

Peace of Mind *and* Cash Benefits



PERSONAL CANCER PROTECTOR
CANCER INSURANCE

CA²

To the employees of:



Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



The Need

Despite the best efforts of doctors, researchers, and countless organizations, cancer remains a concern for many individuals and families. People from all walks of life are at risk, regardless of age, gender, or ethnic background. Here are a couple of statistics to help you understand the role cancer plays in America's overall health. According to the American Cancer Society:*

- 1** In the United States, men have slightly less than a 1-in-2 lifetime risk of developing cancer; for women, the risk is a little more than 1-in-3.
- 2** About 1,665,540 new cancer cases were expected to be diagnosed in 2014.

*Cancer Facts & Figures 2014.



ARE YOU PROTECTED IF SOMETHING UNEXPECTED HAPPENS?

HERE'S HOW WE CAN HELP.

Aflac's Personal Cancer Protector insurance policy helps you focus on getting well instead of being distracted by the stress and costs of medical and personal bills. With Aflac, you receive cash benefits directly, unless assigned—giving you the flexibility to help pay bills related to treatment like deductibles, copayments, and travel expenses. Aflac can also help with everyday living expenses, such as car payments, mortgage or rent payments, child care, and utility bills.

- 1** Your coverage is portable, which means it goes with you if you change jobs.
- 2** Guaranteed-Renewable – As long as your premiums are paid, your coverage is guaranteed.
- 3** Our policies have no deductibles, copayments, or network restrictions—you choose your own medical treatment provider.

Aflac herein means American Family Life Assurance Company of Columbus.



PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

FIRST-OCCURRENCE BENEFIT: *Aflac will pay \$2,000* when a covered person is diagnosed with internal cancer. This benefit is payable only once for each covered person and will be paid in addition to any other benefit in the policy. Internal cancer includes melanomas classified as Clark's Level III and higher. In addition to the pathological or clinical diagnosis required by the policy, we may require additional information from the attending physician and hospital. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.

HOSPITAL CONFINEMENT BENEFIT: *Aflac will pay \$300 per day* when a covered person is confined to a hospital for treatment of cancer and is charged as an inpatient. *Benefits increase to \$600 per day* beginning with the 31st day of continuous confinement.

A person confined to a U.S. government hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When cancer treatment is received in a U.S. government hospital, the remaining benefits do not require a covered person to be charged for such services.

RADIATION AND CHEMOTHERAPY BENEFIT: *Aflac will pay the charges incurred up to \$300 per day* as follows for a covered person who receives one or more of the following cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of cancer:
 - a. Administration by medical personnel in a doctor's office, clinic, or hospital.

- b. Self-injected medications or medications dispensed by a pump (limited to the cost of the drugs up to \$300 per prescription).
 - c. Oral chemotherapy, regardless of where administered (limited to the cost of the drugs up to \$300 per prescription, subject to a monthly maximum of \$1,200).
2. Radiation therapy.
 3. The insertion of interstitial or intracavitary application of radium or radioisotopes in sealed or nonsealed sources (The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal. Benefits will not be paid for each day the radium or radioisotope remains in the body.)

This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulations, dosimetries, treatment plannings, or other procedures related to these therapy treatments. This benefit is not payable the same day the Experimental Treatment Benefit is paid and is limited to \$300 per day.

EXPERIMENTAL TREATMENT BENEFIT: *Aflac will pay the charges incurred up to \$300 per day* for a covered person who receives experimental cancer treatments for the purpose of modification or destruction of abnormal tissue. The treatments must be consistent with one or more National Cancer Institute-sponsored protocols. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these therapy treatments. This benefit is not payable the same day the Radiation and Chemotherapy Benefit is paid.

CANCER
IS THE

2nd

MOST COMMON CAUSE OF DEATH
IN THE UNITED STATES, EXCEEDED
ONLY BY HEART DISEASE.*

IN THE UNITED
STATES, MEN HAVE
SLIGHTLY LESS
THAN A

1 IN 2

LIFETIME RISK OF DEVELOPING CANCER.*

*Cancer Facts & Figures 2014, American Cancer Society.

NURSING SERVICES BENEFIT: Aflac will pay the charges incurred up to \$100 per 24-hour day if, while confined in a hospital, a covered person requires private nurses and their services other than those regularly furnished by the hospital. Services must be required and authorized by the attending physician. This benefit is not payable for private nurses related to any covered person. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable.

ANTINAUSEA BENEFIT: Aflac will pay the charges incurred up to \$100 per calendar month when a covered person receives anti-nausea drugs that are prescribed while receiving radiation or chemotherapy treatments.

