

**AFLAC**  
**Accident**  
**Disability**  
**Plan**

# Exhibit XIX

## FOR ILLUSTRATION PURPOSES

### ACCIDENTAL DEATH, DISMEMBERMENT AND INJURY POLICY PREMIUMS SUBJECT TO CHANGE

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.

In this policy, you the Insured, as shown in the Policy Schedule, will be referred to as "you," "your" or "yours." **American Family Life Assurance Company of Columbus**, a stock company, will be referred to as "we," "our," "us" or "AFLAC."

### THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFE SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in a covered person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the payment of premiums at the rate in effect at the beginning of each term. We may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex or physical condition of any covered person(s). "Class" means "all policies of this form number and premium classification in your state that are then in force." If the established premium rate changes, we will notify you in writing at your last known address at least 30 days before the change becomes effective.

### CONSIDERATION

We promise to insure you for the benefits described in this policy. We make this promise in consideration of the application for this policy and the payment of the premium.

### YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance goals. If you are not satisfied, you may return it within 30 days after you receive it. Send it to: your associate (duly licensed agent); or to AFLAC Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. Our toll-free telephone number is 1-800-99AFLAC (1-800-992-3522). You will receive a full refund of all premiums paid, and your policy will be void from its Effective Date. If you return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

**IMPORTANT NOTICE:** Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete to the best of your knowledge and belief. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on it is not correct or complete. A material misrepresentation can result in the denial of a claim or termination of this policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

American Family Life Assurance Company of Columbus (AFLAC)  
Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999  
Call toll-free 1-800-99-AFLAC (1-800-992-3522).

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### Policy Schedule

INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE:        XXXXXX  
                      AAABBB

MODE OF PAYMENT: Monthly

DISABILITY BENEFIT PERIOD:

ELIMINATION PERIOD:

Accident:  
Sickness:

Accident:  
Sickness:

#### PREMIUMS

Policy:            \$XX

#### EFFECTIVE DATES

Policy:            XX/XX/XX  
Riders:            XX/XX/XX

In witness whereof, AFLAC's president and secretary signed this policy in Columbus, Georgia, as of the policy Effective Date shown in the Policy Schedule.



Joey M. Loudermilk, Secretary



Daniel P. Amos, President

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This policy is a contract between you and AFLAC.

READ YOUR POLICY CAREFULLY.

## Part 1 DEFINITIONS

- A. ACCIDENTAL-DEATH OR -DISMEMBERMENT:** death or dismemberment caused by an accident that occurs on or after the Effective Date of coverage and while coverage is in force, independent of disease or bodily infirmity or any other cause. See the Limitations and Exclusions provision for death or dismemberment not covered by this policy.
- B. CHIP FRACTURE:** a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached. It must be diagnosed by a Physician through the use of an X-ray.
- C. COMMON-CARRIER ACCIDENTS:** those accidents that occur on or after the Effective Date of coverage and while coverage is in force directly involving a vehicle in which a covered person is a passenger at the time of the accident and which is duly licensed by proper authority to transport passengers for a fee. Common-carrier vehicles are limited to airplanes, trains, buses, trolleys and boats that operate on a regularly scheduled basis between predetermined points or cities. **A taxi is not a common-carrier vehicle.**
- D. DISLOCATION:** a completely separated joint. It must be diagnosed as a dislocation by a Physician within 72 hours after the date of the accident. The dislocation must require correction by a Physician. It can be corrected by open or closed reduction.
- E. DISMEMBERMENT OR LOSS OF (WITH OR WITHOUT REATTACHMENT):** (1) Arm - actual severance above the elbow; (2) Leg - actual severance above the knee; (3) Hand - actual severance above the wrist; (4) Foot - actual severance above the ankle; (5) Finger - actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the hand; (6) Toe - actual severance at the joint (proximate to the first interphalangeal joint) where it is attached to the foot; and (7) Eye - loss of the eye or permanent loss of 80% of vision. **Loss of use does not constitute dismemberment, except as stated above in (7) Eye.**
- F. EFFECTIVE DATE:** the date shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.
- G. FRACTURE:** a break in a bone that can be seen by X-ray. It must be diagnosed as a fracture by a Physician within 14 days after the date of the accident. The fracture must require correction by a Physician. It can be corrected by open or closed reduction.
- H. HOSPITAL:** a legally operated institution licensed by the state in which it is located that maintains and uses on its premises or in facilities available to it on a prearranged, written, contractual basis; a laboratory, X-ray equipment and an operating room. The institution must also: have permanent and full-time facilities for the care of overnight-resident bed patients under the supervision of one or more licensed Physicians; provide 24-hour-a-day nursing service by or under the supervision of a registered professional nurse; and maintain the patients' written histories and medical records on the premises. The term "Hospital" also

