

Peace of Mind *and*
Cash Benefits



LUMP SUM CRITICAL ILLNESS

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We've got you under our wing.*

LUMP SUM CRITICAL ILLNESS

Policy Series A72000

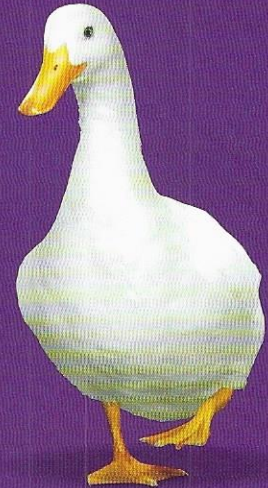
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The Need

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 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 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.

And unlike some other plans and coverage, the Subsequent Critical Illness Event Benefit has no lifetime maximum if you have a recurrence or another illness. That means as a policyholder, you've got the security of knowing that you will still receive benefits if you have another covered illness later in life.



THE LUMP SUM CRITICAL ILLNESS INSURANCE POLICY:

- Has no lifetime maximum.²
- 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 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.

²Excluding the Coronary Artery Bypass Graft Surgery Benefit and the Sudden Cardiac Arrest Benefit.

Aflac herein means American Family Life Assurance Company of Columbus.



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. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid. 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 amount listed 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

After qualifying for this benefit, such Covered Person will again become eligible for this benefit after five years from the later of (1) the Onset Date of any Critical Illness Event of such Covered Person or (2) the latest hospitalization or surgery due to such Covered Person's Critical Illness Event. No lifetime maximum.

SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT: After a Covered Person has previously qualified for benefits under the Major Critical Illness Event Benefit, Aflac will pay \$5,000 upon that Covered Person's Onset Date of:

- A recurrence of that same Critical Illness Event or
- An occurrence of a different Critical Illness Event.

For this benefit to be payable, the Onset Date of the Critical Illness Event must be 180 days or more from the Onset Date of any previously paid Critical Illness Event for such Covered Person. This benefit is not payable on the same day as the Major Critical Illness Event Benefit. No lifetime maximum.

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.

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.

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.

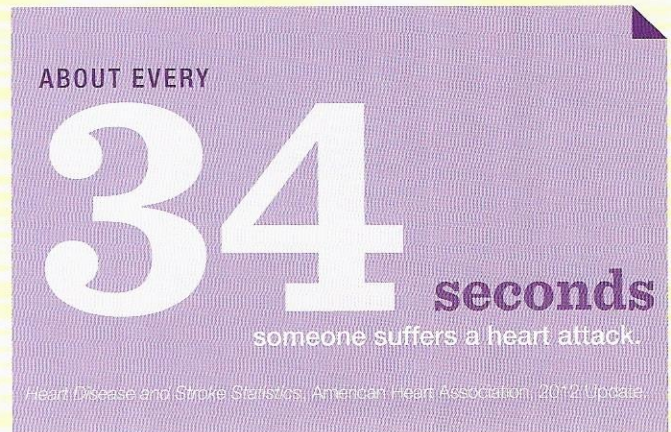
COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, 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 the relationship created by a 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. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

EFFECTIVE DATE: the date your coverage begins. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the Effective Date shown in the Policy Schedule.

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.

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.

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 six 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 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. If more than one Loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

The policy does not cover Loss caused by or resulting from: (1) 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 kind of poison or inhaling any kind of gas or fumes; (2) participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (*felony* is as defined by the law of the jurisdiction in which the activity takes place); (3) intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; (4) being involved in war or any act of war, declared or undeclared; or (5) actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve (upon receipt of your written request, we will return the premium paid for the policy during such service on a pro rata basis).

PRE-EXISTING CONDITION LIMITATIONS: A *Pre-Existing Condition* is an illness, disease, infection, disorder, or injury for which, within the six-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received. Benefits for a Loss that is caused by a Pre-Existing Condition will not be covered unless the Onset Date is more than six months after the Effective Date of coverage.

TERMS YOU NEED TO KNOW

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, not of an acute nature, 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.

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OPTIONAL LUMP SUM CANCER BENEFIT RIDER SUMMARY PAGE

Policy Rider Series A72000

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Riders become a part of the policy and are subject to all policy provisions, unless otherwise stated.

For benefits to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage, while coverage is in force, and must be separated by 180 days or more from the Onset Date of any other covered Loss. If more than one Loss per Covered Person occurs within 180 days, only the highest eligible benefit will be paid. 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.

WHAT WE WILL PAY

INTERNAL CANCER BENEFIT: Aflac will pay the amount listed in the Policy Schedule (\$10,000–\$30,000, available in \$5,000 increments) upon a Covered Person's Onset Date of Internal Cancer. This benefit is payable once per Covered Person, per lifetime.

Internal Cancer does not include Nonmelanoma Skin Cancers, Noninvasive Melanoma Skin Cancers, or Carcinoma In Situ.

CARCINOMA IN SITU BENEFIT: Aflac will pay \$2,000 upon a Covered Person's Onset Date of Carcinoma In Situ. This benefit is payable once per Covered Person, per lifetime.

CANCER-RELATED DEATH BENEFIT: Aflac will pay \$5,000 when a Covered Person suffers a Cancer-Related Death.

WHAT IS NOT COVERED LIMITATIONS AND EXCLUSIONS

Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of cancer; or any other disease, sickness, or incapacity. Aflac will not pay benefits for recurrence, direct extension, or metastatic spread of any cancer diagnosed prior to the Effective Date of coverage.

Aflac will not pay benefits for any Loss that is caused by a Pre-Existing Condition unless the Onset Date is more than six months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

REFER TO THE POLICY AND RIDER FOR COMPLETE DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

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Aflac will not pay benefits for a Loss that is diagnosed 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 rider 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.

Aflac will not pay benefits for Skin Cancers.

TERMS YOU NEED TO KNOW

CANCER-RELATED DEATH: death as a result of Internal Cancer. Internal Cancer must be listed as the primary or a contributing cause of death on the death certificate.

CARCINOMA IN SITU: a carcinoma in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

EFFECTIVE DATE: the Effective Date of the rider stated in the Policy Schedule. We require evidence of insurability before coverage is provided. On our approval of your application, coverage will begin on the Effective Date shown in the Policy Schedule.

INTERNAL CANCER: disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Internal Cancer also includes but is not limited to leukemia, Hodgkin's disease, myeloproliferative and myelodysplastic blood disorders, and invasive melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm. Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Internal Cancer. Internal Cancer does not include Nonmelanoma Skin Cancers, Noninvasive Melanoma Skin Cancers, or Carcinoma In Situ.

LOSS: Internal Cancer, Carcinoma In Situ, or Cancer-Related Death.

ONSET DATE: the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Internal Cancer or Carcinoma In Situ is based. The Onset Date is not the date the diagnosis is communicated to the Covered Person.

SKIN CANCER: a cancer that forms in the tissues of the skin and is confined to the skin. There are several types of Skin Cancer. Skin Cancer that forms in melanocytes (skin cells that make pigment) is called melanoma.

- **NONMELANOMA SKIN CANCER:** a cancer other than a melanoma that begins in the upper part of the skin (epidermis).
- **NONINVASIVE MELANOMA SKIN CANCER:** a cancer that has not spread outside the tissue in which it began and includes melanoma of Clark's Level I or II, or a Breslow level less than or equal to 1.5 mm.

TERMINATION

The rider will terminate upon the earlier of the Termination of the policy to which it is attached, the failure to pay the premiums for the rider, or the date upon which there are no longer any payable benefits for any Covered Person.

