

Aflac Lump Sum Critical Illness

SUPPLEMENTAL LIMITED BENEFIT HEALTH INSURANCE

We've been dedicated to helping provide
peace of mind and financial security
for nearly 70 years.



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

LUMP SUM CRITICAL ILLNESS

SUPPLEMENTAL LIMITED BENEFIT HEALTH INSURANCE

Policy A73100PA



Added Protection for You and Your Family

Serious health events are often unexpected—and when they happen, everyday expenses may suddenly seem overwhelming. Aflac Lump Sum Critical Illness insurance helps provide financial protection should you experience a serious health event, such as a heart attack or stroke.

Health care costs continue to rise, and major medical insurance was not designed to cover everything. From out-of-pocket medical costs to the inability to work while in recovery, your finances may be strained. Aflac can help cover those costs so you can focus on getting better. Best of all, you get paid directly—not the doctor or hospital.



Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you. The Aflac Lump Sum Critical Illness plan is designed to provide you with cash benefits if you experience a serious health event, such as a heart attack or stroke. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

Why Aflac Lump Sum Critical Illness may be the right choice for you:

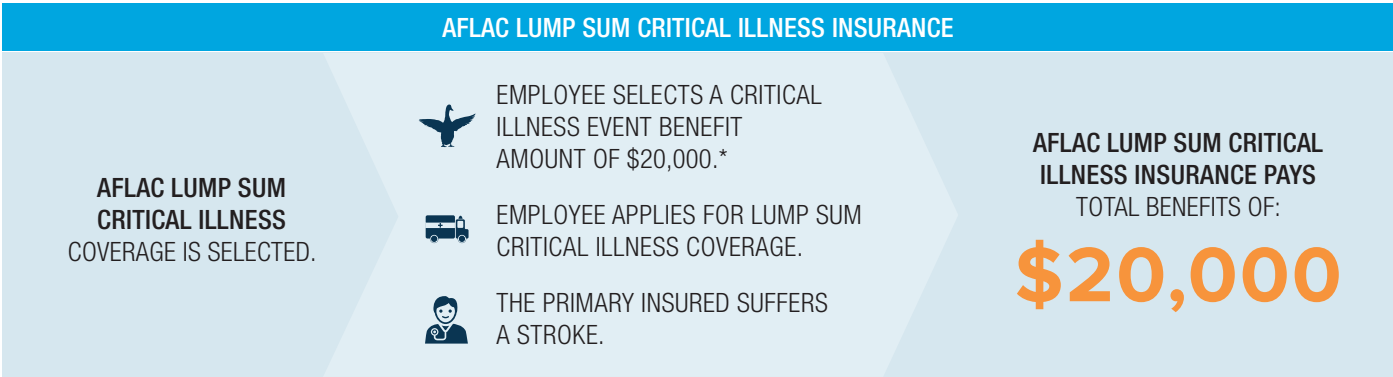
- A lump sum benefit is paid directly to you upon diagnosis of having had a critical illness event.
- Your dependent children are covered at no additional cost.
- We now offer the option of guaranteed-issue* lump sum critical illness coverage. That means no medical questionnaire is required.
- There are no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

*Subject to eligibility requirements.

Critical illness events covered by the Lump Sum Critical Illness policy include:

- Coma
- End-Stage Renal Failure
- Heart Attack
- Major Human Organ Transplant
- Paralysis
- Stroke

How it works



*At the time of application, the employee answers underwriting questions and selects a Critical Illness Event Benefit amount of \$20,000 (base of \$10,000 plus two additional units of \$5,000 each).

This brochure is for illustrative purposes only. Benefits and/or premium may vary based on state and benefit option selected. Riders are available for an additional cost. The policy/riders have limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. Policy/riders may contain a waiting period. Refer to the policy/riders for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.

Lump Sum Critical Illness Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

CRITICAL ILLNESS EVENT BENEFIT

Primary insured:	\$10,000 (additional amounts may be available in \$5,000 increments up to \$100,000)*
Spouse/Dependent children:	50% of the primary insured benefit amount
	Payment is limited to one time, per covered person, per lifetime

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT

Primary insured:	\$3,000
Spouse/Dependent children:	\$1,500
	Payable once per covered person, per lifetime

SUDDEN CARDIAC ARREST BENEFIT**

Primary insured:	\$10,000
Spouse/Dependent children:	\$5,000
	Payable once per covered person, per lifetime

*Applicants who apply for \$15,000-\$30,000 require underwriting; applicants who apply for \$35,000 and above require underwriting and must meet other stipulations. Ask your Aflac agent for more information.
**Sudden cardiac arrest is not a heart attack.

SUPPLEMENTAL INSURANCE POLICY, LUMP SUM CRITICAL ILLNESS

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.

**SUPPLEMENTAL INSURANCE POLICY
LUMP SUM CRITICAL ILLNESS
Outline of Coverage for Policy Form A73100PA**

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) **The Supplemental Insurance Policy** is designed to provide, to persons insured, limited or supplemental coverage to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness Events. Critical Illness Events are: Heart Attack, Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, or Coma. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).
- (3) **Benefits:** Subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, we will pay the following benefits for a covered Critical Illness Event that occurs while coverage is in force.

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED’S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR AFTER THE 75TH BIRTHDAY OF A COVERED PERSON. (THIS COULD RESULT IN THE BENEFIT AMOUNT FOR A COVERED SPOUSE AND DEPENDENT CHILDREN REDUCING TWICE.)

Aflac will pay the following benefits, as applicable, while the coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise.

For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

- A. CRITICAL ILLNESS EVENT BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person’s Onset Date of any one of the following Critical Illness Events:
1. Heart Attack
 2. Stroke
 3. End-Stage Renal Failure
 4. Coma
 5. Paralysis
 6. Major Human Organ Transplant

Payment of the amount shown in the Policy Schedule is limited to one time, per Covered Person, per lifetime.

