

**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
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**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 a major medical expense insurance.**

**LIMITED BENEFIT, HOSPITAL CONFINEMENT INDEMNITY INSURANCE**  
**Outline of Coverage for Policy Form Series A49100**

**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) 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 Accidental 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 a covered Sickness or Accidental 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. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[ \_\_\_\_\_ ] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Accidental Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay the amount shown in your policy per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Accidental Injury, and a charge is incurred. 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.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Accidental Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Accidental 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. This benefit is not payable for treatment received in a Hospital Emergency Room. 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.**

**E. 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.

**F. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for this policy and riders, if any, 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 or any other method agreed to by Aflac and the employer.**

**(4) EXCEPTIONS, REDUCTIONS, AND LIMITATIONS OF THIS POLICY (This is not a daily hospital expense plan.):**

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits whenever coverage provided by this 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.
- C.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

**D. This policy does not cover losses caused by or resulting from:**

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
2. Receiving routine nursing or routine well-baby care for a newborn child;
3. Using hallucinatory drugs, or voluntary inhalation of gas;

4. 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);
5. Being intoxicated or under the influence of any controlled substance, unless administered on the advice of a Physician (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
6. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
7. Having dental treatment except as a result of Accidental Injury;
8. Having cosmetic or elective surgery that is not Medically Necessary;
9. 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;
10. Donating an organ within the first 12 months of the Effective Date of coverage; or
11. Having mental or emotional disorders, including but not limited to 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 policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 from a Physician. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

**(5) RENEWABILITY:** This 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 this form number and premium classification in your state that are then in force.

**(6) Premiums.**

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

**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.**