

SERFF Tracking Number: AFLA-127361480 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 49680
Company Tracking Number: 201178000
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: Cancer Indemnity Policy
Project Name/Number: Cancer Indemnity/7811

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Cancer Indemnity Policy SERFF Tr Num: AFLA-127361480 State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved- Closed State Tr Num: 49680
Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: 201178000 State Status: Approved-Closed
Filing Type: Form/Rate
Author: Connie Gates Reviewer(s): Rosalind Minor
Date Submitted: 08/30/2011 Disposition Date: 09/07/2011
Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Cancer Indemnity Status of Filing in Domicile: Authorized
Project Number: 7811 Date Approved in Domicile: 06/14/2011
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/07/2011
State Status Changed: 09/07/2011
Deemer Date: Created By: Connie Gates
Submitted By: Connie Gates Corresponding Filing Tracking Number:
Filing Description:
filing description letter is attached under supporting documentation.

Company and Contact

Filing Contact Information

Connie Gates, Policy Analyst c gates@aflac.com
1932 Wynnton Road 706-596-5048 [Phone]

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 Project Name/Number: Cancer Indemnity/7811
 Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus
 1932 Wynnton Road
 Columbus, GA 31999
 (706) 323-3431 ext. [Phone]
 CoCode: 60380
 Group Code:
 Group Name:
 FEIN Number: 58-0663085
 State of Domicile: Nebraska
 Company Type: Life and Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$850.00
 Retaliatory? No
 Fee Explanation: \$50 per policy form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$200.00	08/30/2011	51088282
American Family Life Assurance Company of Columbus	\$650.00	08/31/2011	51125201

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2011	09/07/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/31/2011	08/31/2011	Connie Gates	08/31/2011	08/31/2011

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Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Family Life Assurance Company of Columbus	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	CANCER INDEMNITY INSURANCE POLICY	Approved-Closed	Yes
Form	CANCER INDEMNITY INSURANCE POLICY	Approved-Closed	Yes
Form	CANCER INDEMNITY INSURANCE POLICY	Approved-Closed	Yes
Form	CANCER INDEMNITY INSURANCE POLICY	Approved-Closed	Yes
Form	INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	Approved-Closed	Yes
Form	DEPENDENT CHILD RIDER	Approved-Closed	Yes
Form	SPECIFIED-DISEASE BENEFIT RIDER	Approved-Closed	Yes
Form	RETURN OF PREMIUM BENEFIT RIDER	Approved-Closed	Yes
Form	PAYROLL/UNION APPLICATION	Approved-Closed	Yes
Form	APPLICATION FOR REINSTATEMENT AND/OR ADDITIONS	Approved-Closed	Yes
Form	CANCER HISTORY FORM	Approved-Closed	Yes
Form	APPLICATION TO REMOVE SKIN CANCER EXCLUSION RIDER	Approved-Closed	Yes
Form	SKIN CANCER EXCLUSION RIDER	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/31/2011
Submitted Date 08/31/2011
Respond By Date
Dear Connie Gates,

This will acknowledge receipt of the captioned filing.

Objection 1

- CANCER INDEMNITY INSURANCE POLICY, A78100AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78200AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78300AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78400AR (Form)
- INITIAL DIAGNOSIS BUILDING BENEFIT RIDER, A78050 (Form)
- DEPENDENT CHILD RIDER, A78051 (Form)
- SPECIFIED-DISEASE BENEFIT RIDER, A78052AR (Form)
- RETURN OF PREMIUM BENEFIT RIDER, A78053 (Form)
- PAYROLL/UNION APPLICATION, A78001AR (Form)
- APPLICATION FOR REINSTATEMENT AND/OR ADDITIONS, A78003AR (Form)
- CANCER HISTORY FORM, A78030P (Form)
- APPLICATION TO REMOVE SKIN CANCER EXCLUSION RIDER, A78130 (Form)
- SKIN CANCER EXCLUSION RIDER, A78131AR (Form)
- OUTLINE OF COVERAGE, A78125AR (Form)
- OUTLINE OF COVERAGE, A78225AR (Form)
- OUTLINE OF COVERAGE, A78325AR (Form)
- OUTLINE OF COVERAGE, A78425AR (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$850.00. Please submit an additional \$650.00 for this submission.

SERFF Tracking Number: AFLA-127361480 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/31/2011
Submitted Date 08/31/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: The additional filing fee of \$650 has been submitted.

Related Objection 1

Applies To:

- CANCER INDEMNITY INSURANCE POLICY, A78100AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78200AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78300AR (Form)
- CANCER INDEMNITY INSURANCE POLICY, A78400AR (Form)
- INITIAL DIAGNOSIS BUILDING BENEFIT RIDER, A78050 (Form)
- DEPENDENT CHILD RIDER, A78051 (Form)
- SPECIFIED-DISEASE BENEFIT RIDER, A78052AR (Form)
- RETURN OF PREMIUM BENEFIT RIDER, A78053 (Form)
- PAYROLL/UNION APPLICATION, A78001AR (Form)
- APPLICATION FOR REINSTATEMENT AND/OR ADDITIONS, A78003AR (Form)
- CANCER HISTORY FORM, A78030P (Form)
- APPLICATION TO REMOVE SKIN CANCER EXCLUSION RIDER, A78130 (Form)
- SKIN CANCER EXCLUSION RIDER, A78131AR (Form)
- OUTLINE OF COVERAGE, A78125AR (Form)
- OUTLINE OF COVERAGE, A78225AR (Form)
- OUTLINE OF COVERAGE, A78325AR (Form)
- OUTLINE OF COVERAGE, A78425AR (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

SERFF Tracking Number: AFLA-127361480 *State:* Arkansas
Filing Company: American Family Life Assurance Company of Columbus *State Tracking Number:* 49680
Company Tracking Number: 201178000
TOI: H071 Individual Health - Specified Disease - Limited Benefit *Sub-TOI:* H071.002A Dread Disease - Cancer Only
Product Name: Cancer Indemnity Policy
Project Name/Number: Cancer Indemnity/7811

The fee for this submission is \$50.00 per form for a total of \$850.00. Please submit an additional \$650.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Connie Gates

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Form Schedule

Lead Form Number: A78100AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2011	A78100AR	Policy/Contract/Certificate	CANCER INDEMNITY INSURANCE POLICY	Initial		59.040	A78100AR.pdf
Approved-Closed 09/07/2011	A78200AR	Policy/Contract/Certificate	CANCER INDEMNITY INSURANCE POLICY	Initial		59.040	A78200AR.pdf
Approved-Closed 09/07/2011	A78300AR	Policy/Contract/Certificate	CANCER INDEMNITY INSURANCE POLICY	Initial		59.040	A78300AR.pdf
Approved-Closed 09/07/2011	A78400AR	Policy/Contract/Certificate	CANCER INDEMNITY INSURANCE POLICY	Initial		59.040	A78400AR.pdf
Approved-Closed 09/07/2011	A78050	Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider	INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	Initial		60.090	A78050.pdf
Approved-Closed 09/07/2011	A78051	Policy/Contract/Certificate:	DEPENDENT CHILD RIDER	Initial		57.830	A78051.pdf

SERFF Tracking Number:	AFLA-127361480	State:	Arkansas
Filing Company:	American Family Life Assurance Company of Columbus	State Tracking Number:	49680
Company Tracking Number:	201178000		
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Product Name:	Cancer Indemnity Policy		
Project Name/Number:	Cancer Indemnity/7811		
	Amendmen t, Insert Page, Endorseme nt or Rider		
Approved- Closed 09/07/2011	A78052AR Policy/Cont SPECIFIED- ract/Fratern DISEASE BENEFIT al RIDER Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	69.630
			A78052AR.pdf
Approved- Closed 09/07/2011	A78053 Policy/Cont RETURN OF ract/Fratern PREMIUM BENEFIT al RIDER Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	78.250
			A78053.pdf
Approved- Closed 09/07/2011	A78001AR Application/PAYROLL/UNION Enrollment APPLICATION Form	Initial	60.960
			A78001AR.pdf
Approved- Closed 09/07/2011	A78003AR Application/ APPLICATION FOR Enrollment REINSTATEMENT Form AND/OR ADDITIONS	Initial	63.840
			A78003AR.pdf
Approved- Closed 09/07/2011	A78030P Other CANCER HISTORY FORM	Initial	64.250
			A78030P.pdf
Approved- Closed 09/07/2011	A78130 Other APPLICATION TO REMOVE SKIN CANCER	Initial	68.140
			A78130.pdf

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 Project Name/Number: Cancer Indemnity/7811

EXCLUSION RIDER

Approved- Closed 09/07/2011	A78131AR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	SKIN CANCER EXCLUSION RIDER	Initial	57.840	A78131AR.pdf
Approved- Closed 09/07/2011	A78125AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	57.230	A78125AR.pdf
Approved- Closed 09/07/2011	A78225AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	57.230	A78225AR.pdf
Approved- Closed 09/07/2011	A78325AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	57.230	A78325AR.pdf
Approved- Closed 09/07/2011	A78425AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	57.230	A78425AR.pdf

CANCER INDEMNITY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as “you,” “your,” or “yours.” **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as “we,” “our,” “us,” or “Aflac.”

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: “This policy is returned for cancellation and refund of premium.”

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC’S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person’s health or physical condition. You are guaranteed the right to renew this policy 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 class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. “Class” means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999]
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY,
CALL [1.800.99.AFLAC (1.800.992.3522).]
FOR CLAIM FORMS, VISIT OUR WEBSITE AT [AFLAC.COM].**

**If we at Aflac fail to provide you with reasonable and adequate service you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS 72201-1904
Telephone 501.371.2640 or Toll-Free 1.800.852.5494.**

INDEX

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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
 Initial Diagnosis
 Building Benefit Rider: \$XX.xx
 Dependent Child Rider: \$XX.xx
 Specified-Disease Rider: \$XX.xx
 Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
 Initial Diagnosis
 Building Benefit Rider: XX/XX/XX
 Dependent Child Rider: XX/XX/XX
 Specified-Disease Rider: XX/XX/XX
 Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

B. ASSOCIATED CANCEROUS CONDITION: myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. CANCER: disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. **INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. NONMELANOMA SKIN CANCER: a Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

I. CHEMOTHERAPY:

1. INJECTED CHEMOTHERAPY: medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

2. NONHORMONAL ORAL CHEMOTHERAPY: medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

3. HORMONAL ORAL CHEMOTHERAPY: medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

4. TOPICAL CHEMOTHERAPY: medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

M. EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; 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; 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**
- W. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date the petition is filed, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 90 days of the child's birth or the date the petition is filed for adoption of a child or before the next premium due date whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not

provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D. 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.
- E. 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.

