

SERFF Tracking Number: AFLA-128349841 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
Company Tracking Number: A49000
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: Hospital Confinement Indemnity
Project Name/Number: Hospital Confinement Indemnity /A49000

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Hospital Confinement Indemnity SERFF Tr Num: AFLA-128349841 State: Arkansas

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: A49000

Filing Type: Form/Rate

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Connie Gates

Disposition Date: 06/20/2012

Date Submitted: 06/15/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Hospital Confinement Indemnity

Project Number: A49000

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/08/2012

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/20/2012

State Status Changed: 06/20/2012

Created By: Connie Gates

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Connie Gates

Filing Description:

See attached letter under supporting documentation.

State Narrative:

Company and Contact

Filing Contact Information

Connie Gates, Policy Analyst

1932 Wynnton Road

Columbus, GA 31999

cgates@aflac.com

706-596-5048 [Phone]

706-660-7080 [FAX]

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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: 370
 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: \$750.00
 Retaliatory? No
 Fee Explanation: 14 forms plus rates x \$50 = \$750
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$750.00	06/15/2012	60187118

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/20/2012	06/20/2012
Approved-Closed	Rosalind Minor	06/20/2012	06/20/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S)	Connie Gates	06/20/2012	06/20/2012
Form	OUTLINE OF COVERAGE	Connie Gates	06/20/2012	06/20/2012
Form	OUTLINE OF COVERAGE	Connie Gates	06/20/2012	06/20/2012
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Disposition

Disposition Date: 06/20/2012

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	HOSPITAL INDEMNITY POLICY	Approved-Closed	Yes
Form	HOSPITAL INDEMNITY POLICY	Approved-Closed	Yes
Form	HOSPITAL INDEMNITY POLICY	Approved-Closed	Yes
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Form	HOSPITAL INDEMNITY POLICY	Approved-Closed	Yes
Form	APPLICATION	Approved-Closed	Yes
Form	APPLICATION	Approved-Closed	Yes
Form	APPLICATION	Approved-Closed	Yes
Form (revised)	APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S)	Approved-Closed	Yes
Form	APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S)	Replaced	Yes
Form (revised)	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Replaced	Yes
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American Family Life Assurance Company of Columbus	%	%	\$		\$	%	%

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Form	OUTLINE OF COVERAGE	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 06/20/2012

Comments:

APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S) A49003AR:

Added an apostrophe in "Associate's" in the following:

Associate's/Agent's Signature and Writing Number_____.

OUTLINE OF COVERAGE FORMS A49125AR, A49225AR, A49325AR, & A49425AR:

Changed the bracketed blank line in Benefits B, C, & D to "the amount shown in your policy."

For example: Aflac will pay \$[_____] is now "Aflac will pay the amount shown in your policy . . ."

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
A49003AR	Application/EAPPLICATI nrollment Form	ON FOR REINSTATE MENT AND/OR ADDITION(S)	Initial				62.150	A49003AR.pdf
A49125AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial				62.240	A49125AR.pdf
A49225AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial				61.430	A49225AR.pdf
A49325AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial				60.000	A49325AR.pdf
A49425AR	Outline of Coverage	OUTLINE OF	Initial				60.830	A49425AR.pdf

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COVERAGE

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Form Schedule

Lead Form Number: A49100AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/20/2012	A49100AR	Policy/Contract	HOSPITAL INDEMNITY POLICY Certificate	Initial		60.640	a49100AR.pdf
Approved-Closed 06/20/2012	A49200AR	Policy/Contract	HOSPITAL INDEMNITY POLICY Certificate	Initial		60.360	a49200AR.pdf
Approved-Closed 06/20/2012	A49300AR	Policy/Contract	HOSPITAL INDEMNITY POLICY Certificate	Initial		62.740	a49300AR.pdf
Approved-Closed 06/20/2012	A49400AR	Policy/Contract	HOSPITAL INDEMNITY POLICY Certificate	Initial		62.370	a49400AR.pdf
Approved-Closed 06/20/2012	A4910HAR	Policy/Contract	HOSPITAL INDEMNITY POLICY Certificate	Initial		59.900	a4910HAR.pdf
Approved-Closed 06/20/2012	A49001cAR	Application/Enrollment Form	APPLICATION Enrollment Form	Initial		60.590	A49001cAR.pdf
Approved-Closed 06/20/2012	A49001GcAR	Application/Enrollment Form	APPLICATION Enrollment Form	Initial		60.920	A49001GcAR.pdf
Approved-Closed 06/20/2012	A49004AR	Application/Enrollment Form	APPLICATION Enrollment Form	Initial		60.870	A49004AR.pdf
Approved-	A49003AR	Application/Enrollment Form	APPLICATION FOR Enrollment Form	Initial		62.150	A49003AR.pdf

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Product Name:	Hospital Confinement Indemnity		
Project Name/Number:	Hospital Confinement Indemnity /A49000		
Closed	Enrollment REINSTATEMENT		f
06/20/2012	Form AND/OR ADDITION(S)		
Approved- Closed 06/20/2012	A49125AR Outline of Coverage	OUTLINE OF COVERAGE	Initial 62.240 A49125AR.pdf
Approved- Closed 06/20/2012	A49225AR Outline of Coverage	OUTLINE OF COVERAGE	Initial 61.430 A49225AR.pdf
Approved- Closed 06/20/2012	A49325AR Outline of Coverage	OUTLINE OF COVERAGE	Initial 60.000 A49325AR.pdf
Approved- Closed 06/20/2012	A49425AR Outline of Coverage	OUTLINE OF COVERAGE	Initial 60.830 A49425AR.pdf
Approved- Closed 06/20/2012	A49125HAR R Outline of Coverage	OUTLINE OF COVERAGE	Initial 59.810 A49125HAR.pdf

**HOSPITAL CONFINEMENT INDEMNITY POLICY
LIMITED BENEFIT**

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy 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 a 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 Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999] or to your associate (duly licensed agent). 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.

PRE-EXISTING CONDITION LIMITATIONS

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

**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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Named Insured.....	Policy Schedule
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Limitations and Exclusions.....	Part 2
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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:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: 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. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) Emergency Cesarean deliveries, hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
- Complications of Pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Non-Emergency Cesarean deliveries are not considered Complications of Pregnancy.
- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. 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. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. 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.
- F. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date **is not** the date you signed the application for coverage.
- G. EMERGENCY CESAREAN:** a c-section procedure required because of (a) fetal or maternal distress during labor; (b) severe pre-eclampsia; (c) arrest of descent or dilatation; (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section procedure is not considered to be an emergency c-

section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.

- H. 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; a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**
- I. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for 23 or more hours for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Sickness or Injury. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- J. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- K. 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 (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- L. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- M. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- N. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- O. 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.

- P. REHABILITATION FACILITY:** a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term “Rehabilitation Facility” does not include 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.
- Q. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days from the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.**
- R. 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 or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness 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 or before the next premium due date whichever is later. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **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 the 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. The added person(s) will be subject to a Pre-existing Conditions provision and a 30-day waiting period for Sickness that will begin on the Effective Date of the 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.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 - 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 a 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 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 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.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. 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.

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 the 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 coverage, 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 after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- 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 Aflac or from your associate (duly licensed agent). 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 loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days 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 Road, Columbus, Georgia 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 such notice is given, 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 (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 hospital confinement indemnity 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 **BENEFITS**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and

Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

**HOSPITAL CONFINEMENT INDEMNITY POLICY
LIMITED BENEFIT**

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy 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 a 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 Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999] or to your associate (duly licensed agent). 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.

