



# Personal Recovery Plus

## FIELD SALES GUIDE

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*American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, Georgia 31999*

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## **PREFACE**

This manual is an associate guide for AFLAC's Personal Recovery Plus (PRP) product. Many of the forms, plan benefits, policy benefits, policy provisions, etc., will vary from state to state. It is your responsibility as an associate to study the introduction packets for state variations in each individual state in which you are licensed to sell AFLAC products. Keep this in mind when marketing multi-state accounts.

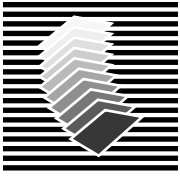
**GOOD LUCK AND GOOD SELLING!**

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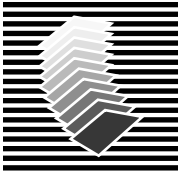
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# 1. THE NEED FOR CRITICAL ILLNESS INSURANCE

Have you ever walked into a bank or a local store and seen a child's picture on a jar with a sign asking for donations for an organ transplant? All you have to do to understand the need and value of critical illness insurance is to ask someone whose family has been directly impacted by a critical illness or major organ transplant. People who felt they had all the gaps filled through their health and/or disability insurance found that it doesn't necessarily account for all the medical and nonmedical expenses.

Let's consider some facts:

## **Heart Attacks:**

- In 2004, an estimated **1,200,000 Americans will have a new or recurrent coronary attack**; about 700,000 of these will be first attacks, and about 500,000 will be recurrent attacks.
- Within six years after a recognized heart attack, **18% of men and 35% of women will have another heart attack.**
- **Eighty-eight percent** of heart attack sufferers under age 65 **return to work.**

*Source: Heart Disease and Stroke Statistics – 2004 Update, American Heart Association, 2003*

## **Strokes:**

- Stroke is the third leading cause of death, but **approximately 4,800,000 stroke victims are alive today.**
- Stroke is a leading cause of serious, long-term disability in the United States.
- **Fifty to 70 percent** of stroke survivors **regain functional independence.**

*Source: Heart Disease and Stroke Statistics – 2004 Update, American Heart Association, 2003*

## **Coronary Artery Bypass Surgery:**

In 2001, 71% of these procedures were performed on men; in the same year, **46% of these procedures were performed on people under age 65.**

Source: Heart Disease and Stroke Statistics – 2004 Update, *American Heart Association, 2003*

## **Coma:**

Vehicular accidents are the number one cause of coma.

Source: *Coma Recovery Association, Inc., 2000*

## **Paralysis:**

- Approximately **11,000 new spinal cord injuries** occur each year.
- Causes of spinal cord injuries: 37%, vehicular accidents; 28%, violence; 21%, falls; 6%, sports-related accidents; 8%, other.
- Following injury, the length of initial hospitalization in acute care units averages 15 days. **The average stay in a rehabilitation unit is 44 days.**

Source: *Christopher Reeve Paralysis Foundation, 2003*

## **Major Third-Degree Burns:**

According to the American Burn Association, **about 51,000 Americans are hospitalized for burn treatment** every year.

Source: *Burn Survivor Resource Center, burnsurvivor.com Web site, March 28, 2003*

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**End-Stage Renal Failure:**

In 2000, an **estimated 96,200 new cases** of end-stage renal disease were diagnosed.

*Source: Heart Disease and Stroke Statistics – 2004 Update, American Heart Association, 2003*

**Major Organ Transplant:**

- More than 13,500 kidney transplants were performed in 2000.
- There were 2,154 heart transplants performed in the United States in 2002.

*Source: Heart Disease and Stroke Statistics – 2004 Update, American Heart Association, 2003*

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## **Lump Sum or Indemnity?**

In recent years, the trend in critical illness policies has centered on lump-sum benefits. This tendency can be considered the “lottery mentality.” People who wish to make a large profit or to “hit it big” from their illnesses are often disappointed when the reality of reoccurring illness surfaces. Often, these unfortunate individuals spend their lump-sum payments on items unrelated to helping them get past their medical crisis or loss of income. This leaves them with nothing in reserve for reoccurrences of an illness or diagnosis of another critical illness.

Two things happen when an insured person files a claim on a lump-sum critical illness policy. First, the policy pays the lump-sum benefit amount and second, the policy terminates. As a result of the critical illness, the insured person typically becomes uninsurable. This leaves the former policyholder unprotected against future occurrences.

AFLAC's *Personal Recovery Plus* is a completely **new product** to the insurance industry. Personal Recovery Plus provides benefits for a critical illness over an extended time, not just a one-time, lump-sum payment. We feel that this approach is in the best interests of both the employer and the covered employee or covered dependent.

The typical lump-sum critical illness policy offered by many insurance companies creates some serious issues for **employers**. For example: If an **employer** has a key employee who earns \$25,000 per year and, as a result of suffering a heart attack or other covered illness, receives a lump-sum payment of either \$50,000 or \$100,000, it may take that employee a much longer time before he or she feels compelled to return to work. That employee may not see a need to work while he or she has money left over after paying medical bills. Serious issues may arise for the the employer during the sustained absence of that key employee.

Lump-sum plans create serious issues for **employees** as well. For example: If an employee who earns \$25,000 per year suffers a heart attack or a similar critical illness, receives a lump sum of \$50,000 or more, and doesn't properly manage the money, he or she can be in for financial disaster. According to the *2002 Heart and Stroke Statistical Update*, **88% of heart attack sufferers under age 65 return to work**. Lump-sum plans do not take into account the future needs of the policyholder. Once the policyholder has spent the one-time, lump-sum benefit, the policyholder is “on his/her own.”

AFLAC's Personal Recovery Plus plan contains several innovations including a schedule of benefits as well as **first** and **reoccurrence features**. These policy features take into consideration your clients' present and future needs.

The Personal Recovery Plus plans, which can be sold alone, are also excellent companion policies for our cancer plan(s). In fact, most critical illness lump-sum policies cover cancer. That even makes it more important that you offer AFLAC's cancer plans and the critical illness plans as a package. Offer the Personal Recovery Plus plan to all of your clients who currently own a cancer plan. In addition, you can use the Personal Recovery Plus as a door-opener or as an add-on to existing accounts.



**Why not include cancer as a critical illness under the Personal Recovery Plus plan?**

AFLAC’s cancer plans address very specific areas related to the treatment of cancer that cannot be adequately addressed in a blanket policy. Our cancer plans provide the most comprehensive coverage available today. In addition, by excluding cancer from the Personal Recovery Plus Plan, we give our existing cancer insurance policyholders the ability to purchase our new Personal Recovery Plus plan as a companion product to what they currently have.

On average, AFLAC’s Personal Recovery Plus plan is priced comparatively with our Hospital Intensive Care policy and, as a rule, will be considerably less expensive than the traditional lump-sum plan.

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## 2. AFLAC'S PERSONAL RECOVERY PLUS PLAN

The new Personal Recovery Plus plans provide many unique and innovative features, such as:

### **Covering Major Events like:**

- Heart Attack
- Stroke
- Coronary Artery Bypass Surgery (CABG)
- End-Stage Renal Failure
- Major Human Organ Transplant (kidney, liver, heart, heart-lung, lung or pancreas)
- Major Third-Degree Burns
- Coma
- Paralysis

### **Having Policy Benefits such as:**

- First-Occurrence Benefit
- Reoccurrence Benefit
- Hospital Confinement Benefit
- Continuing Care Benefit
- Ambulance Benefit
- Transportation Benefit
- Lodging Benefit
- Waiver of Premium Benefit
- Continuation of Coverage Benefit

## Having Other Key Features, including:

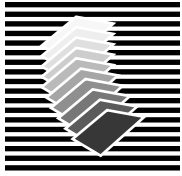
- **Being available on a pre-tax basis** (Most lump-sum plans are not available pre-tax.)
- **Having individual, family, and single-parent coverage available** (Most lump-sum plans do not offer family or single-parent coverage.)
- **Being guaranteed-renewable for life** (Most lump-sum plans are ten-year renewable and are renewed at attained age.)
- **Having premiums that never increase due to age** (Most lump-sum plans are renewed at attained age.)
- **Having benefits that do not decrease with age** (Most lump-sum policies reduce at a certain age.)
- **Having no industries that are excluded**
- **Having a policy that does not terminate after the benefit is paid** (Lump-sum plans terminate after the initial claim is paid.)

## Offering an Optional Rider:

**First-Occurrence Building Benefit Rider**  
(Available in 1–5 units – \$100 per unit)

**Note:** The First-Occurrence Benefit will be paid only one time, regardless of the nature of the illness or injury. All future claims will be considered under the Reoccurrence Benefit.

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### 3. MAIN FEATURES OF AFLAC'S PERSONAL RECOVERY PLUS PLAN

(Policies may vary by state.)

#### **First-Occurrence Benefit:**

**AFLAC will pay \$5,000/\$2,000** for each covered person under this policy when he or she is first diagnosed as having had a specified health event. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy. **Lifetime maximum is \$5,000/\$2,000 per covered person.**

#### **Reoccurrence Benefit:**

**AFLAC will pay an additional \$2,500/\$1,000** to a covered person if benefits have been paid under the First-Occurrence Benefit for a covered person and if he or she is later diagnosed as having had a specified health event that occurs **more than 180 days** after the First-Occurrence Benefit last became payable. This benefit will again become payable for a specified health event when it occurs **more than 180 days** after this benefit last became payable. **No lifetime maximum.**

#### **Hospital Confinement Benefit:**

**AFLAC will pay \$300/\$200** for each day a covered person requires hospital confinement for 14 or more hours for the treatment of a covered specified health event and is charged as an inpatient. Confinement for treatment of the covered specified health event must occur within 500 days following the occurrence of the most recent covered specified event. This benefit is payable for only one covered specified health event at a time per covered person. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. **No lifetime maximum.**

#### **Continuing Care Benefit:**

**AFLAC will pay \$100** each day a covered person is charged for receiving any of the following treatments, as the result of a covered specified health event, from a licensed practitioner:

Physician Visits	Home Health Care	Dialysis
Nursing Home Care	Physical Therapy	Rehabilitation Therapy
Speech Therapy	Occupational Therapy	Respiratory Therapy
Dietary Therapy/Consultation	Extended Care	Hospice Care

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event. Daily maximum for this benefit is \$100 regardless of the number of treatments received. Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. **No lifetime maximum.**

### **Ambulance Benefit:**

If, due to a covered specified health event, a covered person requires ground ambulance transportation to or from a hospital, AFLAC **will pay \$100**. If air ambulance transportation is required due to a covered specified health event, AFLAC **will pay \$1,000**. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a specified health event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. No lifetime maximum.**

### **Transportation Benefit:**

If a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered specified health event, **AFLAC will pay 50 cents per mile** for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person. Reimbursement will be made only for the method of transportation actually taken. **Benefit amounts payable are limited to \$1,500 per occurrence** of a covered specified health event. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, AFLAC will pay this benefit for up to two adults to accompany the dependent child. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the residence of the covered person. No lifetime maximum.**

### **Lodging Benefit:**

**AFLAC will pay the charges incurred up to \$60 per day** for lodging for the named insured person or any one adult family member when a covered person receives special medical treatment for a covered specified health event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered specified health event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered specified health event. No lifetime maximum.**

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## **Waiver Of Premium Benefit:**

**Employed:** If the insured person, due to a specified health event, is completely unable to do all of the usual and customary duties of his or her occupation for a period of **90 continuous days**, AFLAC will waive, from month to month, any premiums falling due during continued inability. For premiums to be waived, AFLAC will require an employer's statement and a physician's statement of the inability to perform said duties and may each month thereafter require a physician's statement that total inability continues.

**Not Employed:** If the insured person, due to a specified health event, is 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 continued inability. For premiums to be waived, AFLAC will require a physician's statement of the inability to perform said 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 the insured person can perform an ADL when this benefit is in force.

