

Level 3

Personal Cancer Indemnity Plan

A Cancer Indemnity Insurance Policy



Plan Benefits

- First-Occurrence
- Hospital Confinement
- Medical Imaging
- Radiation and Chemotherapy
- Immunotherapy
- Cancer Screening Wellness
- Plus ... much more

Personal Cancer Indemnity Plan

Cancer Insurance Only; Policy Series A-75300

First-Occurrence Benefit

Aflac will pay \$5,000 for the insured, \$5,000 for the spouse, or \$7,500 for children when a covered person is diagnosed with internal cancer. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy. Internal cancer includes melanomas classified as Clark's Level III and higher, or a Breslow level greater than 1.5 mm. In addition to the pathological or clinical diagnosis required by the policy, we may require additional information from the attending physician and hospital. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under this policy for a recurrence, extension, or metastatic spread of that same cancer.

Hospital Confinement Benefit

Aflac will pay \$300 per day when a covered person is confined to a hospital for treatment of cancer and is charged for a room as an inpatient. **Benefits increase to \$600 per day** beginning with the 31st day of continuous confinement.

A person confined to a U.S. government hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When cancer treatment is received in a U.S. government hospital, the remaining benefits (except the Cancer Screening Wellness Benefit) are not payable unless the covered person is actually charged and is legally required to pay for such services.

Medical Imaging Benefit

Aflac will pay \$200 per calendar year when a charge is incurred for each covered person who receives an initial diagnosis or follow-up evaluation of internal cancer using one of the following medical imaging exams: CT scans, MRIs, bone scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, or transrectal ultrasounds. These exams must be performed in a hospital, an ambulatory surgical center, or a physician's office. This benefit is payable once per calendar year, per covered person.

Radiation and Chemotherapy Benefit

Aflac will pay \$300 per day as follows when a charge is incurred for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of cancer:
 - a. Injection by medical personnel in a physician's office, clinic, or hospital.
 - b. Self-injected medications (limited to \$300 per daily treatment, subject to a monthly maximum of \$2,400 for all medications).
 - c. Medications dispensed by a pump or implant (limited to \$300 for the initial prescription and \$300 for each pump refill, subject to a monthly maximum of \$1,200 for all medications).
 - d. Oral chemotherapy, regardless of where administered (limited to \$300 per prescription, subject to a monthly maximum of \$1,200 for all prescriptions).
2. Radiation therapy.
3. The insertion of interstitial or intracavitary application of radium or radioisotopes.

If delivery of radiation or chemotherapy is other than listed above, benefits will be subject to a monthly maximum of \$1,200. Treatments must be FDA- or NCI-approved for the treatment of cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulations, dosimetries, treatment plannings, or other procedures related to these therapy treatments. This benefit is not payable on the same day that the Experimental Treatment Benefit is paid.

This brochure is for illustration purposes only.

Experimental Treatment Benefit

Aflac will pay \$300 per day when a charge is incurred for a covered person who receives one or more of the following experimental cancer treatments, prescribed by a physician, for the purpose of modification or destruction of abnormal tissue:

- Treatment administered by medical personnel in a physician's office, clinic, or hospital.
- Self-injected medications (limited to \$300 per daily treatment, subject to a monthly maximum of \$2,400).
- Medications dispensed by a pump (limited to \$300 for the initial prescription and \$300 for each refill, subject to a monthly maximum of \$1,200).
- Oral medications, regardless of where administered (limited to \$300 per prescription, subject to a monthly maximum of \$1,200 for all prescriptions).

Treatments must be approved by the National Cancer Institute (NCI) as viable experimental treatments for cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments. This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid.

Immunotherapy Benefit

Aflac will pay \$500 per calendar month during which a charge is incurred for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by a physician as part of a treatment regimen for internal cancer. Any medications paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit. Lifetime maximum of \$2,500 per covered person.

Nursing Services Benefit

Aflac will pay \$150 per 24-hour day if, while confined in a hospital, a covered person requires and is charged for private nursing services other than those regularly furnished by the hospital. 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.

Antinausea Benefit

Aflac will pay \$150 per calendar month during which a charge is incurred for a covered person who receives antinausea drugs that are prescribed while receiving radiation or chemotherapy treatments.

Skin Cancer Surgery Benefit

Aflac will pay the indemnity (\$100 to \$600) listed when a surgical operation is performed on a covered person for a diagnosed skin cancer and a charge is incurred for the specific procedure. The benefit listed in the policy includes anesthesia services.