PRE-EXISTING CONDITION LIMITATIONS

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

**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:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: 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. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) Emergency Cesarean deliveries, hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
- Complications of Pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Non-Emergency Cesarean deliveries are not considered Complications of Pregnancy.
- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. 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. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. 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.
- F. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date **is not** the date you signed the application for coverage.
- G. EMERGENCY CESAREAN:** a c-section procedure required because of (a) fetal or maternal distress during labor; (b) severe pre-eclampsia; (c) arrest of descent or dilatation; (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section procedure is not considered to be an emergency c-section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.

- H. 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; a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**
- I. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for 23 or more hours for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Sickness or Injury. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- J. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- K. 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 (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- L. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- M. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- N. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- O. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- P. 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.

- Q. REHABILITATION FACILITY:** a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include 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.
- R. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days from the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.**
- S. 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 or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness 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 or before the next premium due date whichever is later. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **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 the 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. The added person(s) will be subject to a Pre-existing Conditions provision and a 30-day waiting period for Sickness that will begin on the Effective Date of the 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.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 - 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 a 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 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 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.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. 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.

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 the 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 coverage, 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 after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- 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 Aflac or from your associate (duly licensed agent). 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 loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days 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 Road, Columbus, Georgia 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 such notice is given, 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 (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 hospital confinement indemnity 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 **BENEFITS**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and

Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

**HOSPITAL CONFINEMENT INDEMNITY POLICY
LIMITED BENEFIT**

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy 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 a 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 Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999] or to your associate (duly licensed agent). 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.

PRE-EXISTING CONDITION LIMITATIONS

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

**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:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: 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. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) Emergency Cesarean deliveries, hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
- Complications of Pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Non-Emergency Cesarean deliveries are not considered Complications of Pregnancy.
- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. 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. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. 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.
- F. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date **is not** the date you signed the application for coverage.
- G. EMERGENCY CESAREAN:** a c-section procedure required because of (a) fetal or maternal distress during labor; (b) severe pre-eclampsia; (c) arrest of descent or dilatation; (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section procedure is not considered to be an emergency c-

section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.

- H. 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; a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**
- I. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for 23 or more hours for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Sickness or Injury. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- J. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- K. 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 (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- L. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- M. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- N. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- O. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.

- P. 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.
- Q. REHABILITATION FACILITY:** a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include 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.
- R. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days from the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.**
- S. 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 or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness 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 or before the next premium due date whichever is later. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **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 the 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. The added person(s) will be subject to a Pre-existing Conditions provision and a 30-day waiting period for Sickness that will begin on the Effective Date of the 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.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 - 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 a 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 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 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.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. 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.

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 the 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 coverage, 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 after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- 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 Aflac or from your associate (duly licensed agent). 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 loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days 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 Road, Columbus, Georgia 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 such notice is given, 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 (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 hospital confinement indemnity 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 **BENEFITS**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

- G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital,

Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- H. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.
- I. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations below when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.**

IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.

SCHEDULE OF OPERATIONS

BONE		Mastectomy	
Bone marrow biopsy		Simple.....	300
or aspiration	\$100	Radical.....	600
Removal of knee cartilage	150		
Total knee replacement	500	DIGESTIVE	
Total hip replacement	750	Exploratory laparotomy	300
		Appendectomy	200
BRAIN		Colostomy	200
Burr holes not followed		ERCP	200
by surgery.....	300	Vagotomy.....	300
Ventriculoperitoneal shunt.....	500	Partial colectomy.....	400
Exploratory craniotomy	700	Colectomy	600
Excision of brain tumor	1,000	Colectomy with ileostomy	600
Hemispherectomy	1,000	Cholecystectomy.....	600
		Esophagectomy	750
BREAST		Gastrectomy	
Incisional biopsy.....	100	Partial	500
Needle biopsy	100	Total	1,000
Breast reduction.....	300		
Lumpectomy	200	EAR/NOSE	
Stereotactic biopsy.....	100	Tympanotomy	100
Axillary node dissection.....	150	Adenoidectomy	150
Partial mastectomy	300	Myringotomy.....	100
Breast reconstruction	500	Myringoplasty	150

Mastoidectomy		Splenectomy	300
Simple	150	Lymphadenectomy (bilateral) ..	500
Radical	300	MISCELLANEOUS	
Tonsillectomy with or without		Foot surgery	150
adenoids	150	Repair of hernia	250
EYE		Carpal tunnel release	
Cataract	200	(one hand or two)	100
Enucleation	500	Fractures	
Corneal transplant	750	Open reduction	250
GYNECOLOGIC		Mandibulectomy	400
Dilation & curettage (D&C)	100	Organ transplant	1,000
Vaginal delivery	200	Vasectomy	150
Cesarean delivery	200	PANCREAS	
Hysterectomy		Jejunostomy	200
Partial	450	Pancreatectomy	500
Total	775	Whipple procedure	1,000
Vulvectomy		SKIN	
Partial	200	Biopsy	50
Radical	300	Excision of lesion of skin	
HEART		Without flap or graft	100
Insertion of pacemaker	200	With flap or graft	300
Angioplasty		SPINE	
One vessel	500	Discectomy	500
Two vessels	750	Fusions	750
Coronary artery with graft	1,000	Laminectomy	500
Replacement of aortic		THYROID	
or mitral valve	1,000	Biopsy	150
LARYNX		Thyroidectomy	
Tracheostomy	100	One lobe	200
Laryngectomy	500	Two lobes	500
Laryngectomy with radical		URINARY	
neck dissection	1,000	Biopsy prostate	100
LIVER		Hydrocele	100
Needle biopsy	100	Cystotomy	200
Wedge biopsy	150	Orchiectomy	
Resection of liver	750	(unilateral, bilateral)	200
LUNGS		Biopsy of kidney	400
Needle biopsy	200	TUR bladder	300
Thoracotomy	400	TUR prostate	300
Pneumonectomy	750	Prostatectomy, radical	750
Wedge resection of lung	500	Cystectomy (bladder)	
Lobectomy	750	Partial	500
LYMPHATIC		Complete	750
Biopsy lymph node	100	Nephrectomy	750

- J. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

- K. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

- L. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for this policy and riders, if any, for up to two months if you meet all of the following conditions:

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

HOSPITAL CONFINEMENT INDEMNITY POLICY

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy 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 a 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 Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999] or to your associate (duly licensed agent). 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.

PRE-EXISTING CONDITION LIMITATIONS

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

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:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: 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. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) Emergency Cesarean deliveries, hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
- Complications of Pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Non-Emergency Cesarean deliveries are not considered Complications of Pregnancy.
- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. 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. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. 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.
- F. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date **is not** the date you signed the application for coverage.
- G. EMERGENCY CESAREAN:** a c-section procedure required because of (a) fetal or maternal distress during labor; (b) severe pre-eclampsia; (c) arrest of descent or dilatation; (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section procedure is not considered to be an emergency c-

section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.

- H. 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; a Rehabilitation Facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**
- I. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for 23 or more hours for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Sickness or Injury. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- J. HOSPITAL EMERGENCY ROOM:** a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.
- K. HOSPITAL INTENSIVE CARE UNIT:** a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The Hospital Intensive Care Unit must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the Hospital Intensive Care Unit on a full-time basis. These units must be listed as Hospital Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Hospital Intensive Care Units, (2) Cardiac intensive care units, and (3) Infant (neonatal) intensive care units. **It does not provide benefits for confinement in units such as** telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a Hospital Intensive Care Unit.
- L. 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 (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- M. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while

coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.

