

Level 1

# ***Personal Accident Indemnity Plan***

*Accident-Only Insurance*



## ***Plan Benefits***

- Emergency Treatment
- Follow-Up Treatment
- Initial Hospitalization
- Hospital Confinement
- Physical Therapy
- Accidental-Death
- Wellness
- Plus ... much more

# Personal Accident Indemnity Plan

## Policy Series A-34000

*Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.*

### Accident Emergency Treatment Benefit

*Aflac will pay \$120 for the insured and the spouse, and \$70 for children* if a covered person receives treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by a physician, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

### Accident Follow-Up Treatment Benefit

*Aflac will pay \$25* for one treatment per day for up to a maximum of six treatments per covered accident, per covered person for follow-up treatment received for injuries sustained in a covered accident. Treatment must begin within 30 days of the covered accident or discharge from the hospital. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

### Initial Accident Hospitalization Benefit

*Aflac will pay \$1,000* when a covered person is confined to a hospital for at least 24 hours for injuries sustained in a covered accident. If the covered person is admitted directly to an intensive care unit, *Aflac will pay \$1,500*. This benefit is payable only once per hospital confinement\* or intensive care unit confinement and is payable only once per calendar year, per covered person.

### Accident Hospital Confinement Benefit

*Aflac will pay \$200 per day* for which a covered person is charged for a room for hospital confinement\* of at least 18 hours for treatment of injuries sustained in a covered accident. This benefit is payable up to 365 days per covered accident, per covered person. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day; only the highest eligible benefit will be paid.

### Intensive Care Unit Confinement Benefit

*Aflac will pay an additional \$400 per day* for each day a covered person is receiving the Accident Hospital Confinement Benefit and is confined to and charged for a room in an intensive care unit. This benefit is payable up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

### Accident Specific-Sum Injuries Benefit

*Aflac will pay \$25–\$10,000 for:*

Dislocations	Burns	Skin Grafts
Eye Injuries	Lacerations	Fractures
Broken Teeth	Comas	Brain Concussions
Paralysis	Surgical Procedures	

Treatment must be performed on a covered person for injuries sustained in a covered accident. We will pay for no more than two dislocations per covered accident, per covered person. Dislocations must be diagnosed by a physician within 72 hours after the covered accident. Benefits are payable for only the first dislocation of a joint. If a physician reduces a dislocation with local or no anesthesia, we will pay 25 percent of the amount shown for the closed reduction dislocation. A physician must treat burns within 72 hours after a covered accident. A total of 50 percent of the burn benefit will be paid for one or more skin grafts. Lacerations requiring sutures must be repaired under the attendance of a physician within 72 hours after the covered accident. Fractures must be diagnosed by a physician by X-ray within 14 days after a covered accident. For chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown for the closed reduction. We will pay for no more than two fractures per covered accident, per covered person. We will pay no more than one benefit for broken teeth per covered accident, per covered person. Coma duration must be at least seven days and must require intubation for respiratory assistance. Paralysis must result from spinal cord injuries that are received in a covered accident and that result in complete and total loss of use of two or more limbs for a period of at least 30 days, and the loss must be confirmed by a physician. Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one procedure may be performed.

\*Hospital confinement is defined as a covered person's confinement to a bed in a hospital for which a room charge is made. The confinement must be on the advice of a physician and medically necessary. Benefits are also payable for confinement in hospitals operated by or for the United States government. Confinement must start within 30 days of the accident.

### Major Diagnostic Exams

**Aflac will pay \$150** if a covered person requires one of the following exams for injuries sustained in a covered accident: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

### Physical Therapy Benefit

**Aflac will pay \$25** for one treatment per day up to a maximum of ten treatments per covered accident, per covered person if a physician advises the person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

### Rehabilitation Unit Benefit

**Aflac will pay \$100 per day** when a covered person is charged for confinement in a hospital and transferred to a bed in a rehabilitation unit of a hospital for a covered injury. This benefit is limited to 30 days for each covered person per period of hospital confinement and is limited to a calendar year maximum of 60 days. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day; only the highest eligible benefit will be paid. No lifetime maximum.

