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ACCIDENTAL-DEATH AND -DISMEMBERMENT COVERAGE
Outline of Coverage for Policy Form A-33000-TX

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAWS AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

THIS POLICY 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 the Policy Carefully. This outline of coverage provides a brief description of the important features of the policy. 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 THE POLICY CAREFULLY!

(2) Accidental-Death and -Dismemberment Coverage. The policy is designed to provide coverage for certain losses that result from covered accidents only, subject to any limitations in your policy. It does not provide coverage for basic Hospital, basic medical-surgical or major medical expenses.

(3) Benefits. Benefit A is a preventive benefit; the death, dismemberment or injury of a covered person is not required for this benefit to be payable.

A. WELLNESS BENEFIT: After 12 months of paid premium for this policy, we will pay $60 (sixty dollars) for you or any one family member to undergo routine examinations or other preventive testing. Benefits include and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, prostatic specific antigen (PSA), ultrasounds and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date. **This benefit is payable only once each 12-month period.** Family members include your spouse and dependent children of either you or your spouse. Services must be under the supervision of or recommended by a Physician, and a charge must be incurred.

We will pay the following benefits as applicable if, while coverage is in force, a covered person's death, dismemberment or injury is caused by a covered accident. Death, dismemberment or injury must be independent of disease or bodily infirmity, or of any other cause other than a covered accident. Such accident must occur while coverage is in force

B. ACCIDENTAL-DEATH BENEFIT: We will pay the applicable lump-sum benefit indicated below for Accidental-Death. Death must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of such accident.

	Insured	Spouse	Child
Common-carrier accidents	$100,000	$50,000	$15,000
Other accidents	25,000	10,000	5,000

C. ACCIDENTAL-DISMEMBERMENT BENEFIT: We will pay the applicable lump-sum benefit indicated below for dismemberment due to a covered accident. Dismemberment must occur within 90 days of the accident.

Dismemberment or complete loss of, with or without reattachment:

	Insured	Spouse	Child
Both arms and both legs	$25,000	$10,000	$5,000
Two eyes, feet, hands, arms or legs	25,000	10,000	5,000
One eye, foot, hand, arm or leg	6,250	2,500	1,250
One or more fingers and/or one or more toes	1,250	500	250

Only the highest single benefit per covered person will be paid Accidental-Dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

D. INITIAL ACCIDENT HOSPITALIZATION BENEFIT: If a covered person requires Hospital Confinement for treatment of injuries sustained in a covered accident, we will pay an Initial Accident Hospitalization Benefit of $1,000 (one thousand dollars). This benefit is payable only once per Hospital Confinement and only once per calendar year per covered person.

Confinements must start within 30 days of the accident.

E. ACCIDENT HOSPITAL CONFINEMENT BENEFIT: If a covered person requires Hospital Confinement for treatment of Injuries sustained in a covered accident, we will pay $200 (two hundred dollars) for each day of confinement. We will pay this benefit up to 365 days per covered accident per covered person.

Confinements must start within 30 days of the accident.

F. INTENSIVE CARE UNIT CONFINEMENT BENEFIT: While a covered person is receiving the Accident Hospital Confinement Benefit, we will pay an additional $400 (four hundred dollars) for each day the covered person is confined in an Intensive Care Unit. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident per covered person.

Confinements must start within 30 days of the accident.

G. ACCIDENT EMERGENCY TREATMENT BENEFIT: If a covered person receives treatment for Injuries sustained in a covered accident, we will pay the following benefit for treatment received. This benefit is payable for: treatment by a Physician, X-rays, or treatment received in a Hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident per covered person.

Insured	Spouse	Child
$120	$120	$70

H. ACCIDENT FOLLOW-UP TREATMENT BENEFIT: If a covered person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident, we will pay $25 (twenty-five dollars) per treatment for such follow-up treatment. We will pay for one treatment per day for up to a maximum of six treatments per covered accident per covered person. The treatment must begin within 30 days of the covered accident or discharge from the Hospital. Treatments must be furnished by a Physician in a Physician's office or in a Hospital on an outpatient basis. **This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.**

I. PHYSICAL THERAPY BENEFIT: If a covered person receives emergency treatment for Injuries sustained in a covered accident and later a Physician advises the covered person to seek treatment from a Physical Therapist, we will pay $25 (twenty-five dollars) per treatment. Physical therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. We will pay for one treatment per day for up to a maximum of six treatments per covered accident per covered person. The treatment must take place within six months after the accident. **This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.**

J. ACCIDENT SPECIFIC-SUM INJURIES BENEFIT: If a covered person receives treatment for injuries sustained in a covered accident, we will pay $25 (twenty-five dollars)-$10,000 (ten thousand dollars) for dislocations, tendons and ligaments, burns, skin grafts, ruptured disc or torn knee cartilage, eye injuries, lacerations, internal injuries, fractures, concussion, torn rotator cuff, exploratory surgery, emergency dental work, partial amputations, coma and paralysis. See policy for specific amounts payable.