If the named insured dies and his or her spouse becomes the new named insured, premiums will start again and be due on the first premium due date after the change. The new named insured will then be eligible for this benefit if the need arises.

## **Continuation of Coverage Benefit:**

AFLAC will waive all monthly premiums due for the policy and riders for **up to two months** if the named insured meets all of the following conditions:

- 1. The policy has been in force for at least six months.**
- 2. We have received premiums for at least six consecutive months.**
- 3. The premiums have been paid through payroll deduction and the named insured leaves the employer for any reason.**
- 4. The named insured or the employer notifies us in writing within 30 days of the date the premium payments cease due to leaving employment.**
- 5. The named insured re-establishes premium payments through:**
  - (a) a new employer's payroll deduction process, or**
  - (b) direct payment to AFLAC.**

The named insured will again become eligible to receive this benefit after re-establishing premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months.

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## **Specified Health Event Insurance Policy: AFLAC's Personal Recovery Plus**

There are two Personal Recovery Plus plans available, **Plan A-70200** and **Plan A-70100**. Both plans are the same except for the First-Occurrence, Reoccurrence, and Hospital Confinement Benefits. **Plan A-70200 has a First-Occurrence Benefit of \$5,000, a Reoccurrence Benefit of \$2,500, and a Hospital Confinement Benefit of \$300. Plan A-70100 has a First-Occurrence Benefit of \$2,000, a Reoccurrence Benefit of \$1,000, and a Hospital Confinement Benefit of \$200.** We will use Plan A-70200 for illustrative purposes in this manual.

**This a sample policy to be used for training purposes only. Check your state-specific policy for state variations.**

## **SPECIFIED HEALTH EVENT INSURANCE POLICY**

### **Supplemental Health Insurance Coverage**

The Named Insured as shown in the Policy Schedule will be referred to as you, your or yours. **American Family Life Assurance Company of Columbus (AFLAC)**, a stock company, will be referred to as we, our, us or AFLAC.

**IMPORTANT: This is a Specified Health Event policy. It pays benefits for Specified Health Events only.**  
**Read it carefully with the Outline of Coverage, if applicable.**

#### **CONSIDERATION**

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the insurance benefits, limitations and exclusions, definitions of terms, and other provisions.

#### **YOUR RIGHT TO EXAMINE THIS POLICY**

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

#### **IMPORTANT NOTICE**

**Please read your application attached to this policy. This policy was issued on the basis that the information shown on the application is correct and complete to the best of your knowledge and belief. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on it is not correct or complete. Incorrect information can result in the denial of a claim or termination of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.**

#### **THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFE SUBJECT TO AFLAC'S RIGHT TO CHANGE THE APPLICABLE TABLE OF PREMIUM RATES BY CLASS UPON ANY RENEWAL DATE.**

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any covered person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the payment of premiums at the rate in effect at the beginning of each term. **AFLAC may change the established premium rate, but only if the rate is changed for all policies of this class.** While this policy is in force, no change will be made in your class because of the age, sex or physical condition of any covered person(s). "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, AFLAC will notify you in writing at your last known address at least 30 days before the change becomes effective.



Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999  
For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).  
Visit our Web site at [www.aflac.com](http://www.aflac.com).



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Limitations and Exclusions ..... Part 2  
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Benefits ..... Part 5

**Policy Schedule**

**NAMED INSURED:** John A. Doe

**POLICY NUMBER:** 111-2222

**TYPE OF COVERAGE:** Individual

**COVERAGE:** XXXXXX  
AAABBB

**MODE OF PAYMENT:** Monthly

**PREMIUMS:**

Policy: \$XX.xx  
Building Benefit Rider: (\_\_\_\_) \$XX.xx  
Units

**EFFECTIVE DATES:**

Policy: XX/XX/XX  
Building Benefit Rider: (\_\_\_\_) XX/XX/XX  
Units

In witness whereof, AFLAC's president and secretary signed this policy in Columbus, Georgia, as of the Effective Date shown in the Policy Schedule.

  
Joey M. Loudermilk, Secretary

  
Daniel P. Amos, President

## PRE-EXISTING CONDITIONS

A "Pre-existing Condition" is a Sickness or Injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective date will be covered.

This is a legal contract between you and AFLAC.

## READ YOUR POLICY CAREFULLY.

### Part 1 DEFINITIONS

**A. ACTIVITIES OF DAILY LIVING (ADLs):** activities used in measuring levels of personal functioning capacity. Normally, these activities are performed without assistance, allowing personal independence in everyday living.

The ADLs include:

1. **Maintaining continence:** controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
  2. **Transferring:** moving between the bed and the chair or the bed and a wheelchair;
  3. **Dressing:** putting on and taking off all necessary items of clothing;
  4. **Toileting:** getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene; and
  5. **Eating:** performing all major tasks of getting food into the body.
- B. COMA:** a continuous state of profound unconsciousness, diagnosed or treated after the Effective Date of this policy, lasting for a period of **seven or more consecutive days**, characterized by the absence of: **1) spontaneous eye movements, 2) response to painful stimuli, and 3) vocalization. The condition must require intubation for respiratory assistance.**
- C. CORONARY ARTERY BYPASS SURGERY: open heart surgery,** performed after the Effective Date of this policy, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, **but excluding procedures such as, but not limited to, balloon angioplasty, laser relief, stents or other nonsurgical procedures.** This surgery requires placement of patient on a cardiac-pulmonary bypass machine.
- D. END-STAGE RENAL FAILURE:** irreversible **failure of the function of both kidneys** requiring a covered person to undergo regular hemodialysis or peritoneal dialysis **at least weekly.**
- E. HEART ATTACK:** a myocardial infarction, coronary thrombosis or coronary occlusion that is diagnosed or treated after the Effective Date of this policy. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of "Heart Attack" shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease or any other dysfunction of the cardiovascular system.

- F. HOSPITAL:** an institution legally licensed as such that maintains and uses on its premises or in facilities available to it on a prearranged, written, contractual basis: a laboratory, X-ray equipment and an operating room. The institution must also: have permanent and full-time facilities for the care of overnight resident bed patients under the supervision of one or more licensed Physicians; provide 24-hour-a-day nursing service by or under the supervision of a registered nurse; and maintain the patients' written histories and medical records on the premises. "Hospital" does not include any institution, or part thereof, used as: an ambulatory surgical center; a facility primarily providing long term acute care; a hospice unit (including any bed designated as a hospice bed or a swing bed); a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts or alcoholics.
- G. HOSPITAL CONFINEMENT: an assignment to a bed in a Hospital for 14 or more hours for which a charge is made.** The confinement must be on the advice of a Physician and as a result of a covered Specified Health Event. The wording "for which a charge is made" does not apply to U.S. government Hospitals.
- H. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parent(s) (includes step-parents); grandchildren; father- or mother-in-law; and spouses, as applicable, of any of these.
- I. INJURY:** an accidental bodily injury sustained while coverage is in force.
- J. MAJOR HUMAN ORGAN TRANSPLANT:** a surgery in which a covered person receives, as a result of a surgical transplant, one or more of the following organs: kidney, liver, heart, heart-lung, lung or pancreas. **It does not include transplants involving mechanical or nonhuman organs.**
- K. MAJOR THIRD-DEGREE BURNS:** an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers **more than 10% of total body surface**. The damage must be caused by heat, electricity, radiation or chemicals.
- L. PARALYSIS:** spinal cord injuries occurring after the Effective Date of coverage resulting in complete and total loss of use of **two or more limbs (paraplegia or quadriplegia) for a continuous period of at least 30 days**. The Paralysis must be confirmed by your attending Physician.
- M. PHYSICIAN:** a legally qualified person, other than a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.
- N. SICKNESS:** an illness, disease or disorder diagnosed or treated after the Effective Date of coverage and while coverage is in force.
- O. SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Coma or Paralysis** occurring after the Effective Date of coverage.

- P. STROKE:** apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the Effective Date of this policy. **The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours.** The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack or cerebrovascular insufficiency.
- Q. TYPE OF COVERAGE: Individual, One-Parent Family or Two-Parent Family** (see your Policy Schedule to determine the type of coverage in force).
- 1. Individual:** only the Named Insured listed in the Policy Schedule.
  - 2. One-Parent Family:** the Named Insured and all of your dependent children. Dependent children are your natural children, stepchildren or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.
  - 3. Two-Parent Family:** the Named Insured, your spouse and all of your dependent children (or those of your spouse). Dependent children are your natural children, stepchildren or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.

Newborn children are automatically covered under the terms of the policy from the moment of birth. Adopted children are covered from the date of petition. Children born to your dependent children or children born to dependent children of your spouse are not covered under this policy. **If Individual coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify AFLAC within 31 days of the child's birth or the date of petition for adoption.** Upon notification, AFLAC will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. **If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify AFLAC of the birth of your child or the date of petition for adoption, and an additional premium payment will not be required.** Any other person(s) who wishes to become insured after the Effective Date of the policy must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

**The insurance on any dependent child will terminate on the anniversary date of this policy following the child's 25th birthday, the child's marriage, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first** (for continuation of coverage, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior thereto. Our acceptance of premium after such date will be considered as premium for only the remaining persons who qualify for coverage under this policy. The coverage under any One-Parent Family or Two-Parent Family policy will continue to include any 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 while he/she was covered and before he/she reached age 25. You must furnish proof of such incapacity and dependency to AFLAC within 31 days of the child's 25th birthday. You must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the child's 25th birthday.

**In the event of your death, your spouse, if covered, will become the Named Insured.**

**Part 2**  
**LIMITATIONS AND EXCLUSIONS**

**This policy does not cover losses caused by or resulting from a Pre-existing Condition or from:**

- A. a Specified Health Event occurring prior to or being hospitalized prior to the Effective Date of coverage;
- B. participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurs);
- C. participating in any sport or sporting activity for wage, compensation or profit;
- D. intentionally self-inflicting bodily Injury or attempting suicide; or
- E. being exposed to war or any act of war, declared or undeclared, or serving in the armed forces.

**Benefits are payable for only one covered Specified Health Event at a time per covered person.**

**Part 3**  
**RIGHT OF CONVERSION**

**If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was covered under a Two-Parent Family policy, then your ex-spouse can apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage.** To obtain the policy, your ex-spouse must make application to AFLAC **within 60 days** following the entry of the decree of dissolution of marriage. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution shall retain that status. Any covered dependent may be covered under either policy, but not both.

A covered person whose dependency terminates and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying AFLAC of the request in writing. The dependent will have the right to continue coverage as the Named Insured under a separate equivalent policy without a requirement for evidence of insurability and without interruption in coverage. AFLAC must receive written notification of the request prior to 31 days after the anniversary date of this policy following the date he or she is no longer considered a dependent.

**Part 4**  
**UNIFORM PROVISIONS**

- A. **ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders and attached papers, if any, is the entire contract of insurance. No change in the policy is valid until approved in writing by the president and secretary of AFLAC. This approval must be noted on or attached hereto. No associate (duly licensed agent) may change this policy or waive any of its provisions.
- B. **TIME LIMIT ON CERTAIN DEFENSES:** (1) **After two years** from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by the applicant in the application will be used to void the coverage or to deny a claim for loss incurred after the expiration of such two-year period. (2) No claim for loss incurred after 12 months from the Effective Date of coverage will be reduced or denied on the grounds that a disease or physical condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

- C. TERM:** The term of this policy begins at noon, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at noon, the same standard time, on the first renewal date. Each renewal term ends at noon, the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of the policy is shown in the Policy Schedule. An annual premium will maintain the policy in force for 12 months, semiannual for six months, quarterly for three months and monthly for one month.
- D. GRACE PERIOD: A grace period of 31 days** will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy shall continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from our associate (duly licensed agent) or our worldwide headquarters. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our worldwide headquarters approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover loss resulting only from a covered Specified Health Event that occurs more than 10 days after the date of reinstatement. In all other respects you and AFLAC shall have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium was due, but not to a period prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts, or as soon as reasonably possible. The notice can be given to AFLAC at our worldwide headquarters or to our associate (duly licensed agent). Notice of claim should include the name of the covered person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send the claimant forms for filing proof of loss. If the forms are not given to you within 10 working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss must be furnished to AFLAC at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** Benefits payable under this policy will be paid immediately upon our receipt of written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been given as required. No such action may be brought after six years from the time written proof of loss is required to be given.
- L. CONFORMITY WITH STATE AND FEDERAL STATUTES:** Any provision of this policy that on its Effective Date is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

**M. OTHER INSURANCE WITH THIS INSURER:** If any person is covered under more than one Specified Health Event policy or rider, only the one chosen by you, your beneficiary or estate, as the case may be, will be effective. AFLAC will return all premiums paid for that person for all other Specified Health Event benefits from the date of duplication.