SKIN CANCER SURGERY BENEFIT: Aflac will pay the indemnity (\$100 to \$600) listed when a surgical operation is performed on a covered person for a diagnosed skin cancer (with or without anesthesia).

Exception: If skin cancer is diagnosed during hospitalization, benefits will be limited to the days the covered person actually received treatment for skin cancer [such as a malignant tumor, ulcer, pimple, or mole that may arise on the surface of the body (skin), including melanomas classified as Clark's Levels I and II]. No benefits will be payable for expenses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.

SURGICAL/ANESTHESIA BENEFIT: Aflac will pay the indemnity (\$100 to \$5,000) listed in the Schedule of Operations when a surgical operation is performed on a covered person for a diagnosed internal cancer. If any operation for the treatment of cancer is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule

of Operations for the operation most similar in severity and gravity. (Exception: Surgery for skin cancer will be payable under the Skin Cancer Surgery Benefit.) Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

Aflac will pay an indemnity benefit equal to 25 percent of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation. The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation shall not exceed \$6,250.

PROSTHESIS BENEFIT: Aflac will pay the charges incurred up to \$3,000 for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for cancer treatment. Lifetime maximum of \$3,000 per covered person.

Aflac will pay the charges incurred up to \$200 per person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of cancer treatment. Examples of these include voice boxes, hair pieces, and removable breast prosthesis. Lifetime maximum of \$200 per covered person.

IN-HOSPITAL BLOOD AND PLASMA BENEFIT: Aflac will pay the charges incurred up to but not exceeding \$100 times the number of days of covered hospital confinement paid under the Hospital Confinement Benefit if a covered person receives blood/plasma, blood processing, blood administration, crossmatching, and transfusion fees during a covered hospital confinement. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

OUTPATIENT BLOOD AND PLASMA BENEFIT: *Aflac will pay the charges incurred up to \$250* for blood/plasma processing, blood administration, crossmatching, and transfusion fees for each day a covered person receives blood transfusions for the treatment of cancer as an outpatient in a doctor's office, clinic, hospital, or ambulatory surgical center. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors.

SECOND SURGICAL OPINION BENEFIT: *Aflac will pay the charges incurred up to \$250* for a second surgical opinion concerning cancer surgery for a diagnosed cancer by a licensed physician not related to the covered person. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable.

NATIONAL CANCER INSTITUTE (NCI)

EVALUATION/CONSULTATION BENEFIT: *Aflac will pay \$500* when a covered person seeks evaluation or consultation at an NCI-sponsored cancer center as a result of receiving a prior diagnosis of internal cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of cancer treatment. If the NCI-sponsored cancer center is more than 100 miles from the covered person's residence, *Aflac will pay \$250* for the transportation and lodging of the covered person receiving the evaluation/consultation.

This benefit is also payable at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. This benefit is payable once per covered person.

AMBULANCE BENEFIT: *Aflac will pay the charges incurred for transportation* of a covered person to or from a hospital where the covered person receives cancer treatment. The hospital must be within 100 miles of the covered person's residence. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional company.

TRANSPORTATION BENEFIT: *Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel* (coach-class plane, train, or bus fare) for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person if a covered person requires special cancer treatment that has been prescribed by the local attending physician. Reimbursement will be made only for the method of transportation actually taken. Benefits are limited to \$1,500 per round trip. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a Dependent Child and commercial travel is necessary, Aflac will pay this benefit for up to two adults to accompany the Dependent Child. This benefit is not payable for transportation to any hospital located within a 100-mile radius of the residence of the covered person.

LODGING BENEFIT: *Aflac will pay the charges incurred up to \$60 per day* for lodging for you or any one adult family member when a covered person receives special cancer treatment at a hospital or medical facility more than 100 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit is limited to 60 days per calendar year.

BONE MARROW TRANSPLANTATION BENEFIT: *Aflac will pay the charges incurred up to \$10,000* if a covered person receives a bone marrow transplantation for the treatment of cancer during a covered hospital confinement. This does not include the harvesting of peripheral blood cells or stem cells and subsequent reinfusion. If the bone marrow transplant is performed on an outpatient basis, *Aflac will pay the charges incurred up to \$5,000*. After benefits for the recipient have been paid, we will pay the actual charges incurred for any medical expenses of the donor to the extent that benefits remain and are available under this benefit. *Aflac will also pay the bone marrow donor an indemnity of \$1,000* for his or her expenses incurred as a result of the transplantation procedure. This benefit is not payable for the same procedure as the Stem Cell Transplantation Benefit. Lifetime maximum of \$10,000 per covered person.

