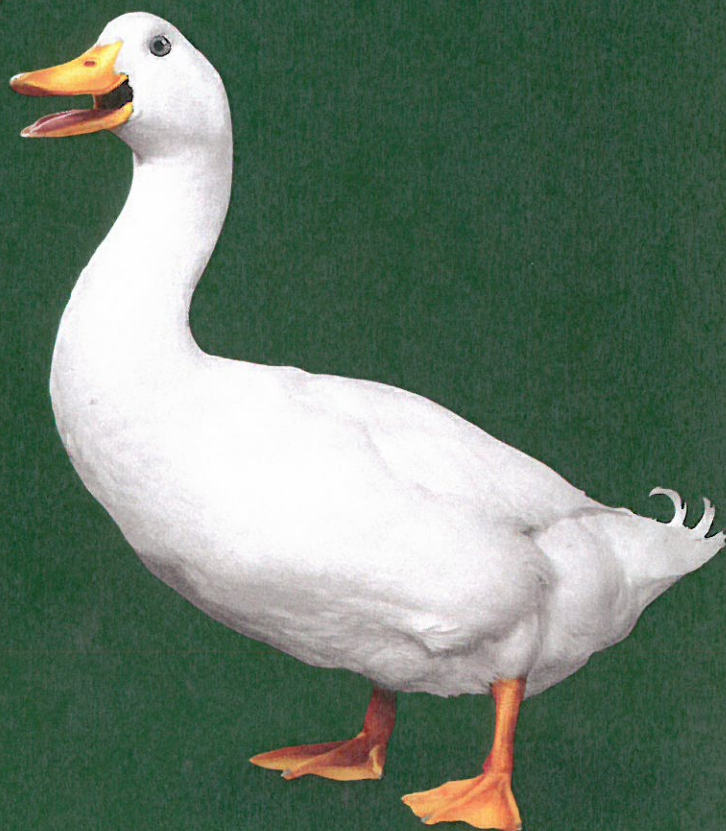


AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

PREMIER

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



Aflac®

We've got you under our wing.*

AFLAC CANCER CARE

CANCER INDEMNITY INSURANCE

Policy Series A78000



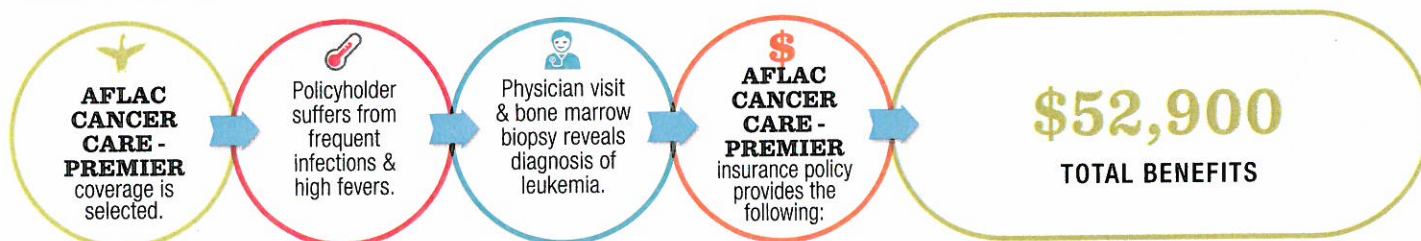
Added Protection for You and Your Family

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



The above example is based on a scenario for Aflac Cancer Care – Premier that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$100, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$175, NCI Evaluation/Consultation Benefit of \$1,000, Initial Diagnosis Benefit of \$6,000, venous port (Surgical/Anesthesia Benefit) of \$175, Injected Chemotherapy Benefit (10 weeks) of \$9,000, Immunotherapy Benefit (3 months) of \$1,500, Antinausea Benefit (3 months) of \$450, Hospital Confinement Benefit (10-week hospitalization) of \$33,000, Blood/Plasma Benefit (10 transfusions) of \$1,500.

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

FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

1-in-2

LIFETIME RISK OF DEVELOPING CANCER.¹

FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

1-in-3

LIFETIME RISK OF DEVELOPING CANCER.¹

¹Cancer 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.