Surgical/Anesthesia Benefit

Aflac will pay the indemnity (\$100 to \$5,000) listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer and a charge is incurred. If any operation for the treatment of cancer is performed other than those listed, Aflac will pay an amount comparable to the amount shown for the operation most similar in severity and gravity. (Exceptions: Surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit. Reconstructive surgery will be paid under the Reconstructive Surgery Benefit.) Two or more surgical procedures performed through the same incision will be considered one operation, and the highest eligible benefit will be paid.

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 combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$6,250.

Outpatient Hospital Surgical Benefit

Aflac will pay \$300 when a surgical operation is performed on a covered person for a diagnosed internal cancer and an operating room charge is incurred. Surgeries must be performed on an outpatient basis in a hospital, to include an ambulatory surgical center. This benefit is not payable for surgery performed in a physician's office or for skin cancer surgery. This benefit is payable in addition to the Surgical/Anesthesia Benefit, is payable once per day, and is not payable on the same day as the Hospital Confinement Benefit.

Refer to the policy and riders for complete details, limitations, and exclusions.

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 cancer treatment. Lifetime maximum of \$6,000 per covered person.

Aflac will pay \$250 when a charge is incurred for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Lifetime maximum of \$500 per covered person.

The Prosthesis Benefit does not include coverage for a breast transverse rectus abdominus myocutaneous (TRAM) flap procedure listed under the Reconstructive Surgery Benefit.

Reconstructive Surgery Benefit

Aflac will pay the indemnity (\$350 to \$3,000) listed when a surgical operation is performed on a covered person for reconstructive surgery for the treatment of cancer and a charge is incurred for the specific procedure. **Aflac will pay an indemnity benefit equal to 25%** of the amount shown in the policy 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 in the policy for the operation most similar in severity and gravity.

In-Hospital Blood and Plasma Benefit

Aflac will pay \$150 times the number of days paid under the Hospital Confinement Benefit if a covered person receives blood and/or plasma during a covered hospital confinement and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

Outpatient Blood and Plasma Benefit

Aflac will pay \$250 for each day a covered person receives blood and/or plasma transfusions for the treatment of cancer as an outpatient in a physician's office, clinic, hospital, or ambulatory surgical center, and a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

Second Surgical Opinion Benefit

Aflac will pay \$300 when a charge is incurred for a second surgical opinion concerning cancer surgery for a diagnosed cancer by a licensed physician. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

National Cancer Institute (NCI)

Evaluation/Consultation Benefit

Aflac will pay \$500 when a covered person seeks evaluation or consultation at an NCI-designated cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. If the NCI-designated cancer center is more than 50 miles from the covered person's residence, **Aflac will pay \$250** for the transportation and lodging of the covered person receiving the evaluation/consultation.

This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable only once under this policy per covered person.

Ambulance Benefit

Aflac will pay \$200 for ground ambulance transportation or \$1,000 for air ambulance transportation when a charge is incurred for ambulance transportation of a covered person to or from a hospital where the covered person is confined overnight for cancer treatment. The ambulance service must be performed by a licensed professional ambulance company. This benefit is limited to two trips per confinement.

Transportation Benefit

Aflac will pay 50 cents per mile for round-trip transportation between the hospital or medical facility and the residence of the covered person when a covered person requires cancer treatment that has been prescribed by the local attending physician. Benefits are limited to \$1,500 per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed. If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. 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.

Lodging Benefit

Aflac will pay \$60 per day when a charge is incurred for lodging for you or any one adult family member when a covered person receives cancer treatment 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.

Bone Marrow Transplantation Benefit

Aflac will pay \$10,000 when a covered person incurs a charge for a bone marrow transplantation for the treatment of cancer. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. *Aflac will pay the covered person's bone marrow donor a benefit of \$1,000* for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 per covered person.

Stem Cell Transplantation Benefit

Aflac will pay \$5,000 when a charge is incurred if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit does not include the harvesting, storage, and subsequent reinfusion of bone marrow from the recipient or a matched donor under general anesthesia. This benefit is payable once per covered person. Lifetime maximum of \$5,000 per covered person.

Extended-Care Facility Benefit

Aflac will pay \$100 per day when a charge is incurred if a covered person receives Hospital Confinement Benefits and, within 30 days of hospital confinement, is confined 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. This benefit is limited to the same number of days that the covered person received Hospital Confinement Benefits. For each day this benefit is payable, Hospital Confinement Benefits are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a hospital prior to the second such confinement. Lifetime maximum of 365 days per covered person.