Part 3 **RIGHT OF CONVERSION**

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no

longer considered a Dependent Child. No waiting period is required for such person unless the waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, [1932 Wynnton Rd, Columbus, GA 31999,] or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within ten working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after three years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** If any person is covered under more than one Aflac Cancer policy or rider, only the one chosen by you, your beneficiary, or your estate, as the case may be, will be effective. Aflac will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. Aflac will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

Part 5

ELIGIBILITY FOR BENEFITS

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day

waiting period (subject to Part 2B, Limitations and Exclusions). The “diagnosis date” is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The “diagnosis date” is not the date the diagnosis is communicated to the Covered Person.

- B. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person’s coverage.
- C. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed before coverage has been in force 30 days or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- D. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. government Hospital, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6 **BENEFITS**

All treatments listed below must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

- 1. **CANCER WELLNESS:** Aflac will pay \$25 per Calendar Year when a Covered Person receives one of the following:
 - mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C.

Named Insured or Spouse	\$ 500
Dependent Child	\$1,000

This benefit is payable under this policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$75 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. **DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. **INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$300 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

- (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.
- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$175 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. ANTINAUSEA BENEFIT:** Aflac will pay \$50 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.
- c. STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.
- d. BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.
- e. BLOOD AND PLASMA BENEFIT:** Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN

Paracentesis	\$ 50
Exploratory laparotomy.....	175

BLADDER

Cystoscopy.....	50
TUR bladder tumors.....	175
Cystectomy	
(partial)	300
(complete)	600
(with ureteroileal conduit)....	1,200

BRAIN

Burr holes not followed by surgery.....	250
Ventriculoperitoneal shunt.....	250
Exploratory craniotomy.....	550
Excision brain tumor.....	1,100
Hemispherectomy	1,700

BREAST

Needle biopsy.....	50
Cutting operation biopsy.....	90
Lumpectomy.....	110
Mastectomy	
(partial)	175
(simple).....	250
(radical)	350

CERVIX

D & C	55
Colposcopy	55
Vaginal hysterectomy/ uterus only	175
Oophorectomy.....	175
Abdominal hysterectomy/ uterus only	300
uterus, tubes & ovaries	575

with partial exenteration.....	1,000
with complete exenteration..	1,700

CHEST

Thoracentesis	50
Bronchoscopy	100
Mediastinoscopy	100
Thoracostomy	100
Thoracotomy	250
Wedge resection	400
Lobectomy	550
Pneumonectomy	700

ESOPHAGUS

Esophagoscopy.....	90
Esophagogastrectomy	550
Resection of esophagus.....	650

EYE

P32 uptake.....	85
Enucleation	170

INTESTINES

Sigmoidoscopy.....	50
Proctosigmoidoscopy	50
Colonoscopy	
(does not include virtual)....	90
Cutting operation on rectum for biopsy.....	90
Colostomy/or revision of.....	110
ERCP	110
Ileostomy.....	110
Colectomy	300
Resection of small intestine....	700
Abdominal-perineal approach for removal of Cancer of sigmoid colon or rectum	850

KIDNEY

Nephrectomy	
(simple)	700
(radical)	1,200

LIVER

Needle biopsy.....	50
Wedge biopsy	110
Resection of liver	
(partial)	325
(complete)	850

LYMPHATIC

Excision of lymph nodes.....	55
Splenectomy	250
Axillary node dissection.....	250
Lymphadenectomy	
(unilateral).....	250
(bilateral)	300

MANDIBLE

Mandibulectomy	500
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MISCELLANEOUS

Peripherally inserted	
central catheter (PICC)	50
Bone marrow biopsy	
or aspiration.....	50
Venous-catheters/venous port.	
for chemotherapy.....	50
Pathological fracture.....	135
Cholecystectomy	250
Pathological hip fracture.....	275

MOUTH

Hemiglossectomy	110
Tonsil/mucous membrane	175
Glossectomy	250
Resection of palate.....	250

PANCREAS

Jejunostomy	300
Pancreatectomy	700
Whipple procedure	1,200

PENIS

Amputation	
(partial)	110
(complete)	250
(radical)	300

PROSTATE

Needle biopsy	50
Cystoscopy	50
TUR prostate.....	175
Radical prostatectomy.....	500

RADIUM IMPLANTS

Insertion	325
Removal.....	170

SALIVARY GLANDS

Biopsy	110
Parotidectomy	250
Radical neck dissection.....	600

SPINE

Cordotomy	175
Laminectomy.....	300

STOMACH

Gastroscopy	100
Gastrojejunostomy	300
Gastrectomy	
(partial)	300
(complete)	500

TESTIS

Orchiectomy	
(unilateral)	110
(bilateral)	160

THROAT

Laryngoscopy.....	100
Tracheostomy	100
Laryngectomy	
(without neck dissection)	300
(with neck dissection)	600

THYROID

Thyroidectomy	
(partial: one lobe).....	175
(total: both lobes).....	250

VULVA

Vulvectomy	
(partial)	175
(complete)	350
(radical)	500

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 20
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	35
Excision of lesion of skin without flap or graft	85
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$100 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$100
Dependent Child	\$125

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$50 per day when a charge is incurred for each such visit, subject to the following conditions:
 - a. The home health care or health supportive services must begin within seven days of release from the Hospital.
 - b. This benefit is limited to ten days per hospitalization for each Covered Person.
 - c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
 - d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
 - e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the

same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

4. NURSING SERVICES BENEFIT: While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

5. SURGICAL PROSTHESIS BENEFIT: Aflac will pay \$1,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. NONSURGICAL PROSTHESIS BENEFIT: Aflac will pay \$90 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.

7. RECONSTRUCTIVE SURGERY BENEFIT: Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

- 1. AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
- 2. TRANSPORTATION BENEFIT:** Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

- 3. LODGING BENEFIT:** Aflac will pay \$50 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

- 1. WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:

- a. Your policy has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
- d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
- e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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.

CANCER INDEMNITY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as “you,” “your,” or “yours.” **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as “we,” “our,” “us,” or “Aflac.”

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: “This policy is returned for cancellation and refund of premium.”

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. “Class” means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999]
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY,
CALL [1.800.99.AFLAC (1.800.992.3522).]
FOR CLAIM FORMS, VISIT OUR WEBSITE AT [AFLAC.COM].**

**If we at Aflac fail to provide you with reasonable and adequate service you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS 72201-1904
Telephone 501.371.2640 or Toll-Free 1.800.852.5494.**

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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

B. ASSOCIATED CANCEROUS CONDITION: myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. CANCER: disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. **INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. NONMELANOMA SKIN CANCER: a Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

I. CHEMOTHERAPY:

1. INJECTED CHEMOTHERAPY: medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

2. NONHORMONAL ORAL CHEMOTHERAPY: medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

3. HORMONAL ORAL CHEMOTHERAPY: medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

4. TOPICAL CHEMOTHERAPY: medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

M. EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any

institution or part thereof used as an emergency room; an observation unit; 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; 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**
- W. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date the petition is filed, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 90 days of the child's birth or the date the petition is filed for adoption of a child or before the next premium due date whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer

treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D. 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.
- E. 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.

Part 3
RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided

Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. No waiting period is required for such person unless the waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, [1932 Wynnton Rd, Columbus, GA 31999,] or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within ten working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after three years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** If any person is covered under more than one Aflac Cancer policy or rider, only the one chosen by you, your beneficiary, or your estate, as the case may be, will be effective. Aflac will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. Aflac will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

Part 5

ELIGIBILITY FOR BENEFITS

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day

waiting period (subject to Part 2B, Limitations and Exclusions). The “diagnosis date” is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The “diagnosis date” is not the date the diagnosis is communicated to the Covered Person.

- B. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person’s coverage.
- C. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed before coverage has been in force 30 days or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- D. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. government Hospital, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6 **BENEFITS**

All treatments listed below must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

- 1. **CANCER WELLNESS:** Aflac will pay \$40 per Calendar Year when a Covered Person receives one of the following:
 - mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C.

Named Insured or Spouse	\$2,000
Dependent Child	\$4,000

This benefit is payable under this policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$75 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. **DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. **INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$300 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

- (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.
- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$175 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. **ANTINAUSEA BENEFIT:** Aflac will pay \$50 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.
- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN		with partial exenteration	1,000
Paracentesis	\$ 50	with complete exenteration..	1,700
Exploratory laparotomy.....	175		
BLADDER		CHEST	
Cystoscopy.....	50	Thoracentesis	50
TUR bladder tumors	175	Bronchoscopy.....	100
Cystectomy		Mediastinoscopy	100
(partial)	300	Thoracostomy.....	100
(complete).....	600	Thoracotomy.....	250
(with ureteroileal conduit)....	1,200	Wedge resection.....	400
		Lobectomy	550
		Pneumonectomy.....	700
BRAIN		ESOPHAGUS	
Burr holes not		Esophagoscopy	90
followed by surgery.....	250	Esophagogastrectomy	550
Ventriculoperitoneal shunt	250	Resection of esophagus	650
Exploratory craniotomy.....	550		
Excision brain tumor	1,100	EYE	
Hemispherectomy	1,700	P32 uptake	85
		Enucleation.....	170
BREAST		INTESTINES	
Needle biopsy	50	Sigmoidoscopy	50
Cutting operation biopsy.....	90	Proctosigmoidoscopy.....	50
Lumpectomy.....	110	Colonoscopy	
Mastectomy		(does not include virtual)	90
(partial)	175	Cutting operation on rectum	
(simple).....	250	for biopsy	90
(radical)	350	Colostomy/or revision of	110
CERVIX		ERCP	110
D & C	55	Ileostomy	110
Colposcopy	55	Colectomy.....	300
Vaginal hysterectomy/ uterus only	175	Resection of small intestine	700
Oophorectomy.....	175	Abdominal-perineal approach	
Abdominal hysterectomy/ uterus only	300	for removal of Cancer of	
uterus, tubes & ovaries	575	sigmoid colon or rectum	850

