Aflac

Lump Sum Critical Illness

LIMITED BENEFIT HEALTH INSURANCE
CRITICAL ILLNESS WITH CANCER

Our easy-to-understand policy is a smart and affordable way to help plan for the unexpected.

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.

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

Aflac®

LUMP SUM CRITICAL ILLNESS

LIMITED BENEFIT HEALTH INSURANCE - CRITICAL ILLNESS WITH CANCER

Policy B71100TX; Riders B71050 and B71051TX

LS CI

Added Protection for You and Your Family

Aflac critical illness insurance is now available to you, no matter where (or how) you work—from freelancers to full-timers, from solopreneurs to start-ups of all stripes.

When getting seriously ill can change your life in a single day, you need critical illness insurance. Our easy-to-understand policies are a smart and affordable way to help plan for the unexpected. Here's how Aflac critical illness insurance works for you:

A plan made with you in mind. We're proud to offer critical illness coverage with benefits for nine conditions. How did we decide what to cover? We looked at the most expensive conditions and built our plans around them—to help cover you while you recover.

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

- Heart Attack
- Sudden Cardiac Arrest
- Stroke
- Major Human Organ Transplant
- End-Stage Renal Failure
- Paralysis
- Coma
- Bone Marrow Transplant
- Internal Cancer

A company that puts you first. What if your insurance company was on your side? Aflac is. If you become seriously sick, Aflac pays you, not your doctor or your hospital. There's no hassle and no deductibles, and you can use the money however you choose.

A promise to stick with you. Getting better doesn't happen in a day. That's why Aflac pays you a lump sum when you first get sick, and why you can add more benefits for things like ambulance rides, hospital and ICU stays that'll keep paying while you recover. With Aflac, you have something to fall back on. And when you stick with us, our policies will stick with you—even if you get seriously ill again.

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.

A plan that's right for you. You need insurance that fits your life and your budget, so with Aflac you can choose the policy with the price that's right for you. You can even add riders to help cover things that go hand in hand with critical illness and recovery, such as ambulance trips and physical therapy.

Reasons 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 covered critical illness event.
- Benefits include a Subsequent Critical Illness Event Benefit with no lifetime maximum if you have a recurrence or another critical illness event later in life.
- There are no deductibles, copayments or network restrictions—you choose your own medical treatment provider.

A policy that's good for your health—and your finances, too. If you have a covered illness, Aflac pays cash to help cover your medical bills (so that hopefully, you won't have to touch your nest egg). We make our coverage even more valuable by adding a building benefit: Your policy increases in value by $500 every year for up to 10 years, to be paid out if you ever have a covered illness.

At Aflac, we know a critical illness can change your life in a single day. That's why we're making our coverage available to you, no matter where (or how) you work.

HOW IT WORKS

AFLAC LUMP SUM CRITICAL ILLNESS WITH CANCER PLAN

POLICYHOLDER
YOU APPLY FOR
LUMP SUM CRITICAL ILLNESS WITH CANCER
COVERAGE.

YOU SELECT AN INITIAL DIAGNOSIS BENEFIT AMOUNT OF $20,000.*

THE PRIMARY INSURED IS DIAGNOSED WITH INTERNAL CANCER.

AFLAC LUMP SUM CRITICAL ILLNESS INSURANCE PAYS:

$20,000
TOTAL BENEFITS

*At the time of application, the applicant answers underwriting questions and selects an Initial Diagnosis Benefit amount of $20,000.