- N. MEDICAL DIAGNOSTIC IMAGING CENTER:** a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.
- O. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.
- P. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- Q. PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital Intensive Care Unit. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Intensive Care Unit Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- R. 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.
- S. REHABILITATION FACILITY:** a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term "Rehabilitation Facility" does not include 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.
- T. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days from the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.**
- U. 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 or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness 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 or before the next premium due date whichever is later. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **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 the 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. The added person(s) will be subject to a Pre-existing Conditions provision and a 30-day waiting period for Sickness that will begin on the Effective Date of the 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.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
 8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
 9. Donating an organ within the first 12 months of the Effective Date of coverage; or
 10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders,

psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 a 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 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 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.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. 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.

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 the 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 coverage, 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 after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- 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 Aflac or from your associate (duly licensed agent). 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 loss resulting from accidental injury sustained on or after the date of reinstatement and loss resulting from sickness that begins more than ten days 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 Road, Columbus, Georgia 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 such notice is given, 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 (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 hospital confinement indemnity 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 **BENEFITS**

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[500; 1,000; 1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[50; 100] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[50; 100] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is

incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

- G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- H. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

- I. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations below when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.**

IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.

SCHEDULE OF OPERATIONS

BONE

Bone marrow biopsy or aspiration	\$100
Removal of knee cartilage	150
Total knee replacement	500
Total hip replacement	750

BRAIN

Burr holes not followed by surgery	300
Ventriculoperitoneal shunt	500
Exploratory craniotomy	700
Excision of brain tumor	1,000
Hemispherectomy	1,000

BREAST

Incisional biopsy	100
Needle biopsy	100
Breast reduction	300
Lumpectomy	200
Stereotactic biopsy	100
Axillary node dissection	150
Partial mastectomy	300
Breast reconstruction	500
Mastectomy	
Simple	300
Radical	600

DIGESTIVE

Exploratory laparotomy	300
Appendectomy	200
Colostomy	200
ERCP	200
Vagotomy	300
Partial colectomy	400
Colectomy	600
Colectomy with ileostomy	600
Cholecystectomy	600
Esophagectomy	750
Gastrectomy	
Partial	500
Total	1,000

EAR/NOSE

Tympanotomy	100
Adenoidectomy	150
Myringotomy	100
Myringoplasty	150

Mastoidectomy

Simple	150
Radical	300
Tonsillectomy with or without adenoids	150

EYE

Cataract	200
Enucleation	500
Corneal transplant	750

GYNECOLOGIC

Dilation & curettage (D&C)	100
Vaginal delivery	200
Cesarean delivery	200
Hysterectomy	
Partial	450
Total	775
Vulvectomy	
Partial	200
Radical	300

HEART

Insertion of pacemaker	200
Angioplasty	
One vessel	500
Two vessels	750
Coronary artery with graft	1,000
Replacement of aortic or mitral valve	1,000

LARYNX

Tracheostomy	100
Laryngectomy	500
Laryngectomy with radical neck dissection	1,000

LIVER

Needle biopsy	100
Wedge biopsy	150
Resection of liver	750

LUNGS

Needle biopsy	200
Thoracotomy	400
Pneumonectomy	750
Wedge resection of lung	500
Lobectomy	750

LYMPHATIC

Biopsy lymph node.....	100
Splenectomy	300
Lymphadenectomy (bilateral) ..	500

MISCELLANEOUS

Foot surgery	150
Repair of hernia	250
Carpal tunnel release (one hand or two)	100
Fractures	
Open reduction.....	250
Mandibulectomy	400
Organ transplant	1,000
Vasectomy	150

PANCREAS

Jejunostomy.....	200
Pancreatectomy	500
Whipple procedure.....	1,000

SKIN

Biopsy	50
Excision of lesion of skin	
Without flap or graft.....	100
With flap or graft.....	300

SPINE

Discectomy	500
Fusions	750
Laminectomy.....	500

THYROID

Biopsy	150
Thyroidectomy	
One lobe.....	200
Two lobes	500

URINARY

Biopsy prostate	100
Hydrocele	100
Cystotomy	200
Orchiectomy	
(unilateral, bilateral)	200
Biopsy of kidney.....	400
TUR bladder.....	300
TUR prostate.....	300
Prostatectomy, radical.....	750
Cystectomy (bladder)	
Partial	500
Complete	750
Nephrectomy.....	750

J. INVASIVE DIAGNOSTIC EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

K. DAILY HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.

L. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Aflac will pay \$100 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.

M. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

HOSPITAL CONFINEMENT INDEMNITY POLICY

NOTICE TO BUYER: This is a hospital confinement indemnity policy providing limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your policy 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 a 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 Aflac [Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999] or to your associate (duly licensed agent). 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.

PRE-EXISTING CONDITION LIMITATIONS

A “Pre-existing Condition” is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

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:

Policy: \$XX.xx

EFFECTIVE DATES:

Policy: 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. AMBULATORY SURGICAL CENTER:** a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, a clinic, or other such location.
- B. CALENDAR YEAR:** January 1 through December 31 of the same year.
- C. COMPLICATIONS OF PREGNANCY:** a health complication which in the absence of immediate medical attention, will result in placing the life of the mother in jeopardy including: (1) conditions requiring medical treatment prior to or subsequent to the termination of a pregnancy whose diagnoses are distinct from pregnancy but that are adversely affected by pregnancy or caused by pregnancy, such as acute nephritis; nephrosis; cardiac decompensation; missed abortion; disease of the vascular, hemopoietic, nervous, or endocrine systems; and similar medical and surgical conditions of comparable severity; (2) Emergency Cesarean deliveries, hyperemesis gravidarum and pre-eclampsia requiring Hospital Confinement, ectopic pregnancy that is terminated, and spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
- Complications of Pregnancy do not include any of the following: premature delivery, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Non-Emergency Cesarean deliveries are not considered Complications of Pregnancy.
- D. COVERED PERSON:** persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- E. 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. Children born to your Dependent Children or children born to Dependent Children of your Spouse are not covered under this policy. 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.
- F. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date **is not** the date you signed the application for coverage.
- G. EMERGENCY CESAREAN:** a c-section procedure required because of (a) fetal or maternal distress during labor; (b) severe pre-eclampsia; (c) arrest of descent or dilatation; (d) obstruction of the birth canal by fibroids or ovarian tumors, or (e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. A c-section procedure is not considered to be an emergency c-

section if it is merely for the convenience of the patient and/or doctor or solely due to a previous c-section.

- H. 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; a rehabilitation facility; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.
- I. HOSPITAL CONFINEMENT:** a stay of a Covered Person confined to a bed in a Hospital for 23 or more hours for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Sickness or Injury. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- J. HOSPITAL INTENSIVE CARE UNIT:** a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds, and wards customarily used for patient confinement. The Hospital Intensive Care Unit must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the Hospital Intensive Care Unit on a full-time basis. These units must be listed as Hospital Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Hospital Intensive Care Units, (2) Cardiac intensive care units, and (3) Infant (neonatal) intensive care units. **It does not provide benefits for confinement in units such as** telemetry or surgical recovery rooms, postanesthesia care units, progressive care units, intermediate care units, private monitored rooms, observation units located in emergency rooms or outpatient surgery units, step-down intensive care units, or other facilities that do not meet the standards for a Hospital Intensive Care Unit.
- K. 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 (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- L. INJURY:** a bodily injury caused directly by an accident, independent of Sickness, bodily infirmity, or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions section for Injuries not covered by this policy.
- M. MEDICALLY NECESSARY:** treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of Sickness or Injury based upon generally accepted medical practice.