KIDNEY		PROSTATE	
Nephrectomy		Needle biopsy	50
(simple)	700	Cystoscopy	50
(radical)	1,200	TUR prostate	175
		Radical prostatectomy	500
LIVER		RADIUM IMPLANTS	
Needle biopsy	50	Insertion.....	325
Wedge biopsy	110	Removal	170
Resection of liver		SALIVARY GLANDS	
(partial)	325	Biopsy.....	110
(complete)	850	Parotidectomy.....	250
LYMPHATIC		Radical neck dissection	600
Excision of lymph nodes.....	55	SPINE	
Splenectomy	250	Cordotomy	175
Axillary node dissection	250	Laminectomy	300
Lymphadenectomy		STOMACH	
(unilateral).....	250	Gastroscopy	100
(bilateral).....	300	Gastrojejunostomy	300
MANDIBLE		Gastrectomy	
Mandibulectomy	500	(partial).....	300
MISCELLANEOUS		(complete).....	500
Peripherally inserted		TESTIS	
central catheter (PICC)	50	Orchiectomy	
Bone marrow biopsy		(unilateral)	110
or aspiration.....	50	(bilateral).....	160
Venous-catheters/venous port.		THROAT	
for chemotherapy.....	50	Laryngoscopy	100
Pathological fracture.....	135	Tracheostomy	100
Cholecystectomy	250	Laryngectomy	
Pathological hip fracture	275	(without neck dissection)	300
MOUTH		(with neck dissection).....	600
Hemiglossectomy	110	THYROID	
Tonsil/mucous membrane	175	Thyroidectomy	
Glossectomy	250	(partial: one lobe)	175
Resection of palate.....	250	(total: both lobes)	250
PANCREAS		VULVA	
Jejunostomy	300	Vulvectomy	
Pancreatectomy	700	(partial).....	175
Whipple procedure	1,200	(complete).....	350
PENIS		(radical).....	500
Amputation			
(partial)	110		
(complete).....	250		
(radical)	300		

- b. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma

Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 20
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	35
Excision of lesion of skin without flap or graft	85
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$100 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$100
Dependent Child	\$125

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$50 per day when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten days per hospitalization for each Covered Person.
- c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$90 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$50 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:

- a. Your policy has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
- d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
- e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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.

CANCER INDEMNITY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as “you,” “your,” or “yours.” **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as “we,” “our,” “us,” or “Aflac.”

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: “This policy is returned for cancellation and refund of premium.”

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC’S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person’s health or physical condition. You are guaranteed the right to renew this policy 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 class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. “Class” means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999]
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY,
CALL [1.800.99.AFLAC (1.800.992.3522).]
FOR CLAIM FORMS, VISIT OUR WEBSITE AT [AFLAC.COM].**

**If we at Aflac fail to provide you with reasonable and adequate service you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS 72201-1904
Telephone 501.371.2640 or Toll-Free 1.800.852.5494.**

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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

B. ASSOCIATED CANCEROUS CONDITION: myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. CANCER: disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. **INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. NONMELANOMA SKIN CANCER: a Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

I. CHEMOTHERAPY:

1. INJECTED CHEMOTHERAPY: medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

2. NONHORMONAL ORAL CHEMOTHERAPY: medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

3. HORMONAL ORAL CHEMOTHERAPY: medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

4. TOPICAL CHEMOTHERAPY: medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

M. EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; 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; 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**
- W. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date the petition is filed, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 90 days of the child's birth or the date the petition is filed for adoption of a child or before the next premium due date whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not

provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D. 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.
- E. 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.

Part 3

RIGHT OF CONVERSION

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. No waiting period is required for such person unless the

waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, [1932 Wynnton Rd, Columbus, GA 31999,] or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within ten working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after three years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** If any person is covered under more than one Aflac Cancer policy or rider, only the one chosen by you, your beneficiary, or your estate, as the case may be, will be effective. Aflac will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. Aflac will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

Part 5

ELIGIBILITY FOR BENEFITS

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day

waiting period (subject to Part 2B, Limitations and Exclusions). The “diagnosis date” is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The “diagnosis date” is not the date the diagnosis is communicated to the Covered Person.

- B. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person’s coverage.
- C. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed before coverage has been in force 30 days or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- D. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. government Hospital, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6 **BENEFITS**

All treatments listed below must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

- 1. **CANCER WELLNESS:** Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:
 - mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C.

Named Insured or Spouse	\$4,000
Dependent Child	\$8,000

This benefit is payable under this policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$135 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children’s Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. **DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. **INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$600 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

- (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$75 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.
- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$150 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$750 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$350 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$350 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$100 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$350 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$1,750 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. **ANTINAUSEA BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.
- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$7,000 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$750 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$7,000 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$100 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$175 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$4,250. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN		with partial exenteration	2,000
Paracentesis	\$ 100	with complete exenteration..	3,400
Exploratory laparotomy.....	350		
BLADDER		CHEST	
Cystoscopy.....	100	Thoracentesis.....	100
TUR bladder tumors.....	350	Bronchoscopy.....	200
Cystectomy		Mediastinoscopy	200
(partial)	600	Thoracostomy.....	200
(complete)	1,200	Thoracotomy.....	500
(with ureteroileal conduit)....	2,400	Wedge resection	800
		Lobectomy.....	1,100
		Pneumonectomy.....	1,400
BRAIN		ESOPHAGUS	
Burr holes not		Esophagoscopy	180
followed by surgery.....	500	Esophagogastrectomy	1,100
Ventriculoperitoneal shunt.....	500	Resection of esophagus	1,300
Exploratory craniotomy.....	1,100		
Excision brain tumor.....	2,200	EYE	
Hemispherectomy	3,400	P32 uptake	170
		Enucleation.....	340
BREAST		INTESTINES	
Needle biopsy.....	100	Sigmoidoscopy	100
Cutting operation biopsy.....	180	Proctosigmoidoscopy.....	100
Lumpectomy.....	220	Colonoscopy	
Mastectomy		(does not include virtual)	180
(partial)	350	Cutting operation on rectum	
(simple).....	500	for biopsy	180
(radical)	700	Colostomy/or revision of	220
		ERCP	220
CERVIX		Ileostomy	220
D & C	115	Colectomy.....	600
Colposcopy	115	Resection of small intestine	1,400
Vaginal hysterectomy/ uterus only	350	Abdominal-perineal approach	
Oophorectomy.....	350	for removal of Cancer of	
Abdominal hysterectomy/ uterus only	600	sigmoid colon or rectum.....	1,700
uterus, tubes & ovaries.....	1,150		

KIDNEY

Nephrectomy	
(simple)	1,400
(radical)	2,400

LIVER

Needle biopsy.....	100
Wedge biopsy	220
Resection of liver	
(partial)	650
(complete)	1,700

LYMPHATIC

Excision of lymph nodes.....	115
Splenectomy	500
Axillary node dissection.....	500
Lymphadenectomy	
(unilateral).....	500
(bilateral)	600

MANDIBLE

Mandibulectomy	1,000
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MISCELLANEOUS

Peripherally inserted	
central catheter (PICC)	100
Bone marrow biopsy	
or aspiration.....	100
Venous-catheters/venous port.	
for chemotherapy.....	100
Pathological fracture.....	275
Cholecystectomy	500
Pathological hip fracture.....	575

MOUTH

Hemiglossectomy	220
Tonsil/mucous membrane	350
Glossectomy	500
Resection of palate.....	500

PANCREAS

Jejunostomy	600
Pancreatectomy	1,400
Whipple procedure	2,400

PENIS

Amputation	
(partial)	220
(complete)	500
(radical)	600

PROSTATE

Needle biopsy	100
Cystoscopy	100
TUR prostate	350
Radical prostatectomy	1,000

RADIUM IMPLANTS

Insertion.....	650
Removal	340

SALIVARY GLANDS

Biopsy.....	220
Parotidectomy.....	500
Radical neck dissection	1,200

SPINE

Cordotomy	350
Laminectomy	600

STOMACH

Gastroscopy	200
Gastrojejunostomy.....	600
Gastrectomy	
(partial).....	600
(complete).....	1,000

TESTIS

Orchiectomy	
(unilateral)	220
(bilateral).....	320

THROAT

Laryngoscopy	200
Tracheostomy.....	200
Laryngectomy	
(without neck dissection)....	600
(with neck dissection).....	1,200

THYROID

Thyroidectomy	
(partial: one lobe)	350
(total: both lobes)	500

VULVA

Vulvectomy	
(partial).....	350
(complete).....	700
(radical).....	1,000

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 35
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	70
Excision of lesion of skin without flap or graft	170
Flap or graft without excision	250
Excision of lesion of skin with flap or graft	400

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$200 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$400
Dependent Child	\$500

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$200. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$200. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$100 per day when a charge is incurred for each such visit, subject to the following conditions:
 - a. The home health care or health supportive services must begin within seven days of release from the Hospital.
 - b. This benefit is limited to ten days per hospitalization for each Covered Person.
 - c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
 - d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
 - e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the

same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$100 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$4,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$175 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$350 per Covered Person.
7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Facial Reconstruction	500

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$350 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$1,350 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 40 cents per mile for transportation, up to a combined maximum of \$1,200, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,200 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$65 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:

- a. Your policy has been in force for at least six months;
- b. We have received premiums for at least six consecutive months;
- c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
- d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
- e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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.

CANCER INDEMNITY LIMITED BENEFIT HEALTH INSURANCE COVERAGE

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer and Associated Cancerous Condition treatment only. Read it carefully with the Outline of Coverage, if applicable.

The Named Insured shown in the Policy Schedule will be referred to as “you,” “your,” or “yours.” **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as “we,” “our,” “us,” or “Aflac.”

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999]. You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return this policy, please note in writing: “This policy is returned for cancellation and refund of premium.”

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME, SUBJECT TO AFLAC'S RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy 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 class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. “Class” means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999]
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY,
CALL [1.800.99.AFLAC (1.800.992.3522).]
FOR CLAIM FORMS, VISIT OUR WEBSITE AT [AFLAC.COM].**

**If we at Aflac fail to provide you with reasonable and adequate service you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS 72201-1904
Telephone 501.371.2640 or Toll-Free 1.800.852.5494.**

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Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Cancer Policy: \$XX.xx
Initial Diagnosis
Building Benefit Rider: \$XX.xx
Dependent Child Rider: \$XX.xx
Specified-Disease Rider: \$XX.xx
Return of Premium Rider: \$XX.xx

EFFECTIVE DATES:

Cancer Policy: XX/XX/XX
Initial Diagnosis
Building Benefit Rider: XX/XX/XX
Dependent Child Rider: XX/XX/XX
Specified-Disease Rider: XX/XX/XX
Return of Premium Rider: XX/XX/XX

BENEFIT AMOUNT:

\$XX.xx
\$XX.xx

In witness whereof, Aflac's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

B. ASSOCIATED CANCEROUS CONDITION: myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

C. AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a doctor's or dentist's office, clinic, or other such location.

D. BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Stem Cell Transplantation.**

E. CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

F. CALENDAR WEEK: Sunday through Saturday of the same week.

G. CALENDAR YEAR: January 1 through December 31 of the same year.

H. CANCER: disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

1. **INTERNAL CANCER:** all Cancers other than Nonmelanoma Skin Cancer (see definition of Nonmelanoma Skin Cancer).