STEM CELL TRANSPLANTATION BENEFIT: *Aflac will pay the charges incurred up to \$2,500* if a covered person receives a peripheral stem cell transplantation for the treatment of cancer. This benefit is payable once per covered person. This benefit is not payable in conjunction with the payment of the Bone Marrow Transplantation Benefit. Lifetime maximum of \$2,500 per covered person.

EGG HARVESTING AND STORAGE (CRYOPRESERVATION) BENEFIT: *Aflac will pay \$1,500* for a covered person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per covered person, \$500 for the storage of a covered person's oocytes or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to chemotherapy or radiation treatment that has been prescribed for the covered person's treatment of cancer. Lifetime maximum of \$2,000 per covered person.

EXTENDED-CARE FACILITY BENEFIT: *Aflac will pay \$100 per day* if a covered person is hospitalized and receives Hospital Confinement Benefits and is later confined, within 30 days, to a section of the hospital used as an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit, or any bed designated as a swing bed for such continued confinement. This benefit is limited to the same number of days the covered person received Hospital Confinement Benefits. For each day this benefit is payable, benefits under the Hospital Confinement Benefit are not payable. If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second

confinement unless the covered person was again confined to a hospital prior to the second such confinement. Lifetime maximum of 365 days per covered person.

HOSPICE BENEFIT: *Aflac will pay \$100 per day for the first 60 days and \$50 per day for days over 60* for hospice care when a covered person is diagnosed with cancer, therapeutic intervention directed toward the cure of the disease is medically determined no longer appropriate, and the covered person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of cancer. This benefit does not cover the nonterminally ill who may be confined in a convalescent home; a rest or nursing facility; a skilled nursing facility; a rehabilitation unit; or a facility that provides treatment for persons suffering from mental disease or disorders, or that provides care for the aged, drug addicts, or alcoholics. This benefit is payable once per covered person and is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum of \$12,000 per covered person.

HOME HEALTH CARE BENEFIT: *Aflac will pay the charges incurred up to \$50 per visit* for home health care or health supportive services when provided on a covered person's behalf within seven days of release from the hospital for the treatment of cancer. This benefit will not be payable unless the attending physician prescribes such services to be performed in the home of the insured and certifies that if these services were not available, the insured would have to be hospitalized to receive the necessary care, treatment, and services. Home health care and health supportive services must be performed by a person who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility. This benefit is not payable the same day the Hospice Benefit is payable. This benefit is limited to ten visits per hospitalization and 30 visits in any calendar year for each covered person.



CANCER SCREENING WELLNESS BENEFIT: *Aflac will pay \$75* per calendar year for each covered person when a covered person receives one of the following: mammogram, breast ultrasound, Pap smear (lab and procedure), biopsy, flexible

sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon cancer), CA 125 (blood test for ovarian cancer), PSA (blood test for prostate cancer), thermography, or colonoscopy. These tests must be performed to determine whether cancer exists in a covered person. This benefit is also payable for an FDA-approved cancer prevention vaccine. The vaccine must be administered by licensed medical personnel. This benefit is limited to one payment per calendar year, per covered person. This benefit is a preventive benefit; a diagnosis of cancer is not required for this benefit to be payable.

THE FOLLOWING BENEFITS HAVE NO LIFETIME MAXIMUM: Hospital Confinement, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Skin Cancer Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, Home Health Care, and Cancer Screening Wellness.

WAIVER OF PREMIUM BENEFIT: If you, due to having internal cancer, are completely unable to do all of the usual and customary duties of your occupation (or, if you are not employed: you are unable to work at any occupation) for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a physician's statement of your inability to perform said duties or activities, and may each month thereafter require a physician's statement that total inability continues.

Aflac will also waive, from month to month, any premiums falling due while you are receiving hospice benefits under the Hospice Benefit.

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions: (1) The policy has been in force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction; (4) You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) You re-establish premium payments through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and we receive premiums for at least six consecutive months. (*Payroll deduction* means your premium is remitted to Aflac for you by your employer through a payroll deduction process.)

TERMS YOU NEED TO KNOW

EFFECTIVE DATE: The Effective Date of the policy is the date shown in the Policy Schedule, not the date the application is signed.

FAMILY COVERAGE: *Family Coverage* includes the insured, spouse, and all Dependent Children to age 26. Newborn children are automatically insured from the moment of birth. *One-parent family coverage* includes the insured and all Dependent Children to age 26. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. Children born to Dependent Children of the named insured or spouse are covered under the policy. Children for whom you must provide medical support under a court order are also covered under the terms of the policy. 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 while covered hereunder.

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.

