Aflac Cancer Care

CLASSIC – INDIVIDUAL SPECIFIED-DISEASE INDEMNITY INSURANCE

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

Aflac®

AFLAC CANCER CARE

INDIVIDUAL SPECIFIED-DISEASE INDEMNITY INSURANCE

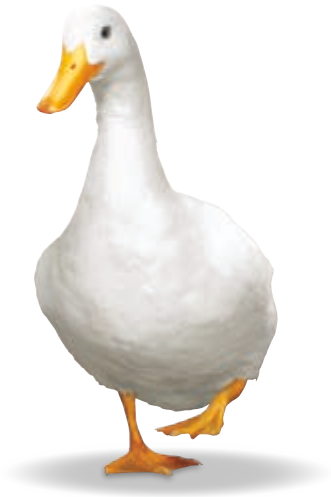
Policy Series A78000

CC^C

Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



HOW IT WORKS

AFLAC CANCER CARE - CLASSIC coverage is selected.

→ Policyholder suffers from frequent infections & high fevers.

→ Physician visit & bone marrow biopsy reveals diagnosis of leukemia.

→ **AFLAC CANCER CARE - CLASSIC** insurance policy provides the following:

→ **$35,175**
TOTAL BENEFITS

The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of $75, bone marrow biopsy (Surgical/Anesthesia Benefit) of $125, NCI Evaluation/Consultation Benefit of $500, Initial Diagnosis Benefit of $4,000, venous port (Surgical/Anesthesia Benefit) of $125, Injected Chemotherapy Benefit (10 weeks) of $6,000, Immunotherapy Benefit (3 months) of $1,050, Antinausea Benefit (3 months) of $300, Hospital Confinement Benefit (10-week hospitalization) of $22,000, Blood/Plasma Benefit (10 transfusions) of $1,000.

THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

FACT NO. 1

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.[1]

FACT NO. 2

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.[1]

[1] *Cancer Facts & Figures 2012,* American Cancer Society.

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 policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Classic Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	$75 per year, per Covered Person
Cancer Diagnosis Benefits:	
Initial Diagnosis Benefit	Insured/Spouse: $4,000; Dependent Child: $8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	$500 payable only once per Covered Person
Cancer Treatment Benefits:	
Injected Chemotherapy Benefit	$600 per week; no lifetime max
Nonhormonal Oral Chemotherapy Benefit	$250 per prescription, per month up to $750 max per month for Oral/Topical Benefit[2]
Hormonal Oral Chemotherapy Benefit	$250 per prescription, per month up to 24 months; after 24 months $75 per month up to $750 max per month for Oral/Topical Benefit[2]
Topical Chemotherapy Benefit	$150 per prescription, per month up to $750 max per month for Oral/Topical Benefit[2]
Radiation Therapy Benefit	$350 per week; no lifetime max
Experimental Treatment Benefit	$350 per week if charged; $100 per week if no charge; no lifetime max
Immunotherapy Benefit	$350 once per month; $1,750 lifetime max per Covered Person
Antinausea Benefit	$100 per month; no lifetime max
Stem Cell Transplantation Benefit	$7,000; lifetime max $7,000 per Covered Person
Bone Marrow Transplantation Benefit	$7,000; $7,000 lifetime max per Covered Person; $750 to donor
Blood and Plasma Benefit	Inpatient: $100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: $175 per day; no lifetime max
Surgical/Anesthesia Benefit	$100–$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed $4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	$35–$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	$200 per day; no lifetime max
Hospitalization Benefits:	
Hospital Confinement Benefit:	
• Hospitalization for 30 days or less	Insured/Spouse: $200 per day; Dependent Child: $250 per day; no lifetime max
• Hospitalization for Days 31+	Insured/Spouse: $400 per day; Dependent Child: $500 per day; no lifetime max
Outpatient Hospital Surgical Room Charge Benefit	$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
Continuing Care Benefits:	
Extended-Care Facility Benefit	$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	$100 per day; lifetime max of 100 days
Hospice Care Benefit	$1,000 for the 1st day; $50 per day thereafter; $12,000 lifetime max per Covered Person
Skilled Nursing Home Benefit	$100 per day; lifetime max 100 days
Nursing Services Benefit	$100 per day; no lifetime max
Surgical Prosthesis Benefit	$2,000; lifetime max $4,000 per Covered Person
Nonsurgical Prosthesis Benefit	$175 per occurrence; lifetime max $350 per Covered Person
Reconstructive Surgery Benefit	$220–$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	$1,000 to have oocytes extracted; $350 for storage; $1,350 lifetime max per Covered Person
Ambulance, Transportation, Lodging, and Other Benefits:	
Ambulance Benefit	$250 ground or $2,000 air; no lifetime max
Transportation Benefit	$.40 per mile; max $1,200 per round trip; no lifetime max
Lodging Benefit	$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	$40; limited to one benefit per Covered Person, per lifetime