**Part 5**  
**BENEFITS**

Subject to the Pre-existing Conditions provision and Limitations and Exclusions, we will pay the following benefits for a covered Specified Health Event that occurs while coverage is in force.

**A. FIRST-OCCURRENCE BENEFIT:** AFLAC will pay **\$5,000** (five thousand dollars) for each covered person under this policy when he or she is first diagnosed as having had a Specified Health Event.

This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy. **Lifetime maximum is \$5,000 per covered person.**

**B. REOCCURRENCE BENEFIT:** If benefits have been paid to a covered person under A above, **we will pay \$2,500** (two thousand five hundred dollars) if such covered person is later diagnosed as having had a subsequent Specified Health Event.

**For Benefit B to be payable, the Specified Health Event must occur more than 180 days after the date Benefit A last became payable. Benefit B will again become payable for a Specified Health Event when it occurs more than 180 days after the date Benefit B last became payable. No lifetime maximum.**

**C. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):** When a covered person requires Hospital Confinement for **14 or more hours** for the treatment of a covered Specified Health Event, **AFLAC will pay \$300** (three hundred dollars) **per day** for each day a covered person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per covered person. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable. **Benefits are not payable on the same day as the Continuing Care Benefit (D). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid.**

Benefits D through G will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

**D. CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed practitioner, **we will pay \$100** (one hundred dollars) **each day** a covered person is charged:

- |                                 |                      |
|---------------------------------|----------------------|
| a) rehabilitation therapy       | g) home health care  |
| b) physical therapy             | h) dialysis          |
| c) speech therapy               | i) hospice care      |
| d) occupational therapy         | j) extended care     |
| e) respiratory therapy          | k) physician visits  |
| f) dietary therapy/consultation | l) nursing home care |

**Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$100 (one hundred dollars) regardless of the number of treatments received.**

Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. **No lifetime maximum.**

**E. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event, a covered person requires ground ambulance transportation to or from a Hospital, **we will pay \$100** (one hundred dollars). If air ambulance transportation is required due to a covered Specified Health Event, **we will pay \$1,000** (one thousand dollars). A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. **No lifetime maximum.**

**F. TRANSPORTATION BENEFIT:** If a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered Specified Health Event, **AFLAC will pay 50 cents (fifty cents) per mile** for noncommercial travel or the costs incurred for commercial travel (coach class plane, train or bus fare) for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. Reimbursement will be made only for the method of transportation actually taken. **Benefit amounts payable are limited to \$1,500** (one thousand five hundred dollars) **per occurrence** of a covered Specified Health Event. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the dependent child. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 100-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.**

**G. LODGING BENEFIT:** **AFLAC will pay the charges incurred up to \$60 (sixty dollars) per day** for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility and lodging must be more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.**



**H. WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to a Specified Health Event (as defined in Part 1, Item O), are completely unable to do all of the usual and customary duties of your occupation 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 and a physician's statement of your inability to perform said duties, and may each month thereafter require a physician's statement that total inability continues.

**Not Employed:** If you, due to a Specified Health Event (as defined in Part 1, Item O), 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 a physician's statement of your inability to perform said 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 start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises. AFLAC may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

**I. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for the policy and riders for up to **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 and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease due to your leaving employment; and
5. You re-establish premium payments through:
  - (a) your new employer's payroll deduction process or
  - (b) direct payment to AFLAC.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at **least six months**, and
2. 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.**

## **First-Occurrence Building Benefit Feature: Optional Rider**

(Available in 1–5 units of \$100 increments, similar to the cancer plan)

The **First-Occurrence Building Benefit** is a rider that can be attached to either Plan A-70200 or Plan A-70100. The First-Occurrence Benefit will be increased by **\$100** for each unit purchased on each rider anniversary date while this rider remains in force. This rider 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. However, regardless of the age of the covered person on the effective date of this rider, this benefit shall accrue for a period of **at least five years**. (If this is individual coverage, no further premium will be billed for this rider after the payment of benefits.)

- **Available up to five units (\$100 per unit)**
- **Paid under the same terms as the First-Occurrence Benefit**
- **Eligible for pre-tax deduction**

(Policies, riders, and outlines of coverage may vary by state.)

**NOTES:** \_\_\_\_\_  
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**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
Worldwide Headquarters: Columbus, Georgia 31999  
A Stock Company

This **FIRST-OCCURRENCE BUILDING BENEFIT RIDER** is a part of the Specified Health Event Insurance Policy and is subject to all policy provisions unless modified herein.

**Part 1**  
**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.

**Part 2**  
**BENEFITS**


**FIRST-OCCURRENCE BUILDING BENEFIT:** This benefit can be purchased in units of \$100 (one hundred dollars) each, up to a maximum of five units or \$500 (five hundred dollars). 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 number of units you purchased is shown on both the Policy Schedule and the attached application.

The **FIRST-OCCURRENCE BENEFIT**, as defined in Part 5A of your policy, **will be increased by \$100 (one hundred dollars) 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 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**. However, regardless of the age of the covered person on the Effective Date of this rider, this benefit shall accrue for a period of **at least five years**. (If this is individual coverage, no further premium will be billed for this rider after the payment of benefits.)

**Part 3**  
**TERMINATION**

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

In witness whereof, AFLAC's president and secretary signed this rider in Columbus, Georgia, as of the Effective Date shown in the Policy Schedule.



Joey M. Loudermilk, Secretary  
President



Daniel P. Amos,

# Optional Rider First-Occurrence Building Benefit

Series A-70250

**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** will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. This rider 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. However, regardless of the age of the covered person on the effective date of this rider, this benefit shall accrue for at least five years.

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated. This rider will terminate if the policy to which it is attached terminates or if the premiums for this rider are not paid. 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.

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

*This brochure insert is for illustration purposes only.*

American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, Georgia 31999

## Outline of Coverage

Each policy has a separate outline of coverage. Outline of Coverage **A-70125** is used with Policy **A-70100**, Level 1, and Outline of Coverage **A-70225** is used with Policy **A-70200**, Level 2. **Leave the outline of coverage with the applicant at the time of application.** We will use Outline of Coverage A-70225 for illustrative purposes in this manual.

**NOTE: Not all states require an outline of coverage. Please refer to your state-specific product introduction packet.**

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
Worldwide Headquarters: 1932 WYNNNTON 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.**

**SPECIFIED HEALTH EVENT INSURANCE POLICY  
Supplemental Health Insurance Coverage**

**Outline of Coverage for Policy Form Series A-70200  
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) Specified Health Event Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Specified Health Events. Specified Health Events are: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Coma or Paralysis occurring after the Effective Date of coverage. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by the provisions in Part (5).
- (3) Benefits:** Subject to the Pre-existing Conditions provision and the Limitations and Exclusions provisions, we will pay the following benefits for a covered Specified Health Event that occurs while coverage is in force.
  - A. FIRST-OCCURRENCE BENEFIT: We will pay \$5,000** for each covered person under this policy when he or she is first diagnosed as having had a Specified Health Event. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in this policy. **Lifetime maximum is \$5,000 per covered person.**
  - B. REOCCURRENCE BENEFIT:** If benefits have been paid to a covered person under A above, **we will pay \$2,500** if such covered person is later diagnosed as having had a subsequent Specified Health Event.

**For Benefit B to be payable, the Specified Health Event must occur more than 180 days after the date Benefit A last became payable. Benefit B will again become payable for a Specified Health Event when it occurs more than 180 days after the date Benefit B last became payable. No lifetime maximum.**
  - C. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):** When a covered person requires Hospital Confinement for **14 or more hours** for the treatment of a covered Specified Health Event, **we will pay \$300 per day** for each day a covered person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per covered person. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**Benefits are not payable on the same day as the Continuing Care Benefit (D). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid.**

Benefits D through G will be paid for care received **within 180 days** following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**D. CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed practitioner, **we will pay \$100 each day** a covered person is charged:

- |                                 |                      |
|---------------------------------|----------------------|
| a) rehabilitation therapy       | g) home health care  |
| b) physical therapy             | h) dialysis          |
| c) speech therapy               | i) hospice care      |
| d) occupational therapy         | j) extended care     |
| e) respiratory therapy          | k) physician visits  |
| f) dietary therapy/consultation | l) nursing home care |

**Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$100 regardless of the number of treatments received.**

**Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.**

**E. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event, a covered person requires ground ambulance transportation to or from a Hospital, **we will pay \$100**. If air ambulance transportation is required due to a covered Specified Health Event, **we will pay \$1,000**. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.**

**F. TRANSPORTATION BENEFIT:** If a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered Specified Health Event, **we will pay 50 cents per mile** for noncommercial travel or the costs incurred for commercial travel (coach class plane, train or bus fare) for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. Reimbursement will be made only for the method of transportation actually taken. **Benefit amounts payable are limited to \$1,500 per occurrence** of a covered Specified Health Event. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the dependent child. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 100-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON. No lifetime maximum.**

**G. LODGING BENEFIT:** AFLAC will pay the charges incurred up to \$60 per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility and lodging must be more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. No lifetime maximum.**

**H. WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to a Specified Health Event (as defined in Part 1, Item O of your policy), are completely unable to do all of the usual and customary duties of your occupation 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 and a physician's statement of your inability to perform said duties, and may each month thereafter require a physician's statement that total inability continues.

**Not Employed:** If you, due to a Specified Health Event (as defined in Part 1, Item O of your policy), 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 a physician's statement of your inability to perform said 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 start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

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

**I. CONTINUATION OF COVERAGE BENEFIT:** We will waive all monthly premiums due for the policy and riders for up to 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 and you leave your employer for any reason; (4) You or your employer notifies us in writing within 30 days of the date your premium payments cease due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or through direct payment to AFLAC.**

You will again become eligible to receive this benefit after (1) You re-establish your premium payments through payroll deduction for a period of at least six months, and (2) 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.**

**(4) Optional Benefits:**

**FIRST-OCCURRENCE BUILDING BENEFIT: (Series A-70250) Applied for**  Yes  No

This benefit can be purchased in **units of \$100** each up to a maximum of **five units** or \$500. **Number of units purchased:** \_\_\_\_\_. The First-Occurrence Benefit, under Part 3A, will be increased by



\$100 for each unit purchased on each rider anniversary date while this rider is 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 First-Occurrence Benefit.

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

This policy does not cover losses caused by or resulting from a Pre-existing Condition or from:

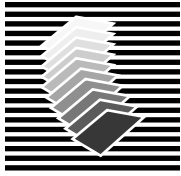
- A.** a Specified Health Event occurring prior to or being hospitalized prior to the Effective Date of coverage;
- B.** participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the Injury or cause of the loss occurs);
- C.** participating in any sport or sporting activity for wage, compensation or profit;
- D.** intentionally self-inflicting bodily Injury or attempting suicide; or
- E.** being exposed to war or any act of war, declared or undeclared, or serving in the armed forces.

