American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For inquiries, obtaining information about coverage, and assistance in resolving complaints, call 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our Web site at aflac.com.

SHORT-TERM DISABILITY COVERAGE
Outline of Coverage for Policy Form A57600FL

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from Aflac.

1. **Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of the coverage. 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. Short-term disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or Sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. **Benefits.** The following benefits are a part of the policy.

   Aflac will pay the following benefits, as applicable, if your disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.

   Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after the policy has been in force ten months. The maximum period of disability allowed for disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your disability continues beyond these time frames.

   Disability due to Mental Illness is payable up to the Benefit Period and is limited to the Maximum Lifetime Disability Period For Mental Illness.

   Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's or Mental Health Provider's statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician or Mental Health Provider for these benefits to be payable. Benefits will cease on the date of your death.**

   A. TOTAL DISABILITY BENEFITS:

   1. If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:
      If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

      During the first 12 months of your Total Disablility, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

      You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

   2. If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

      If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as

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certified by a Physician or Mental Health Provider, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician or Mental Health Provider no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician or Mental Health Provider from the prior disability, are no longer disabled and are no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial duties of such job, you have been released by a Physician or Mental Health Provider from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

B. WAIVER OF PREMIUM BENEFIT: If your covered Sickness or covered Off-the-Job Injury causes your Total Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while the policy is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's or Mental Health Provider's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's or Mental Health Provider's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for disability benefits.

The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

4. OPTIONAL BENEFITS:

Disability Benefit for On-the-Job Injury Rider: (Series A57650) Applied For: ☐ Yes ☐ No

Aflac will pay the following benefits, as applicable, if your disability is caused by a covered On-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Injury. We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.

A. TOTAL DISABILITY BENEFITS:

1. If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered On-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for the On-the-Job

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Injury Disability Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

During the first 12 months of your Total Disablility, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

2. If you do not have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered On-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician from the prior disability, are no longer disabled and are no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial duties of such job, you have been released by a Physician from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

B. WAIVER OF PREMIUM BENEFIT: If your covered On-the-Job Injury causes your Total Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while this rider is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for disability benefits.

The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

Additional Units of Disability Benefit Rider:
(Series A57651) Applied For: ☐ Yes ☐ No

Aflac will pay the following benefits, as applicable, if your disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and

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Exclusions, Pre-existing Condition Limitations, and other policy terms.

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after this rider has been in force ten months. The maximum period of disability allowed for disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your disability continues beyond these time frames.

Disability due to Mental Illness is payable up to the Benefit Period and is limited to the Maximum Lifetime Disability Period For Mental Illness.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's or Mental Health Provider's statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician or Mental Health Provider for these benefits to be payable. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit as described in your policy. The additional units of coverage will only be payable for a disability that begins after the Effective Date of this rider.

A. TOTAL DISABILITY BENEFITS:

1. If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

During the first 12 months of your Total Disablility, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

2. If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician or Mental Health Provider, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician or Mental Health Provider no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician or Mental Health Provider from the prior disability, are no longer disabled and are no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial

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duties of such job, you have been released by a Physician or Mental Health Provider from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

IMPORTANT PROVISIONS OF YOUR POLICY

LIMITATIONS AND EXCLUSIONS

A. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

B. Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician or Mental Health Provider within the first 30 days after the Effective Date of coverage, unless the resulting disability begins more than 12 months after the Effective Date of coverage.

C. Aflac will not pay benefits for a disability that is being treated outside the territorial limits of the United States.

D. 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.

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

F. Aflac will not pay benefits for a disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a disability due to an Injury; such disability will be covered to the same extent as a disability due to Sickness.

G. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:

1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician or Mental Health Provider and taken according to the Physician's or Mental Health Provider's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
3. 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 Mental Health Provider and taken according to the Physician's or Mental Health Provider's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
4. 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 incarcerated in any detention facility or penal institution;
5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
6. Having cosmetic surgery or other elective procedures that are not Medically Necessary;
7. Having dental treatment, except as a result of Injury;
8. Being exposed to war or any act of war, declared or undeclared;
9. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
10. Donating an organ within the first 12 months of the Effective Date of the policy;
11. Caffeine addiction, nicotine addiction, bereavement, situational depression, somatoform disorders (psychosomatic illness), or stress.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an 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, medical advice, consultation, or treatment was recommended or received, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

Renewability. The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed

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on all policies of the same form number and class in force in your state (in which the policy was sold), except that 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.

RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.

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