K. APPLIANCES BENEFIT: If, as a result of Injuries sustained in a covered accident, a Physician advises a covered person to use a medical appliance as an aid in personal locomotion, we will pay $100 (one hundred dollars). Benefits include and are payable for crutches, wheelchairs, leg braces, back braces and walkers. This benefit is payable once per covered accident per covered person.

L. PROSTHESIS BENEFIT: If a covered person requires use of a prosthetic device as a result of injuries sustained in a covered accident, we will pay $500 (five hundred dollars). This benefit is not payable for hearing aids, wigs or any dental aids to include false teeth. This benefit is payable once per covered accident per covered person.

M. AMBULANCE BENEFIT: If a covered person requires ambulance transportation to a Hospital or emergency center for injuries sustained in a covered accident, we will pay $100 (one hundred dollars). Ambulance transportation must be within 72 hours of the covered accident. We will pay $500 (five hundred dollars) for transportation provided by an air ambulance. A licensed professional ambulance company must provide the ambulance service.

N. TRANSPORTATION BENEFIT: If a covered person requires special treatment and confinement in a Hospital for injuries sustained in a covered accident, we will pay $300 (three hundred dollars) per trip. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. This benefit will be paid only for the covered person for whom the special treatment is prescribed, or if the treatment is for a dependent child and commercial travel is necessary, the dependent child's parent or legal guardian who travels with the dependent child will also receive this benefit (only one person will be paid to travel with such dependent child). The local attending Physician must prescribe the treatment, and the treatment must not be available locally. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 100-MILE RADIUS OF THE SITE OF THE ACCIDENT OR RESIDENCE OF THE COVERED PERSON. This benefit is payable for up to three trips per calendar year per covered person.

O. FAMILY LODGING BENEFIT: If a covered person requires Hospital confinement for the treatment of injuries sustained in a covered accident, we will pay $100 (one hundred dollars) per night for one motel/hotel room for a member(s) of the Immediate Family to accompany the covered person. This benefit is payable only during the same period of time the injured covered person is confined to the Hospital. THE HOSPITAL AND MOTEL/HOTEL MUST BE MORE THAN 100 MILES FROM THE RESIDENCE OF THE COVERED PERSON. This benefit is payable up to 30 days per covered accident.

P. BLOOD AND PLASMA BENEFIT: If a covered person requires blood and/or plasma for the treatment of Injuries sustained in a covered accident, we will pay $100 (one hundred dollars). This benefit does not pay for immunoglobulins and is payable only one time per covered accident per covered person.

Q. CONTINUATION OF COVERAGE BENEFIT: If you are paying your premiums through payroll deduction and you leave your employer for any reason after your policy has been in force for six months and we have received premiums for six consecutive months, we will waive all monthly premiums due for the policy and riders, if any, up to the date your premium payments are re-established. You or your employer must notify us in writing within 30 days of the date your premium payments cease due to your leaving employment. For you to take advantage of this benefit, you must re-establish premium payments within two months of the date you leave the employer who was remitting your premiums. You can re-establish your premium payments through: (1) your new employer's payroll deduction process; or (2) direct payment to AFLAC.

This benefit will again become available once you have re-established your premium payments through an employer's payroll deduction process for a period of six months and we have received premiums for six consecutive months. **"Payroll deduction" means your premium is remitted to AFLAC for you by your employer through a payroll deduction process.**

(4) OPTIONAL BENEFITS

A. Off-the-Job Accident Disability Benefit: (Form A-33050-TX)
Applied For: ☐ Yes ☐ No

This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability caused by a Pre-existing Condition or re-injuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A "Pre-existing Condition" is an 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.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: (1) We will not pay benefits for an accident that is caused by or occurs as a result of you being Totally Disabled while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

1. While this coverage is in force, we will insure you as follows:

a) Through Age 69: If your Off-the-Job Accident is covered and causes you to be Totally Disabled within 90 days of, and as a result of, your accident, we will pay you one-thirtieth per day of $_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period.

b) Age 70 and above: If your Off-the-Job Accident is covered and you require Hospital Confinement within 90 days of, and as a result of, your accident, we will pay you one-thirtieth per day of $_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period.

