Aflac Accident Advantage

ACCIDENT-ONLY INSURANCE – OPTION 3

We've been dedicated to helping provide peace of mind and financial security for 60 years.

Aflac SmartClaim®
One Day Pay℠

AFLAC ACCIDENT ADVANTAGE

ACCIDENT-ONLY INSURANCE – OPTION 3

Policy Series A36000

AA3

Be Prepared for Life's Unexpected Mishaps

Accidents can happen at any time. You could suffer an accidental injury while you are working around the house or walking into work. Or your child may get injured at basketball practice. When an accident happens, it can be costly. Even with major medical insurance, there may be out-of-pocket expenses that you'll have to pay.

In the event of an unexpected injury, Aflac can help protect your personal finances. We provide individuals and families affordable insurance that helps with expenses that may not be covered by major medical insurance. Aflac pays cash benefits directly to you (unless you specify otherwise), so you can use the cash for anything you want. Which means uncovered medical expenses won't break the bank if you are injured.

And since we can process your claim quickly, Aflac helps give you the peace of mind knowing you can spend more time recovering and less time worrying about bills.

The facts say you need the protection of the Aflac Accident Advantage insurance policy:

FACT NO. 1

ABOUT **1** OUT OF **8**

PEOPLE SEEK MEDICAL ATTENTION FOR AN INJURY.[1]

FACT NO. 2

$5,500

THE AVERAGE MEDICAL EXPENSES FOR AN ACCIDENTAL INJURY.[1]

[1] *Injury Facts*, 2014 Edition, National Safety Council.

Aflac herein means American Family Life Assurance Company of Columbus.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

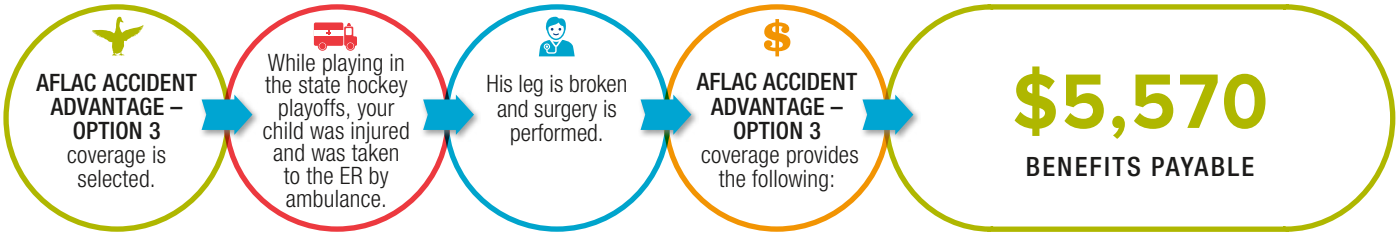
What does the Aflac Accident Advantage policy include?

- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer[2]
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the Aflac Accident Advantage – Option 3 that includes the following benefit conditions: Ambulance Benefit of $200 (ground ambulance transportation); Accident Treatment Benefit of $200 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of $1,750 (fractured leg {femur}–open reduction under anesthesia); Initial Accident Hospitalization Benefit of $1,000; Accident Hospital Confinement Benefit of $250 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of $200 (CT scan); Appliances Benefit of $300 (wheelchair); Therapy Benefit of $315 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of $210 (6 follow-up treatments); Family Support Benefit of $20 (hospitalized for 1 day); Family Lodging Benefit of $125 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of $1,000.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

[2]Association and associate-only accounts have one underwriting question.