Premier Cancer Care Benefit Overview

BENEFIT NAME

BENEFIT AMOUNT

Cancer Wellness Benefit

\$100 per year, per Covered Person

Cancer Diagnosis Benefits:

Initial Diagnosis Benefit

Insured/Spouse: \$6,000; Dependent Child: \$12,000; payable once per Covered Person

Medical Imaging With Diagnosis Benefit

\$200; two payments per year, per Covered Person; no lifetime max

NCI Evaluation/Consultation Benefit

\$1,000 payable only once per Covered Person

Cancer Treatment Benefits:

Injected Chemotherapy Benefit

\$900 per week; no lifetime max

Nonhormonal Oral Chemotherapy Benefit

\$400 per prescription, per month up to \$1,200 max per month for Oral/Topical Benefit²

Hormonal Oral Chemotherapy Benefit

\$400 per prescription, per month up to 24 months; after 24 months \$100 per month up to \$1,200 max per month for Oral/Topical Benefit²

Topical Chemotherapy Benefit

\$200 per prescription, per month up to \$1,200 max per month for Oral/Topical Benefit²

Radiation Therapy Benefit

\$500 per week; no lifetime max

Experimental Treatment Benefit

\$500 per week if charged; \$125 per week if no charge; no lifetime max

Immunotherapy Benefit

\$500 once per month; \$2,500 lifetime max per Covered Person

Antinausea Benefit

\$150 per month; no lifetime max

Stem Cell Transplantation Benefit

\$10,000; lifetime max \$10,000 per Covered Person

Bone Marrow Transplantation Benefit

\$10,000; \$10,000 lifetime max per Covered Person; \$1,000 to donor

Blood and Plasma Benefit

Inpatient: \$150 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$250 per day; no lifetime max

Surgical/Anesthesia Benefit

\$140–\$5,000 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$6,250; no lifetime max on number of operations

Skin Cancer Surgery Benefit

\$50–\$600; no lifetime max on number of operations

Additional Surgical Opinion Benefit

\$300 per day; no lifetime max

Hospitalization Benefits:

Hospital Confinement Benefit:

- Hospitalization for 30 days or less
- Hospitalization for Days 31+

Insured/Spouse: \$300 per day; Dependent Child: \$375 per day; no lifetime max

Insured/Spouse: \$600 per day; Dependent Child: \$750 per day; no lifetime max

Outpatient Hospital Surgical Room Charge Benefit

\$300 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations

Continuing Care Benefits:

Extended-Care Facility Benefit

\$150 a day, limited to 30 days per year, per Covered Person

Home Health Care Benefit

\$150 per day; limited to 30 days per year, per Covered Person

Hospice Care Benefit

\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person

Nursing Services Benefit

\$150 per day; no lifetime max

Surgical Prosthesis Benefit

\$3,000; lifetime max \$6,000 per Covered Person

Nonsurgical Prosthesis Benefit

\$250 per occurrence; lifetime max \$500 per Covered Person

Reconstructive Surgery Benefit

\$350–\$3,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations

Egg Harvesting and Storage (Cryopreservation) Benefit

\$1,500 to have oocytes extracted; \$500 for storage; \$2,000 lifetime max per Covered Person

Ambulance, Transportation, Lodging, and Other Benefits:

Ambulance Benefit

\$250 ground or \$2,000 air; no lifetime max

Transportation Benefit

\$.50 per mile; max \$1,500 per round trip; no lifetime max

Lodging Benefit

\$80 per day; limited to 90 days per year

Bone Marrow Donor Screening Benefit

\$40; limited to one benefit per Covered Person, per lifetime

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

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

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

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

LIMITED BENEFIT

SPECIFIED-DISEASE INSURANCE

OUTLINE OF COVERAGE FOR POLICY FORM SERIES A78400

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

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

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

2. Cancer Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer or an Associated Cancerous Condition. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

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

A. CANCER WELLNESS BENEFITS:

1. CANCER WELLNESS: Aflac will pay \$100 per Calendar Year when a Covered Person receives one of the following:

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

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

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

B. CANCER DIAGNOSIS BENEFITS:

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

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

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

2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT: Aflac will pay \$200 when a charge is incurred for a Covered Person who receives an initial diagnosis or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT: Aflac will pay \$1,000 when a Covered Person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

C. CANCER TREATMENT BENEFITS:

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

a. INJECTED CHEMOTHERAPY BENEFIT: Aflac will pay \$900 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the medication(s) or treatment is incurred. No lifetime maximum.

b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:

(1) NONHORMONAL ORAL CHEMOTHERAPY BENEFIT: Aflac will pay \$400 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for Nonhormonal Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

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

(3) TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay \$200 per Calendar Month during which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

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

c. RADIATION THERAPY BENEFIT: Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to the Calendar Week in which the charge for the therapy is incurred. No lifetime maximum.

d. EXPERIMENTAL TREATMENT BENEFIT: Aflac will pay \$500 once per Calendar Week during which a Covered Person receives and incurs a charge for Physician-prescribed experimental Cancer chemotherapy medications. Aflac will pay \$125 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial that does not charge patients for such medications.

Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental

treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the charge for the chemotherapy medications is incurred. No lifetime maximum.

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

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

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

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

b. ANTINAUSEA BENEFIT: Aflac will pay \$150 per Calendar Month during which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the charge for anti-nausea drugs is incurred. No lifetime maximum.

c. STEM CELL TRANSPLANTATION BENEFIT: Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$10,000 per Covered Person.

d. BONE MARROW TRANSPLANTATION BENEFIT: (1) Aflac will pay \$10,000 when a Covered Person receives and incurs a charge for a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$1,000 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per Covered Person.

e. BLOOD AND PLASMA BENEFIT: Aflac will pay \$150 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions during a covered

Hospital confinement. Aflac will pay \$250 for each day a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

3. SURGICAL TREATMENT BENEFITS:

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

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

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

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

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

b. SKIN CANCER SURGERY BENEFIT: When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$600. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 50
----------------------	-------

Surgeries OTHER THAN Laser or Cryosurgery:

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

c. ADDITIONAL SURGICAL OPINION BENEFIT: Aflac will pay \$300 per day when a charge is incurred for an additional surgical opinion, by a Physician, concerning surgery for a

diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the NCI Evaluation/ Consultation Benefit is payable. No lifetime maximum.

D. HOSPITALIZATION BENEFITS:

1. HOSPITAL CONFINEMENT BENEFITS:

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

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

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

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

2. OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT:

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

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

E. CONTINUING CARE BENEFITS:

1. EXTENDED-CARE FACILITY BENEFIT: When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$150 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, benefits under

Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

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

2. HOME HEALTH CARE BENEFIT: When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$150 per day when a charge is incurred for each such visit, subject to the following conditions:

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

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

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

4. NURSING SERVICES BENEFIT: While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$150 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

5. SURGICAL PROSTHESIS BENEFIT: Aflac will pay \$3,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$6,000 per Covered Person.

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

6. NONSURGICAL PROSTHESIS BENEFIT: Aflac will pay \$250 per occurrence, per Covered Person when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$500 per Covered Person.

7. RECONSTRUCTIVE SURGERY BENEFIT: Aflac will pay the specified indemnity listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$3,000. No lifetime maximum on number of operations.

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

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

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

8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION)

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

F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

1. AMBULANCE BENEFIT: Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

2. TRANSPORTATION BENEFIT: Aflac will pay 50 cents per mile for transportation, up to a combined maximum of \$1,500, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:

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

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

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

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

G. PREMIUM WAIVER AND RELATED BENEFITS:

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

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

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

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

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

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

You will again become eligible to receive this benefit after:

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

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

4. Optional Benefits:

INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (Series A78050)

Applied for: ☐ Yes ☐ No

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

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

Exceptions, Reductions, and Limitations of Rider A78050 Series:

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

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

Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.

DEPENDENT CHILD RIDER: (Series A78051)

Applied for: ☐ Yes ☐ No

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

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

Exceptions, Reductions, and Limitations of Rider A78051 Series:

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

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

SPECIFIED-DISEASE BENEFIT RIDER: (Series A78052)

Applied for: ☐ Yes ☐ No

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

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

A. HOSPITAL CONFINEMENT BENEFITS:

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

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

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

RETURN OF PREMIUM BENEFIT: (Series A78053)

Applied for: ☐ Yes ☐ No

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

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

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

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

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

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

D. Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

E. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

- 6. Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

RETAIN FOR YOUR RECORDS.

THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.

THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

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, the benefits listed in the policy will not require a charge for them to be payable.



