

GROUP CRITICAL ILLNESS INSURANCE

CHILDHOOD CONDITIONS RIDER SUMMARY PAGE

Childhood Conditions Rider Benefit	Percentage of Employee Face Amount
CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
One-time Benefit Amount	
AUTISM SPECTRUM DISORDER	\$3,000
Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force.	

For any subsequent Childhood Condition to be covered, the date of diagnosis of the subsequent Childhood Condition must satisfy the Additional Diagnosis separation period outlined in the brochure.

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

In California, coverage is underwritten by
Continental American Life Insurance Company.



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Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company.

For a complete list of limitations and exclusions please refer to the brochure. This insert is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This piece is intended to be used in conjunction with the C22000 Critical Illness product brochure and is subject to the terms, conditions, and limitations of Policy Series C22000.

Continental American Insurance Company • Columbia, South Carolina

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

All limitations and exclusions that apply to the Group Critical Illness Insurance Policy also apply to these benefits. No benefits will be paid for loss which occurred prior to the effective date of the rider.

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor/qualified medical professional diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor/qualified medical professional diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor/qualified medical professional diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor/qualified medical professional diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor/qualified medical professional diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor/qualified medical professional diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor/qualified medical professional diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor/qualified medical professional must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor/qualified medical professional must diagnose Autism Spectrum Disorder based on the diagnostic criteria stipulated in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) at the time the loss occurs. The diagnosis must include the DSM severity level specifier for both major domains listed above.

An Autism Spectrum Disorder diagnosis must include more than one DSM severity level specifiers. No benefit is payable if the DSM severity level specifier is less than Level 1.