

Peace of Mind *and*
Cash Benefits



LUMP SUM SPECIFIED DISEASE/
CRITICAL ILLNESS

LS^{CI}

Aflac[®]

We've got you under our wing.[®]

LUMP SUM SPECIFIED DISEASE/ CRITICAL ILLNESS

Policy Series A72000

LS^{CI}

The Need

Getting the best out of life: It's something that everyone strives for. And the assurance of knowing you're safe and sound plays a large part in being able to enjoy it to the fullest. With heart disease being the leading cause of death in the United States and strokes affecting about 795,000 people each year,¹ Aflac's Lump Sum Specified Disease/Critical Illness plan can help with the treatment costs of these illnesses and health events.

More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With Aflac's Lump Sum Specified Disease/Critical Illness plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



THE LUMP SUM SPECIFIED DISEASE/ CRITICAL ILLNESS INSURANCE POLICY:

- Is completely portable.
- Is Guaranteed-Renewable for your lifetime.

CONSIDER THESE FACTS:

- In 2012, an estimated 1.25 million people will experience a heart attack.¹
- About every 34 seconds, someone suffers a heart attack.¹
- Every 40 seconds, someone suffers a stroke. About 795,000 strokes occur in the United States each year.¹

No one wants to think that a serious illness could occur, but shouldn't you consider how you and your family would manage if you were unable to work due to an illness? An Aflac Lump Sum Specified Disease/Critical Illness policy could make a difference to your well-being, your family, and your future.

¹Heart Disease and Stroke Statistics, American Heart Association, 2012 Update.

Aflac herein means American Family Life Assurance Company of Columbus.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS: Aflac will not pay benefits for any Loss that is caused by a Pre-Existing Condition unless it begins more than 12 months after the Effective Date of coverage or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid. Benefits are payable for only one covered Loss at a time per Covered Person.

Aflac will not pay benefits for any event that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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

For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force.

No indemnity will be paid for loss caused by the voluntary use of any controlled substance as defined in the Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by his or her Physician for the insured.

The policy does not cover Loss caused by or resulting from: (1) committing, or attempting to commit, an illegal activity that is defined as a felony (*felony* is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any type penal institution; (2) intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; (3) being exposed to war or any act of war, declared or undeclared; or (4) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (Upon notice to us of entry into an armed service, your coverage will be suspended and the pro rata premium will be returned. If you are in the service for less than five years, your policy may be renewed on the date your service ends. To effect renewal, we must receive your written application and premium within 60 days of your discharge. Your policy will be renewed on the same basis as before it was suspended).

PRE-EXISTING CONDITION LIMITATIONS: A *Pre-Existing Condition* is an illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, medical advice or treatment was recommended by or received from a Physician. Benefits for a Loss that is caused by a Pre-Existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium, less any benefits paid.

TERMS YOU NEED TO KNOW

ANNUAL MAXIMUM BENEFIT: the maximum total of benefits payable under the policy, per Covered Person, per calendar year.

COMA: a continuous state of profound unconsciousness, diagnosed or treated on or after the Effective Date of coverage, lasting for a period of seven or more consecutive days and 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. *Coma* does not include any medically induced coma.

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction, coronary thrombosis, or coronary occlusion. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. *Heart Attack* will not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden Cardiac Arrest is not a Heart Attack.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a member of the medical profession after the Effective Date of coverage in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: heart, kidney, liver, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord injury. The Paralysis must be confirmed by your attending Physician.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. 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 (TIA), or cerebrovascular insufficiency.

ADDITIONAL TERMS

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

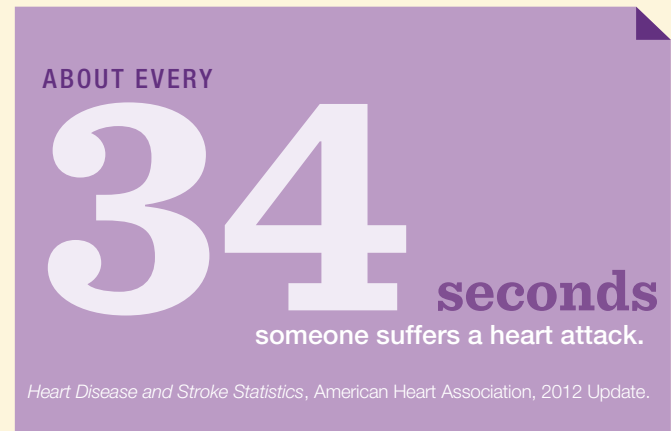
COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. This includes parties joined in civil union. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

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

GUARANTEED-RENEWABLE: the right to renew your policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

LOSS: a Critical Illness Event or Coronary Artery Bypass Graft Surgery.

ONSET DATE: the date of the occurrence for a Heart Attack or Stroke; the date of diagnosis for End-Stage Renal Failure, Paralysis, or Coma; or the date of surgery for a Major Human Organ Transplant or Coronary Artery Bypass Graft Surgery.



PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed as a Physician by the state where treatment is received to treat the type of condition for which a claim is made.

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, Sudden Cardiac Arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the policy. Sudden Cardiac Arrest is not a Heart Attack.



PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

WHAT WE WILL PAY

For benefits to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

MAJOR CRITICAL ILLNESS EVENT BENEFIT: Aflac will pay the Major Critical Illness Event Benefit amount shown in the Policy Schedule (\$10,000–\$30,000, available in \$5,000 increments) upon the Onset Date of a Covered Person's Critical Illness Event:

- Heart Attack
- Paralysis
- Coma
- End-Stage Renal Failure
- Stroke
- Major Human Organ Transplant

This benefit is payable only once for each of the above listed Critical Illness Events, per Covered Person.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT:

Aflac will pay 25 percent of the Major Critical Illness Event Benefit amount, shown in the Policy Schedule, upon a Covered Person's Onset Date of the following Critical Illness Events:

- Heart Attack
- Paralysis
- Coma
- End-Stage Renal Failure
- Stroke
- Major Human Organ Transplant

This benefit is payable once per Covered Person, per calendar year.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:

Aflac will pay \$3,000 when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime. This benefit is not subject to the Annual Maximum Benefit amount.

SUDDEN CARDIAC ARREST BENEFIT:

Aflac will pay \$5,000 upon a Covered Person's Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

**We've got you
under our wing.®**

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Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