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includes ambulatory surgical centers and satellite emergency centers. The term "Hospital" does not include any institution or part thereof used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

- I. **HOSPITAL CONFINEMENT:** a 24-hour overnight stay of a covered person confined to a bed in a Hospital as an inpatient, for which a charge is made. The Hospital Confinement must be on the advice of a Physician and medically necessary. Benefits are also payable for confinement in Hospitals operated by or for the United States government.
- J. **IMMEDIATE FAMILY:** anyone related to you in the following manner: your spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parent(s) (includes stepparents); grandchildren; father-in-law or mother-in-law; and spouses, as applicable, of any of these.
- K. **INJURY:** a bodily Injury caused directly by an accident, independent of Sickness, disease, bodily infirmity or any other cause, occurring on or after the Effective Date of coverage and while coverage is in force. See the Limitations and Exclusions provision for Injuries not covered by this policy.
- L. **INTENSIVE CARE UNIT (ICU):** a specifically designated facility of the Hospital that provides the highest level of medical care and that is restricted to those patients who are critically ill or injured. Such facilities must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement. The ICU must be permanently equipped with special lifesaving equipment for the care of the critically ill or injured, and the patients must be under constant and continual observation by nursing staffs assigned exclusively to the ICU on a full-time basis. These units must be listed as Intensive Care Units in the current edition of the American Hospital Association Guide or be eligible to be listed therein. This guide lists three types of facilities that meet this definition: (1) Intensive Care Unit; (2) Cardiac Intensive Care Unit; and (3) Infant (Neonatal) Intensive Care Unit.
- M. **OTHER ACCIDENTS:** those accidents that occur on or after the Effective Date of coverage and while coverage is in force that are not classified as Common-Carrier Accidents and that are not specifically excluded in the Limitations and Exclusions provision.
- N. **PARALYSIS:** spinal cord injuries received in a covered accident that result in complete and total loss of use of two or more limbs for a period of not less than three months. Your paralysis must be confirmed by your attending Physician.
- O. **PHYSICAL THERAPIST (also known as Physiotherapist):** a licensed specialist in physical therapy.
- P. **PHYSICIAN:** an individual who is legally qualified as a physician and licensed to practice medicine and who is operating within the scope of that license. The term "Physician" does not include: you or a member of your Immediate Family; or anyone who normally resides in your home or residence.
- Q. **PROSTHETIC DEVICE/PROSTHESIS:** an artificial device designed to replace a missing part of the body.

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- R. REDUCTION:** open-surgical repair; closed-manipulative repair.
- S. SICKNESS:** any disease, disorder, infection or any other abnormal physical condition not caused by an injury that is first manifested or treated more than 30 days after your Effective Date of coverage and while coverage is in force. It also includes a pregnancy which starts more than 30 days after your Effective Date of coverage and while coverage is in force. If the Sickness does start or is first manifested or treated within the first 30 days after your Effective Date of coverage, it will be considered a pre-existing condition. (This Definition only applies if Optional Sickness Disability Rider Form Series A-33052 is purchased).
- T. TYPE OF COVERAGE:** see your Policy Schedule to determine the type of coverage in force -  
- Individual, Husband-Wife, One-Parent Family or Two-Parent Family.
- (1) **Individual:** only you, the Insured listed in the Policy Schedule, are covered.
- (2) **Husband-Wife:** only you, the Insured, and your spouse are covered.
- (3) **One-Parent Family:** you, the Insured, and all of your dependent children (or those of your spouse) who are unmarried and under 25 years of age are covered. Dependent children are your natural children, stepchildren or legally adopted children who are unmarried and under 25 years of age. Children born to dependent children of the Named Insured or spouse are covered under this policy. Children in which you must provide medical support under a court order are also covered under the terms of the policy.
- (4) **Two-Parent Family:** you, the Insured, your spouse and all of your dependent children (or those of your spouse) who are unmarried and under 25 years of age are covered. Dependent children are your natural children, stepchildren or legally adopted children who are unmarried and under 25 years of age. Children born to dependent children of the Insured or the Insured's spouse are covered under this policy. Children in which you must provide medical support under a court order are also covered under the terms of the policy.