After the amount shown in the Policy Schedule has been paid for a Covered Person’s Critical Illness Event, Aflac will pay \$5,000* upon that Covered Person’s subsequent Onset Date of any one of the above Critical Illness Events. **This benefit is payable once per Covered Person, per Calendar Year.** This benefit has no lifetime maximum.

- B. CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:** Aflac will pay the amount shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime.
- C. SUDDEN CARDIAC ARREST BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person’s Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

*Primary Insured’s benefit amount.

(4) Optional Benefits:

LUMP SUM SPECIFIED DISEASE, CANCER BENEFIT RIDER: (FORM A73050PA) Applied for ☐ Yes ☐ No

IMPORTANT: BENEFITS ARE PAID FOR A COVERED SPOUSE AND DEPENDENT CHILDREN AT 50% OF THE PRIMARY INSURED’S BENEFIT AMOUNT. ALL BENEFITS REDUCE BY ONE-HALF FOR LOSSES INCURRED ON OR

**AFTER THE 75TH BIRTHDAY OF A COVERED PERSON.
(THIS COULD RESULT IN THE BENEFIT AMOUNT FOR A
COVERED SPOUSE AND DEPENDENT CHILDREN
REDUCING TWICE.)**

While the coverage is in force, we will pay the following benefits, as applicable, subject to the Limitations and Exclusions and all other policy provisions, except the Pre-existing Condition Limitations, unless modified herein.

Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

- A. INTERNAL CANCER BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Internal Cancer. This benefit is payable once per Covered Person, per lifetime.
- B. CARCINOMA IN SITU BENEFIT:** Aflac will pay the amount shown in the Policy Schedule upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit is payable once per Covered Person, per lifetime.

Exceptions, Reductions, and Limitations of Rider Form A73050PA:

Benefits payable under the rider will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

- A.** Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of cancer; or any other disease, sickness, or incapacity.
- B.** The rider contains a 30-day waiting period. If a Covered Person has a Loss before his or her coverage under the rider has been in force 30 days, benefits will not be payable for that Loss. At your option, you may elect to void the coverage under the rider and receive a full refund of premium for such coverage under the rider.
- C.** For benefits to be payable, the Onset Date must occur after the 30-day waiting period and while coverage is in force.
- D.** Aflac will not pay benefits for Skin Cancer.
- E.** For the Internal Cancer Benefit to be payable for a recurrence, direct extension, or metastatic spread of any Internal Cancer that was diagnosed prior to the Effective Date of coverage or during the 30-day waiting period, the Covered Person must be free from Treatment for that Internal Cancer for a consecutive 12-month period before the Onset Date of the recurrence, direct extension, or metastatic spread.

"Treatment" means consultation, care, or services provided by a Physician, or taking prescribed medications or drugs, for Internal Cancer. Treatment does **not** include Maintenance Drug Therapy or routine follow-up visits to verify whether Internal Cancer or Carcinoma In Situ has returned.

**(5) Exceptions, Reductions, and Limitations of the Policy
(not a daily hospital expense plan.):**

Benefits payable under the policy will be reduced by one-half for Losses that begin on or after the 75th birthday of a Covered Person.

- A.** Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition, unless the Onset Date is more than 30 days after the Effective Date of coverage or, if the Onset Date is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid. Benefits are payable for only one covered Loss at a time per Covered Person.
- B.** Aflac will not pay benefits for any Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.
- C.** For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.
- D. The policy does not cover Loss caused by or resulting from:**
 - 1. Being under the influence of any narcotic (unless administered on the advice of a Physician);
 - 2. Committing, or attempting to commit, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or engaging in any illegal occupation;
 - 3. Intentionally self-inflicting a bodily injury or committing suicide;
 - 4. Enemy action or act of war, whether declared or undeclared; or
 - 5. Actively serving as a member in any of the armed forces of any nation or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, or disorder for which, within the 12-month period before the Effective Date of coverage, prescription medication was

taken or medical testing, medical advice, or treatment was recommended or received from a Physician. Benefits for a Loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 30 days after the Effective Date of coverage or, if the Onset Date is within 30 days after the Effective Date of coverage, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

- (6) **Renewability:** The policy is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, with benefits reduced

beginning at age 75, 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. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

Benefits under the policy reduce by one-half for Losses incurred on or after the 75th birthday of a Covered Person.

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
CONSULT THE POLICY ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

COMA: a continuous state of profound unconsciousness diagnosed or treated on or after the effective date of coverage, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children of any covered person are automatically insured from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage 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 the policy. Dependent children are your natural children, stepchildren, or legally adopted children who are under age 26. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

CRITICAL ILLNESS EVENT: heart attack, stroke, major human organ transplant, end-stage renal failure, paralysis, or coma.

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.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. Heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden cardiac arrest is not a heart attack.

LOSS: a critical illness event, coronary artery bypass graft surgery, or sudden cardiac arrest.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a member of the medical profession after the effective date of coverage in which a covered person receives, as a result of a surgical transplant, one or more of the following human organs: heart, kidney, liver, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

ONSET DATE: the date of the occurrence for a heart attack, stroke, or sudden cardiac arrest; the date of diagnosis for end-stage renal failure, paralysis, or coma; or the date of surgery for a major human organ transplant or coronary artery bypass graft surgery.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a covered spinal cord injury. The paralysis must be confirmed by your attending physician.

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.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be sudden cardiac arrest for purposes of the policy. Sudden cardiac arrest is not a heart attack.





aflac.com || **1.800.99.AFLAC** (1.800.992.3522)

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