**We've got you
under our wing.®**

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



Payroll

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

☐ Payroll
☐ New
☐ Conversion

Policy Number: _____

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

Proposed Insured's Name _____
Last First MI

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

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
☐ Home ☐ Work ☐ Cell

Email Address (optional) _____

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

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

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

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

Account Name _____ Account No. _____

Name of Employer _____

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

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

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

Policy Number: _____

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

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

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

☐ Yes ☐ No

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
-------------------------	-------------------------------------	---	--	--

<input type="checkbox"/> Preferred: Policy (Series A78100)	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> After-Tax
<input type="checkbox"/> Select: Policy (Series A78200)	
<input type="checkbox"/> Classic: Policy (Series A78300)	
<input type="checkbox"/> Premier: Policy (Series A78400)	

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

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

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

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

INTERNAL CANCER: all Cancers other than Nonmelanoma Skin Cancer.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS.

1. Have you or has anyone to be covered under this policy ever been diagnosed with or treated for Cancer or an Associated Cancerous Condition of any type or form? ☐ Yes ☐ No
If yes, please complete Questions 2, 3, and 4.

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

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

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

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

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

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

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

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

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

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

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

Proposed Insured's Initials _____

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

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

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

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

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

APPLICANT'S STATEMENTS AND AGREEMENTS

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

Proposed Insured's Initials _____

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

Proposed Insured's Initials _____

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

Proposed Insured's Initials _____

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

Proposed Insured's Initials _____

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

NOTICE OF INFORMATION PRACTICES

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

SUPPLEMENTAL NOTIFICATION

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

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

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

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

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

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

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

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

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

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

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

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

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

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

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

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

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

SPELMAN COLLEGE

AFLAC CANCER CARE PLAN

INDIVIDUAL/ ONE PARENT FAMILY RATES

AGES	MONTHLY	SEMI-MONTHLY	BI-WEEKLY
18-75	52.65	26.33	24.30

INSURED + SPOUSE/ TWO- PARENT FAMILY RATES

AGES	MONTHLY	SEMI-MONTHLY	BI-WEEKLY
18-75	94.64	47.32	43.68

SPELMAN COLLEGE OFFERS CANCER INSURANCE OVERVIEW

Spelman College is pleased to offer voluntary Cancer insurance program coverage to full-time employees. The carrier is AFLAC (American Family Life Assurance Company of Columbus). Enclosed is an enrollment packet for Cancer Insurance. Review the information enclosed carefully to determine if this plan is right for you.

Detailed information indicating how to calculate premium rates is enclosed.

Premiums for Cancer insurance may be paid on a pre-tax or post-tax basis.

Paying on a pre-tax basis has the following effects:

- It lowers your income for tax purposes so you pay less Federal and state income taxes.
- You will pay less Social Security taxes.
- By reducing the amount of your taxable income, you are also reducing the amount of Social Security taxes you pay, this could ultimately result in lower Social Security benefits when you retire.

Paying on a post-tax basis has the following effects:

- No reduction in Federal and state income taxes paid.
- No reduction in Social Security taxes.
- No impact on Social Security benefits at retirement.

If there are questions surrounding your prior medical conditions, coverage may be delayed or denied by the AFLAC underwriting department.

If you do not enroll in the plan at this time you may not enroll until the next Annual Open Enrollment period. Annual Open Enrollment will occur each fall, with coverage becoming effective the following January 1st.

Once you make your election it will automatically continue unless you complete a new form during the Annual Open Enrollment. *If you enroll in the plan on a pre-tax basis you may not cancel or change participation until the next open enrollment period.*

To enroll in the plan you must complete the following items included in your packet.

*Application for Cancer Insurance
Spelman College Tax Reduction Agreement Form
Salary Redirection Agreement*

Completed forms must be submitted directly to the Office of Human Resources.

**CANCER INSURANCE
TAX REDUCTION AGREEMENT FORM**

Name: _____
Last Name First Name Middle Initial

Address: _____

Social Security No: _____

I am applying for ___single ___employee & children ___employee & spouse ___family

I elect to have \$_____ deducted from payroll **per pay period** for Cancer Care Plan coverage.

My pay cycle is: **Bi-Weekly** **Monthly** **Semi- Monthly**
 (KY603) (Q2779) (LF372)
☐ **Pre-tax basis** ☐ **After-tax basis**

I understand that these benefits will remain in effect until I complete and file a new election form with the Office of Human Resources during an open enrollment period. I also understand that I cannot revoke my pre-tax election before the next open enrollment.

Employee Signature: _____ Date: _____