American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
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The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS INSURANCE

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.
If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" 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) **Lump Sum Critical Illness Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain Losses occur as a result of Critical Illness Events. Critical Illness Events are: Heart Attack, Sudden Cardiac Arrest, Ischemic Stroke, Hemorrhagic Stroke, Major Human Organ Transplant, End-Stage Renal Failure, Paralysis, Coma, or Bone Marrow Transplant. Coverage is provided for the specified conditions only.

(3) **Benefits**: Aflac will pay the following benefits, as applicable, while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. **PLEASE REFER TO THE POLICY FOR DETAILED POLICY PROVISIONS AND LIMITATIONS.**

INITIAL DIAGNOSIS BENEFIT:

Named Insured:	100% of the amount shown in the Policy Schedule
Spouse or Dependent Child:	50% of the amount shown in the Policy Schedule

Upon Onset Date of any of the following Critical Illness Events: Heart Attack • Sudden Cardiac Arrest • Ischemic Stroke • Hemorrhagic Stroke • Major Human Organ Transplant • End-Stage Renal Failure • Paralysis • Coma • Bone Marrow Transplant

Limited to one per Covered Person, per lifetime.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT: After receiving the Initial Diagnosis Benefit, upon Onset Date of a **recurrence** of that **same** Critical Illness Event, or an occurrence of a **different** Critical Illness Event:

50% of the Face Amount

No lifetime maximum.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT:
Upon undergoing Coronary Artery Bypass Graft Surgery:
25% of the Face Amount

Limited to one per Covered Person, per lifetime.

ACCIDENTAL-DEATH BENEFIT:

Named Insured:	100% of the Face Amount
Spouse or Dependent Child:	50% of the Named Insured's Accidental-Death Benefit amount

Accidental-Death must occur as a result of an Injury and must occur within 90 days of such Injury.

BUILDING BENEFIT: Accrues up to the annual amount of:
$500

Paid under the same terms as the Initial Diagnosis Benefit or the Accidental-Death Benefit, whichever is payable first. Payable one time per Covered Person, per lifetime.

(4) **Optional Benefits (may have been offered and accepted or declined):**

CRITICAL ILLNESS EVENT RECOVERY BENEFIT RIDER: (SERIES B71050)

CRITICAL ILLNESS EVENT RECOVERY BENEFIT: Per month, while a Covered Person remains in Critical Illness Event Recovery:
$500

CRITICAL ILLNESS EVENT HOSPITALIZATION BENEFIT RIDER: (SERIES B71051)

Aflac will pay the following benefits, as applicable, for a covered Critical Illness Event that occurs while coverage is in force, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions, unless indicated otherwise. The term "Hospital Confinement" does not include emergency rooms. **PLEASE REFER TO THE POLICY AND RIDER FOR DETAILED PROVISIONS AND LIMITATIONS.**

DAILY HOSPITAL CONFINEMENT BENEFIT: Per day for the Period of Hospital Confinement for a covered Critical Illness Event and a room charge is incurred:

$150

Payable for up to 30 days per covered Critical Illness Event, per Covered Person. No lifetime maximum.

HOSPITAL INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Per day when a Covered Person incurs a room charge for a Period of Hospital Intensive Care Unit Confinement for a covered Critical Illness Event:

$300

Payable in addition to the Daily Hospital Confinement Benefit. Payable for up to 15 days per covered Critical Illness Event, per Covered Person. No lifetime maximum.

AMBULANCE BENEFIT: For ground ambulance transportation to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and a charge is incurred:

$200

For air ambulance transportation to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and a charge is incurred:

$2,000

A licensed professional ambulance company must provide the ambulance service. Limited to two trips per covered Critical Illness Event, per Covered Person. No lifetime maximum.

TRANSPORTATION BENEFIT: When a Covered Person requires medical treatment in a Hospital due to a covered Critical Illness Event:

- Per round trip to a Hospital for travel by bus, trolley, boat, or a private, rental, or taxi vehicle:

  $100

- Per round trip to a Hospital when a Covered Person requires medical treatment due to a covered Critical Illness Event and travel by a Common-Carrier Vehicle is necessary:

  $500

  An additional amount is payable per round trip to a Hospital when a covered Dependent Child requires medical treatment due to a covered Critical Illness Event if travel by a Common-Carrier Vehicle is necessary and such Dependent Child is accompanied by any Immediate Family member:

  $1,000

Not payable for transportation by ambulance or air ambulance to the Hospital. Payable for up to three round trips per Calendar Year, per Covered Person.

LODGING BENEFIT: Per night, when a charge is incurred for a room in a motel, hotel, or other commercial accommodation for you or a member(s) of the Immediate Family that accompanies a Covered Person who is receiving medical treatment in a Hospital due to a covered Critical Illness Event:

$65

Limited to one room per night. Payable up to 15 days per covered Critical Illness Event.

CONTINUING CARE BENEFIT: Per day when, due to a covered Critical Illness Event, a Covered Person receives and incurs a charge for one or more treatment as a result of a recommendation from a licensed Physician:

$50

Eligible treatments are:
rehabilitation therapy • physical therapy • speech therapy • occupational therapy • respiratory therapy • dietary therapy/consultation • home health care • dialysis • hospice care • extended care • nursing home care

Limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Critical Illness Event. No lifetime maximum.

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

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. Benefits are payable for only one covered Loss at a time per Covered Person.

Aflac will not pay benefits for any Loss 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. If more than one Loss occurs on the same day, only the highest eligible benefit will be paid.

Aflac may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

Aflac will not pay benefits for Loss due to (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure.

The policy does not cover Loss caused by or resulting from:

- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any type of poison or inhaling any type of gas or fumes;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, if convicted ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being detained in any detention facility or penal institution;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term “intoxicated” refers to that condition as defined by the law of the jurisdiction in which the cause of the Loss occurred);
- Participating in any hazardous activities to include aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing); scuba diving; cave exploration; bungee jumping; mountain or rock climbing; or participating in a race, speed, or endurance contest, including practice activities, while operating or as a passenger of an air, land, or water vehicle;
- Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Having cosmetic surgery or other elective procedures; or
- Having dental treatment except as a result of Injury.

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, medication prescribed by a medical professional was taken or medical testing, medical advice, consultation, or treatment was recommended by or received from a medical professional, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment from a medical professional. 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.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitations, exclusive of any applicable waiting periods under the new coverage.

(6) Renewability: The policy is guaranteed-renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of the same form number and premium classification in the state in which the policy was sold that are then in force.

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.