

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS**  
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999  
A Stock Company

**IMPORTANT: This is a fixed indemnity policy, NOT health insurance.**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# Aflac Choice

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

---

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



THE POLICY IS A LIMITED POLICY. IT DOES NOT PROVIDE COMPREHENSIVE HEALTH INSURANCE COVERAGE. IT IS NOT INTENDED TO SATISFY THE INDIVIDUAL MANDATE OF THE AFFORDABLE CARE ACT (ACA) OR PROVIDE THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE ACA (OFTEN REFERRED TO AS MAJOR MEDICAL COVERAGE). IT DOES NOT PROVIDE COVERAGE FOR HOSPITAL, MEDICAL, SURGICAL, OR MAJOR MEDICAL EXPENSES.

# AFLAC CHOICE

## HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

Policy Series B40000



### Life is full of tough choices, but this isn't one of them.

Aflac Choice makes selecting the right coverage easier and less stressful. With your trusted Aflac agent you can tailor Aflac Choice to meet your specific needs and enhance your existing coverage. Choose the options you want and ignore the rest.

#### Here's how we can help

Aflac Choice offers our best selection of hospital-related benefits to help with the expenses not covered by major medical, which can help prevent high deductibles and out-of-pocket expenses from derailing your life plans.

If choosing the right coverage has given you one giant headache in the past, don't worry. We're here to help.

#### Why Aflac Choice may be the right policy for you

- It's customizable. You choose the plan that's right for you based on your specific needs. It also works well with our other products.
- Guaranteed-issue options available—that means there is no medical questionnaire required.\*
- We pay cash directly to you — not the doctor or hospital.



\*Payment of claims is subject to all policy limitations and exclusions and pre-existing condition limitations.

Aflac herein means American Family Life Assurance Company of Columbus.


Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you for covered hospital expenses. We provide you with financial resources to help you overcome some of the unexpected expenses associated with a visit to the hospital, giving you less to worry about so you can focus your energy on getting better.


How it works

AFLAC CHOICE HOSPITAL CONFINEMENT INDEMNITY INSURANCE - OPTION 1

POLICYHOLDER FEELS A SHARP PAIN IN HIS RIGHT SIDE AND DECIDES TO VISIT HIS URGENT CARE CLINIC FOR CARE.



DOCTOR DIAGNOSES APPENDICITIS, SENDS PATIENT TO HOSPITAL BY AMBULANCE.



PATIENT HAS LAB TEST AND DIAGNOSTIC EXAM IN HOSPITAL ER. UNDERGOES SURGERY AND RELEASED AFTER 3 DAYS.

Choice 1	Choice 2	Choice 3	Choice 4
<p>\$1,750</p> <p>Aflac Choice Policy</p>	<p>\$2,400</p> <p>Policy + Hospital Stay and Surgical Care Rider</p>	<p>\$2,010</p> <p>Policy + Extended Benefits Rider</p>	<p>\$2,660</p> <p>Policy + Both Riders</p>

The above example is based on four scenarios. **Choice 1 Scenario:** Policyholder has the Aflac Choice policy only; includes a Hospital Admission Benefit of \$1,500, a Daily Hospital Confinement Benefit of \$150 (hospitalized for 3 days), and a Hospital Emergency Room Benefit of \$100. **Choice 2 Scenario:** Policyholder has the Aflac Choice policy plus the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$250, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days). **Choice 3 Scenario:** Policyholder has the Aflac Choice policy plus the Extended Benefits Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, and an Ambulance Benefit of \$200 (ground). **Choice 4 Scenario:** Policyholder has the Aflac Choice policy plus both the Extended Benefits Rider and the Hospital Stay and Surgical Care Rider; includes the benefit amounts from Choice 1 Scenario (shown above), plus a Physician Visit Benefit of \$25, a Laboratory Test and X-Ray Benefit of \$35, an Ambulance Benefit of \$200 (ground), an Initial Assistance Benefit of \$100, a Surgery Benefit (appendectomy) of \$250, and a Daily Hospital Confinement Benefit of \$300 (hospitalized for 3 days).