**Benefits are payable for only one covered Specified Health Event at a time per covered person.**

A "Pre-existing Condition" is a Sickness or Injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective date will be covered.

- (6) Renewability:** This 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.**



## 4. PREMIUM RATE CALCULATIONS AND COMMISSIONS

### Premium Rates

Premium Rate Sheet **M-RS061** is included on the following pages. All modal premium rates are included for Level 1 and Level 2 plans and the optional riders.

**No registration fee is required at the time of the sale of the insurance.**

### Types of Coverage

- ⇒ **Individual:** Only the named insured listed in the Policy Schedule.
- ⇒ **Family:** The named insured, his or her spouse, and all dependent children (or those of the spouse). Dependent children are natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.
- ⇒ **One-Parent Family:** The named insured and all of his or her dependent children. Dependent children are natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.

**AFLAC'S  
PERSONAL RECOVERY PLUS  
PREMIUM RATES**

**POLICY SERIES A-70100, A-70200  
(RIDER SERIES A- 70250)**

**M-RS061**

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
WORLDWIDE HEADQUARTERS: COLUMBUS, GEORGIA 31999**

**M-RS061.2**

## AFLAC'S PERSONAL RECOVERY PLUS PAYROLL PREMIUM RATES

### Base Level 1 Policy Series A-70100

	AGES	MTHLY	QTRLY	SEMI-ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WKLY	SEMI-MTHLY	WKLY
<b>Individual</b>	18-35	\$5.50	\$16.50	\$33.00	\$66.00	\$8.25	\$7.33	\$6.60	\$2.54	\$2.75	\$1.27
	36-45	\$9.50	\$28.50	\$57.00	\$114.00	\$14.25	\$12.67	\$11.40	\$4.38	\$4.75	\$2.19
	46-55	\$15.50	\$46.50	\$93.00	\$186.00	\$23.25	\$20.67	\$18.60	\$7.15	\$7.75	\$3.58
	56-70	\$23.50	\$70.50	\$141.00	\$282.00	\$35.25	\$31.33	\$28.20	\$10.85	\$11.75	\$5.42
<b>One-Parent Family</b>	18-35	\$5.90	\$17.70	\$35.40	\$70.80	\$8.85	\$7.87	\$7.08	\$2.72	\$2.95	\$1.36
	36-45	\$9.90	\$29.70	\$59.40	\$118.80	\$14.85	\$13.20	\$11.88	\$4.57	\$4.95	\$2.28
	46-55	\$15.90	\$47.70	\$95.40	\$190.80	\$23.85	\$21.20	\$19.08	\$7.34	\$7.95	\$3.67
	56-70	\$23.90	\$71.70	\$143.40	\$286.80	\$35.85	\$31.87	\$28.68	\$11.03	\$11.95	\$5.52
<b>Two-Parent Family</b>	18-35	\$8.50	\$25.50	\$51.00	\$102.00	\$12.75	\$11.33	\$10.20	\$3.92	\$4.25	\$1.96
	36-45	\$15.50	\$46.50	\$93.00	\$186.00	\$23.25	\$20.67	\$18.60	\$7.15	\$7.75	\$3.58
	46-55	\$28.50	\$85.50	\$171.00	\$342.00	\$42.75	\$38.00	\$34.20	\$13.15	\$14.25	\$6.58
	56-70	\$46.50	\$139.50	\$279.00	\$558.00	\$69.75	\$62.00	\$55.80	\$21.46	\$23.25	\$10.73

### Base Level 2 Policy Series A-70200

	AGES	MTHLY	QTRLY	SEMI-ANNUAL	ANNUAL	8-MONTH	9-MONTH	10-MONTH	BI-WKLY	SEMI-MTHLY	WKLY
<b>Individual</b>	18-35	\$6.90	\$20.70	\$41.40	\$82.80	\$10.35	\$9.20	\$8.28	\$3.18	\$3.45	\$1.59
	36-45	\$12.90	\$38.70	\$77.40	\$154.80	\$19.35	\$17.20	\$15.48	\$5.95	\$6.45	\$2.98
	46-55	\$21.90	\$65.70	\$131.40	\$262.80	\$32.85	\$29.20	\$26.28	\$10.11	\$10.95	\$5.05
	56-70	\$33.90	\$101.70	\$203.40	\$406.80	\$50.85	\$45.20	\$40.68	\$15.65	\$16.95	\$7.82
<b>One-Parent Family</b>	18-35	\$7.50	\$22.50	\$45.00	\$90.00	\$11.25	\$10.00	\$9.00	\$3.46	\$3.75	\$1.73
	36-45	\$13.50	\$40.50	\$81.00	\$162.00	\$20.25	\$18.00	\$16.20	\$6.23	\$6.75	\$3.12
	46-55	\$22.50	\$67.50	\$135.00	\$270.00	\$33.75	\$30.00	\$27.00	\$10.38	\$11.25	\$5.19
	56-70	\$34.50	\$103.50	\$207.00	\$414.00	\$51.75	\$46.00	\$41.40	\$15.92	\$17.25	\$7.96
<b>Two-Parent Family</b>	18-35	\$10.90	\$32.70	\$65.40	\$130.80	\$16.35	\$14.53	\$13.08	\$5.03	\$5.45	\$2.52
	36-45	\$21.90	\$65.70	\$131.40	\$262.80	\$32.85	\$29.20	\$26.28	\$10.11	\$10.95	\$5.05
	46-55	\$39.90	\$119.70	\$239.40	\$478.80	\$59.85	\$53.20	\$47.88	\$18.42	\$19.95	\$9.21
	56-70	\$66.90	\$200.70	\$401.40	\$802.80	\$100.35	\$89.20	\$80.28	\$30.88	\$33.45	\$15.44

M-RS061

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
WORLDWIDE HEADQUARTERS: COLUMBUS, GEORGIA 31999

MRS061.2

**AFLAC'S PERSONAL RECOVERY PLUS  
PAYROLL PREMIUM RATES**

**Building Benefit Rider**  
**Policy Series A-70250**

**Premium per \$100 Unit of Coverage (Minimum - One Unit; Maximum - Five Units)**

	<b>AGES</b>	<b>ANNUAL</b>
<b>Individual</b>	18-35	\$4.80
	36-45	\$9.60
	46-55	\$12.00
	56-70	\$13.20
<b>One- Parent Family</b>	18-35	\$6.00
	36-45	\$10.80
	46-55	\$13.20
	56-70	\$14.40
<b>Two- Parent Family</b>	18-35	\$8.40
	36-45	\$15.60
	46-55	\$20.40
	56-70	\$22.80

**AFLAC'S PERSONAL RECOVERY PLUS  
DIRECT AND ASSOCIATION PREMIUM RATES**

**Base Level 1  
Policy Series A-70100**

	<b>AGES</b>	<b>MTHLY</b>	<b>QTRLY</b>	<b>SEMI-ANNUAL</b>	<b>ANNUAL</b>
<b>Individual</b>	18-35	\$7.80	\$23.40	\$46.80	\$93.60
	36-45	\$13.90	\$41.70	\$83.40	\$166.80
	46-55	\$21.90	\$65.70	\$131.40	\$262.80
	56-64	\$32.80	\$98.40	\$196.80	\$393.60
<b>One-Parent Family</b>	18-35	\$8.40	\$25.20	\$50.40	\$100.80
	36-45	\$14.50	\$43.50	\$87.00	\$174.00
	46-55	\$22.60	\$67.80	\$135.60	\$271.20
	56-64	\$33.30	\$99.90	\$199.80	\$399.60
<b>Two-Parent Family</b>	18-35	\$12.30	\$36.90	\$73.80	\$147.60
	36-45	\$24.50	\$73.50	\$147.00	\$294.00
	46-55	\$40.50	\$121.50	\$243.00	\$486.00
	56-64	\$64.30	\$192.90	\$385.80	\$771.60

**Base Level 2  
Policy Series A-70200**

	<b>AGES</b>	<b>MTHLY</b>	<b>QTRLY</b>	<b>SEMI-ANNUAL</b>	<b>ANNUAL</b>
<b>Individual</b>	18-35	\$9.90	\$29.70	\$59.40	\$118.80
	36-45	\$19.40	\$58.20	\$116.40	\$232.80
	46-55	\$31.50	\$94.50	\$189.00	\$378.00
	56-64	\$47.90	\$143.70	\$287.40	\$574.80
<b>One-Parent Family</b>	18-35	\$10.80	\$32.40	\$64.80	\$129.60
	36-45	\$19.90	\$59.70	\$119.40	\$238.80
	46-55	\$32.40	\$97.20	\$194.40	\$388.80
	56-64	\$48.90	\$146.70	\$293.40	\$586.80
<b>Two-Parent Family</b>	18-35	\$16.80	\$50.40	\$100.80	\$201.60
	36-45	\$34.90	\$104.70	\$209.40	\$418.80
	46-55	\$57.50	\$172.50	\$345.00	\$690.00
	56-64	\$94.90	\$284.70	\$569.40	\$1,138.80

M-RS061

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
WORLDWIDE HEADQUARTERS: COLUMBUS, GEORGIA 31999

MRS061.2

**AFLAC'S PERSONAL RECOVERY PLUS  
DIRECT AND ASSOCIATION PREMIUM RATES**

**Building Benefit Rider  
Policy Series A-70250**

**Premium per \$100 Unit of Coverage (Minimum - One Unit; Maximum - Five Units)**

	<b>AGES</b>	<b>ANNUAL</b>
<b>Individual</b>	18-35	\$12.00
	36-45	\$20.40
	46-55	\$22.80
	56-64	\$24.00
<b>One- Parent Family</b>	18-35	\$13.20
	36-45	\$21.60
	46-55	\$24.00
	56-64	\$25.20
<b>Two- Parent Family</b>	18-35	\$21.60
	36-45	\$34.80
	46-55	\$38.40
	56-64	\$39.60

## AFLAC'S PERSONAL RECOVERY PLUS PAYROLL PREMIUM RATES

WHEN CALCULATING THE PREMIUM RATES FOR THE BASE PLAN AND THE RIDER, YOU MUST FIRST CALCULATE THE TOTAL ANNUALIZED PREMIUM. TO OBTAIN THE MODAL PREMIUM FOR SPECIAL FREQUENCIES, DIVIDE THE TOTAL ANNUAL PREMIUM BY THE CORRECT MODAL FACTOR. PREMIUM CALCULATION BY ANY OTHER METHOD WILL RESULT IN AN INCORRECT RATE.

**EXAMPLE:** If you select Individual - Age 25 - Base Level 1 - Policy Series A-70100 - Biweekly Mode

Base Plan  
Building Benefit Rider (3 units)

	\$66.00		Base Plan Annual Premium
(3 x 4.80)	+ \$14.40		Building Benefit Rider
	\$80.40		Base and Rider Annual Premium
Divide by	/ 26		Modal Factor
	\$3.09		Total Biweekly Premium

### MODAL FACTORS

Monthly = Annual / 12	8-Month = Annual / 8	Semimonthly = Annual / 24
Quarterly = Annual / 4	9-Month = Annual / 9	Biweekly = Annual / 26
Semiannual = Annual / 2	10-Month = Annual / 10	Weekly = Annual / 52



## Commissions

AFLAC's *Personal Recovery Plus* production will count toward **nationally sponsored contests** and the **stock bonus program**. Standard associate base plan commissions are as follows:

**(Commissions may vary by state.)**

<b>Commissions Ages 18–65</b>	<b>First-Year</b>	<b>Renewals</b>
<b>New Associate</b>	<b>40.00%</b>	<b>7.00%</b>
<b>Veteran Associate</b>	<b>31.30%</b>	<b>10.00%</b>

**Note:** There are no commissions paid for applicants ages 66–70.

**Broker commissions** are prorated to support the broker commission structures. Commissions on new products may differ from similar products or from previous versions of a product. Please order new schedules, which are available through Keyline, before submitting business.