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	$1,000 when admitted for a hospital confinement of at least 18 hours or $2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	$250 per day, up to 365 days per covered accident, per covered person
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional $400 per day for up to 15 days, per covered accident, per covered person
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: $200 Hospital emergency room without X-ray: $170 Office or facility (other than a hospital emergency room) with X-ray: $150 Office or facility (other than a hospital emergency room) without X-ray: $120
AMBULANCE BENEFIT	$200 ground ambulance transportation or $1,500 air ambulance transportation
BLOOD/PLASMA/PLATELETS BENEFIT	$200 once per covered accident, per covered person
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	$200 per calendar year, per covered person
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person
THERAPY BENEFIT	$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: $300 / Wheelchair: $300 / Walker: $100 Body jacket: $300 / Leg brace: $125 / Walking boot: $100 Knee scooter: $300 / Crutches: $100 / Cane: $25 Payable once per covered accident, per covered person
PROSTHESIS BENEFIT	$800 once per covered accident, per covered person
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	$800 once per covered person, per lifetime
REHABILITATION FACILITY BENEFIT	$150 per day
HOME MODIFICATION BENEFIT	$3,000 once per covered accident, per covered person
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS ..... $100–$3,750 BURNS..... $125–$12,500 SKIN GRAFTS ..... 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair..... $300 Removal of foreign body by a physician .. $65 LACERATIONS Not requiring sutures ..... $35 Less than 5 centimeters ..... $65 At least 5 cm but not more than 15 cm . $250 Over 15 centimeters ..... $500 FRACTURES..... $125–$3,500 CONCUSSION (brain) ..... $150 EMERGENCY DENTAL WORK Broken tooth repaired with crown ..... $400 Broken tooth resulting in extraction..... $130 COMA ..... $12,500 PARALYSIS Quadriplegia ..... $12,500 Paraplegia..... $6,250 Hemiplegia..... $4,750 SURGICAL PROCEDURES ..... $200–$1,250 MISCELLANEOUS SURGICAL PROCEDURES ..... $120–$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... $100
ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident / Other Accident / Hazardous Activity Accident INSURED: $150,000 / $40,000 / $10,000 SPOUSE: $150,000 / $40,000 / $10,000 CHILD: $25,000 / $10,000 / $5,000
ACCIDENTAL-DISMEMBERMENT BENEFIT	$300–$40,000
FAMILY SUPPORT BENEFIT	$20 per day (up to 30 days), per covered accident
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to $1,000 per policy, per calendar year
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met
WAIVER OF PREMIUM BENEFIT	Yes
TRANSPORTATION BENEFIT	$600 per round trip, up to 3 round trips per calendar year, per covered person
FAMILY LODGING BENEFIT	$125 per night, up to 30 days per covered accident

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

ACCIDENT-ONLY COVERAGE

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

ACCIDENT-ONLY COVERAGE
OUTLINE OF COVERAGE FOR POLICY OPTION A36300MA

**THE POLICY IS AN INDIVIDUAL POLICY OF INSURANCE
THE POLICY PROVIDES LIMITED BENEFITS.**

**BENEFITS PROVIDED ARE SUPPLEMENTAL
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

The policy IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the *Guide to Health Insurance for People With Medicare* available from Aflac.

Caution: The accident-only insurance policy will be issued based on your answers to the questions on your application. A copy of your application is attached to your policy. If your answers are not correct or are not true as of the date that you signed the application, we have the right to deny benefits or rescind your policy. This is subject to the Time Limit on Certain Defenses provision that is in your policy. The best time to clear up any questions is now, before you have a claim to file! If, for any reason, any of your answers are not correct, contact Aflac Worldwide Headquarters. You may contact us at 1932 Wynnton Road, Columbus, Georgia 31999.

(1) Read Your Policy Carefully. This outline of coverage provides just a very brief description of the features of the coverage that are important. You should compare this outline of coverage to the outlines of coverage for other policies that are available to you. This is not a contract of insurance. It is just a summary of the coverage. Only the individual policy contains the actual contractual provisions. This means that your policy sets forth in detail the rights and the obligations of both you and Aflac. That is why if you buy this or any other coverage, it is important for you to READ YOUR POLICY CAREFULLY!

(2) Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**

(3) SUMMARY OF POLICY FEATURES:

The policy:

1. is not a Medicare Supplement policy.
2. is non-cancelable for your lifetime.
3. is not subject to automatic premium increases as you get older.
4. offers premiums guaranteed for life not to change.
5. does not offer an option to purchase inflation protection.
6. does not offer an option to purchase nonforfeiture protection.
7. does contain special age limitations for purchase.
8. does not have Pre-existing Condition Limitations.
9. does not have a waiting period before benefits are payable by policy.
10. does offer a waiver of premium.

(4) THE TERMS UNDER WHICH THE POLICY MAY BE CONTINUED IN FORCE OR DISCONTINUED.

a) RENEWABILITY: THE POLICY IS NON-CANCELABLE. This means that you have the right to continue this coverage as long as you pay your premiums on time. The premiums are guaranteed for life not change. We cannot change any of the terms of your policy on our own.

b) The policy does not provide a privilege for conversion without evidence of insurability. This is except in the case of 1) dissolution of marriage, 2) death, or 3) termination of dependency. Please see the Right of Conversion section of the policy for details.