Hospice Benefit

Aflac will pay a one-time benefit of \$1,000 for the first day and \$50 per day thereafter for hospice care when a covered person is diagnosed with cancer, therapeutic intervention directed toward the cure of the disease is medically determined no longer appropriate, and the covered person's prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of \$12,000 per covered person.

Home Health Care Benefit

Aflac will pay \$50 per day when a charge is incurred for home health care or health supportive services when provided on a covered person's behalf within seven days of release from the hospital for the treatment of cancer. The attending physician must prescribe such services to be performed in the home of the covered person and certify that, if these services were not available, the covered person would have to be hospitalized to receive the necessary care, treatment, and services. These services must be performed by a person 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 Benefit is payable. This benefit is limited to ten visits per hospitalization and 30 visits in any calendar year for each covered person.

Cancer Screening Wellness Benefit

This is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.

Aflac will pay \$75 per calendar year when a charge is incurred for one of the following: mammogram, breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography, colonoscopy, or virtual colonoscopy. These tests must be performed to determine whether cancer exists in a covered person. This benefit is limited to one payment per calendar year, per covered person.

The Following Benefits Have No Lifetime Maximum:

Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, Home Health Care, and Cancer Screening Wellness.

Waiver of Premium Benefit

If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation [or, if you are not employed: are completely unable to perform two or more of the 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. Aflac may ask for and use an independent consultant to determine whether you can perform an ADL without assistance.

Aflac will also waive, from month to month, any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy and riders for two months if you meet all of the following conditions: (1) Your policy has been in force for at least six months; (2) we have received premiums for at least six consecutive months; (3) your premiums have been paid through payroll deduction; (4) you or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) you re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and 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.)

Guaranteed-Renewable

This policy is guaranteed-renewable for your lifetime, subject to our right to change premiums by class upon any renewal date.

Effective Date

The effective date of this policy is the date shown on the Policy Schedule, not the date the application is signed. This policy is available through age 70 on payroll deduction and through age 64 on direct billing. The payroll rate may be retained after one month's premium payment on payroll deduction.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children to age 25. Newborn children are automatically insured from the moment of birth. One-parent family coverage includes the insured and all dependent, unmarried children to age 25.

Limitations and Exclusions

Aflac pays only for treatment of cancer, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions; conditions with malignant potential; complications of cancer; or any other disease, sickness, or incapacity. Pathological proof of diagnosis must be submitted. Clinical diagnosis will be accepted when a pathological diagnosis cannot be made, provided medical evidence sustains the diagnosis and the covered person receives treatment for cancer.

This policy contains a 30-day waiting period. If a covered person has cancer diagnosed before coverage has been in force 30 days from the effective date of coverage shown in the Policy Schedule, benefits for treatment of that cancer will apply only to treatment occurring after two years from the effective date of the policy. Or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium.

The First-Occurrence Benefit is not payable for: (1) any internal cancer diagnosed or treated before the effective date of this policy and the subsequent recurrence, extension, or metastatic spread of such internal cancer that is diagnosed prior to the effective date of this policy; (2) cancer diagnosed during this policy's 30-day waiting period; (3) the diagnosis of skin cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under this policy for a recurrence, extension, or metastatic spread of that same cancer.

Benefits for the Radiation and Chemotherapy Benefit and the Experimental Treatment Benefit will not be paid for each day the radium or radioisotope remains in the body or for each day of continuous infusion of medications dispensed by a pump or implant. (The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.)

Hospital does not include any institution, or part thereof, used as a hospice unit, including any bed designated as a hospice bed; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit or facility; 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 diseases or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

Understanding the Risk*

According to the American Cancer Society:

- In the United States, men have a little less than a 1-in-2 lifetime risk of developing cancer; for women the risk is a little more than 1-in-3.
- About 1,368,030 new cancer cases are expected to be diagnosed in 2004.
- Since 1990, over 18 million new cancer cases have been diagnosed.

As advances in cancer treatment continue, more and more people will survive:

- Approximately 9.6 million Americans with a history of cancer were alive in January 2000.
- The five-year relative survival rate for all cancers combined is 63%.

The National Institutes of Health estimated the overall costs for cancer in the year 2003 at \$189.5 billion.

Although health insurance can help offset the costs of cancer treatment, you still may have to cover deductibles and copayments on your own.