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## 5. MARKETING AFLAC'S PERSONAL RECOVERY PLUS INSURANCE

### Questions for the Employer:

#### Ask questions about the business-owner's operation.

- ⇒ What does the company do?
- ⇒ How many employees do they have?
- ⇒ What type of employee benefits are offered to employees now?
- ⇒ Considering that there is always room for improvement, what would the business owner like to improve?
- ⇒ Who are the company's current providers, and is the company management satisfied with the service?

#### Find out what is important to the business owner.

- ⇒ Determine his or her particular needs. This is a vital step in determining your approach.
- ⇒ During your presentation to the employer, it is important to confirm whether he or she prefers that you make a group presentation or individual presentations. The employer may leave the decision to you.
- ⇒ If the employer owns a small business, explain that many small-business owners have a difficult time affording employee health insurance, since the competition for good employees is strong from larger companies and employee benefits are used as a recruiting tool.
- ⇒ Make sure that the employer understands how AFLAC's guaranteed-renewable insurance policies work and that the company typically doesn't pay any of the premiums.
- ⇒ Point out to the employer how AFLAC's insurance policies enhance the employee benefits plan, thereby improving employee retention.
- ⇒ Provide facts about AFLAC: AFLAC is a Fortune 500 company with assets exceeding \$50 billion. AFLAC is rated "A+ (Superior)" by the *A.M. Best Company Report* (May 2003). AFLAC is the number one provider of guaranteed-renewable insurance (*National Underwriter*, August 18, 2003).
- ⇒ Explain the importance of AFLAC insurance and where it fits into the employees' insurance benefits packages.
- ⇒ Refer to other similar payroll accounts in the area to which the employer may relate.

## **Ask the employer certain open-ended questions.**

To better understand your prospect's position and needs, you should ask certain **open-ended** questions. Your questions do not necessarily need to be these exact questions, but something similar will help establish your prospect's needs, problems, and opportunities.

A few examples:

- Tell me about your current employee benefits plan.  
*Follow up with:*
  - ⇒ What type of insurance sold on a voluntary basis do you offer?
  - ⇒ What's your employees' participation level in your plan?
  - ⇒ Do your employees share in the costs of their benefits package, and if so, what portion of the costs do they pay?
  - ⇒ Do you deduct your employees' portion of the premiums before-tax or after-tax?
  
- What do you like most about your current benefits package?
  
- Have any of your employees suffered from cancer, heart attack, stroke, or another major health event?  
*Follow up with:*
  - ⇒ What impact did that have on your employee financially?
  - ⇒ What impact did that have on your major medical plan?
  - ⇒ What impact did that have on you and your company?
  - ⇒ Have you been asked to make loans or give an advance to an employee who suffered an event such as cancer, a stroke, or a heart attack?
  
- What steps have you taken to replace the salary of an employee who suffers from a major illness or disability?
  
- Considering the fact that there is always room for improvement, what would you most like to improve about your company's benefits package?

## **Agree on Need.**

As I understand it, you have a concern about\_\_\_\_\_. Is that correct?

## **Sell the Company.**

That's exactly why AFLAC designed the Cancer and Personal Recovery Plus plans—to meet the needs of companies just like yours.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Presentation Guidelines:**

### **Benefits of an Individual Presentation in the Payroll Environment**

- ⇒ Many employers prefer a one-on-one presentation because it is the least disruptive to the employees' work schedules.
- ⇒ The employee may feel more at ease. Individual interviews allow additional time for personal interaction between associates and prospects.
- ⇒ One-on-one interviews eliminate the risk that someone in the group may make a negative comment that influences others not to buy.
- ⇒ Individual meetings allow you to tell personal stories.
- ⇒ Individual meetings allow you to get the Flex documents signed.

### **Benefits of a Group Presentation**

- ⇒ Group presentations are a more efficient use of time.
- ⇒ You can try to identify with the key person in the group. Remember, people follow people.
- ⇒ You can make one group presentation and then close one-on-one.
- ⇒ If one employee makes a positive comment, it can have a positive effect on the buying decision of other employees.

### **Overall Approach to Giving a Good Presentation**

- ⇒ Be confident.
- ⇒ Create the need.
- ⇒ Ask questions: "Have you ever known someone who ... ? What happened to them?"
- ⇒ Know your products.
- ⇒ Know your presentation; don't read it.
- ⇒ Tell a story.
- ⇒ Believe in your product; own it yourself.
- ⇒ Sell with passion.



## 6. AFLAC's TFBRs

### **Use the TFBR method to sell your product or service.**

<b>T:</b>	<u>Tie-Back</u>	Remind your prospect of his or her needs.
<b>F:</b>	<u>Feature</u>	What is it?
<b>B:</b>	<u>Benefit</u>	What will it do for the prospect?
<b>R:</b>	<u>Reaction</u>	Confirm its importance.

### **Opening With the Tie-Back:**

Preface your feature/benefit statement by first using a tie-back to remind the prospect of a need or concern he or she expressed earlier.

#### ***Sample Tie-Back Starters:***

- You mentioned that ...
- You indicated you were concerned about ...
- I know you place great importance upon ...
- You shared a concern about ...
- You stated your company was striving to ...
- You told me you wanted ...

### **Closing With the Reaction Question:**

End each TFBR with an open-ended reaction question. This involves the prospect in your product presentation and keeps you from doing all the talking.

#### ***Examples of Reaction Questions:***

How do you see that working in your situation?  
In what way would this be helpful to you?  
Who might benefit most from this?  
When would this be most helpful?  
What's your opinion about what we've discussed?

## ***AFLAC's Personal Recovery Plus Plans: Employer Issues***

### **Tie-Back:**

You mentioned that you were concerned about your employees' ability to pay their bills and copayments, and that you have had to make loans to employees on occasion ...

### **Features:**

AFLAC's Personal Recovery Plus plans pay a **First-Occurrence Benefit** of either **\$5,000 or \$2,000**, depending on the plan selected, the first time a covered individual suffers a covered illness.

### **Benefits:**

This helps ensure that your employees have the money necessary to help cover the high costs of deductibles and copayments and the loss of income. This will keep you from having to make loans to employees who aren't able to pay their bills.

### **Reaction Question:**

How do you see this helping you out?

### **Tie-Back:**

I know you place great importance on the welfare of your employees over the long run ...

### **Features:**

As you know, many people survive an initial major event such as a heart attack, stroke or other covered illness. Unfortunately, it's not uncommon for a person to have additional health problems related to the original illness. That's why AFLAC's Personal Recovery Plus pays a **Reoccurrence Benefit** of either **\$2,500/\$1,000** for each future occurrence of a covered event if the event occurs more than 180 days after the First-Occurrence or Reoccurrence Benefit was last paid.

### **Benefits:**

This helps your employee manage the additional cost of a reoccurring illness. This keeps you from having to decide who gets a loan and who doesn't on a fairness basis.

### **Reaction Question:**

In what way would this be helpful to you?

**Tie-Back:**

You indicated that you were concerned about your employees' ability to pay the high cost of copayments, deductibles, and other out-of-pocket expenses ...

**Features:**

AFLAC's Personal Recovery Plus plans pay either **\$300 or \$200 per day** for hospital confinement for the treatment of a covered specified health event.

**Benefits:**

These benefits are paid directly to your employee, unless assigned otherwise. This means that your employee can use the money where it's needed most: to pay the mortgage or rent, buy groceries, replace lost income, or to cover the high costs of deductibles and copayments.

**Reaction Question:**

What impact do you think this will have on your employees' perception of your company's benefits package?

**Tie-Back:**

You shared a concern about your employees' ability to receive specialized health care on a local basis ...

**Features:**

AFLAC will pay **up to \$1,500** for your employees to travel to special treatment facilities.

**Benefits:**

I know that you want your employees to be able to receive the highest level of care available. As you know, that level of care isn't always available in the local community. This feature will help provide the money necessary for your employees or their family members to travel to the finest treatment facilities available. This will build greater credibility for your health care plan.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

You shared a concern about your employees receiving the best care available ...

**Features:**

AFLAC will pay **up to \$60 per day** for lodging for **up to 15 days** per event if your employee or a covered family member needs to travel to a special treatment center.

**Benefits:**

This will ensure that your employees receive the best care available and will help them get back to work as soon as possible. In addition, it can also help you keep your health care costs in line.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

You shared a concern about the out-of-pocket cost of an ambulance ...

**Features:**

AFLAC will pay an Ambulance Benefit of **up to \$100** for ground ambulance or **\$1,000 for air ambulance** to a special treatment facility. As you know, the highest level of care isn't always available in your local community. This will enable your employee to travel to another city or state to receive the highest level of care.

**Benefits:**

This feature will help cover the high cost of air ambulance transportation. This will build greater credibility for your health care plan and help keep you out of the loan business.

**Reaction Question:**

How do you see this working in your situation?



**Tie-Back:**

You shared a concern about your employees' ability to pay for their health care if they become disabled.

**Features:**

AFLAC will **waive** your employees' premiums after they have been unable to work for a period of **90 continuous days**.

**Benefits:**

Your employees won't have to be concerned about losing their coverage because they can't keep up their premium payments while they are unable to work.

**Reaction Question:**

How do you see this helping your employees out?

**Tie-Back:**

I know you place great importance on your employees' ability to keep their health care if they should ever change careers or retire.

**Features:**

If an employee terminates employment for any reason, AFLAC will waive all monthly premiums due for that policy for up to two months, if they have paid premiums for six continuous months and you or your employee notifies us in writing within 30 days of the date the last premium payment was made. The employee will have to begin paying premiums at the new place of employment or directly to AFLAC.

**Benefits:**

This will take the burden of the continuation of coverage from you and place it back on the employee.

**Reaction Question:**

In what way would this be helpful to you?

**Tie-Back:**

I know you place great importance on your employees' ability to pay for the ongoing costs of treatment for a covered illness ...

**Features:**

Our **Continuing Care Benefit** will pay **\$100 each day** for up to 60 days when a covered person is charged for ongoing services such as rehabilitation therapy, physical therapy, speech therapy, occupational therapy, or home health care, just to name a few.

**Benefits:**

This coverage will allow your employees to afford the professional care they deserve. This will also allow them to return to work and continue to provide for their families and, at the same time, make your company more productive.

**Reaction Question:**

What's your opinion about what we have discussed?

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **AFLAC's Personal Recovery Plus Plans: Employee Issues**

### **Tie-Back:**

You mentioned that you were concerned about your ability to replace a loss of income if you or a family member were to suffer a critical illness or injury ...

### **Features:**

AFLAC's Personal Recovery Plus plans pay a **First-Occurrence Benefit** of either **\$5,000 or \$2,000**, depending on the plan that you select, the first time you or a covered family member suffers a covered event.

### **Benefits:**

This helps ensure that you will have the money necessary to help cover the high costs of deductibles and copayments or help replace any loss of income during your illness.

### **Reaction Question:**

How do you see this working in your situation?

### **Tie-Back:**

I know you place great importance on your family's long-range security ...

### **Features:**

As you know, most people survive the initial major event of a heart attack, stroke, or other covered illness. Unfortunately, it's not uncommon for that same person to have additional problems. That's why AFLAC's Personal Recovery Plus plans pay a **Reoccurrence Benefit** of either **\$2,500 or \$1,000** for each additional reoccurrence of a covered event if a major event occurs more than 180 days after the First-Occurrence Benefit was last paid.

### **Benefits:**

This helps you manage the additional costs of a reoccurring illness and helps keep your family out of debt.

### **Reaction Question:**

In what way would this be helpful to you and your family?

**Tie-Back:**

You indicated that you were concerned about your ability to pay the high deductibles and copayments associated with your major medical insurance ...

**Features:**

**AFLAC's Personal Recovery Plus plans pay either \$300 or \$200 per day** for hospital confinement for the treatment of a covered specified health event.