[2]Up to three different oral/topical chemotherapy medicines per calendar month.

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

CANCER INSURANCE

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)

CANCER INSURANCE – OUTLINE OF COVERAGE
Policy Form Number A78300MA

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is furnished by Aflac.

(1) This is an individual policy of insurance. **THIS IS A LIMITED POLICY.**

Caution: The issuance of this cancer insurance policy is 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.

(2) SUMMARY OF POLICY FEATURES:

This policy:

1. is not a Medicare Supplement policy.
2. is guaranteed-renewable for your lifetime.
3. is not subject to automatic premium increases as you get older.
4. may be subject to across the board premium increases for all policyholders in your class.
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 contain a pre-existing conditions provision.
9. has a waiting period of 30 days before benefits are payable by policy.
10. does not offer a waiver of premium.

(3) THE PURPOSE OF OUTLINE OF COVERAGE. An 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!

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

a) RENEWABILITY: THIS POLICY IS GUARANTEED-RENEWABLE. This means that you have the right to continue this coverage as long as you pay your premiums on time. This is subject to the terms of your policy. We can not change any of the terms of your policy on our own. This is except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

b) This 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.

c) We may change the established premium rate only if it is first approved by the Massachusetts Commissioner of Insurance. It must be changed on all policies of the same form number and class that are in force in your state. While this policy is in force, no change will be made in your class because of 1) the age, 2) the sex, or 3) the physical condition of any Covered Person. If a change is made to the established premium rate, we will notify you in writing at your last known address at least 30 days before the change is to become effective.

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

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

b) This 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, unless the optional Return of Premium Benefit Rider is purchased.

(6) THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide that is available from Aflac. Neither Aflac nor its associates (duly licensed agents) represent Medicare, the federal government, or any state government.

(7) THE BENEFITS PROVIDED BY THIS POLICY:

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

© 2013 Aflac All Rights Reserved

A. CANCER WELLNESS BENEFITS:

1. **CANCER WELLNESS:** We will pay $75 for each Calendar Year when a Covered Person receives one of the following:

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

a. This benefit is limited to one payment each Calendar Year, for each Covered Person.

b. These tests must be done to screen for the presence of Cancer or an Associated Cancerous Condition in a Covered Person.

c. The tests must be provided by licensed medical personnel.

This benefit has no lifetime maximum.

2. **BONE MARROW DONOR SCREENING:** We will pay $40 when a Covered Person provides documentation that they have had a screening test as a potential bone marrow donor. This benefit is limited to one benefit for each Covered Person per lifetime.

B. CANCER DIAGNOSIS BENEFITS:

1. **INITIAL DIAGNOSIS BENEFIT:** We will pay the amount listed below when (1) a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition and (2) the Covered Person is diagnosed while this policy is in force. The benefits are subject to Part 3, Limitations and Exclusions, Section C.

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

This benefit will be paid under this policy only one time for each Covered Person. In addition to the Positive Medical Diagnosis, we may need more information from the attending Physician and Hospital.

2. **MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** We will pay $135 when a Covered Person is charged for and receives an initial diagnosis or a follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the medical imaging exams that follow: 1) CT scans; 2) MRIs; 3) bone scans; 4) thyroid scans; 5) multiple gated acquisition (MUGA) scans; 6) positron emission tomography (PET) scans; 7) transrectal ultrasounds; or 8) abdominal ultrasounds. This benefit is limited to two payments for each Calendar Year, for each Covered Person. This benefit has no lifetime maximum.