Benefits and/or premiums may vary based on the state and benefit option selected. Riders are available for an additional premium. The policy has limitations, exclusions and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. 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
INITIAL DIAGNOSIS BENEFIT	Primary insured: $10,000 | $15,000 | $20,000 Spouse/Dependent children: 50% of the Initial Diagnosis Benefit amount shown in the Policy Schedule Payable once per covered person, per lifetime
SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT	50% of the Initial Diagnosis Benefit amount shown in the Policy Schedule No lifetime maximum
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	25% of the Initial Diagnosis Benefit amount shown in the Policy Schedule Payable once per covered person, per lifetime
NONINVASIVE CANCER BENEFIT	25% of the Initial Diagnosis Benefit amount shown in the Policy Schedule Payable once per covered person, per lifetime
SKIN CANCER BENEFIT	$200 upon a covered person's onset date of nonmelanoma skin cancer Payable once per covered person, per calendar year
BUILDING BENEFIT	Up to $500, accrued annually This benefit is payable one time per covered person, per lifetime. See policy for additional benefit details.
OPTIONAL RIDERS	
CRITICAL ILLNESS EVENT RECOVERY BENEFIT RIDER	$500 per month while a covered person remains in critical illness event recovery. Limited to three months per critical illness event, per covered person
CRITICAL ILLNESS EVENT HOSPITALIZATION BENEFIT RIDER	
DAILY HOSPITAL CONFINEMENT BENEFIT	$150/day up to 31 days per critical illness event, per covered person.
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT	$300/day up to 15 days per critical illness event, per covered person.
AMBULANCE BENEFIT	Ground: $200 | Air: $2,000 Limited to two trips per covered critical illness event, per covered person No lifetime maximum
TRANSPORTATION BENEFIT	Bus, trolly, boat or vehicle (private, rental or taxi): $100/round trip | Common-carrier vehicle: $500/round trip Dependent child companion: $1,000/round trip Limited to three round trips per covered person, per calendar year
LODGING BENEFIT	$65 per day
CONTINUING CARE BENEFIT	$50/day when a covered person is charged for any of the following treatments: • rehabilitation therapy • physical therapy • speech therapy • occupational therapy • respiratory therapy • dietary therapy/consultation • home health care • dialysis • hospice care • extended care • nursing home care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered critical illness event. No lifetime maximum.

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

THE POLICY DESCRIBED IN THIS OUTLINE PROVIDES SUPPLEMENTAL COVERAGE ISSUED ONLY TO SUPPLEMENT INSURANCE ALREADY IN FORCE.

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)

SUPPLEMENTAL LUMP SUM CRITICAL ILLNESS INSURANCE
REQUIRED OUTLINE OF COVERAGE

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

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 your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

(2) **Lump Sum Critical Illness Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness Events. Critical Illness Events are: Heart Attack, Sudden Cardiac Arrest, Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, Coma, Bone Marrow Transplant, or Internal Cancer. Coverage is provided for the specified conditions only.

(3) **Benefits**: Aflac will pay the following benefits, as applicable, while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. **PLEASE REFER TO THE POLICY FOR DETAILED POLICY PROVISIONS AND LIMITATIONS.**

INITIAL DIAGNOSIS BENEFIT:

Named Insured: 100% of the amount shown in the Policy Schedule

Spouse or Dependent Child: 50% of the amount shown in the Policy Schedule

Upon Onset Date of any of the following Critical Illness Events:

Heart Attack • Sudden Cardiac Arrest • Stroke • Major Human Organ Transplant • End-Stage Renal Failure • Paralysis • Coma • Bone Marrow Transplant • Internal Cancer

Limited to one per Covered Person, per lifetime.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT:
After receiving the Initial Diagnosis Benefit, upon Onset Date of a **recurrence** of that **same** Critical Illness Event, or an occurrence of a **different** Critical Illness Event:
50% of the Face Amount

No lifetime maximum.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:
Upon undergoing Coronary Artery Bypass Graft Surgery:
25% of the Face Amount

Limited to one per Covered Person, per lifetime.

NONINVASIVE CANCER BENEFIT: Upon Onset Date of Noninvasive Cancer:
25% of the Face Amount

Limited to one per Covered Person, per lifetime.

SKIN CANCER BENEFIT: Upon Onset Date of Nonmelanoma Skin Cancer:
$200

Limited to one per Covered Person, per Calendar Year.

BUILDING BENEFIT: Accrues up to the annual amount of:
$ 500

Paid under the same terms as the Initial Diagnosis Benefit. Payable one time per Covered Person, per lifetime.

(4) Optional Benefits (may have been offered and accepted or declined):

CRITICAL ILLNESS EVENT RECOVERY BENEFIT RIDER: (SERIES B71050)

CRITICAL ILLNESS EVENT RECOVERY BENEFIT: Per month, while a Covered Person remains in Critical Illness Event Recovery:

$500

CRITICAL ILLNESS EVENT HOSPITALIZATION BENEFIT RIDER: (SERIES B71051)

Aflac will pay the following benefits, as applicable, for a covered Critical Illness Event 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. **PLEASE REFER TO THE POLICY AND RIDER FOR DETAILED PROVISIONS AND LIMITATIONS.**

DAILY HOSPITAL CONFINEMENT BENEFIT: Per day for the Period of Hospital Confinement for a covered Critical Illness Event and a room charge is incurred:

$150

Payable for up to 31 days per covered Critical Illness Event, per Covered Person. No lifetime maximum.

HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Critical Illness Event:

$300

Payable in addition to the Daily Hospital Confinement Benefit. Payable for up to 15 days per covered Critical Illness Event, per Covered Person. No lifetime maximum.

AMBULANCE BENEFIT: For ground ambulance transportation to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and a charge is incurred:

$200

For air ambulance transportation to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and a charge is incurred:

$2,000

A licensed professional ambulance company must provide the ambulance service. Limited to two trips per covered Critical Illness Event, per Covered Person. No lifetime maximum.

TRANSPORTATION BENEFIT: When a Covered Person requires medical treatment in a Hospital due to a covered Critical Illness Event:

- Per round trip to a Hospital for travel by bus, trolley, boat, or a private, rental, or taxi vehicle:

  $100

- Per round trip to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and travel by a Common-Carrier Vehicle is necessary:

  $500

  An additional amount is payable per round trip to a Hospital when a covered Dependent Child requires medical treatment due to a covered Critical Illness Event if travel by a Common-Carrier Vehicle is necessary and such Dependent Child is accompanied by any Immediate Family member:

  $1,000

Not payable for transportation by ambulance or air ambulance to the Hospital. Payable for up to three round trips per Calendar Year, per Covered Person.

LODGING BENEFIT: Per night, when a charge is incurred for a room in a motel, hotel, or other commercial accommodation for you or a member(s) of the Immediate Family that accompanies a Covered Person who is receiving medical treatment in a Hospital due to a covered Critical Illness Event:

$65

Limited to one room per night. Payable up to 15 days per covered Critical Illness Event.

CONTINUING CARE BENEFIT: Per day when, due to a covered Critical Illness Event, a Covered Person receives and incurs a charge for one or more treatment as a result of a recommendation from a licensed Physician:

$50

Eligible treatments are:
rehabilitation therapy • physical therapy • speech therapy • occupational therapy • respiratory therapy • dietary therapy/consultation • home health care • dialysis • hospice care • extended care • nursing home care

Limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Critical Illness Event. No lifetime maximum.

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

Aflac 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.

Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered) or complications of cancer.

The policy contains a 30-day waiting period for Internal Cancer. If a Covered Person has Internal Cancer diagnosed before his or her coverage has been in force 30 days, benefits are not payable for that Internal Cancer, or any recurrence, extension, or metastatic spread of that same Internal Cancer. At your option, you may elect to void the coverage and receive a full refund of premium.

For the Subsequent Critical Illness Event Benefit to be payable for a recurrence, direct extension, or metastatic spread of any Internal Cancer, the Covered Person must be free from Treatment for that Internal Cancer for a consecutive 12-month period before the Onset Date of the recurrence, direct extension, or metastatic spread.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

For a benefit to be payable when any diagnosis, recommendation, consultation, care or other service is required to be provided by a Physician, the Physician may not be you or a member of your Immediate Family.

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 occurs on the same day, only the highest eligible benefit will be paid.

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

Aflac will not pay benefits for Loss due to (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

The policy does not cover Loss caused by or resulting from:

- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
- Participating in any illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being detained in any detention facility or penal institution;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term “intoxicated” refers to that condition as defined by the law of the jurisdiction in which the cause of the Loss occurred);
- Participating in any hazardous activities to include aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing); scuba diving; cave exploration; bungee jumping; mountain or rock climbing; or participating in a race, speed, or endurance contest, including practice activities, while operating or as a passenger of an air, land, or water vehicle;
- Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;

- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits for a Loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage.

(6) **Renewability:** The policy is guaranteed-renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. 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. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of the same form number and premium classification in the state where the policy was issued that are then in force.

Grace Period: A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the policy will continue in force. If you fail to pay your premium by the end of the grace period, coverage under the policy will terminate.

Premiums: Premiums are subject to change.