- N. PERIOD OF HOSPITAL CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement.
- O. PERIOD OF HOSPITAL INTENSIVE CARE UNIT CONFINEMENT:** the number of days a Covered Person is assigned to and incurs a charge for a bed in a Hospital Intensive Care Unit. Confinements must begin while coverage under this policy is in force. **Covered confinements not separated by 90 days or more from a previously covered confinement are considered a continuation of the previous Period of Hospital Intensive Care Unit Confinement.** Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement
- P. 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.
- Q. SICKNESS:** an illness, disease, infection, or disorder, independent of injury, medically evaluated, diagnosed or treated by a Physician more than 30 days after the Effective Date of coverage and while coverage is in force. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days from the Effective Date, unless the loss begins more than 12 months after the Effective Date of coverage.**
- R. 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 or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Sickness 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 or before the next premium

due date whichever is later. Children born to your Dependent Children or children born to the Dependent Children of your Spouse are not covered under this policy. **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 the 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. The added person(s) will be subject to a Pre-existing Conditions provision and a 30-day waiting period for Sickness that will begin on the Effective Date of the 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.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

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 a 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 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 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.
- B. DEATH:** In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your

estate. 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.

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 the 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 coverage, 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 after the expiration of such two-year period. No claim for loss commencing after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.
- 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 Aflac or from your associate (duly licensed agent). 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 loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days 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 Road, Columbus, Georgia 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 such notice is given, 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 (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 hospital confinement indemnity 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
BENEFITS

Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[1,500; 2,000; 2,500; 3,000] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$50 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- C. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$50 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- D. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- E. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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



Application for Hospital Confinement Indemnity Insurance (A49000 Series)
 Application to: American Family Life Assurance Company of Columbus
 (herein referred to as Aflac)

[Worldwide Headquarters • Columbus, Georgia 31999]

<input type="checkbox"/> New
<input type="checkbox"/> Conversion
<input type="checkbox"/> Downgrade
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

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 as of the Effective Date of coverage.

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 _____
 Last First MI DOB _____ Sex _____
 Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS (NOT REQUIRED FOR A DOWNGRADE)

- Are you, the Proposed Insured, actively working with the employer listed above? Yes No
 If no, a policy will not be issued; therefore, do not submit this application.
- (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
 (b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? *If yes to 2(b), your Spouse is not eligible for coverage.* Yes No N/A

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
--------------------------------	--------------------------------------	---	--	--

Hospital Confinement Benefit Amount:			<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Essentials (\$500)	<input type="checkbox"/> Preferred (\$1,000)	<input type="checkbox"/> Select 1500 (\$1,500)	
<input type="checkbox"/> Select 2000 (\$2,000)	<input type="checkbox"/> Select 2500 (\$2,500)	<input type="checkbox"/> Select 3000 (\$3,000)	
<input type="checkbox"/> Option 1 (Series A49100)			
<input type="checkbox"/> Option 2 (Series A49200)			
<input type="checkbox"/> Option 3 (Series A49300)			
<input type="checkbox"/> Option 4 (Series A49400)			
<input type="checkbox"/> Option H (Series A4910H) Not available with \$500 or \$1,000 Hospital Confinement Benefit]			

[Billing Method:

- Payroll Deduction
 Employer Paid
 Bank Draft (B/D)
 Credit Card (C/C)

Mode:

- 01 Weekly
 01 14-Day Biweekly
 01 Semimonthly
 01 28-Day Biweekly
 01 Monthly
 03 Quarterly
 06 Semiannual
 12 Annual

PLEASE NOTE: If the B/D or C/C 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 _____]

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.

Do you have **BOTH** hospital confinement indemnity **AND** hospital confinement **sickness** indemnity coverage with Aflac?

Yes No

If yes, do you wish to convert both policies to this one new hospital confinement indemnity policy? Yes No N/A

If not converting both, this must be a conversion of the hospital confinement indemnity coverage.

Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning conversions, and complete the Conversion Notice.

Policy Number(s) to Be Converted: _____

Do you have **EITHER** hospital confinement indemnity **OR** hospital confinement **sickness** indemnity coverage with Aflac?

Yes No

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

Policy Number(s) to Be Converted: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

**PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE APPLYING FOR:
 [OPTION H, OPTION 3, OR OPTION 4; OR ANY CONVERSION. (NOT REQUIRED FOR A DOWNGRADE)]**

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? Yes No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement? Yes No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months? Yes No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result? Yes No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)? Yes No

6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

- | | |
|--|---|
| Chronic obstructive lung disease | Pulmonary fibrosis |
| Cerebral vascular disease | Stroke or transient ischemic attack (TIA) |
| Heart attack | Heart bypass surgery, stent placement, or angioplasty |
| Uncorrected congenital heart defect | Cardiomyopathy |
| Congestive heart failure | Cystic fibrosis |
| Sickle cell anemia | Cancer, other than nonmelanoma skin cancer |
| Systemic lupus | Muscular dystrophy |
| Multiple sclerosis | Psoriatic arthritis |
| Diabetes treated with insulin or other injectable medication | Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy |
| Diabetes and used tobacco after the diagnosis | Kidney disease or disorder (except kidney stones) |
| Liver disease or disorder | Organ or bone marrow transplant |
| Alcohol or drug abuse | |

7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No

8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? Yes No

- | | |
|--|--|
| Angina (heart related chest pain) | Peripheral vascular disease (circulatory problems) |
| Pancreatitis | Ulcerative colitis or proctitis |
| Crohn's disease | Atrial fibrillation |
| Arrhythmia with pacemaker or defibrillator implant | Parkinson's disease |
| Alzheimer's disease | Senile dementia |

9. If any one of Questions 1 through 8 is answered yes and:

a. this is an application for a new policy, is it the:

- Proposed Insured? Spouse? Child? If "Child," please list the name(s) 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; therefore, do not submit this application.

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

b. this is an application for a conversion policy, you are not eligible for conversion to this policy; therefore, do not submit this application.

APPLICANT'S STATEMENTS AND AGREEMENTS

- 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.
- I understand that the following conditions apply:
 - Coverage is not provided for any illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition; and
 - Aflac will not pay benefits for a loss that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision).

Proposed Insured's Initials _____

- This policy contains a 30-day waiting period for Sickness that begins on the Effective Date of the policy. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days unless the loss begins more than 12 months after the Effective Date of coverage.**

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of the policy.
- I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday.
- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Outline of Coverage
 - Guide to Health Insurance for People with Medicare*
 - Conversion Notice
- If this is an application for a conversion or downgrade of coverage, I understand that: (1) for a conversion only, if any of Questions 1 through 8 is answered yes, the coverage for which this application is made will be void, and coverage will continue under the terms of the existing policy(s), which will remain in force. Also, the waiting period and the Time Limit on Certain Defenses provision will run from the Effective Date of the new coverage; and (2) for a conversion or a downgrade, the original coverage(s) will be terminated as of the Effective Date of the new coverage, and the Pre-existing Conditions provision in the new coverage will run from the original coverage's Effective Date.

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 have different benefits and that I have made a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy(s) and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- I have read, or had read to me, 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 and any other persons proposed 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.

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 Associate/Agent]

**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].**

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]**

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 indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.

**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 dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

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 Hospital Confinement Indemnity Insurance (A49000 Series)

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

- 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

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 as of the Effective Date of coverage.