3. **NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** We will pay $500 when a Covered Person gets an evaluation or a consultation at an NCI-Designated Cancer Center due to receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation or consultation must be to decide the proper course of treatment. This benefit will not be paid for the same day the Additional Surgical Opinion Benefit is paid. This benefit will also be paid for an evaluation or a consultation at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit will be paid only one time for each Covered Person.

C. CANCER TREATMENT BENEFITS:

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

a. **INJECTED CHEMOTHERAPY BENEFIT:** We will pay $600 one time for each Calendar Week that a Covered Person receives and is charged for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides the amounts to be paid for putting in and removing a pump. Benefits will not be paid for each week of constant infusion of medicines dispensed by 1) a pump, 2) an implant, or 3) a patch. This benefit is limited to the Calendar Week in which the charge for the medicine(s) or the treatment is incurred. This benefit has no lifetime maximum.

b. **ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**

i. **NONHORMONAL ORAL CHEMOTHERAPY BENEFIT:** We will pay $250 for each Calendar Month that a Covered Person is prescribed, receives, and is charged for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

ii. **HORMONAL ORAL CHEMOTHERAPY BENEFIT:** We will pay $250 for each Calendar Month for up to 24 months during which a Covered Person is

© 2013 Aflac All Rights Reserved

prescribed, receives, and is charged for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. After 24 months of paid benefits of Hormonal Oral Chemotherapy for a Covered Person, Aflac will pay $75 for each Calendar Month that a Covered Person is prescribed, receives, and is charged for Hormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition. Examples of Hormonal Oral Chemotherapy treatments include but are not limited to Nolvadex, Arimidex, Femara, and Lupron and their generic versions, such as tamoxifen.

iii. **TOPICAL CHEMOTHERAPY BENEFIT:** We will pay $150 for each Calendar Month that a Covered Person is prescribed, receives, and is charged for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

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

c. **RADIATION THERAPY BENEFIT:** We will pay $350 one time for each Calendar Week that a Covered Person receives and is charged for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week that a radium implant or radioisotope continues to be in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. This benefit has no lifetime maximum.

d. **EXPERIMENTAL TREATMENT BENEFIT:** We will pay $350 one time for each Calendar Week that a Covered Person receives and is charged for Physician-prescribed experimental Cancer chemotherapy medicines. Aflac will pay $100 one time for each Calendar Week during which a Covered Person receives Physician prescribed experimental Cancer chemotherapy medicines as part of a clinical trial that does not charge patients for such medicines. Chemotherapy medicines must be approved by the NCI as a worthwhile experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of constant infusion of medicines dispensed by a pump, an implant, or a patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medicines is incurred. This benefit has no lifetime maximum.

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

2. **INDIRECT/ADDITIONAL THERAPY BENEFITS: The benefits listed below are not to be paid based on (1) the number, (2) the duration, or (3) the frequency of Immunotherapy or antinausea drugs received by the Covered Person.**

a. **IMMUNOTHERAPY BENEFIT:** We will pay $350 for each Calendar Month that a Covered Person receives and is charged for Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit will be paid only one time for each Calendar Month. It is limited to the Calendar Month in which the charge for Immunotherapy is incurred. This benefit has a lifetime maximum of $1,750 for each Covered Person.

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

b. **ANTINAUSEA BENEFIT:** We will pay $100 for each Calendar Month that a Covered Person receives and is charged for antinausea drugs that are prescribed along with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit will be paid only one time for each Calendar Month and is limited to the Calendar Month in which the charge for antinausea drugs is incurred. This benefit has no lifetime maximum.

c. **STEM CELL TRANSPLANTATION BENEFIT:** We will pay $7,000 when a Covered Person receives and is charged for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit will be paid one time for each Covered Person. This benefit has a lifetime maximum of $7,000 for each Covered Person.

© 2013 Aflac All Rights Reserved

d. **BONE MARROW TRANSPLANTATION BENEFIT:**

i. We will pay $7,000 when a Covered Person receives and is charged for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition.

ii. We will pay the Covered Person's bone marrow donor a payment of $750 for his or her expenses that are incurred due to the transplantation procedure.