(5) THE TERMS UNDER WHICH THE POLICY MAY BE RETURNED AND PREMIUM REFUNDED.

a) We want you to be satisfied with the policy. If you are not pleased, send it back within 30 days after you receive it. Send it to your associate (duly licensed agent) or to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. We will send you a full refund of all the premiums that you have paid. Your policy will be void from its Effective Date. If you return the policy, please attach a note that reads: "This policy is returned for a full refund of premium and will be void from its Effective Date."

b) The policy does not contain a provision providing for a refund or partial refund of premium upon the death of an insured or surrender of the policy.

(6) Benefits. We will pay the benefits that are shown below, as applicable, if a Covered Person's Accidental-Death,

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Dismemberment, or Injury is caused by an accident that is covered that takes place on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than an accident that is covered. A covered Accidental-Death, Dismemberment, or Injury must also take place while coverage is in force. This is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

HOSPITAL BENEFITS:

INITIAL ACCIDENT HOSPITALIZATION BENEFIT: We will pay $1,000 when a Covered Person is confined in a Hospital for at least 18 hours for treatment of injuries sustained in an accident that is covered. Or, we will pay $2,000 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment of Injuries sustained in an accident that is covered. This benefit is payable only one time per Period of Hospital Confinement (including Intensive Care Unit confinement) and only one time per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

ACCIDENT HOSPITAL CONFINEMENT BENEFIT: We will pay $250 per day when a Covered Person must be confined in a Hospital for at least 18 hours for treatment of Injuries sustained in an accident that is covered. We will pay this benefit up to 365 days per covered accident, per Covered Person. The Hospital Confinements must start within 30 days of the accident. The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: We will pay an additional $400 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in an accident that is covered. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. The Hospital Confinements must start within 30 days of the accident.

SERVICE BENEFITS:

ACCIDENT TREATMENT BENEFIT: We will pay the amount that is shown below, as applicable, when a Covered Person receives treatment for Injuries sustained in an accident that is covered. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray	$200
Hospital Emergency Room without X-Ray	$170
Office or facility (other than a Hospital Emergency Room) with X-Ray	$150
Office or facility (other than a Hospital Emergency Room) without X-Ray	$120

Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable one time per 24-hour period and only one time per covered accident, per Covered Person.

AMBULANCE BENEFIT: We will pay $200 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in an accident that is covered. Ambulance transportation must be within 72 hours of the covered accident. We will pay $1,500 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in an accident that is covered. A licensed professional ambulance company must provide the ambulance service.

BLOOD/PLASMA/PLATELETS BENEFIT: We will pay $200 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in an accident that is covered. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT: We will pay $200 when a Covered Person requires one of the exams shown here for Injuries he or she sustained in an accident that is covered and a charge is incurred: 1) computerized tomography (CT scan), 2) computerized axial tomography (CAT), 3) magnetic resonance imaging (MRI), or 4) electroencephalography (EEG). These exams must be performed in a Hospital, a 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. There is no lifetime maximum for this benefit.

AFTER CARE SERVICES:

ACCIDENT FOLLOW-UP TREATMENT BENEFIT: We will pay $35 per day when a Covered Person receives treatment for Injuries sustained in an accident that is covered and later requires additional treatment over and above treatment that was administered in the first 72 hours following the accident. We will pay for one treatment per day for up to a maximum of six treatments per covered accident, per Covered Person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be received under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

THERAPY BENEFIT: We will pay $35 per therapy treatment when a Covered Person receives treatment for Injuries sustained in an accident that is covered and then later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in an accident that is covered, and must start within

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30 days of the covered accident or discharge from the Hospital. We will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. **The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

APPLIANCES BENEFIT: We will pay the amount that is shown below, as applicable, when a Covered Person receives a medical appliance that was prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in an accident that is covered. Benefits are payable for the types of appliances shown below:

Back brace	$300
Body jacket	$300
Knee scooter	$300
Wheelchair	$300
Leg brace	$125
Crutches	$100
Walker	$100
Walking boot	$100
Cane	$25

This benefit is payable one time per covered accident, per Covered Person.

PROSTHESIS BENEFIT: We will pay $800 when a Covered Person receives a Prosthetic Device that was prescribed by a Physician, as a result of Injuries sustained in an accident that is covered. This benefit is not payable for repair or replacement of 1) Prosthetic Devices, 2) hearing aids, 3) wigs, or 4) dental aids to include false teeth. This benefit is payable one time per covered accident, per Covered Person.