GUARANTEED-RENEWABLE: The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change the applicable table of premium rates by class upon any renewal date.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

Aflac pays only for treatment of cancer, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions; conditions with malignant potential; or complications of any other disease, sickness, or incapacity. Pathological proof of diagnosis must be submitted. Clinical diagnosis will be accepted when a pathological diagnosis cannot be made, provided medical evidence sustains the diagnosis and the covered person receives treatment for cancer.

The policy contains a 30-day waiting period. This means that no benefits are payable for any covered person who has cancer diagnosed before coverage has been in force 30 days from the Effective Date shown in the Policy Schedule. If a covered person has cancer diagnosed during the waiting period, benefits for treatment of that cancer will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. Exception: Insureds age 65 and over will be covered six months from the Effective Date.

The First-Occurrence Benefit is not payable for: (1) any internal cancer diagnosed or treated before the Effective Date of the policy and the subsequent recurrence, extension, or metastatic spread of such internal cancer that is diagnosed or treated

after the Effective Date of the policy; (2) cancer diagnosed during the policy's 30-day waiting period; (3) the diagnosis of skin cancer or melanomas classified as Clark's Levels I and II. Any covered person who has had a previous diagnosis of cancer will not be eligible for a First-Occurrence Benefit under the policy for a recurrence, extension, or metastatic spread of that same cancer.

No benefits are payable for immunoglobulins or colony-stimulating factors.

A hospital does not include any institution, or part thereof, used as a hospice unit, including any bed designated as a hospice bed; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, drug addicts, or alcoholics.

PREMIUMS: Premiums are subject to change.

Risk Class: _____

	Annual	Semiannual	Quarterly	Monthly
Policy: A-59200-TX	\$_____	\$_____	\$_____	\$_____

Riders:

First-Occurrence Building Benefit Rider:

A-59050	\$_____	\$_____	\$_____	\$_____
---------	---------	---------	---------	---------

Specified-Disease Benefit Rider:

A-59052-TX	\$_____	\$_____	\$_____	\$_____
------------	---------	---------	---------	---------

The person to whom the policy is issued is permitted to return the policy to Aflac within 30 days of its delivery and to have the premium paid refunded.

FIRST-OCCURRENCE BUILDING BENEFIT RIDER SUMMARY PAGE

Rider A-59050

CA^R

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

FIRST-OCCURRENCE BUILDING BENEFIT

This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. All amounts cited in the rider are for one unit of coverage. If more than one unit has been purchased, then the amounts listed must be multiplied by the number of units in force.

FIRST-OCCURRENCE BENEFIT

The First-Occurrence Benefit, as defined in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while the rider remains in force. This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of the rider following the covered person's 65th birthday or at the time internal cancer is diagnosed for that covered person, whichever occurs first. However, regardless of the age of the covered person on the Effective Date of the rider, this benefit shall accrue for a period of at least five years unless internal cancer is diagnosed prior to the fifth year of coverage. (If this is individual coverage, no further premium will be billed for the rider after the payment of benefits.)

EFFECTIVE DATE

The Effective Date of the rider is the Effective Date of the policy to which it is attached or the Effective Date of the rider as stated in the Policy Schedule, if later.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons, or if the premium for the rider is not paid.

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

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999 | aflac.com



SPECIFIED-DISEASE BENEFIT RIDER SUMMARY PAGE

Rider A-59052-TX

CA^R

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

SPECIFIED-DISEASE BENEFITS

While coverage is in force, if an insured is first diagnosed with one or more of the covered specified diseases and is hospitalized for the definitive treatment of the covered specified disease, Aflac will pay the rates designated below.

INITIAL HOSPITALIZATION BENEFIT: Aflac will pay an Initial Hospitalization Benefit of \$1,000 when a covered person is confined to a hospital for 12 or more hours as a result of receiving treatment for a specified disease. *This benefit is payable only once per period of confinement and once per calendar year for each covered person.*

HOSPITAL CONFINEMENT BENEFITS: Aflac will pay \$200 per day when a covered person is hospitalized during any continuous period for 30 days or less for a covered specified disease. Benefits increase to \$500 per day beginning with the 31st day of continuous confinement. *No lifetime maximum.*

DEFINITION OF COVERED DISEASES

Specified disease used to describe this benefit means one or more of the diseases listed below:

