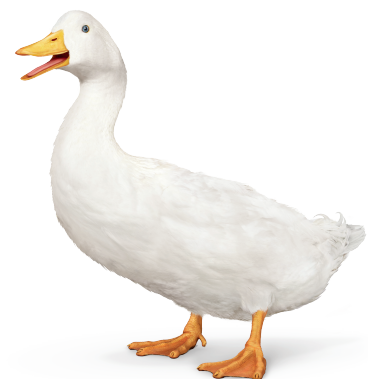
*Coverage remains in force as long as premiums are paid.

Benefits and/or premiums may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy/riders for complete benefit details, definitions, limitations and exclusions. Policy A75300VA; Riders A75050VA, A75051VA and A75052VA; Application Forms A75001VA and A70052VA. For more information, ask your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Benefits overview

BENEFIT:	DESCRIPTION:
CANCER SCREENING WELLNESS	\$75 per year, per covered person; no lifetime max
FIRST-OCCURRENCE	Insured/Spouse: \$5,000; Dependent Child: \$7,500; payable only once per covered person
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	\$300 per day; no lifetime max
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	\$600 per day; no lifetime max
MEDICAL IMAGING	\$200 once per year, per covered person; no lifetime max
RADIATION AND CHEMOTHERAPY	\$300 per day; no lifetime max
EXPERIMENTAL TREATMENT	\$300 per day; subject to a monthly max; no lifetime max
IMMUNOTHERAPY	\$500 once per month; \$2,500 lifetime max per covered person
ANTINAUSEA	\$150 per month; no lifetime max
NURSING SERVICES	\$150 per 24-hour day; no lifetime max
SURGICAL/ANESTHESIA	\$100-\$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum benefit for any one operation will not exceed \$6,250; no lifetime max on number of operations
OUTPATIENT HOSPITAL SURGICAL	\$300 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
SKIN CANCER SURGERY	\$100-\$600; no lifetime max on number of operations
PROSTHESIS (SURGICALLY IMPLANTED PROSTHETIC DEVICE)	\$3,000; lifetime max \$6,000 per covered person
PROSTHESIS (NONSURGICALLY IMPLANTED PROSTHETIC DEVICE)	\$250; lifetime max \$500 per covered person
RECONSTRUCTIVE SURGERY	\$350-\$3,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
IN-HOSPITAL BLOOD AND PLASMA	\$150 times the number of days paid under the Hospital Confinement Benefit; no lifetime max
OUTPATIENT BLOOD AND PLASMA	\$250 per day; no lifetime max
SECOND SURGICAL OPINION	\$300; no lifetime max
NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION	\$500 payable only once per covered person; \$250 for transportation and lodging if more than 50 miles from residence

AMBULANCE	\$200 ground or \$1,000 air; no lifetime max		
TRANSPORTATION	\$.50 per mile; max \$1,500 per round trip		
LODGING	\$60 per day; limited to 90 days per year		
BONE MARROW TRANSPLANTATION	\$10,000; lifetime max \$10,000 per covered person; \$1,000 to donor		
STEM CELL TRANSPLANTATION	\$5,000; lifetime max \$5,000 per covered person		
EGG HARVESTING AND STORAGE (CRYOPRESERVATION)	\$1,500 to have oocytes extracted and harvested; \$500 for storage; \$2,000 lifetime max per covered person		
EXTENDED-CARE FACILITY	\$75 per day for the first 30 days; \$150 per day beginning with the 31st day; lifetime max of 100 days per covered person		
HOSPICE	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per covered person		
HOME HEALTH CARE	\$75 per day for the first 30 days; \$150 per day beginning with the 31st day; lifetime max of 100 days per covered person		
OPTIONAL RIDERS	DESCRIPTION		
FIRST-OCCURENCE BUILDING BENEFIT RIDER	This benefit will increase the amount of your First-Occurrence Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
	Initial Hospitalization	Hospitalization	
	\$1,000	30 days or less: \$200 per day	31 days or more: \$500 per day
RETURN OF PREMIUM BENEFIT RIDER	Pays a cash value based upon the annualized premium paid for the policy and any attached rider(s). All Return of Premium benefits/cash values will be paid less any claims paid. Refer to the rider for additional details.		



