

Aflac Specified Disease Lump Sum

LIMITED BENEFIT HEALTH INSURANCE
CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY ONLY —
HSA-COMPATIBLE OPTION

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. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Aflac SmartClaim®
One Day Pay™

SPECIFIED DISEASE LUMP SUM

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CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY ONLY —
HSA-COMPATIBLE OPTION

Policy Series B71000



Added Protection for You and Your Family

Aflac critical illness/specified accidental injury 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/specified accidental injury insurance. Our easy-to-understand policies are a smart and affordable way to help plan for the unexpected. Here's how Aflac critical illness/specified accidental injury insurance works for you:

A plan made with you in mind. We're proud to offer critical illness/specified accidental injury 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/specified accidental injury events covered by the Specified Disease Lump Sum policy include:

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



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. And we put cash in your pocket (really) fast, often in just one day, thanks to One Day PaySM. 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.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you. The Aflac Specified Disease Lump Sum 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/specified accidental injury and recovery, such as ambulance trips and physical therapy.

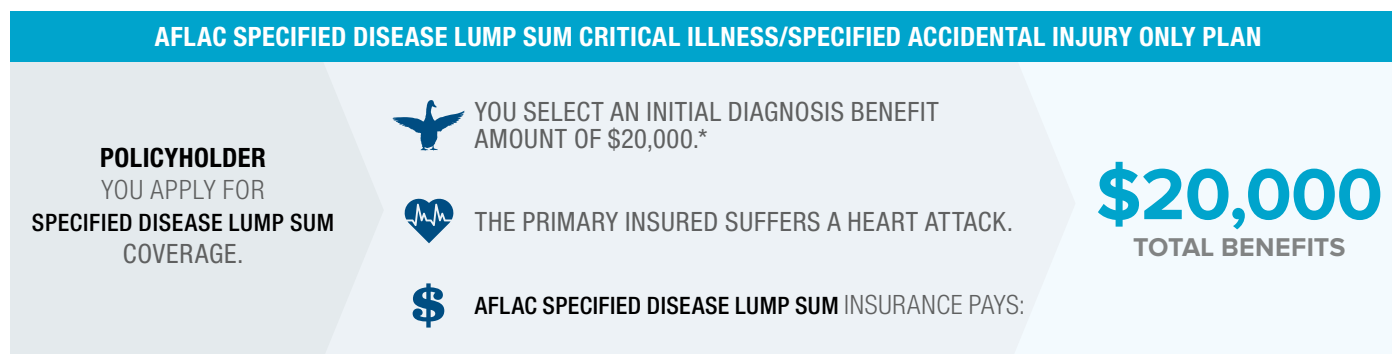
Reasons why Aflac Specified Disease Lump Sum may be the right choice for you:

- A lump sum benefit is paid directly to you upon diagnosis of having had a covered critical illness/specified accidental injury event.
- Benefits include a Subsequent Critical Illness/Specified Accidental Injury Event Benefit with no lifetime maximum if you have a recurrence or another critical illness/specified accidental injury 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/specified accidental injury, 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/specified accidental injury.

At Aflac, we know a critical illness/specified accidental injury 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



*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. 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.

Specified Disease Lump Sum 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/SPECIFIED ACCIDENTAL INJURY 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
ACCIDENTAL-DEATH BENEFIT	Primary insured: 100% of the Initial Diagnosis Benefit amount shown in the Policy Schedule Spouse/Dependent children: 50% of the Initial Diagnosis Benefit amount shown in the Policy Schedule
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/SPECIFIED ACCIDENTAL INJURY EVENT RECOVERY BENEFIT RIDER	\$500 per month while a covered person remains in critical illness/specified accidental injury event recovery. Limited to three months per critical illness/specified accidental injury event, per covered person
CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY EVENT HOSPITALIZATION BENEFIT RIDER	
DAILY HOSPITAL CONFINEMENT BENEFIT	\$150/day up to 30 days per critical illness/specified accidental injury event, per covered person.
HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT	\$300/day up to 15 days per critical illness/specified accidental injury event, per covered person.
AMBULANCE BENEFIT	Ground: \$200 Air: \$2,000 Limited to two trips per covered critical illness/specified accidental injury event, per covered person No lifetime maximum
TRANSPORTATION BENEFIT	Bus, trolley, 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/specified accidental injury event. No lifetime maximum.