Lifetime maximum of $7,000 for each Covered Person.

e. **BLOOD AND PLASMA BENEFIT:** We will pay $100 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and is charged for blood and/or plasma transfusions during a covered Hospital stay. We will pay $175 for each day that a Covered Person receives and is charged for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, a clinic, a Hospital, or an Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. This benefit has no lifetime maximum.

3. **SURGICAL TREATMENT BENEFITS:**

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

EXCEPTIONS: Surgery for Skin Cancer will be paid under Benefit C3b. Reconstructive Surgery will be paid under Benefit E8.

Two or more surgeries which are done through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

We will pay 25% of the amount shown in the Schedule of Operations for anesthesia during a covered surgical operation.

The maximum daily benefit will not be more than $4,250. This benefit has no lifetime maximum on the number of operations.

b. **SKIN CANCER SURGERY BENEFIT:** When a surgical operation is carried out on a Covered Person for a diagnosed skin Cancer, this includes melanoma or Nonmelanoma Skin Cancer, we will pay the amount listed below when a charge is incurred for the listed procedure. The amount listed below includes anesthesia services. The maximum daily benefit will not be more than $400. This benefit has no lifetime maximum on the number of operations.

Laser or Cryosurgery	$35

Surgeries OTHER THAN Laser or Cryosurgery:

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

c. **ADDITIONAL SURGICAL OPINION BENEFIT:** We will pay $200 for each day when a charge is incurred for an additional surgical opinion, by a Physician, about a surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not to be paid on the same day the NCI Evaluation/Consultation Benefit is paid. This benefit has no lifetime maximum.

D. **HOSPITALIZATION BENEFITS:**

1. **HOSPITAL CONFINEMENT BENEFITS:**

a. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is kept in a Hospital for the treatment of Cancer or an Associated Cancerous Condition for 30 days or less, we will pay the amount listed below for each day such person is charged for a room as an inpatient. This benefit has no lifetime maximum.

Named Insured or Spouse	$200
Dependent Child	$250

b. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any period of constant Hospital confinement of a Covered Person for the treatment of Cancer or an Associated Cancerous Condition for 31 days or more, we will pay benefits as described in Benefit D1a above for the first 30 days. Starting on day 31 of your constant Hospital confinement, we will pay the amount listed below for each day a Covered Person is charged for a room as an inpatient. This benefit has no lifetime maximum.

Named Insured or Spouse	$400
Dependent Child	$500

2. **OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:** When a surgical operation is done on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, we will pay $200. For this benefit to be paid, surgeries must be done on an outpatient basis

© 2013 Aflac All Rights Reserved

in a Hospital or an Ambulatory Surgical Center. This benefit will be paid one time for each day and will not be paid on the same day the Hospital Confinement Benefit is paid. This benefit will be paid in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit will not be more than $200. This benefit has no lifetime maximum on the number of operations.

This benefit will also be paid for Nonmelanoma Skin Cancer surgery involving a flap or graft. It will not be paid for any surgery done in a Physician's office.

E. CONTINUING CARE BENEFITS:

1. **EXTENDED-CARE FACILITY BENEFIT:** We will pay $100 each day a person is charged for being kept in (1) an extended-care facility; (2) a rehabilitation unit or facility; (3) a transitional care unit; or (4) any bed designated as a swing bed, or (5) to a section of the Hospital used as such, (collectively called "Extended-Care Facility"). This confinement must be within 30 days of a covered Hospital Confinement for which they will receive benefits under Benefit D1. For each day this benefit is paid, benefits under Benefit D1 will NOT be paid. Benefits are limited to 30 days in each Calendar Year for each Covered Person.

   If there is more than six months between Extended-Care Facility stays, benefits will not be paid for a second stay unless the Covered Person has received benefits again under Benefit D1. And is kept as an inpatient in the Extended-Care Facility within 30 days of that confinement.