- | | | | |
|--|----------------------------------|---------------------------------|------------------------------|
| a. Adrenal hypofunction (Addison's disease) | e. Diphtheria | l. Muscular dystrophy | s. Sickle cell anemia |
| b. Amyotrophic lateral sclerosis (ALS) (Lou Gehrig's disease) | f. Encephalitis | m. Myasthenia gravis | t. Systemic lupus |
| c. Cerebral palsy | g. Huntington's chorea | n. Necrotizing fasciitis | u. Tetanus |
| d. Cystic fibrosis | h. Legionnaires' disease | o. Osteomyelitis | v. Tuberculosis |
| | i. Malaria | p. Polio | |
| | j. Meningitis (bacterial) | q. Rabies | |
| | k. Multiple sclerosis | r. Scleroderma | |

For benefits to be paid, these diseases must be first diagnosed by a legally licensed doctor of medicine after the Effective Date of the benefit and after the 30-day waiting period. Diagnosis must be made by and upon a tissue specimen, culture, and/or titer. If any of these diseases is diagnosed during the 30-day waiting period, benefits for that disease will be paid for loss incurred only after the benefit has been in force two years.

Exception: Insureds age 65 and over will be covered six months from the Effective Date.

EFFECTIVE DATE

The Effective Date of the rider is the Effective Date of the policy or the Effective Date of the rider, as stated in the Policy Schedule, if later.

TERMINATION

The rider will terminate if the policy to which it is attached terminates or if the premium for the rider is not paid.

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

Underwritten by:
American Family Life Assurance Company of Columbus

Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999 | aflac.com





CITY OF HOUSTON AFLAC BENEFITS PACKET & APPLICATION 2015

Let Aflac help you make a great benefits package even better.

Dear City of Houston Employee:

We recognize that you have an excellent benefits package. That's why we're happy to announce that Aflac insurance policies are again being made available to employees of the City of Houston through payroll deduction.

The fact is, no matter how good most major medical policies are, they're not designed to pay **all** the costs associated with an accident or illness. With Aflac, benefits are paid directly to you – not to the doctors or the hospital, unless you choose otherwise – regardless of any other insurance you may have. What's more, you can use your cash benefits to help with expenses such as:

- Travel-related expenses for medical treatment.
- Everyday living expenses like mortgage or rent payments, car payments, groceries, utilities, and more.

For nearly 60 years, Aflac has been helping to provide a little more stability and helping you have peace of mind just in case a covered accident or illness should happen.

Thank you for considering Aflac insurance. Please see the accompanying page for more information about the application process. We look forward to meeting with you during the 2015 Open Enrollment.

Sincerely,

Debra Schmidt, *District Sales Coordinator*

Michael Grass, *Market Director*



Coverage is underwritten by American Family Life Assurance Company of Columbus.

Additional Information

During the application process:

Please attend the benefits meeting scheduled for your department where an Aflac agent will be available to assist you in selecting your policy options and fully completing the applications. Also, read the brochures and outlines of coverage for each policy.

The policies being made available are:

- ✓ Accident/Disability – 24 Hour Coverage (On/Off the Job)
- ✓ Cancer
- ✓ Hospital Confinement Indemnity

You may choose to apply for the following types of coverage:

- ✓ Employee-Only
- ✓ Employee & Spouse
- ✓ Employee & Dependent Children
- ✓ Employee, Spouse & Dependent Children

Please complete the personal information section at the top of the first page of the applications for the policies you have selected.

- ★ *If you have owned your policies for more than 10 years, please check with the agent who visits your location to be sure you are aware of all available upgrade option and filed all eligible wellness benefit claims.*

During Open Enrollment & anytime throughout the year:

- If you need further assistance in completing your application(s), or if you have any questions, please contact the office of Debra Schmidt, *District Sales Coordinator*, at 281-440-1133. An Aflac agent will assist you over the phone, or set-up an appointment to meet with you.
- For assistance with premiums, policy issues, or your payroll deductions, please contact Heather Kirk at 281-440-1133 ext. 123, or via email at heather_kirk@us.aflac.com.
- For assistance in completing a claim, please contact Teresa Baldwin at 281-951-0101, or via email at teresa_baldwin@us.aflac.com. You can also fax your claim directly to Teresa at 281-200-0673.

AFLAC SEMIMONTHLY PAYROLL RATES

Please indicate the type of coverage for which you are applying, and complete the corresponding application.

PERSONAL CANCER PROTECTOR PLAN

LEVEL 2

POLICY A-59200-TX; RIDERS A-59050, A-59052-TX

LEVEL 2:

<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
Base: \$11.40	Base: \$14.25	Base: \$18.95
BBR: \$1.50	BBR: \$2.25	BBR: \$3.25
SDR: .50	SDR: .75	SDR: \$1.00
TOTAL: \$13.40	TOTAL: \$17.25	TOTAL: \$23.20

This rate sheet is intended to be used as an insert page for Personal Cancer Protector Plan Brochure A59275LTXCOHR.