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

**Benefits overview** Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:	
HOSPITAL ADMISSION	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.	
DAILY HOSPITAL CONFINEMENT	Pays \$50 per day; limited to 365 days per confinement.	
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.	
HOSPITAL EMERGENCY ROOM	Pays \$100 for care in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.	
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.	
WAIVER OF PREMIUM	Yes	
OPTIONAL RIDERS:	DESCRIPTION:	
EXTENDED BENEFITS RIDER	<b>Physician Visit Benefit:</b> Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center, limited to continuing care following discharge from the hospital.	
	<b>Individual Coverage:</b> Limited to 3 visits per calendar year, per policy.	<b>Insured/Spouse &amp; Family Coverage:</b> Limited to 6 visits per calendar year, per policy.
	<b>Laboratory Test and X-Ray Benefit:</b> Pays \$35; limited to 2 payments per covered person, per calendar year. <b>Ambulance Benefit:</b> Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.	
HOSPITAL STAY AND SURGICAL CARE RIDER	<b>Initial Assistance Benefit:</b> Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission. <b>Surgery Benefit:</b> Pays \$250 for a covered surgery. Limited to one payment per 24-hour period, per covered person. <b>Invasive Diagnostic Exams Benefit:</b> Pays \$50 for one covered exam, per covered person, per 24-hour period. <b>Hospital Intensive Care Unit Confinement Benefit:</b> Pays \$500 per day, per covered person, for up to 31 days. <b>Daily Hospital Confinement Benefit:</b> Pays \$100 per day, per covered person, for up to 365 days. <b>Second Surgical Opinion Benefit:</b> Pays \$50 once per covered person, per calendar year.	

---

# AFLAC CHOICE COVERAGE

---





American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnnton Road • Columbus, Georgia 31999  
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

**HOSPITAL CONFINEMENT INDEMNITY COVERAGE**

**THE POLICY PROVIDES LIMITED BENEFITS  
BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED  
TO COVER ALL MEDICAL EXPENSES**

**Outline of Coverage for Policy Form Series B40100**

**THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.**

If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare” furnished by Aflac.

**(1) Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of the 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) Hospital Confinement Indemnity Coverage:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.

**(3) Benefits:** Aflac will pay the following benefits, as applicable, for care received for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms or outpatient stays. Care or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**A. HOSPITAL ADMISSION BENEFIT:** Aflac will pay \$[ ] when a Covered Person is admitted to a Hospital as an inpatient for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

**B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$50 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Admission Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.

**C. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$100 per day when a Covered Person is confined in a Hospital and is transferred to a room in a Rehabilitation Facility for care of a covered Sickness or Injury. This benefit is limited to 15 days per Period of Hospital

Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.

**D. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$100 when a Covered Person receives care for a covered Sickness or Injury in a Hospital Emergency Room, including triage. This benefit is payable twice per Calendar Year, per Covered Person. No lifetime maximum.

**The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day.**

**E. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$100 when a Covered Person receives care for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred for such care. This benefit is not payable for care received in a Hospital Emergency Room or Urgent Care Center. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

**The Hospital Short-Stay Benefit and the Hospital Emergency Room Benefit are not payable on the same day.**

**F. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

If you die and your Spouse becomes the new Named Insured, premiums will start again at the appropriate rate and will 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.

**(4) Optional Benefits:**

**EXTENDED BENEFITS RIDER: (SERIES B40050)**

Applied for ☐ Yes ☐ No

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms or outpatient stays. Care or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 for a Covered Person for a visit (including a Telemedicine Visit) to a Physician, Psychologist, or Urgent Care Center. Services must be under the supervision of a Physician or Psychologist. This benefit is limited to continuing care following discharge from the Hospital. If the Type of Coverage for the policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy. No lifetime maximum.
- B. LABORATORY TEST AND X-RAY BENEFIT:** Aflac will pay \$35 when a Covered Person requires a laboratory test or an X-ray. The laboratory test or X-ray must be performed while confined in a Hospital. This benefit is limited to two payments per Covered Person, per Calendar Year. No lifetime maximum.
- C. AMBULANCE BENEFIT:** Aflac will pay \$200 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital. If a Covered Person requires air ambulance transportation to or from a Hospital due to a covered Sickness or Injury, Aflac will pay \$2,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

**HOSPITAL STAY AND SURGICAL CARE RIDER: (SERIES B40051) Applied for ☐ Yes ☐ No**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms or outpatient stays. Care or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. INITIAL ASSISTANCE BENEFIT:** Aflac will pay \$100 when a Covered Person requires a Hospital Admission. This benefit is payable once per Calendar Year, per rider. No lifetime maximum. This benefit is not subject to the Pre-existing Condition Limitations or the Limitations and Exclusions section of the policy. **Payment of this benefit is based solely on a Covered Person's Hospital Admission, as defined in the rider. Any additional benefits that may be due as a result of a Hospital Admission remain subject to the terms of the policy, including any limitations and/or exclusions.**
- B. SURGERY BENEFIT:** Aflac will pay \$250 when, due to a covered Sickness or Injury, a Covered Person has a surgical procedure, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center. **The Surgery Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgery Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. No lifetime maximum.**
- C. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$50 when a Covered Person requires an Invasive Diagnostic Exam. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.  
  