2. **HOME HEALTH CARE BENEFIT:** When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, we will pay $100 for each day they are charged for each such visit, subject to the conditions listed below.

   a. The home health care or health supportive services must start within seven days of being released from the Hospital.

   b. This benefit will not be paid unless the attending Physician prescribes such services to be carried out in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be kept in the hospital to get the necessary care, treatment, and services.

   c. Home health care as well as health supportive services must be carried out by a person who is licensed, is certified, or is otherwise duly qualified to perform such services on the same basis as if the services had been done in a health care facility. This person can not be a member of your Immediate Family.

   This benefit can not be paid the same day that the Hospice Care Benefit is paid.

3. **HOSPICE CARE BENEFIT:** We will pay a one time benefit of $1,000 for the first day the Covered Person receives Hospice care as well as $50 each day from then on for Hospice care when a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and treatment to heal the disease is medically determined to be no longer appropriate. And the Covered Person is expected to live six months or less as the direct result of Internal Cancer or an Associated Cancerous Condition (later in this policy called "Terminally Ill"). In order to pay this benefit, we must have: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice confirming the days services were provided. This benefit can not be paid the same day the Home Health Care Benefit is paid. This benefit has a lifetime maximum for each Covered Person of $12,000.

4. **SKILLED NURSING HOME BENEFIT:** We will pay $100 each day a person is charged for being kept in a Skilled Nursing Home as a direct result of Cancer or an Associated Cancerous Condition. The Covered Person must be kept in a Skilled Nursing Home within 30 days of a covered Hospital Confinement for which they will get benefits under Benefit D1. For each day this benefit is paid, benefits under Part 7D, Hospital Confinement Benefits will NOT be paid. This benefit has a lifetime maximum of 100 days.

   If there is more than six months between stays in a Skilled Nursing Home, benefits can not be paid for the second stay unless the Covered Person again gets benefits under Benefit D1 and is kept as an inpatient in the Skilled Nursing Home within 30 days of that confinement.

5. **NURSING SERVICES BENEFIT:** While kept in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person needs and is charged for private nurses and their services other than those regularly furnished by the Hospital, we will pay $100 for each day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required as well as authorized by the attending Physician. This benefit will not be paid for private nurses who are members of your Immediate Family. This benefit will be paid for only the number of days the Hospital Confinement Benefit is paid. This benefit has no lifetime maximum.

6. **SURGICAL PROSTHESIS BENEFIT:** We will pay $2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of a surgery for Internal Cancer or an Associated Cancerous Condition treatment. This benefit has a lifetime maximum of $4,000 for each Covered Person.

© 2013 Aflac All Rights Reserved

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

7. **NONSURGICAL PROSTHESIS BENEFIT:** We will pay $175, for each Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include (1) voice boxes, (2) hair pieces, as well as (3) removable breast prostheses. This benefit has a lifetime maximum of $350 for each Covered Person.

8. **RECONSTRUCTIVE SURGERY BENEFIT:** We will pay the amount listed below when a charge is incurred for a reconstructive surgical operation that is done on a Covered Person due to the treatment of Cancer or the treatment of an Associated Cancerous Condition. The maximum daily benefit will not be more than $2,000. This benefit has no lifetime maximum on number of operations.

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

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

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

9. **EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT:** We will pay $1,000 for a Covered Person to have oocytes extracted and harvested. We will also pay $350 one time for each Covered Person for the storage of their oocyte(s) or sperm when such person is charged to store them with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must take place before chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. This benefit has a lifetime maximum of $1,350 for each Covered Person.

F. **AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

1. **AMBULANCE BENEFIT:** We will pay $250 when a Covered Person is charged for ambulance transportation to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. We will pay $2,000 when a Covered Person is charged for air ambulance transportation to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips for each hospital stay. The ambulance service must be carried out by a licensed professional ambulance company. This benefit has no lifetime maximum.

2. **TRANSPORTATION BENEFIT:** We will pay 40 cents for each mile for transportation, up to a combined maximum of $1,200, if a Covered Person must have treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:

   a. Personal vehicle transportation of the Covered Person which is limited to the distance of miles between the Hospital or the medical facility and the residence of the Covered Person.

   b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or the medical facility and the residence of the Covered Person.

   This benefit will be paid up to a maximum of $1,200 for each round trip for all travelers and all modes of transportation combined. This benefit has no lifetime maximum.