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)

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

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE
Policy Form Series A-75300

- (1) **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) **Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease 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:** Benefit A is a preventive benefit; diagnosis of Cancer is not required for this benefit to be paid.

A. CANCER SCREENING WELLNESS BENEFIT: Aflac will pay \$75 (seventy-five dollars) per calendar year when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is also payable for a Cancer prevention vaccine that is FDA approved. The vaccine must be administered by licensed medical personnel.

This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

While the policy is in force, the following benefits will be paid if a covered person is diagnosed and treated as having Cancer and is hospitalized for the treatment of Cancer, or receives specified outpatient Cancer treatment.

B. FIRST-OCCURRENCE BENEFIT: Aflac will pay a First-Occurrence Benefit for each covered person under the policy when he or she is diagnosed as having internal Cancer. "Internal Cancer" includes melanomas classified as Clark's Level III and higher or a Breslow level greater than 1.5 mm.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$5,000	\$5,000	\$7,500

This benefit is payable under the policy only once for each covered person and will be paid in addition to any other benefit in the policy. In addition to the pathological or clinical diagnosis required by the definition of Cancer, we may require additional information from the attending Physician and Hospital.

C. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):

- HOSPITALIZATION FOR 30 DAYS OR LESS:** When a covered person is confined to a Hospital for treatment of Cancer for 30 days or less, Aflac will pay \$300 (three hundred dollars) per day for each day a covered person is charged for a room as an inpatient.
- HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a covered person for treatment of Cancer for 31 days or more, Aflac will pay benefits as described in Section C1 above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$600 (six hundred dollars) per day for each day you are charged for a room as an inpatient.

No lifetime maximum.

EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits do not require a covered person to be charged for such services.

D. MEDICAL IMAGING BENEFIT: Aflac will pay \$200 (two hundred dollars) per calendar year when a charge is incurred for each covered person who receives an initial diagnosis or follow-up evaluation of internal Cancer using one of the following medical imaging exams: CT scans, MRI's, bone scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans or transrectal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

E. RADIATION AND CHEMOTHERAPY BENEFIT: Aflac will pay \$300 (three hundred dollars) per day as follows when a charge is incurred for a covered person who receives one or more of the following Cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of Cancer:
 - a. Injection by medical personnel in a Physician's office, clinic, or Hospital.
 - b. Self-injected medications will be limited to \$300 (three hundred dollars) per daily treatment.
 - c. Medications dispensed by a pump or implant will be limited to \$300 (three hundred dollars) for the initial prescription and \$300 (three hundred dollars) for each pump refill. The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.
 - d. Oral chemotherapy, regardless of where administered, will be limited to \$300 (three hundred dollars) per prescription.
2. Radiation therapy or
3. The insertion of interstitial or intracavitary application of radium or radioisotopes. The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.

Self-injected medications and oral chemotherapy will be administered based on the receipt of (a) a standard prescription (30 day supply) for oral chemotherapy and (b) the initial prescription for an infusion pump (or a refill thereof) which can be administered by the covered person without the supervision of medical personnel.

Treatments must be FDA or NCI approved for the treatment of Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulation, dosimetry, treatment planning or other procedures related to these therapy treatments. Benefits will not be paid for each day the radium or radioisotope remains in the body or for each day of continuous infusion of medications dispensed by a pump or implant. No lifetime maximum.

This benefit is not payable on the same day that the Experimental Treatment Benefit is paid.

F. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay \$300 (three hundred dollars) per day as follows when a charge is incurred for a covered person who receives one or more of the following experimental Cancer treatments, prescribed by a Physician, for the purpose of modification or destruction of abnormal tissue:

1. Treatment administered by medical personnel in a Physician's office, clinic or Hospital.
2. Self-injected medications will be limited to \$300 (three hundred dollars) per daily treatment, subject to a monthly maximum of \$2,400 (two thousand four hundred dollars).
3. Medications dispensed by a pump will be limited to \$300 (three hundred dollars) for the initial prescription and \$300 (three hundred dollars) for each refill, subject to a monthly maximum of \$1,200 (one thousand two hundred dollars). The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.
4. Oral medications, regardless of where administered, will be limited to \$300 (three hundred dollars) per prescription, subject to a monthly maximum of \$1,200 (one thousand two hundred dollars) for all prescriptions.

Treatments must be approved by the NCI as viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant. No lifetime maximum.

This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid.

G. IMMUNOTHERAPY BENEFIT: Aflac will pay \$500 (five hundred dollars) per calendar month during which a charge is incurred for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by his/her Physician as part of a treatment regimen for internal Cancer. Lifetime maximum of \$2,500 (two thousand five hundred dollars) per covered person.

Any medications paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.

H. ANTI-NAUSEA BENEFIT: Aflac will pay \$150 (one hundred fifty dollars) per calendar month during which a charge is incurred for a covered person who receives anti-nausea drugs that are prescribed while receiving radiation or chemotherapy treatments. No lifetime maximum.

I. NURSING SERVICES BENEFIT: While confined in a Hospital, if a covered person requires private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$150 (one hundred fifty dollars) per 24-hour day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses) when a charge is incurred. These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

J. SURGICAL/ANESTHESIA BENEFIT:

1. When a surgical operation is performed on a covered person for a diagnosed internal Cancer, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Cancer is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for skin Cancer will be payable under Benefit L. Reconstructive surgery will be payable under Benefit N. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

2. Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$6,250 (six thousand two hundred fifty dollars). No lifetime maximum on number of operations.

K. OUTPATIENT HOSPITAL SURGICAL BENEFIT: When a surgical operation is performed on a covered person for a diagnosed internal Cancer and an operating room charge is incurred, Aflac will pay \$300 (three hundred dollars). For this benefit to be paid surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. No lifetime maximum on number of operations.

This benefit is not payable for surgery performed in a Physician's office or for skin Cancer surgery.

L. SKIN CANCER SURGERY BENEFIT: When a surgical operation is performed on a covered person for a diagnosed skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. No lifetime maximum on number of operations.

Biopsy	\$100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

M. PROSTHESIS BENEFIT: (1) Aflac will pay \$3,000 (three thousand dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Cancer treatment. Lifetime maximum of \$6,000 (six thousand dollars) per covered person. (2) Aflac will pay \$250 (two hundred fifty dollars) per occurrence, per person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of Cancer treatment when a charge is incurred.

Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces and removable breast prosthesis. Lifetime maximum of \$500 (five hundred dollars) per covered person.

The Prosthesis Benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure listed under the Reconstructive Surgery Benefit in Part 3, N.

N. RECONSTRUCTIVE SURGERY BENEFIT: When a surgical operation is performed on a covered person for reconstructive surgery for the treatment of Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$3,000
Breast Reconstruction	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction) .	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

O. IN-HOSPITAL BLOOD AND PLASMA BENEFIT: If a covered person receives blood and/or plasma during a covered Hospital confinement, Aflac will pay \$150 (one hundred fifty dollars) times the number of days of covered Hospital confinement paid under C above when a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors. No lifetime maximum.

P. OUTPATIENT BLOOD AND PLASMA BENEFIT: Aflac will pay \$250 (two hundred fifty dollars) for each day a covered person receives blood and/or plasma transfusions for the treatment of Cancer as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center when a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors. No lifetime maximum.

Q. SECOND SURGICAL OPINION BENEFIT: Aflac will pay \$300 (three hundred dollars) when a charge is incurred for a second surgical opinion concerning Cancer surgery for a diagnosed Cancer by a licensed Physician. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

R. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT: Aflac will pay \$500 (five hundred dollars) when a covered person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a prior diagnosis of internal Cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of Cancer treatment. Aflac will pay \$250 (two hundred fifty dollars) for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-Designated Cancer Center must be more than 50 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. (This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta). This benefit is payable only once under the policy per covered person.