The rates shown are for illustration purposes only; they do not imply coverage.

Underwritten by: American Family Life Assurance Company of Columbus.



Application for Cancer Insurance (A-59000 Series)

Application to: American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

New
 Conversion
Policy Number: _____

Please Print In Black Ink - To Be Completed by Applicant

Applicant's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Applicant's SS# _____ - _____ - _____ Dependent Children Yes No
 (Complete spouse's name below if you are applying for Family coverage; if no spouse or spouse is not to be covered, put N/A in space below.)

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Address _____ Apt.# _____
Street or Post Office Box

City _____ State _____ ZIP Code _____

Home Telephone () _____

Policyowner's Name _____ Relationship to Applicant _____
(if other than applicant)

Address _____ Owner's SS# _____ - _____ - _____
Street or Post Office Box Apt.#

City _____ State _____ ZIP Code _____

Name of Employer City of Houston

Is this insurance intended to replace any other health insurance now in force? Yes No If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:

<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family
<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Family

Level 1: Policy (Series A-59100)	<input type="checkbox"/> CCAEA0	<input type="checkbox"/> CCAEA1	<input checked="" type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax
**Level 2: Policy (Series A-59200)	<input type="checkbox"/> CCAEB0	<input type="checkbox"/> CCAEB1	
Level 3: Policy (Series A-59300)	<input type="checkbox"/> CCAEC0	<input type="checkbox"/> CCAEC1	

Optional Rider:

Building Benefit Rider (Series A-59050) Units <u>5</u>	<input type="checkbox"/> CCAEFA	<input type="checkbox"/> CCAEFB
Specified Disease Rider (Series A-59052)	<input type="checkbox"/> CCAEDA	<input type="checkbox"/> CCAEDB

New rider Retain current rider

Billing Method: Payroll Deduction

Mode: 01 Weekly 01 Biweekly 01 Semimonthly 01 Monthly 03 Quarterly 06 Semiannual 12 Annual

Employee No.: _____ Dept. No.: _____ Assoc./Agent's No.: _____

Billable Premium: \$ _____ Premium Collected: \$ _____ PR _____ Sit. Code: _____

APPLICANT'S STATEMENTS AND AGREEMENTS:

1. Have you or anyone to be covered under this policy ever been diagnosed or treated for cancer of any type or form?
 Yes No **If no, please skip to Item 6 (if conversion, please skip to conversion section below).** If yes, was it the Named Insured Spouse Child?
If "child," please list the name of the child(ren) _____.
If yes, please complete Question 2 below.
2. Has the person(s) designated above:
(a) received treatment for cancer in the last five years? Yes No
(b) received hormonal therapy for cancer within the last 12 months? Yes No
If no to (a) and (b), please complete Internal Malignancy Form provided by your associate/agent and skip to Item 6.
If yes to (a), what type of cancer was it:
 Skin cancer or Melanomas of Clark's Level I or II? (Policy may be issued with a Skin Cancer Exclusion Rider.)
 Internal cancer or Melanomas of Clark's Level III or higher? (These individuals will not be covered under this policy.)
If yes to (b), the individual(s) will not be covered under this policy.

COMPLETE THIS SECTION ONLY IF THIS IS A CONVERSION.

- If this is an application to convert coverage from an existing AFLAC cancer policy to this new AFLAC cancer policy, please complete Question 1 above. **IF** your answer to Question 1 above was "yes," complete Question 3 below.
3. Have you or any person to be covered under this policy received benefits, other than Wellness Benefits, if any, under your existing AFLAC cancer policy in the last five years? Yes No
If no, please complete the Internal Malignancy Form provided by your associate/agent.
If yes, that person will not be covered under the new policy.
 4. If this is an application for a conversion, the following conditions apply: (a) If cancer is diagnosed between the date this application is signed and the Effective Date of the policy shown in the Policy Schedule, the policy for which this application is made will be void and coverage will continue under the terms of the previous policy, which may remain in force. Any benefits that may be due will be paid under the previous policy. (b) The waiting period and the Time Limit on Certain Defenses provision will run from the Effective Date of the original policy, and the original policy will be terminated as of the Effective Date of the new policy. Any premium paid on the original policy that is unearned as of the Effective Date of the new policy will be applied to the new policy.
 5. I understand that by not applying for the Building Benefit Rider that I will lose the building benefit accrued in my previous policy, if any. I also acknowledge that I was offered the Building Benefit Rider and declined it.
6. The Effective Date of the policy will be the date recorded on the Policy Schedule by AFLAC. **It is not the date the application is signed.** The policy has a 30-day waiting period that begins on the Effective Date of the policy.
 7. I acknowledge receipt of, if applicable:
 Fair Credit Reporting Notice Replacement Notice Outline of Coverage
 Guide To Health Insurance for People with Medicare
 8. I understand that: (a) the insurance policy I am now applying for will be issued based solely upon the written answers to questions and information asked for in this application; (b) AFLAC is not bound by any statement made by me, the applicant, or by any associate/agent of AFLAC, unless written herein; (c) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (d) the policy with this application and any endorsements, riders or other papers, if any, is the entire contract of insurance; and (e) no change to the policy will be valid until approved by an officer of AFLAC, which must be noted on or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by AFLAC may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Georgia, Illinois, Minnesota, Montana, Nevada, North Carolina, Oregon and Virginia.