2. NONMELANOMA SKIN CANCER: a Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

I. CHEMOTHERAPY:

1. INJECTED CHEMOTHERAPY: medications taken intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

2. NONHORMONAL ORAL CHEMOTHERAPY: medications taken orally, other than hormonal therapy medications, that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

3. HORMONAL ORAL CHEMOTHERAPY: medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

4. TOPICAL CHEMOTHERAPY: medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that selectively destroys cancerous tissue.

J. COVERED PERSON: persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

K. DEPENDENT CHILDREN: your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

L. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

M. EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.

N. HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

O. HOSPITAL: a legally operated institution licensed by the state in which it is located that maintains and uses a laboratory, X-ray equipment, and an operating room on its premises or in facilities available to it on a prearranged, written, contractual basis. The institution must also have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians, provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse, and maintain the patients' written histories and medical records on the premises. The term "Hospital" does not include any institution or part thereof used as an emergency room; an observation unit; 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; 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.

- P. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- Q. IMMUNOTHERAPY:** immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate or restore the ability of the immune system to fight infection and disease.
- R. NCI-DESIGNATED CANCER CENTER:** a treatment or research facility that currently holds a National Cancer Institute (NCI) designation.
- S. PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.
- T. POSITIVE MEDICAL DIAGNOSIS:** a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician who is certified by the American Board of Pathology to practice pathologic anatomy or by a certified osteopathic pathologist. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.
- U. RADIATION THERAPY:** therapy using high doses of radiation to destroy cancerous cells.
- V. STEM CELL TRANSPLANTATION:** the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**
- W. TYPE OF COVERAGE:** see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn, who is automatically covered from the moment of birth, or an adopted child, who is covered from the date the petition is filed, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac in writing within 90 days of the child's birth or the date the petition is filed for adoption of a child or before the next premium due date whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required. If you desire any other person to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2

LIMITATIONS AND EXCLUSIONS

- A. We pay only for treatment of Cancer, Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not

provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.

- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D. 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.
- E. 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.

Part 3 **RIGHT OF CONVERSION**

- A. **DISSOLUTION OF MARRIAGE:** If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your ex-Spouse's coverage will terminate. Your ex-Spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-Spouse must make application to Aflac within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**
- B. **DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.
- C. **TERMINATION OF DEPENDENCY:** A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. No waiting period is required for such person unless the

waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 4
UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**
- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from Aflac. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that is diagnosed on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, [1932 Wynnton Rd, Columbus, GA 31999,] or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent to you within ten working days after the giving of such notice, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss (written proofs, such as claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action may be brought after three years from the time written proof of loss is required to be furnished.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- M. OTHER INSURANCE WITH AFLAC:** If any person is covered under more than one Aflac Cancer policy or rider, only the one chosen by you, your beneficiary, or your estate, as the case may be, will be effective. Aflac will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. Aflac will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

Part 5

ELIGIBILITY FOR BENEFITS

- A.** If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of Cancer or an Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, Part 6, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day

waiting period (subject to Part 2B, Limitations and Exclusions). The “diagnosis date” is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The “diagnosis date” is not the date the diagnosis is communicated to the Covered Person.

- B. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person’s coverage.
- C. The Initial Diagnosis Benefit is not payable for any Cancer or Associated Cancerous Condition diagnosed before coverage has been in force 30 days or for any recurrence, extension, or metastatic spread of a Cancer or Associated Cancerous Condition diagnosed prior to the Effective Date of coverage.
- D. Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the day of admission to the Hospital, but will not be retroactive more than 30 days before the date Cancer or Associated Cancerous Condition was diagnosed. **EXCEPTION: If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

If treatment for Cancer or an Associated Cancerous condition is received in a U.S. government Hospital, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 6 **BENEFITS**

All treatments listed below must be NCI or Food and Drug Administration (FDA) approved for the treatment of Cancer or Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

- 1. **CANCER WELLNESS:** Aflac will pay \$100 per Calendar Year when a Covered Person receives one of the following:
 - mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C.

Named Insured or Spouse	\$ 6,000
Dependent Child	\$12,000

This benefit is payable under this policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$200 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$1,000 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. **DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. **INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$900 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

- (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
- (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.
- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$1,200 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$125 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. **IMMUNOTHERAPY BENEFIT:** Aflac will pay \$500 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$2,500 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. **ANTINAUSEA BENEFIT:** Aflac will pay \$150 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.
- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$10,000 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$1,000 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$150 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$250 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$6,250. No lifetime maximum on the number of operations.

SCHEDULE OF OPERATIONS

ABDOMEN		with partial exenteration	3,000
Paracentesis	\$ 140	with complete exenteration..	5,000
Exploratory laparotomy.....	525		
BLADDER		CHEST	
Cystoscopy.....	140	Thoracentesis	140
TUR bladder tumors	525	Bronchoscopy	300
Cystectomy		Mediastinoscopy	300
(partial)	900	Thoracostomy.....	300
(complete)	1,800	Thoracotomy.....	700
(with ureteroileal conduit)....	3,600	Wedge resection	1,200
		Lobectomy	1,500
		Pneumonectomy.....	2,100
BRAIN		ESOPHAGUS	
Burr holes not		Esophagoscopy	280
followed by surgery.....	700	Esophagogastrectomy	1,500
Ventriculoperitoneal shunt	700	Resection of esophagus	2,000
Exploratory craniotomy.....	1,500	EYE	
Excision brain tumor.....	3,500	P32 uptake	250
Hemispherectomy	5,000	Enucleation.....	500
BREAST		INTESTINES	
Needle biopsy.....	140	Sigmoidoscopy	140
Cutting operation biopsy.....	280	Proctosigmoidoscopy.....	140
Lumpectomy.....	350	Colonoscopy	
Mastectomy		(does not include virtual)	280
(partial)	525	Cutting operation on rectum	
(simple).....	700	for biopsy	280
(radical)	1,050	Colostomy/or revision of	350
CERVIX		ERCP	350
D & C	175	Ileostomy	350
Colposcopy	175	Colectomy.....	900
Vaginal hysterectomy/		Resection of small intestine	2,100
uterus only	525	Abdominal-perineal approach	
Oophorectomy.....	525	for removal of Cancer of	
Abdominal hysterectomy/		sigmoid colon or rectum	2,500
uterus only	900		
uterus, tubes & ovaries	1,750		

KIDNEY

Nephrectomy	
(simple)	2,100
(radical)	3,600

LIVER

Needle biopsy.....	140
Wedge biopsy	350
Resection of liver	
(partial)	1,000
(complete)	2,500

LYMPHATIC

Excision of lymph nodes.....	175
Splenectomy	700
Axillary node dissection.....	700
Lymphadenectomy	
(unilateral).....	700
(bilateral)	900

MANDIBLE

Mandibulectomy	1,400
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MISCELLANEOUS

Peripherally inserted	
central catheter (PICC)	140
Bone marrow biopsy	
or aspiration.....	140
Venous-catheters/venous port.	
for chemotherapy.....	140
Pathological fracture.....	400
Cholecystectomy	700
Pathological hip fracture.....	875

MOUTH

Hemiglossectomy	350
Tonsil/mucous membrane	525
Glossectomy	700
Resection of palate.....	700

PANCREAS

Jejunostomy	900
Pancreatectomy	2,100
Whipple procedure	3,600

PENIS

Amputation	
(partial)	350
(complete)	700
(radical)	900

PROSTATE

Needle biopsy.....	140
Cystoscopy	140
TUR prostate	525
Radical prostatectomy	1,400

RADIUM IMPLANTS

Insertion.....	1,000
Removal	500

SALIVARY GLANDS

Biopsy.....	350
Parotidectomy.....	700
Radical neck dissection	1,800

SPINE

Cordotomy	525
Laminectomy	900

STOMACH

Gastroscopy	300
Gastrojejunostomy.....	900
Gastrectomy	
(partial).....	900
(complete).....	1,400

TESTIS

Orchiectomy	
(unilateral)	350
(bilateral).....	490

THROAT

Laryngoscopy	300
Tracheostomy.....	300
Laryngectomy	
(without neck dissection)....	900
(with neck dissection).....	1,800

THYROID

Thyroidectomy	
(partial: one lobe)	525
(total: both lobes)	700

VULVA

Vulvectomy	
(partial).....	525
(complete).....	1,050
(radical).....	1,400

- b. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma

Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations.

Laser or Cryosurgery \$ 50

Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$300 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$375

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$600
Dependent Child	\$750

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$300. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$300. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$150 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 per day when a charge is incurred for each such visit, subject to the following conditions:
 - a. The home health care or health supportive services must begin within seven days of release from the Hospital.
 - b. This benefit is limited to ten days per hospitalization for each Covered Person.
 - c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
 - d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
 - e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

- 4. NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$150 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
- 5. SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$3,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$6,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

- 6. NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$250 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$500 per Covered Person.
- 7. RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$3,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

- 8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$1,500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$2,000 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 50 cents per mile for transportation, up to a combined maximum of \$1,500, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,500 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$80 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
- a. Your policy has been in force for at least six months;
 - b. We have received premiums for at least six consecutive months;
 - c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)**

[Worldwide Headquarters • Columbus, Georgia 31999]
A Stock Company

This **INITIAL DIAGNOSIS BUILDING BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

**Part 1
EFFECTIVE DATE**

The Effective Date of this rider is as stated in the Policy Schedule.