S. AMBULANCE BENEFIT: Aflac will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. Aflac will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person receives Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

T. TRANSPORTATION BENEFIT: If a covered person requires Cancer treatment that has been prescribed by the local attending Physician, Aflac will pay \$.50 (fifty cents) per mile for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. Benefit amounts payable are limited to \$1,500 (one thousand five hundred dollars) per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed.

If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay this benefit for up to two adults to accompany the dependent child. **THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

U. LODGING BENEFIT: Aflac will pay \$60 (sixty dollars) per day when a charge is incurred for lodging for you or any one adult family member when a covered person receives Cancer treatment at a Hospital or medical facility more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per calendar year.

V. BONE MARROW TRANSPLANTATION BENEFIT: (1) Aflac will pay \$10,000 (ten thousand dollars) when a covered person receives a Bone Marrow Transplantation for which a charge is incurred for the treatment of Cancer. (2) Aflac will pay the covered person's bone marrow donor an indemnity of \$1,000 (one thousand dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 (ten thousand dollars) per covered person.

W. STEM CELL TRANSPLANTATION BENEFIT: Aflac will pay \$5,000 (five thousand dollars) when a charge is incurred if a covered person receives a peripheral Stem Cell Transplantation for the treatment of Cancer. This benefit is payable once per covered person. Lifetime maximum of \$5,000 (five thousand dollars) per covered person.

X. EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: Aflac will pay \$1,500 (one thousand five hundred dollars) for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 (five hundred dollars) for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer. Lifetime maximum of \$2,000 (two thousand dollars) per Covered Person.

Y. EXTENDED-CARE FACILITY BENEFIT: If a covered person is hospitalized and receives benefits under Part 3C and is later confined, within 30 days of hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, Aflac will pay \$50 (fifty dollars) per day when a charge is incurred for the first 30 days a covered person is confined in an extended-care facility as the direct result of Cancer, and beginning with the 31st day of such care, we will pay \$100 (one hundred dollars) per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Part 3C, Hospital Confinement Benefits, are NOT payable. Lifetime maximum of 100 days per covered person.

If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a Hospital prior to the second such confinement.

Z. HOSPICE BENEFIT: When a covered person is diagnosed with Cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the covered person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Cancer, Aflac will pay a one-time benefit of \$1,000 (one thousand dollars) for the first day the covered person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the covered person is terminally ill within the terms of this paragraph, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each covered person is \$12,000 (twelve thousand dollars).

AA. HOME HEALTH CARE BENEFIT: If a covered person is hospitalized and received benefits under part 3C and later requires home health care within 30 days of hospital confinement, we will pay \$50 (fifty dollars) per day when a charge is incurred for the first 30 days a covered person receives home health care as the direct result of Cancer, and beginning with the 31st day of such care, we will pay \$100 (one hundred dollars) per day when a charge is incurred for home healthcare. Lifetime maximum of 100 days per covered person.

This benefit is not payable the same day the Hospice Benefit is payable.

BB. WAIVER OF PREMIUM BENEFIT: If you, due to having internal Cancer, are completely unable to do all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more of the Activities of

Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and 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.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits under Item Z above (the Hospice Benefit).

CC. CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction;
4. You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
5. You re-establish premium payments through:
 - (a) your new employer's payroll deduction process, or
 - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.

(4) Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT: (Series A-75050) Applied for ☐ Yes ☐ No

This benefit can be purchased in units of \$100 each up to a maximum of five units or \$500. Number of units purchased _____. The First-Occurrence Benefit, under Part 3B, will be increased by \$100 for each unit purchased on each rider anniversary date while the rider is in force (the amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit.

RETURN OF PREMIUM BENEFIT: (Series A-75051) Applied for ☐ Yes ☐ 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 Cancer is diagnosed 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. 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 cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

SPECIFIED DISEASE BENEFIT: (Series A-75052) Applied for ☐ Yes ☐ No

The rider pays benefits for the treatment of the covered specified diseases ONLY, or any condition(s) or disease(s) directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s), and will be included only if you apply for it. Additional premium shown on the application and Policy Schedule is required.