Complete this section if applicant is applying for Specified Disease Rider Series A-59052. Please print in black ink.

**American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999**

SUPPLEMENTAL MEDICAL INFORMATION QUESTIONNAIRE FOR SPECIFIED DISEASE RIDER

Have you or anyone to be covered under this policy ever had adrenal hypofunction (Addison's disease), ALS (amyotrophic lateral sclerosis), cerebral palsy, cystic fibrosis, diphtheria, encephalitis, Huntington's chorea, Legionnaires' disease, malaria, meningitis (bacterial), multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, scleroderma, sickle-cell anemia, systemic lupus, tetanus or tuberculosis in any form? Yes No If yes, was it the: Named Insured Spouse Child?

If "child," please list the name of the child(ren) _____.
Any person(s) named will not be covered under Specified Disease Rider, Form Series A-59052.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to AFLAC on my behalf; and I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

If I am applying to convert my current policy to another AFLAC policy, I acknowledge that I have been advised that the policies have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am giving up my current policy and its benefits for the benefits provided in the new policy. I have read, or had read to me, the completed application, and I realize policy issuance is based upon statements and answers provided herein, and they are complete and true to the best of my knowledge and belief. I realize that any material misrepresentation therein may result in loss of coverage under the policy.

Applicant's Signature _____ Date _____

Associate's/agent's Signature _____ Date _____

Licensed Resident Associate/agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).



CANCER WELLNESS BENEFIT CLAIM FORM

If you are interested in filing your claim online, register using aflac.com/smartclaim.

- Benefits of filing your claim online include faster claim processing time and receiving claim communications by email.

Please read all instructions.

Failure to follow these instructions could delay the processing of your claim.

Your Aflac policy provides a Wellness Benefit. To receive your Wellness Benefit, complete the form by following the instructions provided. Please check your policy for specific details on this benefit.

- Do not include receipts, statements or other claim documentation with this form.
- Do not write on form except as instructed.
- Please sign, date and mail or fax the completed form to the Aflac address/fax number shown below.
- Please use black or blue ink only and print legibly when completing this form in its entirety.
- Mark only wellness exam box(es) for test(s) that you had performed.
- Failure to complete all sections may result in a delay in processing this claim.
- Some types of tests and/or treatment listed may not be covered by your policy.

Please keep a copy of this completed form for your records. Please print a separate form for each additional family member or call 1-800-99-AFLAC (1-800-992-3522) to request additional forms. Claims for all other benefits covered under this policy must be filed separately using the claim forms available at aflac.com or by calling 1-800-99-AFLAC (1-800-992-3522).

CANCER WELLNESS BENEFIT CLAIM FORM

Policy Number:

All Fields are required.

Policyholder Information:

Last Name Suffix First Name MI

Date of Birth (mm/dd/yy) / / Telephone Number where we can reach you - -

Home Address

City State Zip Code

Check box if this is permanent address change.

Patient Information:

Last Name First Name Date of Birth (mm/dd/yy) / /

Sex: Male Female

Relationship: Primary Policyholder Spouse Dependent Child
M M D D Y Y Y Y M M D D Y Y Y Y

Treatment Date: Mammogram Date: Pap Smear Date:

- | | | |
|--|---|---|
| <input type="checkbox"/> Breast MRI | <input type="checkbox"/> Testicular Ultrasound | <input type="checkbox"/> CA153 |
| <input type="checkbox"/> Chest X-ray | <input type="checkbox"/> Hemocult Stool Specimen | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Colonoscopy/Virtual Colonoscopy | <input type="checkbox"/> CEA (blood test for colon cancer) | <input type="checkbox"/> PSA (blood test for prostate cancer) |
| <input type="checkbox"/> Flexible Sigmoidoscopy | <input type="checkbox"/> CA 125 (blood test for ovarian cancer) | <input type="checkbox"/> Breast ultrasound/Breast sonogram |
| <input type="checkbox"/> Pap Smear/Pap Smear - ThinPrep | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> HPV Screening | <input type="checkbox"/> Cervical Cancer Screening | <input type="checkbox"/> Cancer Prevention Vaccine |

Actual Cost of Mammogram Physician's Phone Number: -

Physician's Name

Physician's Street Address

Physician's City State: Zip:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

The Provider listed above is authorized to validate the information I have provided.