A period of hospital confinement is a time period of confinement that starts while the policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first unless it is the result of an entirely unrelated injury or the confinements are separated by 30 days or more.

### Appliances Benefit

**Aflac will pay \$100** if a covered person requires, as advised by a physician, the use of a medical appliance as an aid in personal locomotion resulting from injuries sustained in a covered accident. This benefit is payable for crutches, wheelchairs, leg braces, back braces, and walkers, and is payable once per covered accident, per covered person.

### Prosthesis Benefit

**Aflac will pay \$500** if a covered person requires a prosthetic device as a result of injuries sustained in a covered accident. This benefit is payable once per covered accident, per covered person and is not payable for hearing aids, wigs, or dental aids, to include false teeth.

### Blood/Plasma/Platelets Benefit

**Aflac will pay \$100** if a covered person requires blood, plasma, or platelets for the treatment of injuries sustained in a covered accident. This benefit is not payable for immunoglobulins and is payable only once per covered accident, per covered person.

### Ambulance Benefit

**Aflac will pay \$150 for ground ambulance transportation or \$1,000 for air ambulance transportation** if a covered person requires ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. A licensed professional ambulance company must provide the transportation within 72 hours of the covered accident. If the provider of service does not receive payment for services provided from any other source, and provided the benefit under the policy has not been paid, we will directly reimburse such provider of service.

### Transportation Benefit

**Aflac will pay \$400** per round trip to a hospital if a covered person requires special treatment and hospital confinement\* for injuries sustained in a covered accident. The hospital must be more than 100 miles from the covered person's residence or site of the accident. This benefit will be paid for only the covered person for whom the treatment is prescribed, or if the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is payable for up to three round trips per calendar year, per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

### Family Lodging Benefit

**Aflac will pay \$100** per night for one motel/hotel room for a member of the extended family to accompany the covered person if treatment of injuries sustained in a covered accident requires hospital confinement.\* The hospital and motel/hotel must be more than 100 miles from the covered person's residence. This benefit is payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital.

### Accidental-Death and -Dismemberment Benefits

**Aflac will pay** the following benefit for death if it is the result of injuries sustained in a covered accident:

	Insured/Spouse	Child
Common-Carrier Accidents	\$100,000	\$15,000

A covered person must be a passenger at the time of the common-carrier accident, and a proper authority must have licensed the vehicle to transport passengers for a fee. Common-carrier vehicles are limited to airplanes, trains, buses, trolleys, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis are not included.

	Insured/Spouse	Child
Other Accidents	\$25,000	\$7,500

(Other accidents are accidents that are not classified as common-carrier accidents and that are not specifically excluded in the limitations and exclusions of the policy.)

**Aflac will pay** the following benefit for dismemberment resulting from injuries sustained in a covered accident:

	Insured/Spouse	Child
Both arms and both legs	\$25,000	\$7,500
Two eyes, feet, hands, arms, or legs	\$25,000	\$7,500
One eye, foot, hand, arm, or leg	\$ 6,250	\$1,875
One or more fingers and/or one or more toes	\$ 1,250	\$ 500

Death or dismemberment must be independent of disease, bodily infirmity, or any other cause other than a covered accident and must occur within 90 days of the accident. Only the highest single benefit per covered person will be paid for accidental dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid. Loss of use does not constitute dismemberment, except for eye injuries resulting in permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

### Wellness Benefit

**After the policy has been in force for 12 months, Aflac will pay \$60** if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Eligible family members are your spouse and the dependent children of you or your spouse. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's effective date for service received during the following policy year and is payable only once per policy each 12-month period following the policy anniversary date. Service must be under the supervision of or recommended by a physician and received while your policy is in force, and a charge must be incurred.

### Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy and riders for up to 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 and you leave your employer for any reason; (4) you or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and (5) you re-establish premium payments, either through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible for this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and 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.)

### Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

### Effective Date

The effective date of the policy is the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 64. The payroll rate may be retained after one month's premium payment on payroll deduction.

**This brochure is for illustration purposes only.**

**Refer to the policy for complete details, limitations, and exclusions.**

### What Is Not Covered

We will not pay benefits for services rendered by a member of the extended family of a covered person or for an accident that occurs while coverage is not in force.

We will not pay benefits for an accident or sickness that is caused by or occurs as a result of a covered person's:

- Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony (felony is as defined by the law of the jurisdiction in which the activity takes place);
- Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury;
- 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 Army Reserve;
- Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;
- Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

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

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

A physician does not include you or a member of your extended family, or anyone who normally resides in your home or residence.

### Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 19 (23 if full-time students). This includes the relationship created by a domestic partnership. Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and all unmarried, dependent children to age 19 (23 if full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

### Accidents Happen

- Unintentional injuries are the fifth leading cause of death overall and first among persons in age groups from 1 to 44.
- On the average, there are 13 unintentional-injury deaths and about 2,650 disabling injuries every hour during the year.
- A disabling injury occurs in the home about every four seconds.
- In 2003 about 35% of all hospital emergency department visits in the United States were injury-related.

Injury Facts, 2005–2006 Edition, National Safety Council

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.



# Aflac is ...

- A Fortune 500 company with assets exceeding \$56 billion, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (April 2004), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2005), and AA in insurer financial strength by Fitch, Inc. (April 2005).\*
- Named by Fortune magazine to its list of America's Most Admired Companies for the sixth consecutive year in March 2006.
- A premier provider of insurance policies with premiums payroll deducted for more than 350,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual Platinum 400 List of America's Best Big Companies for the sixth year in January 2006.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the eighth consecutive year in January 2006.

*\*Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*

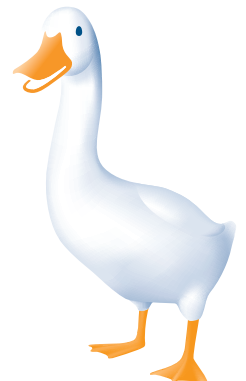


1.800.99.AFLAC (1.800.992.3522)

En español:

1.800.SI.AFLAC (1.800.742.3522)

Visit our Web site at [aflac.com](http://aflac.com).



Your local Aflac insurance agent/producer

**American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: 1932 Wynnton Road  
Columbus, Georgia 31999  
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

**This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.**

**ACCIDENT-ONLY COVERAGE  
Outline of Coverage for Policy Series A-34100**

**THIS POLICY PROVIDES LIMITED BENEFITS**

**BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED  
TO COVER ALL MEDICAL EXPENSES**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**

**If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from AFLAC.**

- (1) Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of the coverage. 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) Accident-Only coverage** is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- (3) Benefits.** Benefit A is a preventive benefit; the death, Dismemberment, or Injury of a covered person is not required for this benefit to be payable.

**A. WELLNESS BENEFIT:** After this policy has been in force for 12 months, we will pay \$60 (sixty dollars) if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Eligible family members are your spouse and the dependent children of either you or your spouse. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

We will pay the following benefits as applicable if a covered person's death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Death, Dismemberment, or Injury must be independent of disease or bodily infirmity, or of any cause other than a covered accident. A covered accident must also occur while coverage is in force and is subject to the limitations and exclusions.