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

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

- 1. Are you, the Proposed Insured, actively working with the employer listed above? Yes No
If no, a policy will not be issued; therefore, do not submit this application.
- 2. (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? If yes to 2(b), your Spouse is not eligible for coverage. Yes No N/A

Check Coverage Desired: [Individual] Named Insured/Spouse Only One-Parent Family Two-Parent Family

Hospital Confinement Benefit Amount:			<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Essentials (\$500)	<input type="checkbox"/> Preferred (\$1,000)	<input type="checkbox"/> Select 1500 (\$1,500)	
<input type="checkbox"/> Select 2000 (\$2,000)	<input type="checkbox"/> Select 2500 (\$2,500)	<input type="checkbox"/> Select 3000 (\$3,000)	
<input type="checkbox"/> Option 1 (Series A49100)			
<input type="checkbox"/> Option 2 (Series A49200)			
<input type="checkbox"/> Option 3 (Series A49300)			
<input type="checkbox"/> Option 4 (Series A49400)			
<input type="checkbox"/> Option H (Series A4910H) Not available with \$500 or \$1,000 Hospital Confinement Benefit]			

[Billing Method:

- Payroll Deduction
- Employer Paid
- Bank Draft (B/D)
- Credit Card (C/C)

Mode:

- 01 Weekly
- 01 14-Day Biweekly
- 01 Semimonthly
- 01 28-Day Biweekly
- 01 Monthly
- 03 Quarterly
- 06 Semiannual
- 12 Annual

PLEASE NOTE: If the B/D or C/C 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 _____]

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.

[Do you have **BOTH** hospital confinement indemnity **AND** hospital confinement **sickness** indemnity coverage with Aflac? Yes No
If yes, do you wish to convert both policies to this one new hospital confinement indemnity policy? Yes No N/A

If not converting both, this must be a conversion of the hospital confinement indemnity coverage. Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning conversions, and complete the Conversion Notice.

Policy Number(s) to Be Converted: _____

Do you have **EITHER** hospital confinement indemnity **OR** hospital confinement **sickness** indemnity coverage with Aflac? Yes No

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

Policy Number(s) to Be Converted: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.]

APPLICANT'S STATEMENTS AND AGREEMENTS

- 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.
- I understand that the following conditions apply:
 - Coverage is not provided for any illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition; and
 - Aflac will not pay benefits for a loss that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision).

Proposed Insured's Initials _____

- This policy contains a 30-day waiting period for Sickness that begins on the Effective Date of the policy. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days unless the loss begins more than 12 months after the Effective Date of coverage.**

Proposed Insured's Initials _____

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- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Outline of Coverage
 - Guide to Health Insurance for People with Medicare*
 - Conversion Notice
- [If this is an application for a conversion of coverage, I understand that (1) the waiting period and the Time Limit on Certain Defenses provision will run from the Effective Date of the new coverage, and the original coverage will be terminated as of the Effective Date of the new coverage, and (2) the Pre-existing Conditions provision in the new coverage will run from the original coverage's Effective Date.

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 have different benefits and that I have made a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy(s) and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____]

- I have read, or had read to me, 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 and any other persons proposed 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.

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 Associate/Agent]

**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].**

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]**

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 indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.

**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 dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

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 Hospital Confinement Indemnity Insurance (A49000 Series)

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)

[Worldwide Headquarters • Columbus, Georgia 31999]

New

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

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

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 as of the Effective Date of coverage.

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

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

- Are you, the Proposed Insured, actively working with the employer listed above? Yes No
If no, a policy will not be issued; therefore, do not submit this application.
- (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? *If yes to 2(b), your Spouse is not eligible for coverage.* Yes No N/A

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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Hospital Confinement Benefit Amount:			<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Essentials (\$500)	<input type="checkbox"/> Preferred (\$1,000)	<input type="checkbox"/> Select 1500 (\$1,500)	
<input type="checkbox"/> Select 2000 (\$2,000)	<input type="checkbox"/> Select 2500 (\$2,500)	<input type="checkbox"/> Select 3000 (\$3,000)	
<input type="checkbox"/> Option 1 (Series A49100)			
<input type="checkbox"/> Option 2 (Series A49200)			
<input type="checkbox"/> Option 3 (Series A49300)			
<input type="checkbox"/> Option 4 (Series A49400)			
<input type="checkbox"/> Option H (Series A4910H) Not available with \$500 or \$1,000 Hospital Confinement Benefit]			

[Billing Method:

- Payroll Deduction
 Employer Paid
 Bank Draft (B/D)
 Credit Card (C/C)

Mode:

- 01 Weekly
 01 14-Day Biweekly
 01 Semimonthly
 01 28-Day Biweekly
 01 Monthly
 03 Quarterly
 06 Semiannual
 12 Annual

PLEASE NOTE: If the B/D or C/C 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 _____]

Is this insurance intended to replace any other health insurance now in force?
 If yes, please read and sign the Replacement Notice, if applicable.

Yes No

**PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE
 APPLYING FOR OPTION H, OPTION 3, OR OPTION 4.**

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? Yes No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement? Yes No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months? Yes No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result? Yes No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)? Yes No
6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

Chronic obstructive lung disease	Pulmonary fibrosis
Cerebral vascular disease	Stroke or transient ischemic attack (TIA)
Heart attack	Heart bypass surgery, stent placement, or angioplasty
Uncorrected congenital heart defect	Cardiomyopathy
Congestive heart failure	Cystic fibrosis
Sickle cell anemia	Cancer, other than nonmelanoma skin cancer
Systemic lupus	Muscular dystrophy
Multiple sclerosis	Psoriatic arthritis
Diabetes treated with insulin or other injectable medication	Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy
Diabetes and used tobacco after the diagnosis	Kidney disease or disorder (except kidney stones)
Liver disease or disorder	Organ or bone marrow transplant
Alcohol or drug abuse	
7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No

8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? Yes No

Angina (heart related chest pain)
 Pancreatitis
 Crohn's disease
 Arrhythmia with pacemaker or defibrillator implant
 Alzheimer's disease

Peripheral vascular disease (circulatory problems)
 Ulcerative colitis or proctitis
 Atrial fibrillation
 Parkinson's disease
 Senile dementia

9. If any one of Questions 1 through 8 is answered yes, is it the:

- Proposed Insured? Spouse? Child? If "Child," please list the name(s) 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; therefore, do not submit this application.

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

APPLICANT'S STATEMENTS AND AGREEMENTS

- 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.
- I understand that the following conditions apply:
 - Coverage is not provided for any illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition; and
 - Aflac will not pay benefits for a loss that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision).

Proposed Insured's Initials _____

- This policy contains a 30-day waiting period for Sickness that begins on the Effective Date of the policy. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days unless the loss begins more than 12 months after the Effective Date of coverage.**

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of the policy.
- I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday.
- I acknowledge receipt of, if applicable:
 - Replacement Notice Outline of Coverage
 - Guide to Health Insurance for People with Medicare*
- 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.

- I have read, or had read to me, 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 and any other persons proposed 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.

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.

This is an electronic application. It has been completed and signed by me electronically without the presence of an associate/agent. I verify that the unique identifier used to sign this application is mine and that by clicking the "Accept" button I am signing the application electronically. I further understand, agree, and authorize my employer to deduct the premiums for this policy from my paycheck.

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 _____

**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.**

For indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.

**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 dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

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 ADDITION(S)
HOSPITAL CONFINEMENT INDEMNITY SERIES A49000**

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 _____

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

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS FOR ANY REINSTATEMENT AND/OR THE ADDITION OF A SPOUSE.

