

Lump Sum

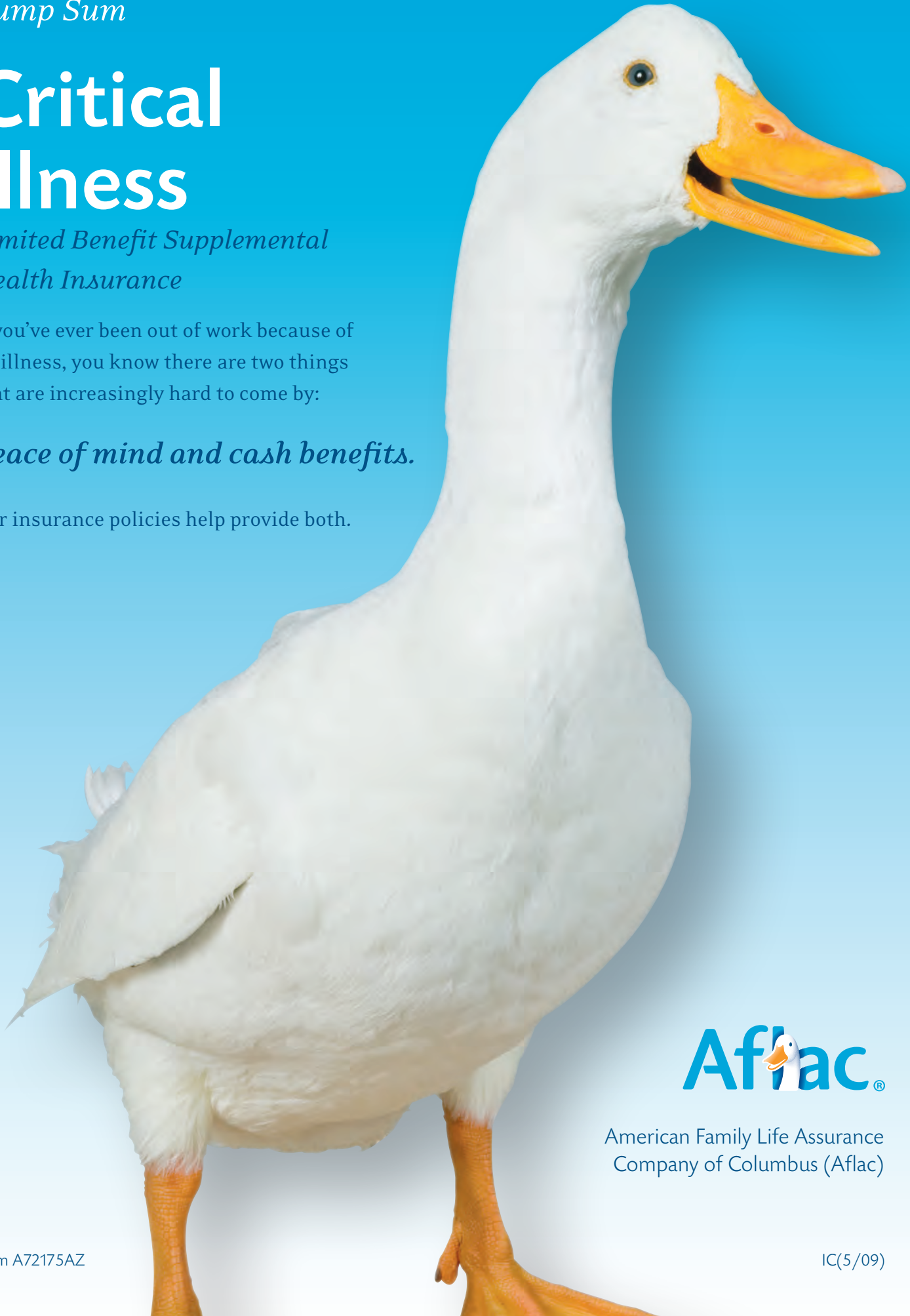
Critical Illness

*Limited Benefit Supplemental
Health Insurance*

If you've ever been out of work because of an illness, you know there are two things that are increasingly hard to come by:

Peace of mind and cash benefits.

Our insurance policies help provide both.



Aflac®

American Family Life Assurance
Company of Columbus (Aflac)

Critical Illness

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,² 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.¹
- Is completely portable.
- Is guaranteed-renewable until age 75.

Consider These Facts:

- In 2009, an estimated 1.25 million people will experience a Heart Attack.²
- About every 34 seconds, someone suffers a Heart Attack.²
- Every 40 seconds, someone suffers a Stroke. About 795,000 Strokes occur in the United States each year.²

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.

¹ Excluding the Coronary Artery Bypass Graft Surgery Benefit.

² *Heart Disease and Stroke Statistics*, American Heart Association, 2009 Update.

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
- End-Stage Renal Failure
- Paralysis
- Stroke
- Coma
- 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.

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 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 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 (*felony* is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any type penal institution; (3) intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; (4) being exposed to 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.

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 prudent person to seek diagnosis, care, or treatment. 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.

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

This brochure is for illustrative purposes only. See the policy for complete details, definitions, limitations, and exclusions.

Terms You Need to Know

Critical Illness Events

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.

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.

End-Stage Renal Failure: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

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.

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.

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.

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. 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 unmarried 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 25 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are unmarried, under age 25, and your dependents. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 25 at the time of application to be eligible for coverage.

Effective Date: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

Guaranteed-Renewable: the right to continue your policy in force by payment of the premium due on or before the renewal date. The policy is guaranteed-renewable to age 75, subject to Aflac's right to change premiums by class upon any renewal date. Coverage terminates on the policy anniversary date following a Covered Person's 75th birthday.

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. Sudden Cardiac Arrest is not a Heart Attack.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

