

AFLAC GROUP CRITICAL ILLNESS INSURANCE

Policy Series C20000



Aflac can help ease the financial stress of surviving a critical illness.

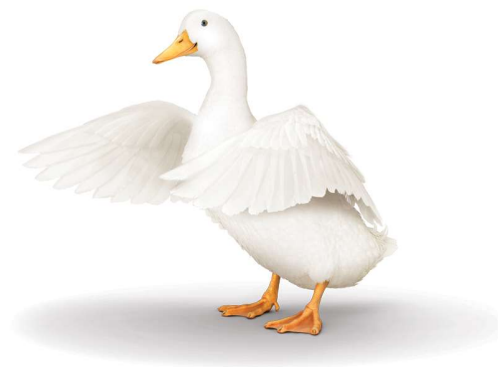
Chances are you may know someone who's been diagnosed with a critical illness. You can't help but notice the strain it's placed on the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that just aren't covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

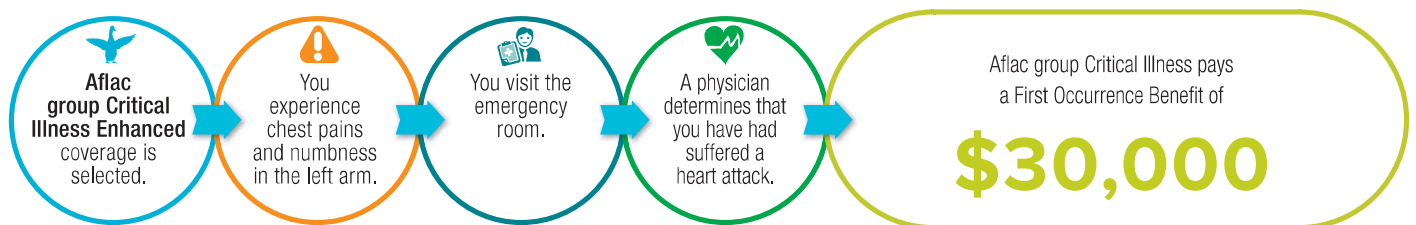
That's the benefit of an Aflac group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as cancer, a heart attack, or a stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction and stress over out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



How it works



Amount payable based on \$30,000 First Occurrence Benefit.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%
CARCINOMA IN SITU (Payment of this benefit will reduce your benefit for cancer by 25%.)	25%

FIRST OCCURRENCE BENEFIT

An insured may receive up to \$15,000 or \$30,000 (depending on coverage selected) upon the first diagnosis of each covered critical illness; if the date of diagnosis is while coverage is in force, **and** the certificate does not exclude the illness or condition by name or by specific description. We will pay benefits for a critical illness in the order the events occur. We will deduct any previously-paid partial benefits from the appropriate critical illness benefit.

SEPARATE DIAGNOSIS BENEFIT

We will pay benefits for each **different** critical illness after the first when the following conditions are met: the two dates of diagnosis must be separated by at least 6 months, or if the insured is treatment-free from cancer for at least 6 months, and are not caused by or contributed to by a critical illness for which benefits have been paid.

REOCCURRENCE BENEFIT

Once benefits have been paid for a critical illness, we will pay additional benefits for that **same** critical illness when the dates of diagnosis are separated by at least 12 months, or the insured has been treatment-free from cancer for at least 12 months and is currently treatment-free.

Cancer that has metastasized (spread), even though there is a new tumor, is not considered an additional occurrence unless the insured has been treatment-free for 12 months and is currently treatment-free.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge.

HEALTH SCREENING BENEFIT (Team Member and Spouse/Domestic Partner only)

We will pay \$50 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered Team Member and Spouse/Domestic Partner.

This benefit is not paid for dependent children.

COVERED HEALTH SCREENING TESTS INCLUDE:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test, blood test for triglycerides or serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast Cancer)
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- Chest x-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate Cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Thermograph

The plan has limitations and exclusions that may affect benefits payable.

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Benefits Overview – continued

COVERED SPECIFIED DISEASES:

COMA	100%
PARALYSIS	100%
LOSS OF SIGHT/HEARING/SPEECH	100%
MAJOR ORGAN TRANSPLANT	100%
END-STAGE RENAL FAILURE	100%
BENIGN BRAIN TUMOR	100%
OCCUPATIONAL HIV This benefit is payable for the initial positive diagnosis of occupational HIV if the diagnosis results from a covered injury. We will pay the indicated percentages of the applicable face amount. Occupational HIV Injuries are payable only once. After the benefit is paid, coverage for that covered person will terminate.	100%
ADVANCED ALZHEIMER'S DISEASE	25%
ADVANCED PARKINSON'S DISEASE	25%
CORONARY ARTERY BYPASS SURGERY (Payment of this benefit will reduce your benefit for heart attack by 25%.)	25%
SPECIFIED DISEASES BENEFIT We will pay the specified disease benefit if the insured is diagnosed with one of the specified diseases shown in the rider schedule if: the date of diagnosis occurs while the rider is in force; and the specified disease is not excluded by name or specific description in the rider. We will not pay benefits under the rider if these conditions result from another covered specified disease.	