**Benefits:**

This benefit is paid directly to you, unless assigned otherwise. This means that you can use the money where it's needed most: to pay the mortgage or rent, buy groceries, replace lost income, or cover deductibles and copayments.

**Reaction Question:**

How do you see this helping you out?

**Tie-Back:**

You shared a concern about your ability to receive the best health care for you and your family on a local level ...

**Features:**

**AFLAC will pay up to \$1,500** for you or a family member to travel to special treatment facilities.

**Benefits:**

I know that you want your family to receive the highest level of care available. As you know, that level of care isn't always available in your local community. This feature will help provide the money necessary for you or a family member to travel to the finest treatment facilities available.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

You shared a concern about your ability to meet the ongoing out-of-pocket expenses associated with these types of illnesses or injuries ...

**Features:**

**AFLAC will pay up to \$60 per day** for lodging for up to 15 days if you or a covered family member needs to travel to a special treatment center.

**Benefits:**

This will ensure that you and your family members will receive the best care available and will help get you back to work as soon as possible.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

You shared a concern about your ability to pay the out-of-pocket costs associated with the treatment of a critical illness.

**Features:**

**AFLAC will pay up to \$100 for ground transportation or \$1,000 air transportation** to a hospital. As you know, the highest level of care isn't always available in your local community, which requires that you travel to another city or state.

**Benefits:**

This feature will help provide the money necessary for you or a family member to travel to those hospitals. This will help keep you from having to make loans to pay for your transportation expenses.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

I know you place great importance on your ability to pay the ongoing costs of treatment for a covered illness or injury ...

**Features:**

Our **Continuing Care Benefit** will pay **\$100 each day** for **up to 60 days** when a covered person is charged for ongoing services such as rehabilitation therapy, physical therapy, speech therapy, occupational therapy, or home health care, just to name a few.

**Benefits:**

This coverage will allow you to afford the professional care you and your loved ones deserve. This will allow you to return to work and continue to provide for your family.

**Reaction Question:**

What's your opinion about what we have discussed?

**Tie-Back:**

You shared a concern about your ability to make the payments on your health care if you were forced to leave work for any length of time ...

**Features:**

AFLAC will waive your premiums after you've been unable to work for a period of **90 consecutive days**.

**Benefits:**

You don't have to be concerned about losing your coverage because you can't keep up your premium payments during a period of disability.

**Reaction Question:**

How do you see this working in your situation?

**Tie-Back:**

I know you place great importance upon your ability to keep your family's health care if you have a career change or retire ...

**Features:**

If you terminate your employment for any reason, AFLAC will waive all monthly premiums due for your policy for up to two months. You must have paid premiums for six continuous months and notify AFLAC in writing within 30 days of the date the premium payments cease. You will begin paying premiums at your new place of employment or directly to AFLAC.

**Benefits:**

This will ensure that your coverage will not be lost and that you will continue to receive the same low rate that you pay through payroll deduction.

**Reaction Question:**

In what way would this be helpful to you?

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 7. ADMINISTRATIVE GUIDELINES FOR BASE

### **Eligibility**

AFLAC's Personal Recovery Plus plan may be issued to applicants ages **18 through 70** on a **payroll** basis and ages **18 through 64** on a **nonpayroll** basis.

**Note: Both the spouse and the primary insured must meet the age requirement to be covered.**

Dependent children who are unmarried and **under 25 years of age** can be covered under this policy (age may vary by state).

### **Flex (Section 125)**

The Personal Recovery Plus policies **are eligible** for pre-tax deduction under Section 125.

### **Advanced Effective Dates**

You can have an advance effective date **up to 60 days** from the enrollment date. For any policy sold where the effective date is more than 30 days in advance, a Statement of Understanding (A-13072) must be completed and submitted with the application.

### **Brochure**

AFLAC's Personal Recovery Plus will have two brochures to help explain the product and establish the need. **A-70175R** is to be used with Policy **A-70100**, and **A-70275R** is to be used with Policy **A-70200**.

### **Insert Page**

An optional First-Occurrence Building Benefit Rider insert page (**A-70276**) can be inserted into either Personal Recovery Plus brochure.

### **Mailer**

Mailer **A-70090** is available for this product.

### **Mode**

All payment billing modes are available on payroll. Nonpayroll billing modes are monthly, quarterly, semiannual, and annual.

### **Transmittal**

Use transmittal Form **M-0018R**. List the line of **business** as "SE" on the transmittal.



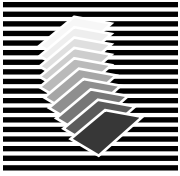
## **Payroll Account Acknowledgement Form**

Complete Payroll Account Acknowledgement form **(M-0138)** on all new accounts.

### **Pre-existing Conditions**

Benefits for a specified health event that is caused by a pre-existing condition diagnosed within six months before the effective date of coverage will not be covered unless the specified health event occurs more than 30 days after the effective date. Any reoccurrence of a specified health event occurring **more than 30 days** after the effective date will be covered.

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_



## 8. Underwriting the Personal Recovery Plus Plan

### **Application Forms (A-70001R and A-70002D)** (Forms may vary by state.)

Use application Form A-70001R for writing the *Personal Recovery Plus* plan on payroll and Form A-70002D for nonpayroll. As always, be sure the application is **fully completed**.

**For payroll sales, print the actual amount the employer is billed (the modal premium) in the Billable Premium section of the application.** The *billable premium* is what the group will remit to AFLAC, not what will be deducted from the employee's check. If the billable premium is not completed, the application will be pended.

A statement about the billable premium amount has been added to the Authorization section of the applications.

If the applicant's signature is other than the legal cursive signature, headquarters requires written verification stating that the signature is a legal signature. Business will be pended if we do not receive written verification.

If the applicant has any other insurance coverage with another company that includes a **lump-sum benefit**, you must answer **yes** to the question on Page 1 of the application and list the amount of coverage in the blank provided. No application will be declined based on the answer to this question.

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Types of Coverage

- **Individual:** Covers only the named insured listed in the Policy Schedule.
- **Family:** Covers the named insured, his or her spouse, and all dependent children (or those of the spouse). Dependent children are natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code.

**Note:** If a primary insured applies for family coverage and is not eligible for coverage, he or she can then resubmit the application in his or her spouse's name as one-parent family coverage and he/she can become the policy owner.

- **One-Parent Family:** Covers the named insured and all of his or her dependent children. Dependent children are natural children, stepchildren, or legally adopted children who are unmarried and under 25 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code (may vary by state).

**Note:** If the single-parent is not eligible for coverage, put the oldest child as the policy holder and the parent as policy owner. No matter how many children, use the age of the parent (policy owner) for rate determination and mark the application as "single-parent."

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_

## Application Completion

Below are **helpful hints** to assist in completing applications for the specified health event policy:

- Original applications must be submitted. Applications must be completed in full and must be completed in **black ink**.
- **All underwriting questions are knockout questions.** If any one of Questions 1–9 is answered **Yes** for any applicant, the person will not be covered under the policy. If the application is for individual coverage and any one of these questions is answered yes, do not submit the application. (Questions may vary by state.)

**NOTES:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SPECIFIED HEALTH EVENT INSURANCE POLICY (A-70000 Series)  
Supplemental Health Insurance Coverage**  
Application to: American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, Georgia 31999

- New  
 Conversion

Policy Number: \_\_\_\_\_

**Please Print in Black Ink - To Be Completed by Applicant**

Applicant's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_  
 Applicant's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dependent Children  Yes  No  
 (Write spouse's name below if you are applying for family coverage; if no spouse or spouse is not to be covered, put N/A in space below.)  
 Spouse's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex \_\_\_\_\_  
 Address \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Best Time to Call \_\_\_\_\_  
 Policyowner's Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
 (if other than applicant)  
 Address \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_ Apt. No. \_\_\_\_\_ Owner's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Employer \_\_\_\_\_

Are you covered by any Title XIX program such as Medicaid?  Yes  No  
 If yes, you are not eligible for coverage; therefore, do not submit this application.  
 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.  
 Do you have any other insurance coverage with another company that includes a lump-sum benefit?  Yes  No  
 If yes, please list the amount of coverage. \_\_\_\_\_

**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT**

<b>Check Coverage Desired:</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Pre-tax or <input type="checkbox"/> After-tax
	<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Family	
Policy Series A-70100	<input type="checkbox"/> CSEI01	<input type="checkbox"/> CSEI11	
Policy Series A-70200	<input type="checkbox"/> CSEI02	<input type="checkbox"/> CSEI12	
Building Benefit Rider Series A-70250 Units _____	<input type="checkbox"/> CSEIBA	<input type="checkbox"/> CSEIBB	

<b>Billing Method:</b>	<b>Mode:</b>	<input type="checkbox"/> 01 28-day	<input type="checkbox"/> 03 Quarterly
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly	<input type="checkbox"/> 01 Semimonthly	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> Payroll ACH	<input type="checkbox"/> 01 Biweekly	<input type="checkbox"/> 01 Monthly	<input type="checkbox"/> 12 Annual
Employee No. _____	Dept. No. _____	Assoc./Agent's No. _____	
Billable Premium \$ _____	Premium Collected \$ _____	Sit. Code _____	

**PLEASE COMPLETE QUESTIONS 1 THROUGH 9.**

1. Has anyone to be covered ever been diagnosed with or received treatment for any of the following by a member of the medical profession? (Check all that apply.)  Yes  No
- |  |   |
|--|---|
| <input type="checkbox"/> impaired kidney function<br>(not including stones or acute infection)             | <input type="checkbox"/> cardiomyopathy                                       |
| <input type="checkbox"/> cerebral vascular insufficiency   | <input type="checkbox"/> stroke or TIA (two or more)                          |
| <input type="checkbox"/> congenital heart disease<br>(excluding surgically corrected atrial septal defect) | <input type="checkbox"/> liver disease or disorder<br>(excluding Hepatitis A) |
| <input type="checkbox"/> heart attack (two or more)  | <input type="checkbox"/> cystic fibrosis                                      |
|  | <input type="checkbox"/> systemic lupus                                       |
2. Within the last five years, has anyone to be covered been diagnosed with or received treatment for any of the following by a member of the medical profession? (Check all that apply.)  Yes  No
- |  |  |
|--|--|
| <input type="checkbox"/> angina  | <input type="checkbox"/> atrial fibrillation                   |
| <input type="checkbox"/> peripheral vascular disease                       | <input type="checkbox"/> chronic obstructive pulmonary disease |
| <input type="checkbox"/> stroke or TIA (single event)                      | <input type="checkbox"/> arterial blockage                     |
| <input type="checkbox"/> coronary artery disease                           | <input type="checkbox"/> heart attack (single event)           |
| <input type="checkbox"/> angioplasty, stent placement or<br>bypass surgery |  |
3. Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for Type I diabetes (insulin-dependent); or Type II diabetes (1) diagnosed prior to age 30, or (2) with complications to include retinopathy, neuropathy, or nephropathy, or (3) with continued tobacco use?  Yes  No
4. Within the last 12 months, has anyone to be covered been prescribed or received treatment with blood thinners, not including aspirin, by a member of the medical profession?  Yes  No
5. Within the last 12 months, has anyone to be covered received treatment by a member of the medical profession in an emergency room or hospital for hypertension (not related to pregnancy), or had a medication change to improve blood pressure readings?  Yes  No
6. Within the last 12 months, has anyone to be covered been prescribed medication for irregular heartbeat, heart palpitation or tachycardia (not including preventative treatment with antibiotics prior to dental appointment) or has anyone to be covered ever required treatment by a member of the medical profession with a pacemaker or defibrillator?  Yes  No
7. Within the last two years, has anyone to be covered received chemotherapy treatment by a member of the medical profession for any medical condition, not to include hormonal treatment for breast cancer?  Yes  No
8. Has anyone to be covered ever had or been advised to have an organ transplant or consulted with or been evaluated by a member of the medical profession of the need to have an organ transplant?  Yes  No
9. Within the last six months, has anyone to be covered had or been advised by a member of the medical profession of the need to have diagnostic tests performed to evaluate symptoms of chest pain, shortness of breath, blackouts, fainting or dizziness?  Yes  No

**If any one of Questions 1 through 9 is answered yes, was it the:**

Named Insured  Spouse  Child? If "Child," please list the name of the child(ren) \_\_\_\_\_.