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

THIS IS A SUPPLEMENT TO HEALTH INSURANCE. IT IS NOT A SUBSTITUTE FOR ESSENTIAL HEALTH BENEFITS OR MINIMUM ESSENTIAL COVERAGE AS DEFINED IN FEDERAL LAW. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

LIMITED BENEFIT, SPECIFIED DISEASE LUMP SUM INSURANCE

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) Specified Disease Lump Sum Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness/Specified Accidental Injury Events. Critical Illness/Specified Accidental Injury Events are: Heart Attack, Sudden Cardiac Arrest, Ischemic Stroke, Hemorrhagic Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis (as a result of spinal cord Accidental Injury), Coma (must require respiratory assistance), or Bone Marrow Transplant. 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/Specified Accidental Injury Events:
Heart Attack • Sudden Cardiac Arrest • Ischemic Stroke • Hemorrhagic Stroke • Major Human Organ Transplant • End-Stage Renal Failure • Paralysis (as a result of spinal cord Accidental Injury) • Coma (must require respiratory assistance) • Bone Marrow Transplant

Limited to one per Covered Person, per lifetime.

SUBSEQUENT CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY EVENT BENEFIT: After receiving the Initial Diagnosis Benefit, upon Onset Date of a recurrence of that same Critical Illness/Specified Accidental Injury Event, or an occurrence of a different Critical Illness/Specified Accidental Injury 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.

ACCIDENTAL-DEATH BENEFIT:

Named Insured: 100% of the Face Amount
Spouse or Dependent Child: 50% of the Named Insured's Accidental-Death Benefit amount

Accidental-Death must occur as a result of an Accidental Injury and must occur within 90 days of such Accidental Injury.

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

Paid under the same terms as the Initial Diagnosis Benefit or the Accidental-Death Benefit, whichever is payable first. Payable one time per Covered Person, per lifetime.

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

CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY EVENT RECOVERY BENEFIT RIDER: (SERIES B71050)

CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY EVENT RECOVERY BENEFIT: Per month, while a Covered Person remains in Critical Illness/Specified Accidental Injury Event Recovery:

\$500

CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY
EVENT HOSPITALIZATION BENEFIT RIDER: (SERIES
B71051)

Aflac will pay the following benefits, as applicable, for a covered Critical Illness/Specified Accidental Injury 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/Specified Accidental Injury Event and a room charge is incurred:

\$150

Payable for up to 30 days per covered Critical Illness/Specified Accidental Injury 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/Specified Accidental Injury Event:

\$300

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

TRANSPORTATION BENEFIT: When a Covered Person requires medical treatment in a Hospital due to a covered Critical Illness/Specified Accidental Injury 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/Specified Accidental Injury 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/Specified Accidental Injury Event if travel by a Common-Carrier Vehicle is necessary and such Dependent Child is accompanied by any Extended 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 Extended Family that accompanies a Covered Person who is receiving medical treatment in a Hospital due to a covered Critical Illness/Specified Accidental Injury Event:

\$65

Limited to one room per night. Payable up to 15 days per covered Critical Illness/Specified Accidental Injury Event.

CONTINUING CARE BENEFIT: Per day when, due to a covered Critical Illness/Specified Accidental Injury 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/Specified Accidental Injury 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.

Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

Aflac will not pay benefits whenever a Covered Person (or beneficiary) is a Specially Designated National or Blocked Person, as defined by the Office of Foreign Assets Control (OFAC), or resides in a foreign country subject to economic and trade sanctions under OFAC's jurisdiction. Aflac will periodically check all policyholders against updated lists published by OFAC. If a policyholder is listed as a Specially Designated National or Blocked Person, the policy will be suspended and reported to OFAC.

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 with the intent to deceive. 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:

- Being under the influence of any controlled substance (unless administered on the advice of a Physician and taken according to the Physician's instructions), or using hallucinatory drugs, or voluntary inhalation of gas;
- 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);
- 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 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 practicing for such contest, 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 ("Cosmetic surgery" means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance. Cosmetic surgery does not include reconstructive surgery which is surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease); or
- Having dental treatment except as a result of Accidental Injury.