1. Are you, the Policyholder, actively working with the employer listed above? Yes No
If no, the policy will not be reinstated and/or the addition of your Spouse will not be allowed; therefore, do not submit this application.
2. (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? If yes to 2(b), your Spouse is not eligible for coverage. Yes No N/A

REINSTATEMENT – Complete the underwriting questions

ADDITIONS – Complete applicable questions listed below. Dependent Children must be under age 26 as of the Effective Date of coverage. Your Spouse must be under age 76 as of the Effective Date of coverage.

PLEASE NOTE: If anyone to be added has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

Spouse to Be Added _____
Last Name First Name MI

Sex Male Female

Spouse's DOB _____

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

Reason for Addition Marriage Birth/Adoption (within the past 31 days) Request

Date of Marriage/Request _____

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

PLEASE ANSWER THE FOLLOWING UNDERWRITING QUESTIONS FOR ANY REINSTATEMENT AND/OR ANY ADDITION OTHER THAN A CHILD BORN OR ADOPTED WITHIN THE PAST 31 DAYS. IF YOU ARE ONLY ADDING A CHILD DUE TO BIRTH OR ADOPTION WITHIN THE PAST 31 DAYS, YOU DO NOT HAVE TO ANSWER THESE QUESTIONS.

FOR REINSTATEMENT, THE QUESTIONS BELOW APPLY TO ANYONE TO BE COVERED UNDER THE POLICY. FOR ADDITIONS ONLY, THE QUESTIONS BELOW APPLY ONLY TO THE PERSON(S) TO BE ADDED.

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? Yes No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement? Yes No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months? Yes No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result? Yes No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)? Yes No
6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

Chronic obstructive lung disease Pulmonary fibrosis Cerebral vascular disease Stroke or transient ischemic attack (TIA) Heart attack Heart bypass surgery, stent placement, or angioplasty Uncorrected congenital heart defect Cardiomyopathy Congestive heart failure Cystic fibrosis Sickle cell anemia Cancer, other than nonmelanoma skin cancer Systemic lupus	Muscular dystrophy Multiple sclerosis Psoriatic arthritis Diabetes treated with insulin or other injectable medication Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy Diabetes and used tobacco after the diagnosis Kidney disease or disorder (except kidney stones) Liver disease or disorder Organ or bone marrow transplant Alcohol or drug abuse
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7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No
8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? Yes No

Angina (heart-related chest pain) Peripheral vascular disease (circulatory problems) Pancreatitis Ulcerative colitis or proctitis Crohn's disease	Atrial fibrillation Arrhythmia with pacemaker or defibrillator implant Parkinson's disease Alzheimer's disease Senile dementia
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9. If any one of Questions 1 through 8 is answered yes, is it the:

Policyholder? Spouse? Child? If "Child," please list the 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; therefore, do not submit this application.

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 and any other persons proposed 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.

I understand that the reinstated policy will cover loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days after the date of reinstatement. I understand that the information on this form applies **ONLY** to my Aflac Hospital Confinement Indemnity Policy.

I have read, or had read to me, the completed application and realize that policy reinstatement is based upon statements and answers provided herein, and they 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, 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 _____

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.**

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

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay the amount shown in your policy per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

- G. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for this policy and riders, if any, for up to two months if you meet all of the following conditions:

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

- C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if

you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49200

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay the amount shown in your policy per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

- G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- H. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

- I. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

- J. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for this policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:

- (a) Your new employer's payroll deduction process or
- (b) Direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term “intoxicated” refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;

7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. . A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49300

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay the amount shown in your policy per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.
- The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day.**
- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

- G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- H. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

- I. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum. IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

- J. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

K. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

**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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49400

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay the amount shown in your policy per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.
- The Hospital Emergency Room Benefit and the Hospital Short-Stay Benefit are not payable on the same day.**
- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay the amount shown in your policy when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- E. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

- F. PHYSICIAN VISIT BENEFIT:** Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

- G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT:** Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

- H. AMBULANCE BENEFIT:** Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

- I. SURGICAL BENEFIT:** Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.** **IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

- J. INVASIVE DIAGNOSTIC EXAMS BENEFIT:** Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

- K. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- L. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$100 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- M. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

- B. Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or

treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A4910H

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.

- (1) **READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) **HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) **BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$50 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- C. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$50 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- D. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

E. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

A. Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

B. Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.

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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;

3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;

4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);

5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;

6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;

7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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-128349841 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
 Company Tracking Number: A49000
 TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
 Product Name: Hospital Confinement Indemnity
 Project Name/Number: Hospital Confinement Indemnity /A49000

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-128349841 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
 Company Tracking Number: A49000
 TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
 Product Name: Hospital Confinement Indemnity
 Project Name/Number: Hospital Confinement Indemnity /A49000

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/20/2012
Comments:			
Attachment:			
AR49dtg.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/20/2012
Bypass Reason:	This is a new filing there are no previously approved application forms.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	06/20/2012
Comments:			
Attachments:			
A49HIPARMemo.pdf			
A49HIPARAttach1.pdf			
A49HIPARRates1.pdf			
A49HIPARRates2.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	06/20/2012
Comments:	Outlines are attached below and under the Form Schedule tab.		
Attachments:			
A49125AR.pdf			
A49225AR.pdf			
A49325AR.pdf			

SERFF Tracking Number: AFLA-128349841 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
Company Tracking Number: A49000
TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
Product Name: Hospital Confinement Indemnity
Project Name/Number: Hospital Confinement Indemnity /A49000
A49425AR.pdf
A49125HAR.pdf



Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department

June 15, 2012

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 60380

RE: Hospital Confinement Indemnity Policy Forms A49100AR, A49200AR, A49300AR, A49400AR, and A4910HAR, Outline of Coverage Forms A49125AR, A49225AR, A49325AR, A49425AR, and A49125HAR, Conversion Acknowledgment Form A49030, Payroll Application Forms A49001cAR, A49001GcAR, and A49004AR, and Request for Change/Application for Reinstatement and/or Additions Form A49003AR.

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 May 08, 2012.

Hospital Confinement Indemnity Policy Forms A49100AR, A49200AR, A49300AR, and A49400AR provide a series of benefits for a covered sickness or injury. These policies are intended to supplement the costs associated with hospital confinement and the treatment of sickness or injury. Policy Form A4910HAR is compatible for use with HSA plans. The policies will be marketed through payroll deduction to applicants age 18 through 75.

Policy Form A49100AR provides the following benefits: Hospital Confinement, Rehabilitation Facility, Hospital Emergency Room, Hospital Short Stay, Waiver of Premium Benefit, and Continuation of Coverage.

Policy Form A49200AR provides the benefits included in Policy Form A49100AR and the following additional benefits: Physician Visit, Medical Diagnostic and Imaging, and Ambulance.

Policy Form A49300AR provides the benefits included in Policy Form A49200AR and the following additional benefits: Surgical Schedule and Invasive Diagnostic Exams.

Policy Form A49400AR provides the benefits included in Policy Form A49300AR and the following additional benefits: Daily Hospital Confinement and Hospital Intensive Care Unit Confinement.

Policy Form A4910HAR provides the following benefits: Hospital Confinement, Daily Hospital Confinement Benefit, Hospital Intensive Care Unit Confinement, and Waiver of Premium. This policy is intended to be HSA compatible.

Payroll Application Forms A49001cAR, A49001GcAR, and A49004AR will be used to make application for the policy on a payroll basis.

Request for Change/Application for Reinstatement and/or Additions Application Form A49003AR will be used to make personal changes to the policy and to reinstate a lapsed policy.

Outline of Coverage Forms A49125AR, A49225AR, A49325AR, A49425AR, or A49125HAR, as applicable, will be given to the applicant at the time of application and are self-explanatory.