**Any person(s) so designated will not be covered under the policy.**

**APPLICANT'S STATEMENTS AND AGREEMENTS:**

10. I understand that the effective date of the policy will be the date recorded in the Policy Schedule by AFLAC Worldwide Headquarters.
11. I understand that the policy I am applying for will not cover any person who has attained age 71 before the effective date of the policy.
12. I understand that coverage is not provided for health conditions for which symptoms were evident or for which medical advice or treatment was recommended or received within the six-month period before the effective date of coverage unless the Specified Health Event occurs more than 30 days after the effective date of coverage.

13. I acknowledge receipt of, if applicable:

- Fair Credit Reporting Notice
- Replacement Notice
- Outline of Coverage
- Guide To Health Insurance for People with Medicare*

14. I understand that: (a) the insurance I am applying for will be issued based solely upon the written answers to questions and information asked for in this application and any other pertinent information AFLAC may require for proper underwriting; (b) AFLAC is not bound by any statement made by me, the applicant, or any associate/agent of AFLAC unless written herein; (c) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (d) the policy, together with this application, the endorsements, benefit agreements and riders, if any, is the entire contract of insurance; and (e) no change to the policy will be valid until approved by AFLAC's president and secretary, and noted in or attached to the policy.

**NOTICE OF INFORMATION PRACTICES**

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed 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, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon and Virginia.

**I understand that the premium amount listed on this application represents the premium amount that my employer will remit to AFLAC on my behalf, and 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 by my associate/agent.**

**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. I also understand that if I am receiving any Medicaid benefits, the purchase of this supplemental coverage is not necessary.**

If I am applying to replace existing coverage with this policy, I acknowledge that the policies may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current policy and its benefits for the benefits provided in the AFLAC policy. I have read, or had read to me, the completed application, and I realize policy issuance is based upon statements and answers provided herein, and they are complete and true to the best of my knowledge and belief.

Signed and Dated at \_\_\_\_\_ on \_\_\_\_\_  
City and State Date

Applicant's Signature \_\_\_\_\_

Associate/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 WEB SITE AT [www.aflac.com](http://www.aflac.com).**

For policies that pay fixed dollar amounts for specified disease(s) or other specified impairment(s). 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
- \* 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 senior insurance counseling program.



Nonpayroll

**SPECIFIED HEALTH EVENT INSURANCE POLICY (A-70000 Series)  
Supplemental Health Insurance Coverage**

Application to: American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, Georgia 31999

- New
- Conversion

Policy Number: \_\_\_\_\_

**Please Print in Black Ink – To Be Completed by Applicant**

Applicant's Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_ Month/Day/Year Sex \_\_\_\_\_

Applicant's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of Birth: \_\_\_\_\_ Dependent Children  Yes  No

*(Write spouse's name below if you are applying for One-Parent Family or Two-Parent Family coverage; if no spouse or spouse is not to be covered, put N/A in space below.)*

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

Address \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Policyowner's Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
*If other than applicant*

Address \_\_\_\_\_ Street or Post Office Box \_\_\_\_\_ Apt. No. \_\_\_\_\_ Owner's SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Employer/Association: \_\_\_\_\_

Are you covered by any Title XIX program such as Medicaid?  Yes  No  
If yes, you are not eligible for coverage; therefore, do not submit this application.

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.

Do you have any other insurance coverage with another company that includes a lump-sum benefit?  Yes  No  
If yes, please list the amount of coverage. \_\_\_\_\_

**TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT**

<b>Check Coverage Desired:</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family
Policy Series A-70100	<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Family
Policy Series A-70200	<input type="checkbox"/> CSEI01	<input type="checkbox"/> CSEI11
Building Benefit Rider Series A-70250	<input type="checkbox"/> CSEI02	<input type="checkbox"/> CSEI12
Units _____	<input type="checkbox"/> CSEIBA	<input type="checkbox"/> CSEIBB

**Billing Method:**  
 Direct  Association List Bill  Bank Draft (B/D, ACH)  Credit Card (C/C)

**Mode:**  
 01 Monthly (BD & C/C only)  06 Semiannual  03 Quarterly  12 Annual

Card Name \_\_\_\_\_ Card No. \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

I authorize American Family Life Assurance Company of Columbus (AFLAC) to charge my VISA/MASTERCARD/AMERICAN EXPRESS account in accordance with the premium rate that I have chosen. Premiums will be advanced by my bank until I cancel authorization in writing to AFLAC. Cancellation will be effective on the first day of the month following AFLAC's receipt of notice to cancel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Associate/Agent No. \_\_\_\_\_ Sit. Code \_\_\_\_\_ Billable Premium \$ \_\_\_\_\_ Premium Collected \$ \_\_\_\_\_

**PLEASE COMPLETE QUESTIONS 1 THROUGH 8.**

1. Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for any of the following?  Yes  No
- \* **Any** disease, disorder or abnormality of the heart including, but not limited to, cardiomyopathy, heart attack, congestive heart failure, or congenital heart disease, (excluding surgically corrected atrial septal defect)
  - \* Chronic obstructive pulmonary disease (COPD)
  - \* **Any** disease, disorder or abnormality of the circulatory system, including, but not limited to, stroke, TIA, arterial blockage, or cerebral vascular insufficiency
  - \* Cystic fibrosis
  - \* Type I diabetes
  - \* Kidney disease or disorder (excluding stones or acute infection) or kidney failure
  - \* Liver disease or disorder (excluding hepatitis A)
  - \* Systemic lupus
  - \* Sickle cell anemia
2. Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for Type II diabetes diagnosed prior to age 30; Type II diabetes with complications to include retinopathy, neuropathy, or nephropathy; Type II diabetes that required insulin use within the last 12 months; or Type II diabetes with continued tobacco use?  Yes  No
3. Has anyone to be covered ever had or been advised to have an organ transplant, or consulted with or been evaluated by a member of the medical profession of the need to have an organ transplant?  Yes  No
4. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession as having AIDS, or has anyone to be covered ever tested positive for the human immunodeficiency virus (HIV) or HTLV-III (antibodies to human T-lymphotropic virus Type III)?  Yes  No
5. Within the last two years, has anyone to be covered received chemotherapy treatment by a member of the medical profession for any medical condition, not to include hormonal treatment for breast cancer?  Yes  No
6. Within the last 12 months, has anyone to be covered been prescribed or received treatment by a member of the medical profession with blood thinners, not including aspirin?  Yes  No
7. Within the last 12 months, has anyone to be covered received emergency treatment by a member of the medical profession or received treatment in a hospital facility for hypertension or had a medication change to improve blood pressure readings?  Yes  No
8. Within the last six months, has anyone to be covered had or received treatment by a member of the medical profession for chest pain, shortness of breath, blackouts, fainting or dizziness, or been advised by a member of the medical profession to have diagnostic tests to evaluate these symptoms?  Yes  No

9. **If any one of Questions 1 through 8 is answered yes, was it the:**  
 Named Insured  Spouse  Child? If "Child," please list the name of the child(ren)  
 \_\_\_\_\_  
**Any person(s) so designated will not be covered under the policy.**

10. Please list your height and weight: Height: \_\_\_\_\_ft.\_\_\_\_\_in. Weight: \_\_\_\_\_lbs.

**APPLICANT'S STATEMENTS AND AGREEMENTS:**

11. I understand that the effective date of the policy will be the date recorded in the Policy Schedule by AFLAC Worldwide Headquarters.
12. I understand that the policy I am applying for will not cover any person who has attained age 65 before the effective date of the policy.

13. I understand that coverage is not provided for health conditions for which symptoms were evident or for which medical advice or treatment was recommended or received within the six-month period before the effective date of coverage unless the Specified Health Event occurs more than 30 days after the effective date of coverage.
14. I acknowledge receipt of, if applicable:
- Fair Credit Reporting Notice
  - Replacement Notice
  - Outline of Coverage
  - Guide to Health Insurance for People with Medicare*
15. I understand that: (a) The insurance I am applying for will be issued based solely upon the written answers to questions and information asked for in this application and any other pertinent information AFLAC may require for proper underwriting. (b) AFLAC is not bound by any statement made by me, the applicant, or any associate/agent of AFLAC unless written herein. (c) The associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing. (d) The policy, together with this application, the endorsements, benefit agreements and riders, if any, is the entire contract of insurance. (e) No change to the policy will be valid until approved by AFLAC's president and secretary, and noted in or attached to the policy.

**NOTICE OF INFORMATION PRACTICES**

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed 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, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon and Virginia.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

I authorize the following to give information (as defined below) to American Family Life Assurance Company of Columbus (AFLAC) or any person or entity acting on its part: any medical professional, medical care institution, insurer (including AFLAC, with respect to other AFLAC coverages), reinsurer, government agency (including departments of public safety and motor vehicle departments), the Medical Information Bureau, consumer reporting agency or employer. "Information" means facts or opinions relating to my past, present, or future physical or mental health or condition (excluding psychotherapy notes), employment, other insurance coverage, driving record, or any other medical or non-medical facts that AFLAC deems appropriate to determine eligibility for insurance or to evaluate a claim for benefits during the time this authorization is valid. I also authorize AFLAC to give information to the Medical Information Bureau. I understand that any disclosure of health information to AFLAC for the purpose of determining eligibility for coverage other than health plan coverage means the information may no longer be protected by federal privacy regulations. I further understand, however, that such information may be re-disclosed only in accordance with other applicable laws or regulations.

I understand that this information will be used by AFLAC for enrollment or to determine eligibility for insurance or for underwriting or risk rating (where applicable) purposes and, should coverage be issued, the information may be used to contest a claim for benefits or the issuance of the policy itself during the contestability period provided in the policy.

I understand that AFLAC is conditioning the issuance of coverage on the provision of this authorization, and that, while I may refuse to sign this authorization, my refusal to do so could result in coverage not being issued.

I understand that I may revoke this authorization at any time, except to the extent that (1) AFLAC has taken action in reliance on this authorization, or (2) other law provides AFLAC with the right to contest a claim under the policy or the policy itself. My revocation must be submitted in writing to AFLAC, Policy Service, 1932 Wynnton Road, Columbus, GA 31999.

Unless otherwise revoked, I agree that this authorization will expire on the earlier of the date AFLAC notifies me of its declination of my application for coverage or, if a policy is issued, two years from the policy effective date.

I agree that a copy of this authorization is as valid as the original.

**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.**

If I am applying to replace existing coverage with this policy, I acknowledge that the policies may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current policy and its benefits, and am applying for the benefits provided in the AFLAC policy.

**I have read, or had read to me, the completed application and realize that policy issuance is based upon statements and answers provided herein, and any other pertinent information AFLAC may require for proper underwriting. The answers are complete and true.**

Signed and Dated at \_\_\_\_\_ on \_\_\_\_\_  
City and State Date

Applicant's Signature \_\_\_\_\_

**I certify that I personally saw the applicant when the application was written, and each question was asked of the applicant and answered as recorded. All answers above are correct.**

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 WEB SITE AT [www.aflac.com](http://www.aflac.com).**

For policies that pay fixed dollar amounts for specified disease(s) or other specified impairment(s). 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
- \* 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 senior insurance counseling program.

## **Conversions**

Use the New Business application (**A-70001R** or **A-70002D**) for conversions. Please include the insured's current policy number. Standard conversion commissions will be paid and production credit given to the converting associate and his or her hierarchy based on the incremental increase system.

The pre-existing conditions limitation does apply to conversions. If in the future an applicant wants to convert to the higher plan and keep his or her current Building Benefit, complete the Building Benefit section of the application on Page 1.