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, or Accidental Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, or treatment was recommended or received from a Physician. 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.
- (7) Premiums: Your Premium for the policy is:

	Annual	Semi-Annual	Quarterly	Monthly
Policy:	\$____	\$____	\$____	\$____
Rider:	\$____	\$____	\$____	\$____
Rider:	\$____	\$____	\$____	\$____

Aflac's ratio of incurred claims to earned premiums (loss-ratio) for the preceding calendar year was 51% (rounded to the nearest percentage point (integer)).

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

ACCIDENTAL INJURY: a bodily injury directly caused by an accidental means.

BONE MARROW TRANSPLANT: a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells due to aplastic anemia, congenital neutropenia, severe immunodeficiency syndromes, sickle cell anemia, thalassemia, Fanconi anemia, leukemia, lymphoma or multiple myeloma.

COMA (where respiratory assistance is required): 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. Coma must be due to a covered injury and require intubation for respiratory assistance.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome with bypass grafts. This excludes coronary angioplasty, valve replacement surgery, stent placement, laser relief, and any other surgical or nonsurgical procedure that does not involve coronary artery bypass grafts.

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 or the person to whom you are joined in a domestic partnership 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 30 days from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child beyond the first 30 days, you must notify Aflac in writing within 31 days of the birth of your child, 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 or legally adopted children who are under age 26. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy.

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

CRITICAL ILLNESS/SPECIFIED ACCIDENTAL INJURY EVENT

RECOVERY: a covered person will be considered in critical illness/specified accidental injury event recovery if, due to a covered critical illness/specified accidental injury 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, due to kidney disease and requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome that results in death or damage of the heart muscle. The infarction must be positively diagnosed by a physician and must be evidenced by blood tests that demonstrate damage to heart muscle cells together with electrocardiographic and/or clinical 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 and the result of a covered critical illness/specified accidental injury event. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

LOSS: a critical illness event, specified accidental injury event, coronary artery bypass graft surgery, or accidental death.

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. The need for the transplant must be due to bronchiectasis, cardiomyopathy, cirrhosis, chronic obstructive pulmonary disease, congenital heart disease, coronary artery disease, cystic fibrosis, hepatitis, interstitial lung disease, lymphangioleiomyomatosis, polycystic liver disease, pulmonary fibrosis, pulmonary hypertension, sarcoidosis or valvular heart disease.

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 death for accidental death; or the date of the procedure for bone marrow transplant.

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 accidental injury. The paralysis must be confirmed by your attending physician.

SPECIFIED ACCIDENTAL INJURY EVENT: paralysis as the result of a covered spinal cord accidental injury and coma due to a covered accidental injury and requiring intubation for respiratory assistance.

STROKE: sudden loss of nerve function due to rupture or acute blockage of an artery in the brain or central nervous system. The loss of nerve function must cause complete or partial loss of the ability to move or feel some part of the body and must last more than 24 hours. Stroke must be either:

1. Ischemic: due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain.
2. Hemorrhagic: due to uncontrolled high blood pressure, malignant hypertension, brain aneurysm or arteriovenous malformation.

The stroke must be positively diagnosed by a physician based upon documented neurological abnormalities 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 due to cardiac rhythm abnormalities or acute coronary syndrome. 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 an emergency room; a rehabilitation facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care 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.

The following are excluded from the definition of heart attack: congestive heart failure (chronic loss of heart muscle function), atherosclerotic heart disease, angina (cardiac pain in the absence of evidence of damage to heart muscle), other forms of chronic coronary artery disease, sudden cardiac arrest, or any other dysfunction of the cardiovascular system.

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

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

The following are excluded from the definition of stroke: head injury, transient ischemic attack (TIA - temporary and reversible loss of nerve function lasting 24 hours or less), cerebrovascular insufficiency (insufficient blood flow to the brain for other reasons such as massive blood loss), or lacunar infarction (LACI - blockage of one of the penetrating arteries that provides blood to the brain's deep structures).

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



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One Day PaySM is available for certain individual claims submitted online through the Aflac SmartClaim[®] process. Claims may be eligible for One Day Pay processing if submitted online through Aflac SmartClaim, including all required documentation, by 3 p.m. ET. Documentation requirements vary by type of claim; please review requirements for your claim(s) carefully. Aflac SmartClaim is available for claims on most individual Accident, Cancer, Hospital, Specified Health, and Intensive Care policies. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2019.

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