	Annual	Semiannual	Quarterly	Monthly
Policy				
Rider B71050				
Rider B71051TX				

THE PERSON TO WHOM THE POLICY IS ISSUED IS PERMITTED TO RETURN THE POLICY WITHIN 30 DAYS OF ITS DELIVERY TO THAT PERSON AND TO HAVE THE PREMIUM PAID REFUNDED.

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

BONE MARROW TRANSPLANT: a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells.

COMA: a continuous state of profound unconsciousness diagnosed as beginning 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.

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 of the named insured or spouse are automatically covered under the terms of the policy for 31 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, or a child for whom coverage is required under a medical support order, beyond the first 31 days, you must notify Aflac within 31 days of the birth of your child or the date the medical support order first requires such coverage, 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 include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability, and who became so disabled prior to age 26 and while covered under the policy. Dependent children are your natural children, stepchildren, grandchildren, or legally adopted children who are under age 26. Children for whom you must provide medical support under a court order are also covered under the terms of the policy.

CRITICAL ILLNESS EVENT: heart attack, sudden cardiac arrest, stroke, major human organ transplant, end-stage renal failure, paralysis, coma, bone marrow transplant or internal cancer.

CRITICAL ILLNESS EVENT RECOVERY: a covered person will be considered in critical illness event recovery if, due to a covered critical illness event, he or she continues to be under the active care and treatment of a physician.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date may not be the date you requested or 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.

HOSPITAL CONFINEMENT: a stay of a covered person confined to a bed in a hospital for 23 or more hours for which a room charge is made. The hospital confinement must be on the advice of a physician, medically necessary, and the result of a covered critical illness event. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

INTERNAL CANCER: disease manifested by the presence of a malignant tumor or characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Internal cancer also includes but is not limited to leukemia, Hodgkin's disease, myeloproliferative and myelodysplastic blood disorders, and invasive melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm. Internal cancer must receive a positive medical diagnosis. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered internal cancer.

LOSS: a critical illness event, coronary artery bypass graft surgery, noninvasive cancer, or nonmelanoma skin cancer.

NONINVASIVE CANCER: a carcinoma in the natural or normal place, confined to the site of origin without having invaded neighboring tissue. Noninvasive cancer includes noninvasive melanoma skin cancer.

NONINVASIVE MELANOMA SKIN CANCER: a cancer that has not spread outside the tissue in which it began and includes melanoma of Clark's Level I or II, or a Breslow Level less than or equal to 1.5 mm.

NONMELANOMA SKIN CANCER: a cancer other than a melanoma that begins in the upper part of the skin (epidermis).

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a physician 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.

ONSET DATE: the date of the occurrence for a heart attack, stroke, or sudden cardiac arrest; the date of diagnosis by a physician where such diagnosis is supported by medical records for end-stage renal failure, paralysis or coma; the date of surgery for a major human organ transplant or coronary artery bypass graft surgery; the date of the procedure for bone marrow transplant; or the day the tissue specimen, culture, and/or titer is taken upon which the initial diagnosis of internal cancer, noninvasive cancer or nonmelanoma skin cancer is based.

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 spinal cord injury. The paralysis must be confirmed by your attending physician.

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.

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.

ADDITIONAL INFORMATION

Hospital does not include any institution or part thereof used as 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 or treatment for persons suffering from mental disease or disorders, care for the aged or care for persons addicted to drugs or alcohol.

A hospital intensive care unit does not provide benefits for confinement in 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.

Coma does not include any medically induced coma.

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.

Internal cancer does not include nonmelanoma skin cancers, noninvasive melanoma skin cancers or noninvasive cancer.

Sudden cardiac arrest is not a heart attack.

Major human organ transplants do not include transplants involving mechanical or nonhuman organs.

Noninvasive cancer does not include nonmelanoma skin cancer.

Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency or lacunar infarction (LACI).

The onset date for internal cancer, noninvasive cancer or nonmelanoma skin cancer is not the date the diagnosis is communicated to the covered person.

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether internal cancer or noninvasive cancer has returned.

For the Subsequent Critical Illness Event Benefit to be payable, the onset date of a covered person's subsequent critical illness event must be 180 days or more from the onset date of their most recent critical illness event for which benefits are payable or have been paid. This benefit is not payable on the same day as the Initial Diagnosis Benefit.

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