PROSTHESIS REPAIR OR REPLACEMENT BENEFIT: We will pay $800 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must take place 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in an accident that is covered, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

REHABILITATION FACILITY BENEFIT: We will pay $150 per day when a Covered Person is confined in a Hospital and is then transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in an accident that is covered and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement. This benefit is also limited to a Calendar Year maximum of 60 days. There is no lifetime maximum for this benefit. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

HOME MODIFICATION BENEFIT: We will pay $3,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in an accident that is covered. This benefit is payable one time per covered accident, per Covered Person.

ACCIDENT SPECIFIC-SUM INJURIES BENEFITS: When a Covered Person receives treatment under the care of a Physician for Injuries sustained in an accident that is covered, we will pay specified benefits ranging from $35-$12,500 for dislocations, burns, skin grafts, eye injuries, lacerations, fractures, concussion, emergency dental work, coma, paralysis, surgical procedures, miscellaneous surgical procedures and pain management. See the policy for specific amounts payable.

ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:

ACCIDENTAL-DEATH BENEFIT: We will pay the lump-sum benefit that is shown below, as applicable, for an Accidental-Death. The Accidental-Death must take place as a result of an Injury sustained in an accident that is covered and must take place within 90 days of such accident.

Named Insured or Spouse-	
Common-Carrier Accident	$150,000
Other Accident	$40,000
Hazardous Activity Accident	$10,000
Child-	
Common-Carrier Accident	$25,000
Other Accident	$10,000
Hazardous Activity Accident	$5,000

We will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths take place in the same covered accident. The Accidental-Death must take place as a result of an Injury sustained in an accident that is covered and must take place within 90 days of such accident.
In the event of the Accidental-Death of a covered Spouse or Dependent Child, we will pay you the lump-sum benefit that is shown above, as applicable. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless we have paid the benefit before receiving notice of your disqualification.

In the event of your Accidental-Death, we will pay the lump-sum benefit that is shown above, as applicable, for your Accidental-Death to the beneficiary that you named in the

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application for this policy unless you had previously changed your beneficiary. If you changed your beneficiary, then we will pay this benefit to the beneficiary that you named in your last change of beneficiary request that we have on record. If any beneficiary is a minor child, then any benefits that would be payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority. The age of majority is defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you did unless we have paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by at least 15 days, then the benefit will be paid as though the beneficiary died before you did unless we have paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, we will pay the benefit to your estate.

ACCIDENTAL-DISMEMBERMENT BENEFIT: We will pay the lump-sum benefit that is shown below, as applicable, for Dismemberment. The dismemberment must take place as a result of an Injury sustained in an accident that is covered and must take place within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-	
Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	$40,000
Two eyes, feet, hands, arms or legs	$40,000
One eye, foot, hand, arm, or leg	$10,000
One or more fingers and/or one or more toes	$2,000
Partial Dismemberment of finger or toe	$625
Child-	
Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	$12,500
Two eyes, feet, hands, arms or legs	$12,500
One eye, foot, hand, arm, or leg	$3,750
One or more fingers and/or one or more toes	$625
Partial Dismemberment of finger or toe	$300

Only the highest single benefit per Covered Person will be paid for Dismemberment. Benefits will be paid only one time per Covered Person, per covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

ADDITIONAL BENEFITS:

FAMILY SUPPORT BENEFIT: We will pay $20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. We will pay this benefit up to 30 days per covered accident.

ORGANIZED SPORTING ACTIVITY BENEFIT: We will pay an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in an accident that is covered, while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or take place as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. This benefit is limited to $1,000 per policy, per Calendar Year.

CONTINUATION OF COVERAGE BENEFIT: We will waive all of the monthly premiums due for the policy as well as any attached riders, for up to two months if you meet all of the conditions that are listed below:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six months in a row;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer informs us in writing within 30 days of the date your premium payments stopped due to your leaving employment; and
5. You resume 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 resume your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six months in a row.

"Payroll deduction" means that your premium is sent to Aflac for you by your employer through a payroll deduction process.

WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to Injuries sustained in an accident that is covered, are completely unable to do all of the usual and customary duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while the policy is in force, we will waive, from month to month, any premiums that fall due during your continued inability. For premiums to be waived, we will require an employer's

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statement and a Physician's statement certifying your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to Injuries sustained in an accident that is covered, are completely unable to perform the duties of any occupation for which you are or become qualified by reason of education or training for more than 180 consecutive days while the policy is in force, we will waive, from month to month, any premiums that fall due during your continued inability. For premiums to be waived, we will require a Physician's statement certifying your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 24 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

If you die and your Spouse becomes the new Named Insured, premiums will start again and 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.