I certify that the forms submitted herewith comply with 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;*
- *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 *Arkansas Statute Annotated Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.* The scores for each form are as follows:

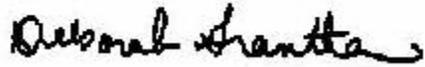
	<u>FLESCH</u> <u>Score</u>	<u>Grade</u> <u>Level</u>
Policy Form A49100AR	60.64	8.66
Policy Form A49200AR	60.36	8.69
Policy Form A49300AR	62.74	7.51
Policy Form A49400AR	62.37	7.65
Policy Form A4910HAR	59.9	8.91
Application Form A49001cAR	60.59	7.5
Application Form A49001GcAR	60.92	7.49
Application Form A49004AR	60.87	7.42
Application Form A49003AR	62.15	6.62
Outline of Coverage Form A49125AR	62.24	7.95
Outline of Coverage Form A49225AR	61.43	8.12
Outline of Coverage Form A49325AR	60.0	8.25
Outline of Coverage Form A49425AR	60.83	8.27
Outline of Coverage Form A49125HAR	59.81	8.48

The required certification forms are enclosed. An actuarial memorandum and rate sheet are also enclosed for your review and approval. These include descriptions of Payroll Employer Paid and Payroll Employer Paid Transfer premium classifications. We respectfully request that all information contained in the Actuarial Memorandum (with the exception of premium rates) be excepted from disclosure on the grounds that it is Actuarial information.

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, website, 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 account.

This filing has been created by Connie Gates. Should you have any questions concerning this filing, please do not hesitate to contact her by calling collect at (706) 596-5048, by fax at (706) 660-7080 or by email at cgates@aflac.com. A return envelope is enclosed for your convenience to reply.

Sincerely,

A handwritten signature in black ink that reads "Deborah T. Grantham". The signature is written in a cursive style with a prominent flourish at the end.

Deborah T. Grantham
DTG/CG/cg

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

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.

- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the

policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49200

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician’s instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician’s instructions (the term “intoxicated” refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;

8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. . A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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.**

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[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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49300

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. SURGICAL BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.** **IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

J. INVASIVE DIAGNOSTIC EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

K. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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
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[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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49400

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. SURGICAL BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.** **IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

J. INVASIVE DIAGNOSTIC EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

- K. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- L. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$100 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- M. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

- C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
 8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
 9. Donating an organ within the first 12 months of the Effective Date of coverage; or
 10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A4910H

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$50 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- C. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$50 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- D. WELLBABY HOSPITALIZATION BENEFIT:** Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

E. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

A. Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.

B. Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.

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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;

3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;

4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);

5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;

6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;

7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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-128349841 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
 Company Tracking Number: A49000
 TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
 Product Name: Hospital Confinement Indemnity
 Project Name/Number: Hospital Confinement Indemnity /A49000

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/15/2012	Form	APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S)	06/20/2012	A49003AR.pdf (Superceded)
06/15/2012	Form	OUTLINE OF COVERAGE	06/20/2012	A49125AR.pdf (Superceded)
06/15/2012	Form	OUTLINE OF COVERAGE	06/20/2012	A49225AR.pdf (Superceded)
06/15/2012	Form	OUTLINE OF COVERAGE	06/20/2012	A49325AR.pdf (Superceded)
06/15/2012	Form	OUTLINE OF COVERAGE	06/20/2012	A49425AR.pdf (Superceded)

**APPLICATION FOR REINSTATEMENT AND/OR ADDITION(S)
HOSPITAL CONFINEMENT INDEMNITY SERIES A49000**

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 _____

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 _____

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

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS FOR ANY REINSTATEMENT AND/OR THE ADDITION OF A SPOUSE.

1. Are you, the Policyholder, actively working with the employer listed above? Yes No
If no, the policy will not be reinstated and/or the addition of your Spouse will not be allowed; therefore, do not submit this application.
2. (a) Is your Spouse, if applying for coverage, actively working? Yes No N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? If yes to 2(b), your Spouse is not eligible for coverage. Yes No N/A

REINSTATEMENT – Complete the underwriting questions

ADDITIONS – Complete applicable questions listed below. Dependent Children must be under age 26 as of the Effective Date of coverage. Your Spouse must be under age 76 as of the Effective Date of coverage.

PLEASE NOTE: If anyone to be added has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

Spouse to Be Added _____
Last Name First Name MI

Sex Male Female

Spouse's DOB _____

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

Reason for Addition Marriage Birth/Adoption (within the past 31 days) Request

Date of Marriage/Request _____

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

PLEASE ANSWER THE FOLLOWING UNDERWRITING QUESTIONS FOR ANY REINSTATEMENT AND/OR ANY ADDITION OTHER THAN A CHILD BORN OR ADOPTED WITHIN THE PAST 31 DAYS. IF YOU ARE ONLY ADDING A CHILD DUE TO BIRTH OR ADOPTION WITHIN THE PAST 31 DAYS, YOU DO NOT HAVE TO ANSWER THESE QUESTIONS.

FOR REINSTATEMENT, THE QUESTIONS BELOW APPLY TO ANYONE TO BE COVERED UNDER THE POLICY. FOR ADDITIONS ONLY, THE QUESTIONS BELOW APPLY ONLY TO THE PERSON(S) TO BE ADDED.

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? Yes No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement? Yes No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months? Yes No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result? Yes No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)? Yes No
6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

Chronic obstructive lung disease Pulmonary fibrosis Cerebral vascular disease Stroke or transient ischemic attack (TIA) Heart attack Heart bypass surgery, stent placement, or angioplasty Uncorrected congenital heart defect Cardiomyopathy Congestive heart failure Cystic fibrosis Sickle cell anemia Cancer, other than nonmelanoma skin cancer Systemic lupus	Muscular dystrophy Multiple sclerosis Psoriatic arthritis Diabetes treated with insulin or other injectable medication Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy Diabetes and used tobacco after the diagnosis Kidney disease or disorder (except kidney stones) Liver disease or disorder Organ or bone marrow transplant Alcohol or drug abuse
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7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No
8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? Yes No

Angina (heart-related chest pain) Peripheral vascular disease (circulatory problems) Pancreatitis Ulcerative colitis or proctitis Crohn's disease	Atrial fibrillation Arrhythmia with pacemaker or defibrillator implant Parkinson's disease Alzheimer's disease Senile dementia
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9. If any one of Questions 1 through 8 is answered yes, is it the:

Policyholder? Spouse? Child? If "Child," please list the 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; therefore, do not submit this application.

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 and any other persons proposed 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.

I understand that the reinstated policy will cover loss resulting from accidental Injury sustained on or after the date of reinstatement and loss resulting from Sickness that begins more than ten days after the date of reinstatement. I understand that the information on this form applies **ONLY** to my Aflac Hospital Confinement Indemnity Policy.

I have read, or had read to me, the completed application and realize that policy reinstatement is based upon statements and answers provided herein, and they 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, 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 _____

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.**

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

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

(1) READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

(2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE: The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.

(3) BENEFITS: Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

A. HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.

B. REHABILITATION FACILITY BENEFIT: Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.

C. HOSPITAL EMERGENCY ROOM BENEFIT: Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

D. HOSPITAL SHORT-STAY BENEFIT: Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.

- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the

policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49200

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
 1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician’s instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (“felony” is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician’s instructions (the term “intoxicated” refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;

8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. . A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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
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[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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49300

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. SURGICAL BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.** **IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

J. INVASIVE DIAGNOSTIC EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

K. WAIVER OF PREMIUM BENEFIT: Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.
- C.** Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.