POLICYHOLDER/PATIENT SIGNATURE FAMILY RELATIONSHIP, IF NOT POLICYHOLDER DATE



REQUEST FOR CHANGE

Fax No.: 706.317.6446

EMPLOYEE NO: _____ Requested Date of Change: ____/____/____
Employee Name _____ Social Security Number: ____-____-____
First M.I. Last
Current Mailing Address: _____ (CHECK IF THIS IS AN ADDRESS CHANGE ONLY [])
City: _____ State: _____ ZIP Code: _____
Department: _____ Work Phone: (____) ____-____ Cell or Home Phone: (____) ____-____

POLICY: [] Personal Accident Expense Policy (A-33000 series)
[] Voluntary Indemnity Policy (A-44000 series) (Hospital Indemnity)
[] Personal Cancer Protector Policy (A-59000 series)

PLEASE MAKE THE FOLLOWING CHANGES:

Full Name (First, M, Last) Date of Birth Relationship
[] ADDITIONS
ONLY
Reason: [] Marriage [] Divorce [] Other _____ Date of Event: ____/____/____
Type of Coverage now desired: [] Individual [] Named Insured/Spouse (not available with the Cancer) [] One-Parent Family
[] Two-Parent Family

Answer questions on Page 2

Full Name (First, M, Last) Date of Birth Relationship
[] DELETIONS
ONLY
Reason: [] Divorce [] Other: _____ Date of Event: ____/____/____
Type of Coverage now desired: [] Individual [] Named Insured/Spouse [] One-Parent Family [] Two-Parent Family

Answer questions on Page 2

[] NAME CHANGE Name shown on policy: _____
ONLY Change name to: _____
Reason: [] Marriage [] Divorce [] Other: _____ Date of Event: ____/____/____
Type of Coverage now desired: [] Individual [] Individual & Spouse [] One-Parent Family [] Two-Parent Family

[] CANCELLATION The insured/owner on the above-mentioned policy, wish to cancel the Aflac policy and/or policies I have
ONLY checked above.



REQUEST FOR CHANGE

Page 2

[] BENEFICIARY Change my primary beneficiary to the following designated person.

CHANGE ONLY

Last Name First M.I. Relationship Age

IMPORTANT: READ BEFORE SIGNING & PLEASE ANSWER THE APPROPRIATE QUESTIONS FOR ALL ADDITIONS

CANCER POLICY/QUESTION REQUIRED FOR ADDITIONS:

To the best of my knowledge no one to be ADDED under the terms of my CANCER policy has ever been diagnosed or treated for cancer of any type or form.

HOSPITAL INDEMNITY POLICY/ QUESTIONS REQUIRED FOR ADDITIONS:

- (1) Is anyone to be covered currently confined in a hospital or nursing home, or has hospitalization been recommended by a physician? [] Yes [] No
(2) Has anyone to be covered been confined in a hospital or nursing home within the last 24 months because of internal cancer, heart surgery, heart attack, stroke or congestive heart failure? [] Yes [] No
(3) Has anyone to be covered been confined in a hospital or a nursing home with the past 12 months for chronic liver disease, emphysema, chronic bronchitis, or Parkinson's disease? [] Yes [] No
(4) Has anyone to be covered ever been treated for or diagnosed as having Alzheimer's disease, senile dementia, systemic lupus, kidney failure, insulin dependent diabetes, acquired immune deficiency syndrome (AIDS) or AID-related complex (ARC)? [] Yes [] No
(5) If Question 1, 2, 3, or 4 was checked YES the person's name and relationship must be shown in the following space. ANY PERSON(S) SO NAMED WILL NOT BE COVERED UNDER THE POLICY.

Name Relationship Name Relationship

Policyholder Signature: _____ Date: ____/____/____

BENEFITS OFFICE ONLY:

AUTHORIZED BY: _____ Date: ____/____/____

(Aflac Policy Administrator)

Agent Name: _____

Agent Writing No: _____

Date: _____



aflac.com/social || 1.800.99.AFLAC (1.800.992.3522)