   THIS BENEFIT WILL NOT BE PAID FOR (1) TRANSPORTATION TO ANY HOSPITAL/FACILITY THAT IS LOCATED WITHIN A DISTANCE OF 50 MILES OF THE RESIDENCE OF THE COVERED PERSON OR (2) TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.

3. **LODGING BENEFIT:** We will pay $65 for each day when a charge is incurred for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or for any one adult family member when a Covered Person must have treatment for Cancer or an Associated Cancerous Condition at a Hospital or a medical facility more than 50 miles from the Covered Person's residence. This benefit

© 2013 Aflac All Rights Reserved

can not be paid for lodging that takes place more than 24 hours before treatment or for lodging that takes place more than 24 hours after treatment. This benefit is limited to 90 days for each Calendar Year.

G. **CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all of the monthly premiums due for this policy as well as any attached riders for up to two months if you meet all of the conditions listed below:

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

You will again become eligible to get this benefit after:

a. You resume your premium payments through payroll deduction for a period of at least six months, and
b. 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 or any other method agreed to by Aflac and the employer.

Optional Benefits:

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

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

While this rider is in force, the **INITIAL DIAGNOSIS BENEFIT,** as it is shown in the policy, will be increased on each anniversary date of this rider by $100 for each unit that has been purchased. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached.

This benefit will cease to build for each Covered Person on the first of the following to occur:

1. the anniversary date of this rider following the Covered Person's 65th birthday; or
2. at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person.

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

Exceptions, Reductions and Limitations of Rider A78050 Series:

A. This rider has a waiting period of 30 days. If a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition before he or she has been covered under this rider for 30 days, you may choose to void this rider from its beginning and receive a full refund of premium. The option is yours.

B. The Initial Diagnosis Building Benefit will not be paid for:

1. any Internal Cancer or Associated Cancerous Condition that is diagnosed or treated before the Effective Date of this rider;
2. the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition;
3. Internal Cancer or Associated Cancerous Conditions that are diagnosed during the 30-day waiting period of this rider; or
4. the diagnosis of Nonmelanoma Skin Cancer.

C. Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for:

1. a recurrence;
2. an extension; or
3. a metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

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

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

This benefit can be paid under this rider only one time for each covered Dependent Child. A Positive Medical Diagnosis is required. We may also require additional information from the attending Physician and Hospital.

Exceptions, Reductions and Limitations of Rider A78051 Series:

A. This rider contains a waiting period of 30 days. If a covered Dependent Child is diagnosed with Internal Cancer or an Associated Cancerous Condition before he or she has been covered under this rider for 30 days, you may choose to void this rider from its beginning and receive a full refund of premium. The option is yours.

© 2013 Aflac All Rights Reserved

B. The Dependent Child Benefit will not be paid for:

1. any Internal Cancer or Associated Cancerous Condition that is diagnosed or treated before the Effective Date of this rider;
2. the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition;
3. Internal Cancer or Associated Cancerous Conditions that are diagnosed during the 30-day waiting period of this rider; or
4. the diagnosis of Nonmelanoma Skin Cancer.

C. Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for:

1. a recurrence;
2. an extension; or
3. a metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

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

This rider is issued on the basis that the information that is shown on the application is correct and complete. If the answers on your application for this rider are not correct or are not complete, this rider may be voided or claims may be denied. If it is voided, any premiums that were paid for this rider, less any claims paid, will be refunded to you.

SPECIFIED-DISEASE INITIAL BENEFIT: While coverage is in force, if a Covered Person is first diagnosed, after the Effective Date of this rider, with any of the covered Specified Diseases, we will pay a benefit of $1,000. This benefit can be paid only one time per covered disease, per Covered Person. **NO OTHER BENEFITS WILL BE PAID FOR ANY COVERED SPECIFIED DISEASE THAT ARE NOT PROVIDED FOR IN THIS RIDER.**

A. HOSPITAL CONFINEMENT BENEFITS:

1. **HOSPITALIZATION FOR 30 DAYS OR LESS:** When a Covered Person is confined to a Hospital for 30 days or less, for a covered Specified Disease, we will pay $200 per day.
2. **HOSPITALIZATION FOR 31 DAYS OR MORE:** We will pay benefits as described in Section A1 above for the first 30 days of a Covered Person's Hospital confinement for a covered Specified Disease. If such Hospital confinement continues for 31 days or more, we will pay $500 per day beginning with the 31st day of such continuous Hospital confinement.