- B. ACCIDENT EMERGENCY TREATMENT BENEFIT:** If a covered person receives treatment for Injuries sustained in a covered accident, we will pay the following benefit for treatment received. This benefit is payable for treatment by a Physician, X-rays, or treatment received in a Hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$120	\$120	\$70

- C. ACCIDENT FOLLOW-UP TREATMENT BENEFIT:** If a covered person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident, we will pay \$25 (twenty-five dollars) per treatment for such follow-up treatment. We will pay for one treatment per day for up to a maximum of six treatments per covered accident, per covered person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. **This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.**

- D. INITIAL ACCIDENT HOSPITALIZATION BENEFIT:** When a covered person is confined to a Hospital for at least 24 hours for Injuries sustained in a covered accident, we will pay an Initial Accident Hospitalization Benefit of \$1,000 (one thousand dollars), or we will pay \$1,500 (one thousand five hundred dollars) if the covered person is admitted directly to an Intensive Care Unit. This benefit is payable only once per Hospital or Intensive Care Unit Confinement and only once per calendar year, per covered person. Confinements must start within 30 days of the accident.

- E. ACCIDENT HOSPITAL CONFINEMENT BENEFIT:** When a covered person is confined to a Hospital for at least 18 hours for treatment of Injuries sustained in a covered accident, we will pay \$200 (two hundred dollars) for each day of Hospital Confinement for which a covered person is charged for a room. We will pay this benefit up to 365 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

**The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

- F. INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** While a covered person is receiving the Accident Hospital Confinement Benefit, we will pay an additional \$400 (four hundred dollars) for each day the covered person is confined and charged for a room in an Intensive Care Unit. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

- G. ACCIDENT SPECIFIC-SUM INJURIES BENEFITS:** If a covered person receives treatment for Injuries sustained in a covered accident, we will pay \$25 (twenty-five dollars)-\$10,000 (ten thousand dollars) for dislocations, burns, skin grafts, eye injuries, lacerations requiring sutures, fractures, concussion, emergency dental work, coma, paralysis, and miscellaneous surgical procedures. See policy for specific amounts payable.

- H. MAJOR DIAGNOSTIC EXAMS:** If a covered person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred, we will pay \$150 (one hundred fifty dollars): CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). These exams must be performed in a Hospital, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

- I. PHYSICAL THERAPY BENEFIT:** If a covered person receives emergency treatment for Injuries sustained in a covered accident and later a Physician advises the covered person to seek treatment



from a Physical Therapist, we will pay \$25 (twenty-five dollars) per treatment. Physical therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. We will pay for one treatment per day for up to a maximum of 10 treatments per covered accident, per covered person. The treatment must take place within six months after the accident. **This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.**

- J. REHABILITATION UNIT BENEFIT:** When a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Injury, we will pay \$100 (one hundred dollars) per day for each day you are charged for a room. This benefit is limited to 30 days for each covered person per Period of Hospital Confinement and is limited to a calendar year maximum of 60 days. No lifetime maximum.

**The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

- K. APPLIANCES BENEFIT:** If, as a result of Injuries sustained in a covered accident a covered person requires, as advised by a Physician, the use of a medical appliance as an aid in personal locomotion, we will pay \$100 (one hundred dollars). Benefits include and are payable for crutches, wheelchairs, leg braces, back braces, and walkers. This benefit is payable once per covered accident, per covered person.
- L. PROSTHESIS BENEFIT:** If a covered person requires use of a Prosthetic Device as a result of Injuries sustained in a covered accident, we will pay \$500 (five hundred dollars). This benefit is not payable for hearing aids, wigs, or any dental aids to include false teeth. This benefit is payable once per covered accident, per covered person.
- M. BLOOD/PLASMA/PLATELETS BENEFIT:** If a covered person requires blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident, we will pay \$100 (one hundred dollars). This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per covered person.
- N. AMBULANCE BENEFIT:** If a covered person requires ambulance transportation to a Hospital or emergency center for Injuries sustained in a covered accident, we will pay \$150 (one hundred fifty dollars). Ambulance transportation must be within 72 hours of the covered accident. We will pay \$1,000 (one thousand dollars) for transportation provided by an air ambulance. A licensed professional ambulance company must provide the ambulance service. If the provider of service does not receive payment for services provided from any other source, and provided the benefit under this policy has not been paid, we will directly reimburse such provider of service.
- O. TRANSPORTATION BENEFIT:** If a covered person requires special treatment and confinement in a Hospital for Injuries sustained in a covered accident, we will pay \$400 (four hundred dollars) per round trip. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. If the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child). The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the accident or residence of the covered person. This benefit is payable for up to three round trips per calendar year, per covered person.
- P. FAMILY LODGING BENEFIT:** If a covered person requires Hospital Confinement for the treatment of Injuries sustained in a covered accident, we will pay \$100 (one hundred dollars) per night for one motel/hotel room for a member(s) of the Extended Family to accompany the covered person. This benefit is payable only during the same period of time the injured covered person is confined to the