## **Guide to Health Insurance for People With Medicare**

Give Form **A-10571-2003** to an applicant who is eligible for Medicare.

## **Additions/Reinstatements**

Use Form **A-70003R** for payroll and **A-70003D** for nonpayroll Personal Recovery Plus policy additions or reinstatements.

The reinstatement period for the PRP plan is two years, and it has its own reinstatement form (**A-70003R** or **A-70003D**). Back premium is NOT due. There is a ten-day waiting period for sickness.

## **Request for Change**

Use Form **H-L0046** for all Personal Recovery Plus policy changes.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR ADDITIONS/APPLICATION FOR REINSTATEMENT  
SPECIFIED HEALTH EVENT INSURANCE POLICY for A-70000 Series  
Supplemental Health Insurance Coverage  
American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: Columbus, GA 31999  
For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).**

Name of Policyholder \_\_\_\_\_ SSN \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Current Address of Policyholder \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Former Address of Policyholder \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Associate's/Agent's Signature and Writing Number \_\_\_\_\_  
 Licensed Associate/Agent

**PLEASE MAKE THE FOLLOWING CHANGES TO MY POLICY:**

**ADDITIONS ONLY** Person(s) to be added \_\_\_\_\_  
 Full name \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Reason(s) for addition(s) \_\_\_\_\_  
 Effective date of addition(s) \_\_\_\_\_  
 Type of coverage now desired:  Two-Parent Family  One-Parent Family

**REINSTATEMENT OF OR ADDITIONS TO POLICY:**

**PLEASE COMPLETE QUESTIONS 1 THROUGH 9.**

- Has anyone to be covered ever been diagnosed with or received treatment for any of the following by a member of the medical profession? (Check all that apply.)  Yes  No
 

<input type="checkbox"/> impaired kidney function, not including stones or acute infection	<input type="checkbox"/> cardiomyopathy
<input type="checkbox"/> cerebral vascular insufficiency	<input type="checkbox"/> stroke or TIA (two or more)
<input type="checkbox"/> congenital heart disease (excluding surgically corrected atrial septal defect)	<input type="checkbox"/> liver disease or disorder (excluding Hepatitis A)
<input type="checkbox"/> heart attack (two or more)	<input type="checkbox"/> cystic fibrosis
	<input type="checkbox"/> systemic lupus
- Within the last five years, has anyone to be covered been diagnosed with or received treatment for any of the following by a member of the medical profession? (Check all that apply.)  Yes  No
 

<input type="checkbox"/> angina	<input type="checkbox"/> atrial fibrillation
<input type="checkbox"/> peripheral vascular disease	<input type="checkbox"/> chronic obstructive pulmonary disease
<input type="checkbox"/> stroke or TIA (single event)	<input type="checkbox"/> arterial blockage
<input type="checkbox"/> coronary artery disease	<input type="checkbox"/> heart attack (single event)
<input type="checkbox"/> angioplasty, stent placement or bypass surgery	
- Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for Type I diabetes (insulin-dependent); or Type II diabetes (1) diagnosed prior to age 30, or (2) with complications to include retinopathy, neuropathy, or nephropathy, or (3) with continued tobacco use?  Yes  No

4. Within the last 12 months, has anyone to be covered been prescribed or received treatment with blood thinners, not including aspirin, by a member of the medical profession?  Yes  No
5. Within the last 12 months, has anyone to be covered received treatment by a member of the medical profession in an emergency room or hospital for hypertension (not related to pregnancy), or had a medication change to improve blood pressure readings?  Yes  No
6. Within the last 12 months, has anyone to be covered been prescribed medication for irregular heartbeat, heart palpitation or tachycardia (not including preventative treatment with antibiotics prior to dental appointment) or has anyone to be covered ever required treatment by a member of the medical profession with a pacemaker or defibrillator?  Yes  No
7. Within the last two years, has anyone to be covered received chemotherapy treatment by a member of the medical profession for any medical condition, not to include hormonal treatment for breast cancer?  Yes  No
8. Has anyone to be covered ever had or been advised to have an organ transplant or consulted with or been evaluated by a member of the medical profession of the need to have an organ transplant?  Yes  No
9. Within the last six months, has anyone to be covered had or been advised by a member of the medical profession of the need to have diagnostic tests performed to evaluate symptoms of chest pain, shortness of breath, blackouts, fainting, or dizziness?  Yes  No

**If any one of Questions 1 through 9 is answered yes, was it the:**

Named Insured  Spouse  Child? If "Child," please list the name of the child(ren) \_\_\_\_\_

**Any person(s) so designated will not be covered under the policy.**

I understand that the reinstated policy will cover only loss resulting from a covered Specified Health Event that occurs more than 10 days after the date of reinstatement. I understand that the information on this form applies **ONLY** to my AFLAC Specified Health Event Insurance Policy.

I have read, or had read to me, the completed application, and I realize that policy reinstatement is based upon statements and answers provided herein. They are complete and true to the best of my knowledge and belief, and I understand that AFLAC and I will have the same rights as provided under the policy(s) immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to the policy(s) in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy(s) Reinstatement Provision.

Signature \_\_\_\_\_

Signed and Dated at \_\_\_\_\_ on \_\_\_\_\_  
City and State Date

**MAKE CHECKS PAYABLE TO AFLAC. FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).**

**FOR WORLDWIDE HEADQUARTERS USE ONLY**

PTD _____	No. Months Dropped _____
Lapsed _____	\$ Applied _____
Reinstated _____	No. Months _____
Premiums Applied From _____	New PTD _____
Initials _____	

**REQUEST FOR ADDITIONS/APPLICATION FOR REINSTATEMENT  
 SPECIFIED HEALTH EVENT INSURANCE POLICY for A-70000 Series  
 Supplemental Health Insurance Coverage  
 American Family Life Assurance Company of Columbus (AFLAC)  
 Worldwide Headquarters: Columbus, GA 31999  
 For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).**

Name of Policyholder \_\_\_\_\_ SSN \_\_\_\_\_  
 Policy Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Current Address of Policyholder \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Former Address of Policyholder \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Associate's/Agent's Signature and Writing Number \_\_\_\_\_  
 Licensed Associate/Agent

**PLEASE MAKE THE FOLLOWING CHANGES TO MY POLICY:**

**ADDITIONS ONLY** Person(s) to be added \_\_\_\_\_  
 Full name \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Relationship \_\_\_\_\_  
 Reason(s) for addition(s) \_\_\_\_\_  
 Effective date of addition(s) \_\_\_\_\_  
 Type of coverage now desired:  Two-Parent Family  One-Parent Family

**REINSTATEMENT OF OR ADDITIONS TO POLICY:**

**PLEASE COMPLETE QUESTIONS 1 THROUGH 8.**

1. Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for any of the following?  Yes  No
  - \* Any disease, disorder or abnormality of the heart including cardiomyopathy, heart attack, congestive heart failure, or congenital heart disease, (excluding surgically corrected atrial septal defect)
  - \* Chronic obstructive pulmonary disease (COPD)
  - \* Any disease, disorder or abnormality of the circulatory system, including stroke, transient ischemic attack (TIA), arterial blockage, or cerebral vascular insufficiency
  - \* Cystic fibrosis
  - \* Type I diabetes
  - \* Kidney disease or disorder (excluding stones or acute infection) or kidney failure
  - \* Liver disease or disorder (excluding hepatitis A)
  - \* Systemic lupus
  - \* Sickle cell anemia
  
2. Has anyone to be covered ever been diagnosed with or received treatment by a member of the medical profession for Type II diabetes diagnosed prior to age 30; Type II diabetes with complications to include retinopathy, neuropathy, or nephropathy; Type II diabetes that required insulin use within the last 12 months; or Type II diabetes with continued tobacco use?  Yes  No
  
3. Has anyone to be covered ever had or been advised to have an organ transplant or consulted with or been evaluated by a member of the medical profession of the need to have an organ transplant?  Yes  No



4. Has anyone to be covered ever been diagnosed or treated by a member of the medical profession as having AIDS, or has anyone to be covered ever tested positive for the human immunodeficiency virus (HIV) or HTLV-III (antibodies to human T-lymphotropic virus Type III)?  Yes  No
5. Within the last two years, has anyone to be covered received chemotherapy treatment by a member of the medical profession for any medical condition, not to include hormonal treatment for breast cancer?  Yes  No
6. Within the last 12 months, has anyone to be covered been prescribed or received treatment by a member of the medical profession with blood thinners, not including aspirin?  Yes  No
7. Within the last 12 months, has anyone to be covered received emergency treatment by a member of the medical profession or received treatment in a hospital facility for hypertension or had a medication change to improve blood pressure readings?  Yes  No
8. Within the last six months, has anyone to be covered had or received treatment by a member of the medical profession for chest pain, shortness of breath, blackouts, fainting or dizziness, or been advised by a member of the medical profession to have diagnostic tests to evaluate these symptoms?  Yes  No

9. **If any one of Questions 1 through 8 is answered yes, was it the:**  
 Named Insured  Spouse  Child? If "Child," please list the name of the child(ren) \_\_\_\_\_  
 \_\_\_\_\_  
**Any person(s) so designated will not be covered under the policy.**

10. Please list your height and weight: Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

I understand that the reinstated policy will cover only loss resulting from a covered Specified Health Event that occurs more than 10 days after the date of reinstatement. I understand that the information on this form applies **ONLY** to my AFLAC Specified Health Event Insurance Policy.

I have read, or had read to me, the completed application, and I realize that policy reinstatement is based upon statements and answers provided herein. They are complete and true, and I understand that AFLAC and I will have the same rights as provided under the policy(s) immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to the policy(s) in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy(s) Reinstatement Provision.

Signature \_\_\_\_\_

Signed and Dated at \_\_\_\_\_ on \_\_\_\_\_  
 City and State Date

**MAKE CHECKS PAYABLE TO AFLAC. FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522). VISIT OUR WEB SITE AT [www.aflac.com](http://www.aflac.com).**

<b>FOR WORLDWIDE HEADQUARTERS USE ONLY</b>	
PTD _____	No. Months Dropped _____
Lapsed _____	\$ Applied _____
Reinstated _____	No. Months _____
Premiums Applied From _____	New PTD _____
Initials _____	

## Claims

Instruction Sheet **(S-3087)** provides easy-to-read instructions for filing Personal Recovery Plus claims. A copy of the itemized hospital bill and the Attending Physician's Statement **(S-2029)** is required. The Authorization to Release Information section of the claim form must be signed.

To ensure prompt and efficient claim service, please list all applicable policy numbers when filing a claim.

## Medicaid

Although Personal Recovery Plus is not available for purchase by applicants covered by Medicaid or similar programs, the policy is guaranteed-renewable. If a policyholder goes on Medicaid after purchasing PRP, he or she may keep the policy by continuing to pay premiums. However, Medicaid recipients are not eligible for benefits from the policy. If claim documents indicate that treatment is covered by Medicaid or a similar government-funded program, whether or not the policyholder was covered by such program when the policy was purchased, AFLAC must pay benefits to the state.

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Forms Needed for the Sale of AFLAC's Personal Recovery Plus**

(Forms may vary by state.)

<b>FORMS</b>
Policy A-70100
Policy A-70200
First-Occurrence Rider A-70250
Brochure A-70275R
Brochure A-70175R
Insert Page A-70276
Mailer A-70090
Statement of Understanding A-13072
Payroll Application A-70001R
Nonpayoll Application A-70002D
Premium Rates M-RS061
Payroll Reinstatement Form A-70003R
Nonpayroll Reinstatement Form A-70003D
Change Form H-L0046
Instruction Sheet S-3087
Claim Form S-2029
Payroll Account Acknowledgement Form M-0138
Medicare Guide A-10571-2003
Outline of Coverage A-70125
Outline of Coverage A-70225
Field Sales Guide M-0944R