Persons covered under Individual, Husband-Wife, One-Parent Family or Two-Parent Family coverage are referred to as "covered persons." Newborn children are automatically covered under the terms of the policy from the moment of birth, and adopted children are covered from the date of petition. If Individual or Husband-Wife coverage is in force and you desire uninterrupted coverage for the newborn or adopted child, you must notify AFLAC within 31 days of the child's birth or the date of petition for adoption. Upon notification, AFLAC will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify AFLAC of the birth of your child or the date of petition for adoption, and an additional premium payment is not required. If you wish any other person to be covered after the Effective Date of the policy, you must apply for such coverage and that person must be added by endorsement. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any dependent child shall terminate on the policy anniversary date following the child's 25th birthday or the child's marriage, whichever occurs first. Termination shall be without prejudice to any claim originating prior thereto. Upon notification to us of the deletion of the last qualified dependent child, AFLAC will convert this policy to Individual or Husband-Wife coverage and will apply any excess premium paid as requested by the Insured. Coverage provided under any One-Parent Family or Two-Parent Family contract shall 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

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incapacitated while covered hereunder. Proof of such incapacity and dependency must be furnished to AFLAC by you within 31 days of the dependent child's 25th birthday. Proof of continued incapacity and dependency must be furnished at AFLAC's request, but not more often than annually, after the two-year period following the child's 25th birthday.

In the event of your death, your spouse, if covered hereunder, shall become the Named Insured and coverage shall continue in the same occupation class. Conversion rights do not apply to Off-The-Job Accident Disability Rider Series A-33050, On-The-Job Accident Disability Rider Series A-33051 and Sickness Disability Rider Series A-33052.

Form A91132TX

## Part 2 LIMITATIONS AND EXCLUSIONS

- 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;  
Form A-33016
  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.

## Part 3 RIGHT OF CONVERSION

If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was covered under Husband-Wife or Two-Parent Family coverage, then your ex-spouse can apply for and receive, without evidence of insurability, a policy in his/her occupation class providing coverage not greater than the terminated coverage. To obtain the policy, your ex-

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spouse must make application to AFLAC within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium. Conversion rights do not apply to Off-the-Job Accident Disability Rider Series A-33050, On-the-Job Accident Disability Rider Series A-33051 and Sickness Disability Rider Series A-33052.

If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution shall retain that status. Any covered dependents may be insured under either policy, but not both.

A dependent child covered under this policy who has reached his or her 25th birthday or who has married and desires to continue coverage as the Insured under a separate policy, may do so by notifying AFLAC of the request in writing. The child will have the right to continue coverage as an Insured on a separate equivalent policy in his/her occupation class without a requirement for evidence of insurability and without interruption in coverage, provided AFLAC receives written notification of the request prior to 30 days after the policy anniversary date following the dependent's 25th birthday or marriage. Conversion rights do not apply to Off-the-Job Accident Disability Rider Series A-33050, On-the-Job Accident Disability Rider Series A-33051 and Sickness Disability Rider Series A-33052.

Form A91132TX

## Part 4 UNIFORM PROVISIONS

- A. ENTIRE CONTRACT; CHANGES:** This policy, together with the application, endorsements, benefit agreements, riders and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the secretary and president of AFLAC at our worldwide headquarters. Any such change must be noted on or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.
- B. TIME LIMIT ON CERTAIN DEFENSES:** After two years from the Effective Date of this policy, any misstatements, except fraudulent misstatements, made by you in the application shall not be used to void the policy or to deny a claim for care commencing after the expiration of such two-year period.
- C. TERM:** The term of this policy begins at 12:00 o'clock midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at 12:00 o'clock midnight, at the same standard time, on the first renewal date. Each renewal term ends at 12:00 o'clock midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months and monthly for one month. If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.
- D. MISSTATEMENT OF AGE:** If an age has been misstated on the application, the benefits will be those the premium paid would have purchased at the correct age. We will refund all unearned premiums paid, less any benefits paid, if your misstated age at the time of application was outside the age limits for this policy.

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- E. REINSTATEMENT:** You may request reinstatement of your policy from our associate (duly licensed agent) or from AFLAC. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy shall be reinstated. If we require a written application and provide you with a conditional receipt, your policy will be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover only loss resulting from accidental injury that takes place after the date of reinstatement and loss resulting from Sickness that is diagnosed or treated more than 10 days after the date of reinstatement. In all other respects, the Insured and AFLAC shall have the same rights as provided under the policy immediately before the due date of the defaulted premium subject to any provisions added in connection with the reinstatement. Any premium accepted in connection with a reinstatement will not be applied to any period prior to the date of reinstatement.
- F. 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.
- G. MISSTATEMENT OF OCCUPATION OR INCOME:** If your occupation has been misstated, the benefits will be those that the premiums paid would have purchased for your correct occupation. If your income has been misstated, the benefit payable will be that which would have been allowed for your true income level, and any overpayment of premium will be refunded.
- H. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to AFLAC at our worldwide headquarters or to our associate (duly licensed agent). Notice of claim should include the name of the covered person and the policy number.
- I. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within 10 working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- J. PROOF OF LOSS:** Written proof of loss must be furnished to AFLAC at our worldwide headquarters, in the case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which AFLAC is liable and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- K. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of written proof of loss.
- L. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.

