

## LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

We will not pay benefits for loss caused by Pre-Existing Conditions (except as stated in the provision below).

Benefits will not be paid for disability due to:

1. any act of war, declared or undeclared, insurrection, rebellion, or act of participation in a riot; 2. an intentionally self-inflicted injury; 3. a commission of, or attempt to commit, an assault, battery, or felony, or engagement in any illegal occupation; 4. travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 5. mental or emotional disorders without demonstrable organic disease; 6. alcoholism or drug addiction; 7. an injury arising from any employment; 8. injury or sickness covered by Workers' Compensation.

### PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition means a sickness or physical condition which, within the 12 month period prior to the Effective Date of your certificate resulted in your receiving medical advice or treatment.

We will not pay benefits for any period of Total Disability starting within 12 months of the Effective Date of your certificate which is caused by, contributed to, or resulting from a Pre-existing Condition.

A claim for benefits for loss starting after 12 months from the Effective Date of your certificate will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the Effective Date of your certificate.

Treatment means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.

### TERMS YOU NEED TO KNOW

**Effective Date** the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you are actively at work as an eligible employee.

**Termination** Coverage will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, or (4) the premium due date which falls on or first follows your 70th birthday.

**Totally Disabled** being under the care and attendance of a physician due to an injury or sickness that causes you to be unable to perform the material and substantial duties of your occupation and not gainfully employed or occupied in any other occupation. After benefits have been paid one year for a period of disability, Totally Disabled means that due to an injury or sickness for which you are receiving care by a physician, you are not able to engage in any gainful occupation in which you might reasonably be expected to engage because of education, training, or experience, or you are not gainfully employed or occupied in any other occupation.

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form Series GP5000-FL.

## Peace of Mind *and* Real Cash Benefits



## GROUP DISABILITY INSURANCE

Nonoccupational Coverage

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# GROUP DISABILITY INSURANCE

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## A disability could drain your savings and other resources.

Disability income insurance helps prepare you for injury or illness by providing protection for your income.

- What would happen if an injury or an illness left you unable to work?
- Where would the money come from to help pay your mortgage or rent?
- How long would you be able to keep up with your utility bills, credit payments, insurance premiums, and other expenses?

You could lose a lot more than your paycheck if you don't plan ahead.



### FEATURES

- Nonoccupational coverage.
- Guaranteed Issue – Guaranteed issue is available during the initial enrollment when the participation requirements are met.
- Payroll Deduction – Premiums are paid through convenient payroll deduction.
- Minimum and Maximum Benefit – \$300 to \$3,000.

22%

of adults in the United States have some type of disability.

Prevalence of Disability and Disability Type Among Adults," Morbidity and Mortality Weekly Report, CDC, 2015.

### BENEFITS This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

#### TOTAL DISABILITY

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness.

#### PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If, after being Totally Disabled, you remain partially disabled and are only able to work four hours per day, this plan will still pay you half of your selected monthly benefit for up to three months.

#### WAIVER OF PREMIUM

Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

#### PORTABILITY

Coverage may be continued even if you change employers. See the portability section below.

### CONTINUE YOUR COVERAGE (PORTABILITY)

If you cease employment with your employer, you may elect to continue your coverage. You must have been continuously insured for at least six months under this plan and/or the prior plan just before the date your employment terminated. The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply.

Coverage may not be continued if you fail to pay any required premium or if the group policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

### COVERAGE WORK SHEET

#### PLAN INFORMATION

Benefit Begin for Accidents: \_\_\_\_\_

Benefit Begin for Sickness: \_\_\_\_\_

Monthly Benefit Amount: \_\_\_\_\_

Benefit Period: \_\_\_\_\_

#### PAYROLL DEDUCTION

Deductions Begin: \_\_\_\_\_

Total Deduction: \_\_\_\_\_

Effective date: \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.