The specified diseases covered by the rider are:

- | | |
|---|--|
| 1. Adrenal hypofunction (Addison's disease) | 17. Necrotizing fasciitis |
| 2. Amyotrophic lateral sclerosis
(ALS or Lou Gehrig's disease) | 18. Osteomyelitis |
| 3. Botulism | 19. Polio |
| 4. Bubonic plague | 20. Rabies |
| 5. Cerebral palsy | 21. Reye's syndrome |
| 6. Cholera | 22. Scarlet fever |
| 7. Cystic fibrosis | 23. Scleroderma |
| 8. Diphtheria | 24. Sickle cell anemia |
| 9. Encephalitis
(including Encephalitis contracted from West Nile virus) | 25. Systemic lupus |
| 10. Huntington's chorea | 26. Tetanus |
| 11. Legionnaires' disease | 27. Toxic shock syndrome |
| 12. Malaria | 28. Tuberculosis |
| 13. Meningitis (bacterial) | 29. Tularemia |
| 14. Multiple sclerosis | 30. Typhoid fever |
| 15. Muscular dystrophy | 31. Variant Creutzfeldt-
Jakob disease
(mad cow disease) |
| 16. Myasthenia gravis | 32. Yellow fever |

A. INITIAL HOSPITALIZATION BENEFIT: When a covered person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a specified disease, we will pay an Initial Hospitalization Benefit of \$1,000 (one thousand dollars). This benefit is payable only once per Period of Confinement and once per calendar year for each covered person.

B. HOSPITAL CONFINEMENT BENEFITS:

- HOSPITALIZATION FOR 30 DAYS OR LESS:** During any continuous period of Hospital confinement of 30 days or less, for a covered specified disease, Aflac will pay an indemnity of \$200 (two hundred dollars) per day.
- HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered specified disease, Aflac will pay benefits as described in Section B1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay an indemnity of \$500 (five hundred dollars) per day.

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

We pay only for treatment of Cancer, including direct extension, metastatic spread, or recurrence or any condition(s) or disease(s) directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s). Benefits are not provided for premalignant conditions; conditions with malignant potential; or any other disease, sickness, or incapacity.

The First-Occurrence Benefit is not payable for: (1) any internal Cancer diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such internal Cancer that is diagnosed prior to the Effective Date of the policy; (2) the diagnosis of skin Cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm. **Any covered person who has had a previous diagnosis of Cancer will NOT be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same Cancer.**

"Hospital" also includes Ambulatory Surgical Centers. "Hospital" does not include any institution, or part thereof, used as: a Hospice unit, including any bed designated as a Hospice bed; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit or facility; 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 diseases or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Specified Disease Rider, Form Series A-75052, pays only for loss resulting from the covered specified diseases. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s). If a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.

- (6) **Renewability:** The policy is guaranteed-renewable for life 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.

RETAIN FOR YOUR RECORDS.

THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.

REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): Activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing you personal independence in everyday living. The ADLs are MAINTAINING CONTINENCE: controlling 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; 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 your body.

CANCER: A disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Cancer also includes leukemia and Hodgkin's disease.

Premalignant conditions or conditions with malignant potential, including myelodysplastic and myeloproliferative disorders, will not be considered cancer.

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Newborn children are automatically insured from the moment of birth. If coverage is for individual 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 provided under any one-parent family or two-parent family will continue to 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.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage, but the date recorded by Aflac in the Policy Schedule.

PHYSICIAN: A legally qualified person, other than a member of your immediate family, who is licensed as a physician by the state to treat the type of condition for which a claim is made.

ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, a clinic, or any other such location.

A bone marrow transplantation does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion.

A hospital does not include any institution, or part thereof, used as a hospice unit, including any bed designated as a hospice bed; a swing bed, a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit or facility; 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 diseases or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A stem cell transplantation does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia.



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