Any premium due and unpaid may be deducted from a claim payment. If a covered person under this policy is eligible for and receives medical assistance from the Texas Department of Human Resources, the benefits payable under this policy shall be paid to that agency. The amount of the benefits payable to the Texas Department of Human Resources shall be the

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actual medical expenses paid by the agency on behalf of the insured, subject to any benefit limitations provided by the policy. The payments will be made after receipt by AFLAC, of a notice of assignment of benefits from the Texas Department of Human Resources.

All benefits paid on behalf of the child or children under the policy must be paid to the Texas Department of Human Resources whenever: (1) the Texas Department of Human Services is paying benefits under the Human Resources Code, Chapter 31 or 32, and (2) the parent who purchased the individual policy has possession or access to the child pursuant to a court order, or is not entitled to access or possession of the child and is required by a court order to pay child support.

- M. LEGAL ACTIONS:** Any legal action may not be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. Any such actions shall not be brought after six years from the time written proof of loss is required to be furnished.
- N. CONFORMITY WITH STATE STATUTES:** Any provision of this policy that, on its Effective Date, is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.
- O. PHYSICAL EXAMINATIONS AND AUTOPSY:** At our expense, we shall have the right and opportunity to have a covered person examined by a Physician of our choice as often as it may be reasonably required during the pendency of a claim, and to have an autopsy performed in the case of death, where autopsy is not forbidden by law.
- P. CHANGE OF BENEFICIARY:** Unless you made the beneficiary designation in the attached application irrevocable, you have the right to make a change. The consent of the beneficiary is not required to surrender the policy, assign benefits or make any other changes to this policy.
- Q. ASSIGNMENT:** We will not assume responsibility for determining the validity of an assignment of your benefits to a provider of services. No such assignment of benefits will be recognized until we have received notice of it at our worldwide headquarters.
- R. OTHER INSURANCE WITH AFLAC:** Insurance effective at any one time on the Named Insured under more than one accidental-death and -dismemberment policy with riders, if any, is limited to the one such policy chosen by you, your beneficiary or your estate, as the case may be. We will pay benefits under the policies for claims that may have been incurred since their respective Effective Dates. We will also return all premiums paid for all other such policies.
- S. ILLEGAL OCCUPATION:** AFLAC shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony, or to which a contributing cause was the insured's being engaged in an illegal occupation.
- T. INTOXICANTS AND NARCOTICS:** AFLAC shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician.

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## Part 5 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.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accidents	\$100,000	\$50,000	\$15,000
Other Accidents	25,000	10,000	5,000

**C. ACCIDENTAL-DISEMBLEMENT 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:**

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
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 for 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 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.

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- 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.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$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.**

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**J. ACCIDENT SPECIFIC-SUM INJURIES BENEFIT:** If a covered person receives treatment for injuries sustained in a covered accident, we will pay the following benefit for the treatment listed.

**1. Dislocation Benefit:**

**Dislocations that are reduced under general anesthesia:**

We will pay for no more than two dislocations per covered accident per covered person.

If a dislocation is reduced with local anesthesia or **no anesthesia** by a Physician, we will pay **25%** of the amount shown for the closed reduction dislocation.

**Benefits are payable only for the first dislocation of a joint.**

	<b>Benefit:</b>	
	<b>Open Reduction</b>	<b>Closed Reduction</b>
1. Hip	\$2,000	\$500
2. Knee or shoulder	\$500	\$200
3. Collar bone	\$800	\$150
4. Ankle or foot (excluding toes)	\$500	\$150
5. Lower jaw	\$500	\$250
6. Wrist or elbow	\$400	\$200
7. Toe or finger	\$100	\$50

**2. Tendons and Ligaments Benefit:** We will pay \$500 (five hundred dollars) for torn, ruptured or severed tendons or ligaments that are treated by a Physician and repaired through surgery within one year after a covered accident.