Additionally, cancer treatment can cause out-of-pocket expenses that aren't covered by traditional health insurance:

- Travel
- Food
- Lodging
- Long-distance calls
- Child care
- Household help

Meanwhile, living expenses such as car payments, mortgages or rent, and utility bills continue, whether or not you are able to work. If a family member has to stop working to take care of you, the loss of income may be doubled. Aflac helps provide an important safety net in fighting the financial consequences of cancer that result beyond traditional health insurance.

Aflac's Personal Cancer Indemnity Plan pays benefits directly to you, unless assigned. You use the cash however you decide.



Aflac is ...

- A Fortune 500 company with assets exceeding \$59 billion, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (April 2004), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (March 2003), A+ (Superior) by A.M. Best (June 2004), and AA in insurer financial strength by Fitch, Inc. (December 2003).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the fifth consecutive year in March 2005.
- A premier provider of insurance policies with premiums payroll deducted for more than 300,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual Platinum 400 List of America's Best Big Companies since 2000 (January 2004).
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the seventh consecutive year in January 2005.

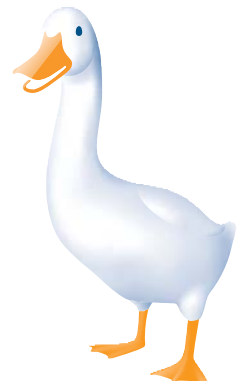
* Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.



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1.800.SI.AFLAC (1.800.742.3522)

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Optional First-Occurrence Building Benefit Rider Summary Page

Rider A-75050

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

First-Occurrence 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, then the amounts listed must be multiplied by the number of units in force.

The First-Occurrence Benefit, as defined in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. This building benefit will be paid under the same terms as the First-Occurrence Benefit. 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 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 at least five years, unless internal cancer is diagnosed prior to the fifth year of coverage.

Termination

This rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons, or if the premium for this rider is not paid.

Effective Date

The effective date of this rider is the effective date of the policy to which it is attached or the effective date of this rider, as stated on the Policy Schedule, if later.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

Refer to the policy and rider for complete details, limitations, and exclusions.

American Family Life Assurance Company of Columbus (Aflac)

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Optional Specified-Disease Benefit Rider Summary Page

Rider A-75052

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

Specified-Disease Benefits

While coverage is in force, if an insured is first diagnosed with one or more covered specified diseases and is hospitalized for the definitive treatment of any covered specified disease, Aflac will pay the rates designated below.

Initial Hospitalization Benefit

Aflac will pay an Initial Hospitalization Benefit of \$1,000 when a covered person is confined to a hospital for 12 or more hours as a result of receiving treatment for a specified disease. This benefit is payable only once per period of confinement and once per calendar year for each covered person.

A period of confinement is a hospital confinement that starts while this policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different sickness or injury, or unless the confinements are separated by 30 days or more.

Hospital Confinement Benefit

Aflac will pay \$200 per day when a covered person is hospitalized during any continuous period for 30 days or less for a covered specified disease. **Benefits increase to \$500 per day** beginning with the 31st day of continuous confinement.

Definition of Covered Diseases

Specified disease means one of the diseases listed below:

1. Adrenal hypofunction (Addison's disease)
2. Amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease)
3. Botulism
4. Bubonic plague
5. Cerebral palsy
6. Cholera
7. Cystic fibrosis
8. Diphtheria
9. Encephalitis (including encephalitis contracted from West Nile virus)
10. Huntington's chorea
11. Legionnaires' disease

12. Malaria
13. Meningitis (bacterial)
14. Multiple sclerosis
15. Muscular dystrophy
16. Myasthenia gravis
17. Necrotizing fasciitis
18. Osteomyelitis
19. Polio
20. Rabies
21. Reye's syndrome
22. Scarlet fever
23. Scleroderma
24. Sickle cell anemia
25. Systemic lupus
26. Tetanus
27. Toxic shock syndrome
28. Tuberculosis
29. Tularemia
30. Typhoid fever
31. Variant Creutzfeldt-Jakob disease (mad cow disease)
32. Yellow fever

For benefits to be paid, these diseases must be first diagnosed by a physician 30 days following the effective date of the rider. The diagnosis must be made by and upon a tissue specimen, culture, and/or titer. If any of these diseases is diagnosed before the rider has been in effect for 30 days, benefits for that disease will be paid only for loss incurred after the rider has been in force two years.

Termination

This rider will terminate if the policy to which it is attached terminates or if the premium for this rider is not paid.

Effective Date

The effective date of this rider is the effective date of the policy or the effective date of this rider, as stated on the Policy Schedule, if later.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

Refer to the policy and rider for complete details, limitations, and exclusions.

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