**The Invasive Diagnostic Exams Benefit and the Surgery Benefit are not payable on the same day. The highest eligible benefit will be paid.**
- D. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$500 per day for a Period of Hospital Intensive Care Unit Confinement when a Covered Person requires confinement in a Hospital Intensive Care Unit for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Admission Benefit and the Daily Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 31 days. No lifetime maximum.
- E. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Admission Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.

- F. SECOND SURGICAL OPINION BENEFIT:** Aflac will pay \$50 for a second surgical opinion by a Physician concerning surgery for a covered Sickness or Injury. This benefit is payable once per Calendar Year, per Covered Person. No lifetime maximum.

include reconstructive surgery, when such service is incidental to or follows surgery resulting from trauma, infection or other diseases or disorders of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child that has resulted in a functional defect; or

---

**(5) Exceptions, Reductions, and Limitations of the Policy (policy is not a daily hospital expense plan):**

- A.** Aflac will not pay benefits for care that is: (1) caused by a Pre-existing Condition, unless it begins more than six months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage. If you have received benefits that were not contractually due under the coverage, then Aflac reserves the right to offset any benefits payable under the coverage up to the amount of benefits you received that were not contractually due.
- C. The policy does not cover losses caused by or resulting from:**
1. Participating in, or attempting to participate in, an activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
  2. Felonious driving while intoxicated by alcoholic substances ("intoxicated" means that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
  3. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
  4. Having dental care, except as a result of Injury;
  5. Having cosmetic surgery that is not Medically Necessary, except that "cosmetic surgery" shall not

6. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.

A "Pre-existing Condition" is a condition for which, within the six-month period before the Effective Date of coverage, prescription medication was taken or medical advice or treatment was recommended by or received from a Physician, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment within the six-month period before the Effective Date of coverage. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than six months after the Effective Date of coverage.

AFLAC WILL NOT PAY BENEFITS WHENEVER COVERAGE PROVIDED BY THIS POLICY IS IN VIOLATION OF ANY U.S. ECONOMIC OR TRADE SANCTIONS.

- (6) Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

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



## TERMS YOU NEED TO KNOW

**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. This includes parties joined in civil union. Newborn children are automatically insured for 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 31 days, you must notify Aflac in writing within 31 days of the child's birth and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental or physical disability and who became so disabled prior to age 26. Dependent children are your natural children, stepchildren or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

**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.

**HOSPITAL CONFINEMENT:** A stay of a covered person confined to a bed as an inpatient in a hospital. The hospital confinement must be on the advice of a physician, medically necessary and the result of a covered sickness or injury. Care or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

**INJURY:** A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause. An injury must occur on or after the effective date of coverage and while coverage is in force for benefits to be payable. See the Limitations and Exclusions section for injuries not covered by the policy.

**INVASIVE DIAGNOSTIC EXAM:** Any type of medical test that requires a physician to use instrumentation to physically enter the body while under local or general anesthesia.

**PERIOD OF HOSPITAL CONFINEMENT:** The number of days a covered person is assigned to a room in a hospital. Confinements must begin while coverage under the policy is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** The number of days a covered person is assigned to a room in a hospital intensive care unit. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

**SICKNESS:** An illness, disease, or medical condition, including pregnancy.

## ADDITIONAL INFORMATION

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

The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. Benefits for confinement in a rehabilitation facility are payable under the Rehabilitation Facility Benefit.

The term hospital confinement does not include emergency rooms or outpatient stays.

The term hospital intensive care unit does not include units such as telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a hospital intensive care unit.

The term hospital emergency room does not include urgent care centers.

The term rehabilitation facility does not include a hospice unit, including: any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care for persons suffering from mental disease or disorders, care for the aged or care for persons addicted to drugs or alcohol.

The term urgent care center does not include hospital emergency rooms.

Admissions into the emergency room of a hospital, admissions for same day surgical procedures or admissions for observation are not considered a hospital admission.

A physician or psychologist is not you or a member of your immediate family.





**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