Benefits will be paid for only one disability at a time, even if it is caused by more than one Injury. Benefits are not payable for Items 1a and 1b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or use an independent consultant and Physician's statement to determine whether you are Totally Disabled.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT WILL BE PAYABLE UNDER THIS POLICY.

B. On-the-Job Accident Disability Benefit: (Form A-33051-TX)
Applied For: ☐ Yes ☐ No

This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule. This rider is available only for full-time employees working 30 hours or more per week.

PRE-EXISTING CONDITIONS: Disability caused by a Pre-existing Condition or re-injuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A "Pre-existing Condition" is an 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.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for an accident that is caused by or occurs as a result of you being Totally Disabled while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued. Refer to your policy for additional Limitations and Exclusions.

1. While this coverage is in force, we will insure you as follows:

a) Through Age 69: If your On-the-Job Accident is covered and causes you to be Totally Disabled within 90 days of, and as a result of, your accident, we will pay you one-thirtieth per day of $_____ for each day you remain Totally Disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period.

b) Age 70 and above: If your On-the-Job Accident is covered and you require Hospital Confinement within 90 days of, and as a result of, the accident, we will pay you one-thirtieth per day of $_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period.

Benefits will be paid for only one disability at a time even if it is caused by more than one Injury. Benefits are not payable for Items 1a and 1b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT WILL BE PAYABLE UNDER THIS POLICY.

C. Sickness Disability Benefit: (Form A-33052-TX) **Applied For: ☐ Yes ☐ No**
This rider does not apply to the spouse or dependents. It applies to the Insured only, as shown in the Policy Schedule.

PRE-EXISTING CONDITIONS: Disability or hospitalization caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. A "Pre-existing Condition" is a Sickness 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.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS RIDER: We will not pay benefits for a disability that is caused by or occurs as a result of you: (1) being Totally Disabled while outside the territorial limits of the United States or, if outside the United States, the territorial

limits of the place where your policy was issued; (2) being pregnant on the Effective Date of this rider. Complications of such pregnancy will be covered to the same extent as a Sickness. Refer to your policy for additional Limitations and Exclusions.

1. While this coverage is in force, we will insure you as follows:

a) Through Age 69: If you are Totally Disabled due to Sickness, we will pay you one-thirtieth per day of $_____ for each day you remain disabled. This benefit is payable up to the Benefit Period you selected and is subject to the Elimination Period.

b) Age 70 and above: If you require Hospital Confinement due to Sickness, we will pay you one-thirtieth per day of $_____ times three for each day you are confined. This benefit is payable up to the Benefit Period you selected and is not subject to the Elimination Period.

Benefits will be paid for only one disability at a time even if it is caused by more than one Sickness. Benefits are not payable for Items 1a and 1b for the same day. Turning age 70 will not stop benefits otherwise payable. **We reserve the right to meet with you during the pendency of a claim or to use an independent consultant and Physician's statement to determine whether you are Totally Disabled.**

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT WILL BE PAYABLE UNDER THIS POLICY.

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(5) Exceptions, Reductions and Limitations of this Policy (this is not a daily Hospital expense plan):

A. Benefits will not be paid for services rendered by a member of the Immediate Family of a covered person.

B. We will not pay benefits for an accident or Sickness that is caused by or occurs as a result of a covered person's:

1) 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 taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);

2) Driving any taxi for wage, compensation or profit;

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3) Mountaineering using ropes and/or other equipment, parachuting or hang gliding;

4) Participating in any 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;

5) Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;

6) Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of Injury;

7) Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces;

8) Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft; or

9) Participating in any sport or activity for wage, compensation or profit or racing any type vehicle in an organized event.

(6) Renewability. The policy is guaranteed-renewable for life 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.

(7) Grace Period. A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, the policy shall continue in force.

(8) Premiums.

	Annual	Semi-Annual	Quarterly	Monthly
Policy:	$_____	$_____	$_____	$_____
Riders:	$_____	$_____	$_____	$_____

THE PERSON TO WHOM THIS POLICY IS ISSUED IS PERMITTED TO RETURN THE POLICY WITHIN 30 DAYS OF ITS DELIVERY TO THAT PERSON AND TO HAVE THE PREMIUM PAID REFUNDED.___

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.