**Part 2
LIMITATIONS AND EXCLUSIONS**

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

**Part 3
BENEFITS**

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Part 4
TERMINATION

This rider will terminate upon the earlier of the termination of the policy to which it is attached, the failure to pay the premiums for this rider, or the date upon which there are no longer any payable benefits for any Covered Person.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
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[Worldwide Headquarters • Columbus, Georgia 31999]
A Stock Company

This **DEPENDENT CHILD RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
LIMITATIONS AND EXCLUSIONS

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

Part 3
BENEFITS

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Part 4
TERMINATION

This rider will terminate upon the earlier of the termination of the policy to which it is attached, the failure to pay the premiums for this rider, the date upon which there is no longer any coverage for a Dependent Child, or the date upon which there are no longer any payable benefits for any Dependent Child.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
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A Stock Company

This **SPECIFIED-DISEASE BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
ELIGIBILITY FOR BENEFITS

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

Part 3
BENEFITS

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

- 1. HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay \$200 per day.
- 2. HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 per day.

Part 4
DEFINITION OF COVERED DISEASES

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to this rider's being in

effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

Part 5
TERMINATION

This rider will terminate if the policy to which it is attached terminates or if the premium for this rider is not paid.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
 [Worldwide Headquarters • Columbus, Georgia 31999]
 A Stock Company

This **RETURN OF PREMIUM BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The Effective Date of this rider is as stated in the Policy Schedule.

Part 2
BENEFITS

RETURN OF PREMIUM BENEFIT: Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and this rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When this rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and this rider on the rider Effective Date.

The cash value for premium paid for the policy and this rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of [\$ _____]. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

CASH VALUE TABLE

<u>Rider Anniversary Year Ending</u>	<u>% of Premium Return (less any claims paid)</u>	<u>Cash Value Amount (less any claims paid)</u>
5	12%	
6	17%	
7	22%	
8	27%	
9	32%	
10	37%	
11	42%	

<u>Rider Anniversary Year Ending</u>	<u>% of Premium Return (less any claims paid)</u>	<u>Cash Value Amount (less any claims paid)</u>
12	48%	
13	54%	
14	60%	
15	66%	
16	72%	
17	79%	
18	86%	
19	93%	
20	100%	

IMPORTANT! READ CAREFULLY: This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

Part 3
TERMINATION

This rider will terminate if the policy to which it is attached terminates or if the premium for this rider is not paid.

In witness whereof, Aflac's president and secretary signed this rider in Columbus, Georgia, as of the rider Effective Date shown in the Policy Schedule.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

**[Payroll
Union]**

Application for Cancer Indemnity Insurance (A78000 Series)
Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • Columbus, Georgia 31999]

Payroll
 Union
 New
 Conversion
Policy Number:

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year (Optional)

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
 Home Work Cell

Email Address (optional) _____

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 at the time of application.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Employee's Name _____ Relationship to Proposed Insured _____
(For Billing, If Employee Is Medically Ineligible for Coverage)

Account Name _____ Account No. _____

Name of Employer _____

Is this insurance intended to replace any other health insurance now in force? Yes No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Does anyone to be covered have any other Cancer coverage with Aflac, other than a Lump Sum Cancer Benefit Rider? Yes No

If yes, this must be a conversion of that coverage. Please indicate the current policy number below and see Applicant's Statements and Agreements concerning conversions.

Policy Number: _____

Does anyone to be covered have an Aflac Lump Sum Critical Illness policy **with a Lump Sum Cancer Benefit Rider**? Yes No

If yes, please complete the Supplemental Notification section at the end of this application and be aware that you cannot have this policy without canceling the Aflac Lump Sum Cancer Benefit Rider.

Are you (or Employee listed above if Employee is medically ineligible for coverage) actively working with the employer listed on the first page of this application? If no, a policy will not be issued; therefore, do not submit this application.

Yes No

Check Coverage Desired:	<input type="checkbox"/> [Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
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<input type="checkbox"/> Preferred: Policy (Series A78100)	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Select: Policy (Series A78200)	
<input type="checkbox"/> Classic: Policy (Series A78300)	
<input type="checkbox"/> Premier: Policy (Series A78400)	

Optional Riders:	
Initial Diagnosis Building Benefit Rider (Series A78050) Units _____ Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Dependent Child Rider (Series A78051) (only available with One-Parent Family or Two-Parent Family coverage) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Specified-Disease Benefit Rider (Series A78052) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	
Return of Premium Benefit Rider (Series A78053) Options: <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider (Factor amt. _____)]	

[Billing Method:	Mode:
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly <input type="checkbox"/> 01 Monthly
<input type="checkbox"/> Bank Draft (B/D)	<input type="checkbox"/> 01 14-Day Biweekly <input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 01 Semimonthly <input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> List Bill	<input type="checkbox"/> 01 28-Day Biweekly <input type="checkbox"/> 12 Annual
PLEASE NOTE: If B/D, C/C, or List Bill billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.	
Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____	
Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____]	

ASSOCIATED CANCEROUS CONDITION: a myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition is limited to only the conditions listed above.

CANCER: a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. "Cancer" also includes but is not limited to leukemia, Hodgkin's disease, and melanoma.

INTERNAL CANCER: all Cancers other than Nonmelanoma Skin Cancer.

PLEASE COMPLETE THE FOLLOWING:

Are you or any other person to be covered under this policy, covered by Medicaid or any Title XIX program? Yes No

If yes, please list the person covered by Medicaid or any Title XIX program in the following space:

Any individual(s) indicated above will not be covered under the policy.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS.

1. Have you or has anyone to be covered under this policy ever been diagnosed with or treated for Cancer or an Associated Cancerous Condition of any type or form? Yes No

If yes, please complete Questions 2, 3, and 4.

2. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **within the last five years** or received preventive hormonal therapy **within the last 12 months**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.

If a child, are any other children to be covered? Yes No

3. Have you or has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **over five years ago**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

If yes, please complete a Cancer History Form provided by your associate/agent on any individual(s) listed. Additional underwriting may be required.

4. Have you or has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated **within the last five years**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will be issued a Skin Cancer Exclusion Rider. Benefits will not be payable under this policy for the indicated individual for the treatment of Skin Cancer.

If yes, and this is a conversion, the person(s) so designated is not eligible for coverage under the converted policy.

Proposed Insured's Initials _____

PLEASE ANSWER THE FOLLOWING QUESTION IF APPLYING FOR THE SPECIFIED-DISEASE RIDER.

5. Have you or has anyone to be covered under this policy ever had adrenal hypofunction (Addison's disease), amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), botulism, bubonic plague, cerebral palsy, cholera, cystic fibrosis, diphtheria, encephalitis (including encephalitis contracted from West Nile virus), Huntington's disease, Lyme disease, malaria, meningitis (bacterial), multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, Reye's syndrome, scleroderma, sickle-cell anemia, systemic lupus, tetanus, toxic shock syndrome, tuberculosis, tularemia, typhoid fever, variant Creutzfeldt-Jakob disease (mad cow disease), or yellow fever in any form? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated above will not be covered under Specified-Disease Rider Form Series A78052.

If a child, are any other children to be covered? Yes No

APPLICANT'S STATEMENTS AND AGREEMENTS

- I acknowledge that I was offered the optional riders, and I have personally determined which, if any, are best for me.

Proposed Insured's Initials _____

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the policy or, at my option, I may elect to void the policy from its beginning and receive a full refund of premium.

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has attained age 76 before the Effective Date of the policy.
- I understand that Dependent Children, if any, must be under age 26 at the time of application. Once covered, Dependent Children will continue to be covered until their 26th birthday.
- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Guide to Health Insurance for People with Medicare*
 - Outline of Coverage
- If this is an application for a conversion, the following conditions apply: (a) If Cancer or an Associated Cancerous Condition is diagnosed between the date this application is signed and the Effective Date of the policy shown in the Policy Schedule, the policy for which this application is made will be void, and coverage will continue under the terms of the previous policy, which may remain in force. Any benefits that may be due will be paid under the previous policy. (b) The waiting period provision of the new policy will run from the Effective Date of the original policy, and the original policy will be terminated as of the Effective Date of the new policy. Any premium paid on the original policy that is unearned as of the Effective Date of the new policy will be applied to the new policy.

Proposed Insured's Initials _____

- I understand that (1) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein, and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- I have reviewed the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under this policy. I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, Virginia, and Wisconsin.

SUPPLEMENTAL NOTIFICATION

COMPLETE IF YOU ARE REPLACING/TERMINATING EXISTING AFLAC COVERAGE THAT CONTAINS CANCER BENEFITS.

_____ is applying for Aflac's Cancer policy and currently has cancer benefits under a Lump Sum Cancer Benefit Rider on Aflac's Lump Sum Critical Illness policy number _____.

Existing Aflac Cancer coverage must be cancelled to purchase this Cancer policy.

- Please cancel the existing Lump Sum Cancer Benefit Rider attached to Lump Sum Critical Illness policy number _____, but keep the Lump Sum Critical Illness policy in force. Existing benefits provided for in the current Lump Sum Cancer Rider will not be provided for in the new Cancer policy.
- Please cancel the entire Lump Sum Critical Illness policy (with Lump Sum Cancer Benefit Rider) number _____. Existing benefits provided for in the current Lump Sum Critical Illness policy and Lump Sum Cancer Benefit Rider are not provided for in the new Cancer policy.

I prefer to receive an electronic copy of my policy instead of a paper copy. Yes No
If yes, please enter your email address on Page 1.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

[I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.]

[Associate's/Agent's Signature _____ Date _____]
Licensed Resident Associate/Agent

Writing Associate/Agent: Please complete the following – it will become part of the policy.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA, 31999]
TOLL-FREE [1.800.99.AFLAC (1.800.992.3522)].

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1.800.99.AFLAC (1.800.992.3522)].
VISIT OUR WEBSITE AT [AFLAC.COM].

Associate/Agent's Name _____

Associate/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT • CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS, 72201-1904,
TELEPHONE 501.371.2640 OR TOLL-FREE 1.800.852.5494.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department (website = www.accessarkansas.org/insurance) or state health insurance assistance program (SHIP Division of Department at 800-224-6330 or email Insurance.Seniors@Arkansas.gov).

**APPLICATION FOR REINSTATEMENT AND/OR ADDITIONS
CANCER INDEMNITY SERIES A78000**

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • Columbus, GA 31999]
For information, call toll-free [1.800.99.AFLAC (1.800.992.3522).]
[Fax number – 1.800.448.8922]

Pre-tax After-tax

Name of Policyholder _____ SSN _____
(Optional)

Policy Number _____ Date of Birth _____

Current Address of Policyholder _____

City _____ State _____ ZIP _____

Primary Telephone () _____
 Home Work Cell

Email Address (optional) _____

Former Address of Policyholder _____

City _____ State _____ ZIP _____

Name of Employer _____

Associate's/Agent's Signature and Writing Number _____
Licensed Associate/Agent

ADDITIONS ONLY – Complete applicable questions listed below. Dependent Children must be under age 26 at the time of application.

