

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
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This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

SHORT-TERM DISABILITY COVERAGE
Outline of Coverage for Policy Series A57600

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 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.

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 statement to determine whether you are qualified to receive Disability benefits. Benefits will cease on the date of your death.**

A. TOTAL DISABILITY BENEFITS:

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

If your covered Sickness or covered Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Injury, 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.”

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.

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

If your covered Sickness or covered Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for each day you cannot perform such duties. 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, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

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 Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not 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, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

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

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

If your covered Sickness or covered Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you one-half of the Daily Disability Benefit for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) 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, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

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 period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not 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, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

C. WAIVER OF PREMIUM BENEFIT: If your covered Sickness or covered Injury causes your Total Disability or Partial 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 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.

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

4. OPTIONAL BENEFITS:

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 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 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.

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 statement to determine whether you are qualified to receive Disability benefits. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit or Partial 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 the rider.

A. TOTAL DISABILITY BENEFITS:

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

If your covered Sickness or covered Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Injury, 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."

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.

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

If your covered Sickness or covered Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for

each day you cannot perform such duties. 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, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

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 Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not 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, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

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

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

If your covered Sickness or covered Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you one-half of the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) 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, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

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 period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not 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, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

Aflac Value Rider:

(Series A57653) Applied For: ☐ Yes ☐ No

Aflac will pay you the greater of:

- (i) \$1,000 less any claims paid (excluding any Waiver of Premium Benefit paid under the policy and/or any benefit paid under the Specified Disease Lump Sum Benefit Rider, if applicable); or
- (ii) \$100

at the end of every consecutive five-year period from the rider Effective Date for which the rider remains in force. Each subsequent consecutive five-year period begins on the day after the previous consecutive five-year period ends. If you receive this Aflac Value Benefit and later file a claim that includes days of Disability occurring during the consecutive five-year period that qualified you to receive this Aflac Value Benefit, then we will reduce the amount payable for those days of Disability by the amount you received under the rider less \$100.

Both the policy and the rider must remain in force for five consecutive years for you to be eligible for the Aflac Value Benefit. If the rider is issued after the Effective Date of the policy, the initial consecutive five-year period begins on the rider Effective Date. This benefit is limited to five payments per lifetime.

The rider will terminate on the earlier of: (1) the termination of the policy to which the rider is attached; (2) your failure to pay the premiums for the rider; (3) your receipt of five payments under the rider; (4) your age at the time of any payment under the rider is 60 or greater and your policy will terminate before any subsequent payment under the rider is due; or (5) your death. When the rider terminates (is no longer in force), no further premium will be charged for it.

IMPORTANT PROVISIONS OF THE POLICY

LIMITATIONS AND EXCLUSIONS

- A.** Disability caused by 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 a Disability that is being treated outside the territorial limits of the United States.
- C.** Aflac will not pay benefits whenever a policyholder is determined to be a Specially Designated National or Blocked Person as defined by the Office of Foreign Assets Control (OFAC). Aflac will periodically check all policyholders against the list published by OFAC. If a policyholder is listed as a Specially Designated National or Blocked Person, the policy will be suspended and reported to OFAC.
- D.** Aflac will not pay benefits whenever fraud is committed in making a claim under the 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.
- E.** 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.
- F.** Aflac will not pay benefits for Disability when benefits are paid under any state or federal workers' compensation, employer's liability or other occupational disease law.
- 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. Being under the influence of a controlled substance (unless administered on the advice of a Physician or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);

3. Participating in, or attempting to participate in, 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);
4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
5. Having cosmetic surgery or other elective procedures;
6. Having dental treatment, except as a result of Injury;
7. Being exposed to war or any act of war, declared or undeclared;
8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;

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 symptoms existed that

would ordinarily cause a person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. The policy does not cover losses caused by or resulting from donating an organ within the first 12 months of the Effective Date of the policy.

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 on all policies of the same form number and class in force in your state, 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.

Premiums:

	Annual	Semiannual	Quarterly	Monthly
Policy: \$_____	\$_____	\$_____	\$_____	\$_____
Rider: \$_____	\$_____	\$_____	\$_____	\$_____
Rider: \$_____	\$_____	\$_____	\$_____	\$_____

**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.**