While this benefit is being paid, we may ask for and use an independent consultant to determine your total inability.

You must pay all premiums to keep the policy and any applicable rider(s) in force until we approve your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

TRANSPORTATION BENEFIT: We will pay $600 per round trip to a Hospital when a Covered Person is confined in a Hospital for medical treatment due to an Injury sustained in an accident that is covered.

We will also pay $600 per round trip when a covered Dependent Child is confined in a Hospital for medical treatment due to an Injury sustained in an accident that is covered, if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member. This benefit will be paid only for the covered person for whom the special treatment is prescribed.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring confinement in a Hospital, and the treatment must not be available locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

FAMILY LODGING BENEFIT: We will pay $125 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is confined in a Hospital for the treatment of Injuries sustained in an accident that is covered. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

(7) Optional Benefit

Additional Accidental-Death Benefit Rider:
(Form A36050MA) Applied For: ☐Yes ☐No

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER: We will not pay benefits under the rider for an Accidental-Death that is caused by or takes place as a result of a Hazardous Activity Accident. Please read your policy for additional Limitations and Exclusions.

ACCIDENTAL-DEATH BENEFIT: We will pay the lump-sum benefit that is shown below, as applicable, for an Accidental-Death. The Accidental-Death must take place as a result of an Injury sustained in an accident that is covered and must take place within 90 days of such accident.

	Named Insured	Spouse	Child
Common-Carrier Accident	$35,000	$35,000	$7,000
Other Accident	35,000	35,000	7,000

We will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths take place in the same covered accident. The Accidental-Death must take place as a result of an Injury sustained in an accident that is covered and must take place within 90 days of such accident.

In the event of the Accidental-Death of a covered Spouse or Dependent Child, we will pay you the lump-sum benefit that is shown above, as applicable. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless we have paid the benefit before receiving notice of your disqualification.

In the event of your Accidental-Death, we will pay the lump-sum benefit that is shown above, as applicable, for your Accidental-Death to the beneficiary that you named in the application for the policy unless you had previously changed your beneficiary. If you changed your beneficiary, then we will pay this benefit to the beneficiary that you named in your last change of beneficiary request that we have on record. If any beneficiary is a minor child, then any benefits that would be payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority. The age of majority is defined by applicable state law. If any

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beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you did unless we have paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by at least 15 days, then the benefit will be paid as though the beneficiary died before you did unless we have paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, we will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

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(8) Exceptions, Reductions and Limitations of the Policy:

We will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.

For any benefit to be payable, the Injury, treatment, or loss must take place on or after the Effective Date of coverage and while coverage is in force.

We will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.

We will not pay benefits if coverage that is provided by this policy violates any U.S. economic or trade sanctions. If the coverage does violate such sanctions, the coverage will be null and void.

We will not pay benefits whenever fraud is committed in making a claim under the 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.

We will not pay benefits for an Injury, treatment, or loss that is caused by or takes place as a result of a Covered Person's:

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or any of their auxiliary units. This includes the National Guard or Reserve. (When you notify us that you have joined an armed service, we will suspend your coverage and we will return the pro-rata premium. If you are in the service for less than five years, you may renew your policy on the date your service ends. To renew your policy, we have to receive your written application as well as your premium within 60 days of your discharge. We will renew your policy on the same basis as before it was suspended.);
- 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);
- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or willingly taking any kind of poison or inhaling any kind of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether you are charged or not ("felony" will be defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in a detention facility or a penal institution;
- Self-inflicting a bodily injury on purpose, or committing or attempting to commit suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures; or
- Having dental treatment unless the treatment is a result of Injury.

(9) THE RELATIONSHIP OF COST OF CARE AND BENEFITS.
Because the costs of care services are likely to go up over time, you should think about if and how the benefits of this plan may be adjusted.

a) The benefit level will not increase over time.
b) There are no automatic benefit adjustment provisions.
c) You are not guaranteed the option to buy additional benefits.
d) There are no additional benefits available for purchase.
e) There will be no additional premium charge imposed as there are no additional benefits available for purchase.

(10) THE PREMIUM:

a) Total Annual Premium: _____

	Annual:
Policy:	$_____
Rider A36050MA:	$_____

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(11) COMPLAINTS: If you have a complaint, you may call us at 1-800-992-3522 or your associate (duly licensed agent). If you are not satisfied, you may call the Massachusetts Division of Insurance at (617) 521-7777 or write to them at 1000 Washington Street, Suite 810, Boston, Massachusetts 02118-6200.

RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS JUST A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING PROVISIONS OF THE CONTRACT.

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TERMS YOU NEED TO KNOW

ACCIDENT: An unplanned, unexpected (not purposefully caused) event which occurs suddenly and causes injury.

ACCIDENTAL-DEATH: Death of a covered person caused by a covered injury. See the limitations and exclusions for injuries not covered by the policy.

CATASTROPHIC LOSS: An injury that results in total and permanent or irrevocable loss of: the sight of one eye; the use of one hand/arm; or the use of one foot/leg.

COMMON-CARRIER ACCIDENT: An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A common-carrier accident does not include any hazardous activity accident or any accident directly involving private, on demand, or chartered transportation in which a covered person is a passenger at the time of the accident.

COVERED PERSON: Any person insured under the coverage type 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 are automatically covered under the terms of the policy from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage 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 a 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. Children born to your dependent children or children born to the dependent children of your spouse are not covered under the policy. A dependent child (including persons incapable of self-sustaining employment by reason of mental retardation or a physical handicap) must be under age 26 at the time of application to be eligible for coverage.

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.

HAZARDOUS ACTIVITY ACCIDENT: An accident while a covered person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft. A hazardous activity accident does not include any common-carrier accidents.

HOSPITAL CONFINEMENT: A stay of a covered person confined to a bed in a hospital for which a room charge is made. The hospital confinement must be on the advice of a physician and the result of a covered injury. Confinement in a U.S. government hospital does not require a charge for benefits to be payable.

INJURY: A bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause. See the limitations and exclusions for injuries not covered by the policy.

ORGANIZED SPORTING ACTIVITY: A competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The organized sporting activity benefit is not payable for injuries that are caused by or occur as a result of a covered person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

OTHER ACCIDENT: An accident that is not classified as either a common-carrier accident or a hazardous activity accident and that is not specifically excluded in the limitations and exclusions.

SICKNESS: An illness, disease, infection, disorder, or condition not caused by an injury, occurring on or after the effective date of coverage and while coverage is in force.

Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

ADDITIONAL INFORMATION

An ambulatory surgical center does not include a physician's or dentist's office, clinic, or other such location.

The term hospital does not include any institution or part thereof used as a rehabilitation facility; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; a psychiatric unit; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from a mental disease or disorder, care for the aged, or care for persons addicted to drugs or alcohol.

The term hospital emergency room does not include urgent care centers.

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.

A physician, occupational therapist, physical therapist, or speech therapist does not include you or a member of your immediate family.

Burns must be treated by a physician within 72 hours after a covered accident. If a covered person receives one or more skin grafts for a covered burn, we will pay a total of 50 percent of the burns benefit amount that we paid for the burn involved.

Dislocations must be diagnosed by a physician within 72 hours after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two dislocations per covered accident, per covered person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation.

Coma must have a duration of at least seven days. The condition must require intubation for respiratory assistance. Coma does not include any medically induced coma.

Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. We will pay for no more than one emergency dental work benefit per covered accident, per covered person.

Fractures must be diagnosed by a physician within 14 days after the date of the injury and require correction by a physician. It can be corrected by open or closed reduction. We will pay for no more than two fractures per covered accident, per covered person. For the closed reduction for chip fractures and other fractures not reduced by open or closed reduction, we will pay 25 percent of the benefit amount shown in the policy.

Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician. A laceration resulting from an open fracture will not be payable under the laceration benefit.

Paralysis must be confirmed by the attending physician. The duration of the paralysis must be a minimum of 30 days. This benefit will be payable once per covered person.

Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

A miscellaneous surgical procedures benefit is only payable for one miscellaneous surgical procedure, per 24-hour period, even though more than one surgical procedure may be performed.

When a covered person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a hospital or a physician's office for injuries sustained in a covered accident, we will pay a pain management benefit amount. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per covered person.

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

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Refer to the outline of coverage and policy for complete benefit details, definitions, limitations, and exclusions.

Aflac SmartClaim®

One Day Pay℠

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The plan mentioned herein, alone, does not meet Minimum Creditable Coverage standards and will not satisfy the individual mandate that you have health insurance. One Day Pay℠ available for most properly-documented, individual Accident claims submitted online through Aflac SmartClaim® by 3 p.m. ET. Aflac SmartClaim® not available on the following: Aflac Plus Rider. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2015.

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