Does anyone to be added have any other Cancer coverage with Aflac? Yes No

If yes, please complete the Supplemental Notification section at the end of this application and be aware that you cannot have this policy without canceling the other Aflac Cancer coverage.

Policy Number: _____

Spouse to be Added _____
Last Name First Name MI Title

Sex Male Female

Spouse's DOB _____

Are you applying for Dependent Child(ren) coverage? Yes No

Reason for Addition Marriage Birth Request

Date of Marriage/Birth/Request _____

New Coverage Desired One-Parent Family Two-Parent Family Named Insured/Spouse Only

PLEASE COMPLETE THE FOLLOWING:

Are you or any other person to be covered under this policy, covered by Medicaid or any Title XIX program? Yes No

If yes, please list the person covered by Medicaid or any Title XIX program in the following space:

Any individual(s) indicated above will not be covered under the policy.

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR REINSTATEMENTS OR ADDITIONS.

1. Has anyone to be covered under this policy ever been diagnosed with or treated for Cancer or an Associated Cancerous Condition of any type or form? Yes No

If no, skip to Question 6. If yes, please complete Questions 2 – 8.

2. Has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **within the last five years** or received preventive hormonal therapy **within the last 12 months**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy. If the named person is the policyholder, the policy will not be reinstated.

If a child, are any other children to be covered? Yes No

3. Has anyone to be covered had Internal Cancer or an Associated Cancerous Condition that was diagnosed or last treated **over five years ago**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

If yes, please complete a Cancer History Form provided by your associate/agent on any individual(s) listed. Additional underwriting may be required.

4. Has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated **within the last five years**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will be issued a Skin Cancer Exclusion Rider. Benefits will not be payable under this policy for the indicated individual for the treatment of Skin Cancer.

Policyholder's Initials _____

5. Has anyone to be covered had Nonmelanoma Skin Cancer that was diagnosed or last treated **over five years ago**? **Answering yes does not affect coverage under this policy.** Yes No

6. Has anyone to be covered received a health screening (such as a mammogram, Pap smear, PSA, chest X-ray or colonoscopy) that tests for the presence of Cancer or an Associated Cancerous Condition, **for which you have not received the results**? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy. If the named person is the policyholder, the policy will not be reinstated.

If a child, are any other children to be covered? Yes No

7. Has anyone to be covered been advised by a member of the medical profession to receive a follow-up test for the potential presence of Cancer or an Associated Cancerous Condition **for which you have not received the results?**

Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy. If the named person is the policyholder, the policy will not be reinstated.

If a child, are any other children to be covered?

Yes No

8. Has anyone to be covered received abnormal test results from a Cancer or Associated Cancerous Condition screening **within the past 90 days** or are you or anyone to be covered waiting on the results of medical tests for an undiagnosed condition?

Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy. If the named person is the policyholder, the policy will not be reinstated.

If a child, are any other children to be covered?

Yes No

**PLEASE ANSWER THE FOLLOWING QUESTION FOR REINSTATEMENT OF
OR ADDITIONS TO THE SPECIFIED-DISEASE RIDER.**

Has anyone to be covered under this policy ever had adrenal hypofunction (Addison's disease), amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), botulism, bubonic plague, cerebral palsy, cholera, cystic fibrosis, diphtheria, encephalitis (including encephalitis contracted from West Nile virus), Huntington's disease, Lyme disease, malaria, meningitis (bacterial), multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, Reye's syndrome, scleroderma, sickle-cell anemia, systemic lupus, tetanus, toxic shock syndrome, tuberculosis, tularemia, typhoid fever, variant Creutzfeldt-Jakob disease (mad cow disease), or yellow fever in any form?

Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated above will not be covered under Specified-Disease Rider Form Series A78052.

If a child, are any other children to be covered?

Yes No

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Kansas, Maine, Massachusetts, Minnesota, Montana, Nevada, New Jersey, North Carolina, Ohio, Oregon, Virginia, and Wisconsin.

SUPPLEMENTAL NOTIFICATION

COMPLETE IF YOU ARE REPLACING/TERMINATING EXISTING AFLAC COVERAGE THAT CONTAINS CANCER BENEFITS.

_____ is applying for Aflac's Cancer policy and currently has cancer benefits under a Lump Sum Cancer Benefit Rider on Aflac's Lump Sum Critical Illness policy number _____.

Existing Aflac Cancer coverage must be cancelled to purchase this Cancer policy.

- Please cancel the existing Lump Sum Cancer Benefit Rider attached to Lump Sum Critical Illness policy number _____, but keep the Lump Sum Critical Illness policy in force. Existing benefits provided for in the current Lump Sum Cancer Rider will not be provided for in the new Cancer policy.
- Please cancel the entire Lump Sum Critical Illness policy (with Lump Sum Cancer Benefit Rider) number _____. Existing benefits provided for in the current Lump Sum Critical Illness policy and Lump Sum Cancer Benefit Rider are not provided for in the new Cancer policy.

I understand that the reinstated policy will cover only loss resulting from hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that begins on or after the date of reinstatement. I understand that the information on this form applies **ONLY** to my Cancer policy.

I have read, or had read to me, the completed application and realize policy reinstatement is based upon statements and answers provided herein, and they are complete and true. I understand, for the purposes of the Time Limit on Certain Defenses provision of the policy, that the Effective Date of the policy shall now be the reinstatement date. I also understand that Aflac and I shall have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to the provisions herein and to any provisions endorsed on or attached to the policy in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy's reinstatement provision.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Policyholder's Signature (X) _____

Signed and Dated at _____ on _____
City and State Date

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE [1.800.99.AFLAC (1.800.992.3522)].
VISIT OUR WEBSITE AT [AFLAC.COM].**

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:
**ARKANSAS INSURANCE DEPARTMENT • CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET • LITTLE ROCK, ARKANSAS 72201-1904
Telephone 501.371.2640 or Toll-Free 1.800.852.5494**

**CANCER HISTORY FORM
PAYROLL AND UNION
American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters: Columbus, Georgia 31999]**

Proposed Insured's Name _____ Existing Policy Number (if applicable) _____

Address _____
Street or Post Office Box _____ Apt. No. _____

City _____ State _____ ZIP _____

Account Name _____ Account Number _____

Applicants or family members with a history of a malignant condition may apply for our Cancer policy, providing they have remained free of Cancer and/or an Associated Cancerous Condition and there has been no recurrence or treatment for the malignancy within the five years preceding the application date.

This form must be completed for any individual who qualifies under these guidelines. The application and this completed form (which is considered part of the application) are subject to underwriting by our worldwide headquarters. If the application is not approved, any premiums paid will be refunded.

The individual must have been examined by his/her Physician within 12 months prior to the date of the application.

Please complete the following section for any individual who has had a prior history of Cancer and/or an Associated Cancerous Condition, excluding Nonmelanoma Skin Cancer.

_____ had Cancer or an Associated Cancerous Condition first diagnosed on
Name of Applicant or Family Member

_____ as _____. The last treatment for Cancer or an
Month/Day/Year Type of Cancer/Associated Cancerous Condition

Associated Cancerous Condition was on _____. Based on the medical history and the last
Month/Day/Year

examination on _____, there has been no recurrence or treatment for Cancer or an Associated Cancerous
Month/Day/Year

Condition in the last five years. The last date of preventive hormonal therapy (if applicable) was on _____
Month/Day/Year

Current Physician's Name _____

Address _____ Telephone No. _____
Street or Post Office Box

City _____ State _____ ZIP _____

1. Has anyone to be covered received a health screening (such as a mammogram, Pap smear, PSA, chest X-ray or colonoscopy) that tests for the presence of Cancer or an Associated Cancerous Condition, **for which you have not received the results?** Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

**Any person(s) so designated will not be covered under the policy.
If a child, are any other children to be covered?**

Yes No

2. Has anyone to be covered been advised by a member of the medical profession to receive a follow-up test for the potential presence of Cancer or an Associated Cancerous Condition, **for which you have not received the results?** Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy.

If a child, are any other children to be covered? Yes No

3. Has anyone to be covered received abnormal test results from a Cancer or Associated Cancerous Condition screening **within the past 90 days** or are you or anyone to be covered waiting on the results of medical tests for an undiagnosed condition? Yes No

If yes, was it the Named Insured Spouse Child? Name of the child(ren):

Any person(s) so designated will not be covered under the policy.

If a child, are any other children to be covered? Yes No

I understand that under the new, upgraded, or converted policy _____ will **NOT**
Name of Applicant or Family Member

be eligible to receive an **Initial Diagnosis Benefit** from Aflac for a recurrence, extension, or metastatic spread of any Cancer or Associated Cancerous Condition, excluding Nonmelanoma Skin Cancer, diagnosed prior to the Effective Date of coverage.

I have read, or had read to me, the completed Cancer History Form, and I certify that the statements and answers provided herein are complete and true.

Proposed Insured's Signature _____ Date _____

Applicant or Family Member's Signature (if other than applicant) _____ Date _____

**FOR INFORMATION, CALL TOLL-FREE [1.800.99.AFLAC (1.800.992.3522).]
VISIT OUR WEBSITE AT [AFLAC.COM.]**

Aflac's Worldwide Headquarters
[1932 Wynnton Road, Columbus, Georgia 31999]
ATTENTION: POLICYHOLDER SERVICES (PHS)

Application to remove Skin Cancer Exclusion Rider

If you have been Skin Cancer treatment free for five years, you are eligible to apply to have your **Skin Cancer Exclusion Rider** removed from your Cancer policy with Aflac.

Applicants or family members with a history of Skin Cancer may apply for removal of his/her Skin Cancer Rider, providing there has been no recurrence or treatment of any Skin Cancer within the five years, preceding this application date.

This form must be completed for any individual who qualifies under these guidelines and is subject to underwriting by our worldwide headquarters. If the application is not approved, the rider will remain on the policy.

The individual must have been examined by his/her Physician within six months prior to the date of the application.

_____ had Skin Cancer first diagnosed on _____
(Applicant's Name) (Month / Day / Year)

as _____. The last treatment for Skin Cancer was on _____
(Type/Location) (Month / Day / Year)

Based on the medical history and the last examination on _____, there has been no
(Month / Day / Year)

recurrence or treatment for Skin Cancer within the past five years.