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

1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
9. Donating an organ within the first 12 months of the Effective Date of coverage; or
10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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, HOSPITAL CONFINEMENT INDEMNITY INSURANCE
Outline of Coverage for Policy Form Series A49400

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**If you are eligible for Medicare, review the “Guide to Health Insurance for People with Medicare”
furnished by Aflac.**

- (1) READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- (2) HOSPITAL CONFINEMENT INDEMNITY COVERAGE:** The policy provides coverage in the form of a fixed benefit during periods of hospitalization or care resulting from Sickness or Injury, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed indemnity for Hospital Confinement and any additional benefits described below.
- (3) BENEFITS:** Aflac will pay the following benefits, as applicable, for a covered Sickness or Injury that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term “Hospital Confinement” does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.
- A. HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$[_____] when a Covered Person requires Hospital Confinement for 23 or more hours for a covered Sickness or Injury and a charge is incurred. This benefit is payable once per Period of Hospital Confinement, per Covered Person. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Confinement for this benefit to be payable. No lifetime maximum.
- B. REHABILITATION FACILITY BENEFIT:** Aflac will pay \$[_____] per day when a Covered Person is confined in a Hospital and is transferred to a bed in a Rehabilitation Facility for a covered Sickness or Injury, and a charge is incurred. This benefit is limited to 15 days per Period of Hospital Confinement and is limited to a Calendar Year maximum of 30 days, per Covered Person. No lifetime maximum.
- C. HOSPITAL EMERGENCY ROOM BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital Emergency Room, including triage, and a charge is incurred. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

- D. HOSPITAL SHORT-STAY BENEFIT:** Aflac will pay \$[_____] when a Covered Person receives treatment for a covered Sickness or Injury in a Hospital, including an observation room, or an Ambulatory Surgical Center, for a period of less than 23 hours and a charge is incurred. This benefit is not payable for treatment received in a Hospital Emergency Room. This benefit is payable twice per Calendar Year, per policy. No lifetime maximum.

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

E. WELLBABY HOSPITALIZATION BENEFIT: Aflac will pay \$25 per day for newborn's routine nursery care in a Hospital.

IMPORTANT: Benefits for the Wellbaby Hospitalization Benefit are limited for each newborn to a total benefit payment of five days per Calendar Year. A hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one confinement. Benefits are also payable for confinement in Hospitals operated by or for the United States government.

F. PHYSICIAN VISIT BENEFIT: Aflac will pay \$25 when a Covered Person incurs a charge for a Physician visit. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to three visits per Calendar Year, per policy. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family, the benefit is limited to a total of six visits per Calendar Year, per policy.

The Sickness or Injury of a Covered Person is not required for this benefit to be payable. Covered Physician visits include but are not limited to eye exams, well-baby visits, immunizations, periodic health exams and routine physicals. This benefit is not subject to the Pre-existing Condition Limitations or Part 2, Limitations and Exclusions. No lifetime maximum.

G. MEDICAL DIAGNOSTIC AND IMAGING BENEFIT: Aflac will pay \$150 per Calendar Year when a Covered Person requires one of the following exams and a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram, or arteriogram. These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

H. AMBULANCE BENEFIT: Aflac will pay \$100 if, due to a covered Sickness or Injury, a Covered Person requires ground ambulance transportation to or from a Hospital and a charge is incurred. If air ambulance transportation is required to or from a Hospital due to a covered Sickness or Injury and a charge is incurred, Aflac will pay \$1,000. A licensed professional ambulance company must provide the ambulance service. The Ambulance Benefit is limited to two trips per Calendar Year, per Covered Person. No lifetime maximum.

I. SURGICAL BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations when, due to a covered Sickness or Injury, a Covered Person has a surgical operation, including a vaginal or cesarean delivery, performed in a Hospital or an Ambulatory Surgical Center and a charge is incurred. If any operation for the treatment of the covered Sickness or Injury 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. **Only one benefit is payable per 24-hour period for surgery, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid. Exams covered under the Invasive Diagnostic Exams Benefit are not payable under this benefit. The Surgical Benefit and the Invasive Diagnostic Exams Benefit are not payable on the same day. The highest eligible benefit will be paid. No lifetime maximum.** **IMPORTANT: Surgical Benefits are not payable for surgery performed in a Physician's or dentist's office, a clinic, or other such location.**

J. INVASIVE DIAGNOSTIC EXAMS BENEFIT: Aflac will pay \$100 when a Covered Person requires one of the following exams, with or without biopsy, and a charge is incurred: arthroscopy, bronchoscopy, colonoscopy, cystoscopy, gastroscopy, laparoscopy, laryngoscopy, sigmoidoscopy, or esophagoscopy. These exams must be performed in a Hospital or an Ambulatory Surgical Center. This benefit is limited to one exam per Covered Person, per 24-hour period. No lifetime maximum.

The Invasive Diagnostic Exams Benefit and the Surgical Benefit are not payable on the same day. The highest eligible benefit will be paid.

- K. DAILY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$100 per day for the Period of Hospital Confinement when a Covered Person requires Hospital Confinement for a covered Sickness or Injury and a charge is incurred. This benefit is payable in addition to the Hospital Confinement Benefit. The maximum benefit period for any one Period of Hospital Confinement is 365 days. No lifetime maximum.
- L. HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT:** Aflac will pay \$100 per day when a Covered Person incurs a charge for a Period of Hospital Intensive Care Unit Confinement for a covered Sickness or Injury. This benefit is payable in addition to the Hospital Confinement Benefit and the Daily Hospital Confinement Benefit. Confinements must be separated by a minimum of 90 days from the previous covered Hospital Intensive Care Unit Confinement for this benefit to be payable. The maximum benefit period for any one Period of Hospital Intensive Care Unit Confinement is 30 days. No lifetime maximum.
- M. WAIVER OF PREMIUM BENEFIT:** Upon written notice, Aflac will waive from month to month any premium(s) falling due during a continued Period of Hospital Confinement for the Named Insured only. This benefit will begin after the Period of Hospital Confinement for the Named Insured has exceeded 30 consecutive days. When such continued Period of Hospital Confinement has ended, premium payments must be resumed. Once premium payments are resumed, any new Period of Hospital Confinement must again satisfy the 30-day continued confinement for premiums to be waived.

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

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

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.

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

- A.** Aflac will not pay benefits for care or treatment that is: (1) caused by a Pre-existing Condition, unless it begins more than 12 months after the Effective Date of coverage, or (2) received prior to the Effective Date of coverage.
- B.** Aflac will not pay benefits for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, unless the loss begins more than 12 months after the Effective Date of coverage.

- C. Benefits for a covered Sickness for all persons added to this policy (excluding newborns) are subject to a 30-day waiting period.
- 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.
- F. This policy does not cover losses caused by or resulting from:**
1. Being pregnant or giving birth within the first ten months of the Effective Date of coverage, (Complications of Pregnancy will be covered to the same extent as a Sickness, subject to the Pre-existing Conditions Limitations provision);
 2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any penal institution;
 4. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
 5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
 6. Having dental treatment except as a result of Injury, or having cosmetic surgery that is not Medically Necessary;
 7. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage;
 8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
 9. Donating an organ within the first 12 months of the Effective Date of coverage; or
 10. Having mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or post-partum depression. This policy will pay, however, for covered losses resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

A "Pre-existing Condition" is an illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A pregnancy existing on the Effective Date of coverage is a Pre-existing Condition.

(5) RENEWABILITY: This policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy. Aflac may change the established premium rate, but only if the rate is changed for all policies of this form number and premium classification in your state that are then in force.

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.**