"Specified Disease," as used under this benefit, means one or more of the diseases that are listed below. These diseases must be first diagnosed by a Physician 30 days following the Effective Date of this rider for benefits to be paid. The diagnosis must be made by and upon (1) a tissue specimen, (2) culture(s), and/or (3) titer(s). If any of these diseases are diagnosed prior to this rider's being in effect for 30 days, benefits for that disease(s) will be paid only for loss incurred after this rider has been in force two years.

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

RETURN OF PREMIUM BENEFIT RIDER: (Series A78053)
Applied for ❑ Yes ❑ No

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

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

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

© 2013 Aflac All Rights Reserved

cash value on the last rider anniversary date, and this will be the cash value paid.

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

(8) THE LIMITATIONS AND EXCLUSIONS OF THE POLICY. (This is not a daily hospital expense plan.):

a) THIS POLICY DOES NOT CONTAIN A PRE-EXISTING CONDITION LIMITATION.

b) Home health care as well as health supportive services must be done by a person, other than a member of your Immediate Family. This person must be licensed, certified, or otherwise duly qualified to carry out such services on the same basis as if the services had been carried out in a health care facility.

c) We pay only for the treatment of Cancer and Associated Cancerous Conditions. This includes the following:

1. direct extension,
2. metastatic spread, or
3. recurrence, as well as
4. other diseases or conditions directly caused or aggravated by Cancer or Cancer treatment.

Benefits are not provided for premalignant conditions or conditions that have malignant potential (unless specifically covered); or any other disease, sickness, or incapacity.

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 if a fraudulent claim is made under this or any other Aflac coverage.

d) This policy has a 30-day waiting period. If a Covered Person is diagnosed with Cancer or an Associated Cancerous Condition before he or she has been covered under this policy for 30 days, benefits for the treatment of that Cancer or Associated Cancerous Condition will apply only to treatment that takes place after six months from the Effective Date of the coverage. At your option, you may choose to void the coverage and get a full refund of premium or to delay coverage.

The Initial Diagnosis Benefit will not be paid for:

1. any Internal Cancer or Associated Cancerous Condition that is diagnosed or treated before the Effective Date of this policy and any later recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition;
2. Internal Cancer or an Associated Cancerous Condition that is diagnosed during this policy's 30-day waiting period; or
3. the diagnosis of Nonmelanoma Skin Cancer.

Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

(9) THE RELATIONSHIP OF COST OF CARE AND BENEFITS. Because the costs of cancer 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, except for the optional Initial Diagnosis Building Benefit Rider.

b) The Initial Diagnosis Building Benefit Rider, if purchased, will increase the Initial Diagnosis Benefit, as it is shown in the policy, on each anniversary date of the rider by $100 for each unit that has been purchased.

c) Additional benefits are available to you through the purchase of Optional Benefit Riders A78050MA, A78051MA, A78052MA, and A78053MA. Underwriting may be required.

d) Additional underwriting is required for the purchase of Optional Benefit Riders A78050MA, A78051MA, and A78052MA. Underwriting is not required for the purchase of the Return of Premium Benefit Rider A78053MA.

e) Additional premium will be charged based on the rider(s) and type of coverage selected.

(10) THE PREMIUM:

a) Total Annual Premium: _____

	Annual:
Policy:	$_____
Rider A78050MA	$_____
Rider A78051MA:	$_____
Rider A78052MA:	$_____
Rider A78053MA:	$_____

(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.

© 2013 Aflac All Rights Reserved

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

© 2013 Aflac All Rights Reserved

TERMS YOU NEED TO KNOW

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

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

1. **INTERNAL CANCER:** All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").
2. **NONMELANOMA SKIN CANCER:** A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

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

COVERED PERSON: Any person insured under the coverage type you applied for: 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 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.

EFFECTIVE DATE: The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

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.

ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

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

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital while this policy is in force, we will not require a charge for benefits to be payable.

Aflac®

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

FSC
MIX
Paper
FSC® C007639