Current Physician's Name _____

Address _____ Telephone No. _____
(Street or Post Office Box)

City _____ State _____ ZIP _____

Date Last Seen by Physician _____

Reason for Last Visit _____

Policyholder's Name _____ Policy Number _____

Applicant's Signature _____ Sign Date _____

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters: Columbus, GA 31999
For information call toll-free 1.800.99.AFLAC (1.800.992.3522)].

SKIN CANCER EXCLUSION RIDER

**CERTIFICATE OR
POLICY NUMBER:**

EFFECTIVE DATE:

INSURED:

In consideration of the issuance of this policy, it is agreed that, because of the insured's medical history or physical impairment, Aflac shall not be liable for any loss or disability sustained, which shall be caused or contributed by:

Any type Nonmelanoma Skin Cancer, complications and/or sequelae thereof, treatment or surgery therefore. This Rider does not exclude coverage for Internal Cancer or Associated Cancerous Condition.

IMPORTANT: PLEASE READ CAREFULLY. If there is no occurrence or recurrence of any Nonmelanoma Skin Cancer during any 5-year period coverage is in force and if you have been skin cancer treatment free for five years, you are eligible to apply to have your **Skin Cancer Exclusion Rider** removed from your Cancer policy with Aflac by completion of the appropriate application. Please contact Aflac to have this application mailed to you.

IN WITNESS WHEREOF, the AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC) has caused this rider to be signed the day and year shown above.

Accepted by: _____ **Date:** _____
Signature of Owner-Applicant (Named Insured)



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
Toll-Free [1.800.99.AFLAC (1.800.992.3522)]

**The policy described in this Outline of Coverage provides supplemental coverage
and will be issued only to supplement insurance already in force.**

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE
Outline of Coverage for Policy Form Series A78100
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide 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) Cancer Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

(3) All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. CANCER WELLNESS: Aflac will pay \$25 per Calendar Year when a Covered Person receives one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemoccult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. BONE MARROW DONOR SCREENING: Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

- 1. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$ 500
Dependent Child	\$1,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

- 2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$75 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
- 3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

- 1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.

- a. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$300 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

- b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**

- (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

- (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy

treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

- 2. INDIRECT/ADDITIONAL THERAPY BENEFITS:** The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$175 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. ANTINAUSEA BENEFIT:** Aflac will pay \$50 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 20
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	35
Excision of lesion of skin without flap or graft	85
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$100 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$100
Dependent Child	\$125

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

2. **HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$50 per day when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten days per hospitalization for each Covered Person.
- c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.
- 4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
- 5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

- 6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$90 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.
- 7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

- 8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

- 1. AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
- 2. TRANSPORTATION BENEFIT:** Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
- a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

- 3. LODGING BENEFIT:** Aflac will pay \$50 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

1. **WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

2. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
 - a. Your policy has been in force for at least six months;
 - b. We have received premiums for at least six consecutive months;
 - c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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) Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050) Applied for Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an

Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions and Limitations of Rider A78050 Series:

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

DEPENDENT CHILD RIDER: (Series A78051) Applied for Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78052) Applied for Yes No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

- 1. HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay \$200 per day.
- 2. HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 per day.

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to this rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT: (Series A78053) Applied for Yes No

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$_____. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

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

- A. We pay only for treatment of Cancer and Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.
 - B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
 - C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
 - D. 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.
 - E. 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.
- (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 change only if changed on all policies of the same form number and class in force in your state.

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.**

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
Toll-Free [1.800.99.AFLAC (1.800.992.3522)]

The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE
Outline of Coverage for Policy Form Series A78200
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide 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) **Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3) All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay \$40 per Calendar Year when a Covered Person receives one of the following:
- mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

- 1. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$2,000
Dependent Child	\$4,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

- 2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$75 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
- 3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

- 1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$300 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.
 - b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**
 - (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
 - (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$135 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$50 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy

treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$405 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$175 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$75 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

- 2. INDIRECT/ADDITIONAL THERAPY BENEFITS:** The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$175 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$875 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. ANTINAUSEA BENEFIT:** Aflac will pay \$50 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$3,500 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$3,500 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$500 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$3,500 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$85 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$140 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$2,125. No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$200. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 20
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	35
Excision of lesion of skin without flap or graft	85
Flap or graft without excision	125
Excision of lesion of skin with flap or graft	200

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$100 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$100
Dependent Child	\$125

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$100. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$100. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$75 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. **HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$50 per day when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten days per hospitalization for each Covered Person.
- c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.
- 4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$50 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
- 5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$1,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$2,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

- 6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$90 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$180 per Covered Person.
- 7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$1,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$1,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	250
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	110
Facial Reconstruction	250

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$175 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$675 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 35 cents per mile for transportation, up to a combined maximum of \$1,000, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,000 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$50 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

- 1. WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
 - a. Your policy has been in force for at least six months;
 - b. We have received premiums for at least six consecutive months;
 - c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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) Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050) Applied for Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an

Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions and Limitations of Rider A78050 Series:

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

DEPENDENT CHILD RIDER: (Series A78051) Applied for Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78052) Applied for Yes No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

- 1. HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused,

complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay \$200 per day.

- 2. HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 per day.

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to this rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT: (Series A78053) Applied for Yes No

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$_____. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the

partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

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

- A. We pay only for treatment of Cancer and Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.
- B. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C. The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D. 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.
- E. 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.
- (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 change only if changed on all policies of the same form number and class in force in your state.

**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.**

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
Toll-Free [1.800.99.AFLAC (1.800.992.3522)]

The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE
Outline of Coverage for Policy Form Series A78300
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide 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) **Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3) All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:
- mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

- 1. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$4,000
Dependent Child	\$8,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

- 2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$135 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
- 3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

- 1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.
 - a. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$600 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.
 - b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**
 - (1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.
 - (2) HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$75 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy

treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$150 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$750 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$350 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$350 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$100 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

- 2. INDIRECT/ADDITIONAL THERAPY BENEFITS:** The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$350 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$1,750 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. ANTINAUSEA BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$7,000 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$750 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$7,000 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$100 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$175 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$4,250. No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 35
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Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	70
Excision of lesion of skin without flap or graft	170
Flap or graft without excision	250
Excision of lesion of skin with flap or graft	400

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$200 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$400
Dependent Child	\$500

2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$200. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$200. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

2. **HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$100 per day when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten days per hospitalization for each Covered Person.
- c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.
- 4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$100 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
- 5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$4,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

- 6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$175 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$350 per Covered Person.
- 7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Facial Reconstruction	500

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$350 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$1,350 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 40 cents per mile for transportation, up to a combined maximum of \$1,200, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,200 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$65 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

- 1. WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
 - a. Your policy has been in force for at least six months;
 - b. We have received premiums for at least six consecutive months;
 - c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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) Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050) Applied for Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an

Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions and Limitations of Rider A78050 Series:

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

DEPENDENT CHILD RIDER: (Series A78051) Applied for Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78052) Applied for Yes No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

- 1. HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay \$200 per day.
- 2. HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 per day.

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to this rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT: (Series A78053) Applied for Yes No

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$_____. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year

will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

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

- A.** We pay only for treatment of Cancer and Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.
 - B.** This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
 - C.** The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
 - D.** 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.
 - E.** 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.
- (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 change only if changed on all policies of the same form number and class in force in your state.

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.**

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999]
Toll-Free [1.800.99.AFLAC (1.800.992.3522)]

The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE
Outline of Coverage for Policy Form Series A78400
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide 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) **Cancer Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3) All treatments listed below must be NCI or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** Aflac will pay \$100 per Calendar Year when a Covered Person receives one of the following:
- mammogram
 - breast ultrasound
 - breast MRI
 - CA15-3 (blood test for breast Cancer tumor)
 - Pap smear
 - ThinPrep
 - biopsy
 - flexible sigmoidoscopy
 - hemoccult stool specimen (lab confirmed)
 - chest X-ray
 - CEA (blood test for colon Cancer)
 - CA 125 (blood test for ovarian Cancer)
 - PSA (blood test for prostate Cancer)
 - testicular ultrasound
 - thermography
 - colonoscopy
 - virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$ 6,000
Dependent Child	\$12,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$200 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.
3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** Aflac will pay \$1,000 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

1. **DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.

- a. **INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$900 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

- b. **ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**

(1) **NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

(2) **HORMONAL ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$400 per Calendar Month for up to 24 months during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay \$100 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy

treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

- (3) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$200 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the charge for the medication(s) or treatment is incurred. If the prescription is for more than one month, the benefit is limited to the Calendar Month in which the charge is incurred. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$1,200 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.

- c. RADIATION THERAPY BENEFIT:** Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.
- d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$125 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.

- 2. INDIRECT/ADDITIONAL THERAPY BENEFITS:** The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.

- a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$500 per Calendar Month during which a Covered Person receives and incurs a charge for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. Lifetime maximum of \$2,500 per Covered Person.

Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.

- b. ANTINAUSEA BENEFIT:** Aflac will pay \$150 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

- c. **STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$10,000 per Covered Person.
- d. **BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$1,000 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per Covered Person.
- e. **BLOOD AND PLASMA BENEFIT:** Aflac will pay \$150 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$250 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

- a. **SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$6,250. No lifetime maximum on the number of operations.

- b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations.

Laser or Cryosurgery \$ 50

Surgeries OTHER THAN Laser or Cryosurgery:

Biopsy	100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

- c. **ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$300 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

- a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$300
Dependent Child	\$375

- b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described in Benefit D1a above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below per day for each day a Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$600
Dependent Child	\$750

- 2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, Aflac will pay \$300. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not exceed \$300. No lifetime maximum on number of operations.

This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.

E. CONTINUING CARE BENEFITS:

- 1. **EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$150 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

- 2. **HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 per day when a charge is incurred for each such visit, subject to the following conditions:

- a. The home health care or health supportive services must begin within seven days of release from the Hospital.
- b. This benefit is limited to ten days per hospitalization for each Covered Person.
- c. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
- d. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.
- e. Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

This benefit is not payable the same day the Hospice Care Benefit is payable.

- 3. **HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the Covered Person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.
- 4. **NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$150 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.
- 5. **SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$3,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$6,000 per Covered Person.

The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.

- 6. **NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$250 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$500 per Covered Person.
- 7. **RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$3,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	700
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	350
Facial Reconstruction	700

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

8. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** Aflac will pay \$1,500 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$500 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Lifetime maximum of \$2,000 per Covered Person.