Hospital. The Hospital and motel/hotel must be more than 100 miles from the residence of the covered person. This benefit is payable up to 30 days per covered accident.

- Q. ACCIDENTAL-DEATH BENEFIT:** We will pay the applicable lump-sum benefit indicated below for Accidental Death. Death must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of such accident.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accidents	\$100,000	\$100,000	\$15,000
Other Accidents	\$25,000	\$25,000	\$7,500

- R. ACCIDENTAL-DISEMBLEMENT BENEFIT:** We will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of the accident.

**Dismemberment or complete loss of, with or without reattachment:**

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Both arms and both legs	\$25,000	\$25,000	\$7,500
Two eyes, feet, hands, arms, or legs	\$25,000	\$25,000	\$7,500
One eye, foot, hand, arm, or leg	\$6,250	\$6,250	\$1,875
One or more fingers and/or one or more toes	\$1,250	\$1,250	\$500

Only the highest single benefit per covered person will be paid for Accidental Dismemberment. Benefits will be paid only once for any covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

- S. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for the policy and riders for up to 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 and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of 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**

- A. Off-the-Job Accident Disability Benefit Rider: (Series A-34050)** Applied For: ☐ Yes ☐ No  
This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

**PRE-EXISTING CONDITIONS:** Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER:** We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

**1. While this coverage is in force, we will insure you as follows:**

- a) Through Age 69:** If your covered Off-the-Job Accident causes you to become Partially Disabled or Totally Disabled within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth per day of \$\_\_\_\_\_ for each day you remain Partially Disabled or Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
- b) Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth per day of \$\_\_\_\_\_ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Partially Disabled or Totally Disabled. Benefits will cease on the date of your death.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

- B. On-the-Job Accident Disability Benefit Rider: (Series A-34051) Applied For: ☐ Yes ☐ No**  
**This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.**

**PRE-EXISTING CONDITIONS:** Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER:** We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

**1. While this coverage is in force, we will insure you as follows:**

- a) **Through Age 69:** If your covered On-the-Job Accident causes you to become Partially Disabled or Totally Disabled within 90 days of your last treatment for your covered On-the-Job Accident, we will pay you one-thirtieth of \$\_\_\_\_\_ for each day you remain Partially Disabled or Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
- b) **Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered On-the-Job Accident, we will pay you one-thirtieth of \$\_\_\_\_\_ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Partially Disabled or Totally Disabled. Benefits will cease on the date of your death.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

- C. **Sickness Disability Benefit Rider: (Series A-34052)** Applied For: ☐ Yes ☐ No  
**This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.**

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is a Sickness for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. We will not pay benefits for a disability that is caused by or occurs as a result of your: (1) Becoming Partially Disabled or Totally Disabled due to any of the following: bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This rider will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force; (2) Giving birth within the first ten months of the Effective Date of this rider as a result of a normal pregnancy, including cesarean (complications of pregnancy will be covered to the same extent as a Sickness); or (3) Donating an organ within the first 12 months of the Effective Date of this rider. Refer to your policy for additional Limitations and Exclusions.

**1. While this coverage is in force, we will insure you as follows:**

- a) **Through Age 69:** If your covered Sickness causes you to become Partially Disabled or Totally Disabled within 90 days of your last treatment for your covered Sickness, we will pay you one-thirtieth of \$\_\_\_\_\_ for each day you remain Partially Disabled or Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination

Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

- b) Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered Sickness, we will pay you one-thirtieth of \$\_\_\_\_\_ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. After this rider has been in force ten months, the maximum Benefit Period allowed for childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that you remain disabled, as defined in the rider, beyond these time frames.