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. **AMBULANCE BENEFIT:** Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
2. **TRANSPORTATION BENEFIT:** Aflac will pay 50 cents per mile for transportation, up to a combined maximum of \$1,500, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:
 - a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
 - b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,500 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** Aflac will pay \$80 per day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

G. PREMIUM WAIVER AND RELATED BENEFITS:

- 1. WAIVER OF PREMIUM BENEFIT:** If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

- 2. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for this policy and riders for up to two months if you meet all of the following conditions:
- a. Your policy has been in force for at least six months;
 - b. We have received premiums for at least six consecutive months;
 - c. Your premiums have been paid through payroll deduction, and you leave your employer for any reason;
 - d. You or your employer notifies us in writing within 30 days of the date your premium payments ceased because of your leaving employment; and
 - e. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) direct payment to Aflac.

You will again become eligible to receive this benefit after:

- a. You re-establish your premium payments through payroll deduction for a period of at least six months, and
- b. 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) Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050) Applied for Yes No

INITIAL DIAGNOSIS BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an

Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

Exceptions, Reductions and Limitations of Rider A78050 Series:

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

DEPENDENT CHILD RIDER: (Series A78051) Applied for Yes No

DEPENDENT CHILD BENEFIT: Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78052) Applied for Yes No

This rider is issued on the basis that the information shown on the application is correct and complete. If answers on your application for this rider are incorrect or incomplete, then this rider may be voided or claims may be denied. If voided, any premiums for this rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, Aflac will pay a benefit of \$1,000. This benefit is payable only once per covered disease per Covered Person. **NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

- 1. HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay \$200 per day.
- 2. HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered Specified Disease, or other diseases or conditions directly caused, complicated or aggravated by or resulting from the Specified Disease treatment, Aflac will pay benefits as described in Section A1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, Aflac will pay \$500 per day.

"Specified Disease," as used under this benefit, means one or more of the diseases listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s), and/or titer(s). If any of these diseases are diagnosed prior to this rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

- adrenal hypofunction (Addison's disease)
- amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
- botulism
- bubonic plague
- cerebral palsy
- cholera
- cystic fibrosis
- diphtheria
- encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Lyme disease
- malaria
- meningitis (bacterial)
- multiple sclerosis
- muscular dystrophy
- myasthenia gravis
- necrotizing fasciitis
- osteomyelitis
- polio
- rabies
- Reye's syndrome
- scleroderma
- sickle cell anemia
- systemic lupus
- tetanus
- toxic shock syndrome
- tuberculosis
- tularemia
- typhoid fever
- variant Creutzfeldt-Jakob disease (mad cow disease)
- yellow fever

RETURN OF PREMIUM BENEFIT: (Series A78053) Applied for Yes No

Aflac will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer or an Associated Cancerous Condition is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

Your cash value is based upon annualized premium of \$_____. If you surrender this rider after its fifth anniversary and such surrender occurs between rider anniversaries, a prorated amount for the partial year

will be paid. The proration will be calculated by taking the cash value difference between the last and next anniversary dates, dividing by 12, and multiplying by the number of months that premiums were earned in the partial year at the time of surrender. This proration will then be added to the cash value on the last rider anniversary date, and this will be the cash value paid.

IMPORTANT! READ CAREFULLY: This rider will terminate on the earlier of: its 20th anniversary date and payment of the cash value; your surrender of it for its cash value between the fifth and 20th anniversary dates; your death prior to its 20th anniversary date, in which case the cash value (if any) will be paid to your estate; your failure to pay the premium for this rider, in which case any cash values due will be paid; the policy's termination, in which case any cash values due will be paid; or the time that claims paid equal or exceed the cash value that would be paid on the 20th policy anniversary. When this rider terminates (is no longer in force), no further premium will be charged for it.

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

- A.** We pay only for treatment of Cancer and Associated Cancerous Conditions, or other diseases or conditions directly caused, complicated or aggravated by or resulting from Cancer or Cancer treatment, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity.
 - B.** This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
 - C.** The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
 - D.** 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.
 - E.** 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.
- (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 change only if changed on all policies of the same form number and class in force in your state.

**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.**

SERFF Tracking Number: AFLA-127361480 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 49680
 Company Tracking Number: 201178000
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer Indemnity Policy
 Project Name/Number: Cancer Indemnity/7811

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
American Family Life Assurance Company of Columbus	%	%				%	%

SERFF Tracking Number: AFLA-127361480 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 49680
 Company Tracking Number: 201178000
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: Cancer Indemnity Policy
 Project Name/Number: Cancer Indemnity/7811

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2011

Comments:

Compliance certification with Rule & Reg 19, Rule & Reg 49, Flesch Certification are included in the filing description letter signed by a company officer.

Consumer Information Notice is included on applicable forms.

Attachment:

Ar78 ltr.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/07/2011

Bypass Reason: new filing - n/a

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	09/07/2011

Comments:

Attachments:

A78CancerARMemo.pdf
 A78CancerARAttach1.pdf
 A78CancerARRates.pdf

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/07/2011

Bypass Reason: attached under forms tab

Comments:



*Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department*

August 30, 2011

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 60380

RE: Cancer Indemnity Policy Forms A78100AR, A78200AR, A78300AR, and A78400AR, Initial Diagnosis Building Benefit Rider Form A78050, Dependent Child Rider A78051, Specified Disease Benefit Rider Form A78052AR, and Return of Premium Benefit Rider Form A78053, Payroll/Union Application Form A78001AR, and Request For Change/Application For Reinstatement And/Or Additions Form A78003AR, Cancer History Form A78030P, Application for Removal of Skin Cancer Rider Form A78130, Skin Cancer Rider Form A78131AR, and Outline of Coverage Forms A78125AR, A78225AR, A78325AR, and A78425AR.

Dear Commissioner:

The above referenced forms are submitted for your review and approval. Nebraska, our state of domicile, has approved similar versions of these forms on July 11, 2011.

Cancer Indemnity Policy Forms A78100AR, A78200AR, A78300AR, and A78400AR are identical in content with the exception of benefit amounts. Each policy contains an Initial Diagnosis Benefit and multiple other benefits for the treatment of Internal Cancer or Associated Cancerous Condition. The Initial Diagnosis Benefit will pay a specified amount (depending on the policy level) the first time the Named Insured/Spouse is diagnosed with Internal Cancer or an Associated Cancerous Condition. The benefit pays a higher benefit amount (depending on the policy level) when a covered dependent child is diagnosed with Internal Cancer or an Associated Cancerous Condition. The benefit is payable once per covered person. The policies provide the following benefits for Internal Cancer or an Associated Cancerous Condition: diagnosis, treatment, hospitalization, continuing care, ambulance, transportation, lodging, premium waiver, and continuation of coverage. Issue ages will be 18-75 on payroll and union.

Rider Form A78050 is an Initial Diagnosis Building Benefit Rider that pays a Covered Person under the rider when they are diagnosed as having Internal Cancer or an Associated Cancerous Condition. This benefit is payable under this rider only once for each Covered Person and will be paid in addition to any other benefit in the policies and rider. The rider can be purchased in units of \$100 each, up to a maximum of five units or \$500 and will be increased by \$100 for each unit purchased on each rider anniversary date while the rider remains in force. All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.

Rider Form A78051 is a Dependent Child Rider that pays \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while the rider is in force. This benefit is payable only once for each covered Dependent Child.

Rider Form A78052AR is a Specified Disease Benefit Rider that pays an initial amount of \$1,000 when a covered person is diagnosed with a covered specified disease. The rider also provides an additional hospitalization benefit if the Covered Person is admitted to the hospital for the covered specified disease.

Rider Form A78053 is a Return of Premium Benefit Rider that pays the policyholder a cash value when the rider is surrendered for its cash value or is terminated after being in force for five or more years.

Payroll/Union Application Form A78001AR will be used to make application for Policy Form A78100AR, A78200AR, A78300AR, or A78400AR and optional riders on a payroll or union basis.

Reinstatement Application Form A78003AR will be used to reinstate a lapsed policy and is self-explanatory.

Outline of Coverage Forms A78125AR, A78225AR, A78325AR, or A78425AR will be given to the applicant at the time of application and are self-explanatory. Outline of Coverage Form A78125 will be used with Policy Form A78100AR, Outline of Coverage Form A78225AR will be used with Policy Form A78200AR, Outline of Coverage Form A78325AR will be used with Policy Form A78300AR, and Outline of Coverage Form A78425AR will be used with Policy Form A78400AR.

Payroll/Union Cancer History Form A78030P will be completed if the applicant has previously had an internal malignancy and will be completed by the applicant. Skin Cancer Exclusion Rider A78131AR will be used when an applicant has had skin cancer within the last five years. Removal of Skin Cancer Exclusion Rider Form A78130 will be used to remove a skin cancer exclusion rider from the policy if the insured has been Skin Cancer treatment free for five years.

I certify that the following forms comply with the requirements of Arkansas Statue Annotated Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that the forms submitted herewith meet the: applicable provision of Rule and Regulation 19 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

I certify that this submission meets the minimum reading ease score for the FLESCH test and that the scores for each form are as follows:

	<u>FLESCH Score</u>	<u>Grade Level</u>
Policy Form A78100AR	59.04	8
Policy Form A78200AR	59.04	8
Policy Form A78300AR	59.04	8
Policy Form A78400AR	59.04	8
Rider Form A78050	60.09	9
Rider Form A78051	57.83	8
Rider Form A78052AR	69.63	5
Rider Form A78053	78.25	5
Payroll Application Form A78001AR	60.96	7
Request For Change/Application For Reinstatement And/Or Additions Form A78003AR	63.84	6
Outline of Coverage Form A78125AR	57.23	9
Outline of Coverage Form A78225AR	57.23	9
Outline of Coverage Form A78325AR	57.23	9
Outline of Coverage Form A78425AR	57.23	9
Payroll/Union Cancer History Form A78030P	64.25	6
Skin Cancer Exclusion Rider A78131AR	57.84	8
Application to remove Skin Cancer Exclusion Rider A78130	68.14	6

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

Aflac reserves the right to alter the format of the forms without refiling due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. When a policy is issued, the company logo will appear at the top left of page one. Any changes to wording or content would be filed for prior approval. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. Other bracketed information includes language that may or may not appear based on the payroll/union account.

An actuarial memorandum and rates are also attached for your review and approval under the Supporting Documentation tab.

This filing has been prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, by fax at (706) 660-7080 or email at cgates@aflac.com.

Sincerely,



Deborah T. Grantham
DTG/CG/cg
Enclosures