Benefits will be paid for only one disability at a time even if it is caused by more than one Sickness. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Partially Disabled or Totally Disabled. Benefits will cease on the date of your death.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

- D. Spouse Off-the-Job Accident Disability Benefit Rider: (Series A-34053) Applied For: ☐Yes ☐No**  
**This rider applies to the Insured's spouse only, as shown in the Policy Schedule.**

**PRE-EXISTING CONDITIONS:** Disability or hospitalization caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A Pre-existing Condition is an Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment.

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER:** We will not pay benefits for a disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

**1. While this coverage is in force, we will insure you as follows:**

- a) Through Age 69:** If your covered Off-the-Job Accident causes you to become Partially Disabled or Totally Disabled within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth of \$\_\_\_\_\_ for each day you remain Partially Disabled or Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.
- b) Age 70 and above:** If you require Hospital Confinement within 90 days of your last treatment for your covered Off-the-Job Accident, we will pay you one-thirtieth of \$\_\_\_\_\_ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period. Also see the Uniform Provision titled Term and the definitions of "Benefit Period" and "Successive Periods of Disability" in your policy.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Partially Disabled or Totally Disabled. Benefits will cease on the date of your death.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

---

**PARTIALLY DISABLED:** YOUR CONTINUING INABILITY TO PERFORM WITH REASONABLE CONTINUITY THE SUBSTANTIAL AND MATERIAL ACTS NECESSARY TO PURSUE YOUR USUAL OCCUPATION IN THE USUAL OR CUSTOMARY WAY, WHILE STILL ABLE TO WORK AT ANY JOB AND EARNING LESS THAN 80% OF YOUR BASE PAY EARNINGS AT THE TIME YOU BECAME PARTIALLY DISABLED OR TOTALLY DISABLED. IF YOU RETURN TO WORK AT ANY JOB AND ARE EARNING 80% OR MORE OF YOUR PREDISABILITY BASE PAY EARNINGS, YOU WILL NO LONGER BE CONSIDERED PARTIALLY DISABLED.

**TOTALLY DISABLED:** YOUR CONTINUING INABILITY TO PERFORM WITH REASONABLE CONTINUITY THE SUBSTANTIAL AND MATERIAL ACTS NECESSARY TO PURSUE YOUR USUAL OCCUPATION IN THE USUAL OR CUSTOMARY WAY OR TO ENGAGE WITH REASONABLE CONTINUITY IN ANOTHER OCCUPATION IN WHICH YOU COULD REASONABLY BE EXPECTED TO PERFORM SATISFACTORILY CONSIDERING EDUCATION, TRAINING, EXPERIENCE, STATION IN LIFE, PHYSICAL AND MENTAL CAPACITY.

---

**(5) Exceptions, Reductions and Limitations of this Policy (this is not a daily Hospital expense plan):**

- A. We will not pay benefits for services rendered by a member of the Extended Family of a covered person.**
- B. We will not pay benefits for an accident or Sickness that is caused by or occurs as a result of a covered person's:**
  - 1. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
  - 2. Mountaineering using ropes and/or other equipment; parachuting; or hang gliding;
  - 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
  - 4. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane;
  - 5. Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of Injury;
  - 6. Being exposed to war or any act of war, declared or undeclared;
  - 7. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
  - 8. Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;



9. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

**(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 be changed only if changed on all policies of the same form number and class in force in your state.

**(7) Premiums**

	Annual	Semiannual	Quarterly	Monthly
Policy:	\$_____	\$_____	\$_____	\$_____
Rider:	\$_____	\$_____	\$_____	\$_____
Rider:	\$_____	\$_____	\$_____	\$_____
Rider:	\$_____	\$_____	\$_____	\$_____
Rider:	\$_____	\$_____	\$_____	\$_____

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