**3. Burns (treated by a Physician within 72 hours after a covered accident):**

	<b>Benefit:</b>
Second-degree burns of less than 10% of the body surface	\$100
Second-degree burns of at least 10% but not more than 25% of the body surface	\$200
Second-degree burns of at least 25% but not more than 35% of the body surface	\$500
Second-degree burns of more than 35% of the body surface	\$1,000
Third-degree burns covering less than 3 square inches of the body surface	\$200
Third-degree burns covering at least 3 but not more than 6 square inches of the body surface	\$500
Third-degree burns covering at least 6 but not more than 10 square inches of the body surface	\$1,000
Third-degree burns covering at least 10 but not more than 25 square inches of the body surface	\$3,000
Third-degree burns covering at least 25 but not more than 35 square inches of the body surface	\$7,000
Third-degree burns covering 35 or more square inches of the body surface	\$10,000

# Exhibit XIX

4. **Skin Grafts:** If a covered person receives a skin graft for a covered burn, we will pay 25% of the amount for the burn involved.

5. **Ruptured disc or torn knee cartilage (must be treated by a Physician and repaired through surgery within one year after a covered accident):**

**Benefit:**  
\$500

6. **Eye Injury:**

**Benefit:**

With surgical repair	\$250
Removal of foreign body by a Physician	\$50

7. **Lacerations requiring suture (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):**

Single laceration less than 2 inches	<b>Benefit:</b> \$50
At least 2 inches but not more than 6 inches (total of all lacerations)	\$200
Over 6 inches (total of all lacerations)	\$400
Laceration(s) not requiring sutures and treated by a Physician	\$25

**Only the highest single benefit will be paid for injuries sustained in a covered accident.**

8. **Internal injuries resulting in open abdominal, hernia or thoracic surgery:**

**Benefit:**  
\$1,000

9. **Fractures (chip fractures and other fractures not reduced by open or closed reduction pay 25% of the benefit amount shown for the closed reduction):** We will pay for no more than two fractures per covered accident per covered person.

**Benefit:**

	Open Reduction	Closed Reduction
1. Hip	\$2,000	\$1,000
2. Leg	\$1,000	\$500
3. Hand (excluding fingers)	\$500	\$250
4. Foot (excluding toes/heel)	\$500	\$250
5. Wrist or elbow	\$500	\$250
6. Shoulder blade or forearm	\$500	\$250
7. Ankle or kneecap	\$500	\$250
8. Sternum or lower jaw	\$500	\$250
9. Vertebrae (body of), pelvis (excluding coccyx)	\$1,000	\$500
10. Upper jaw, upper arm or face (excluding nose)	\$600	\$300
11. Rib or ribs	\$1,000	\$100
12. Nose, heel or finger(s)	\$500	\$100
13. Coccyx	\$200	\$100
14. Toe(s)	\$200	\$100

# Exhibit XIX

15. Vertebral processes	\$1,000	\$150
16. Skull		
depressed	\$1,500	
simple	\$500	
10. Concussion resulting in electroencephalogram abnormality:		<b>Benefit:</b> \$200
11. Torn rotator cuff with surgical repair:		<b>Benefit:</b>
One		\$250
More than one		\$500
12. Exploratory surgery without surgical repair (i.e., arthroscopy):		<b>Benefit:</b> \$250
13. Emergency dental work:		<b>Benefit:</b>
Broken teeth repaired with crown(s)		\$150
Broken teeth resulting in extraction(s)		\$50
14. Partial amputations of finger(s) or toe(s) (must include at least one joint):		<b>Benefit:</b> \$100
15. Coma duration of at least 30 days:		<b>Benefit:</b> \$10,000
16. Paralysis: If a covered person suffers paralysis as a result of a covered accident, we will pay the applicable benefit indicated below. The duration of the paralysis must be a minimum of three months.		
		<b>Benefit:</b>
	<u>Insured/Spouse</u>	<u>Children</u>
Quadriplegia (paralysis of four limbs)	\$10,000	\$5,000
Paraplegia (paralysis of lower limbs)	\$5,000	\$2,500

This benefit will be payable once per covered person.

**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.

# Exhibit XIX

- 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. 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.

# Exhibit XIX

## Off-the-Job Disability Benefit

### Optional Rider A-33050-TX Summary

Coverage is provided for off-the-job accidents only. The rider does not apply to the spouse or dependents.

**Ages 18 through 69:** While coverage is in force, if your off-the-job covered accident causes you to be totally disabled within 90 days of, and as a result of, the accident, we will pay you one-thirtieth of the benefit shown in the Policy Schedule for each day you remain totally disabled. Benefits are payable up to the benefit period you select, subject to the elimination period shown in the Policy Schedule.

**At 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 of the benefit shown in the Policy Schedule times three for each day you are confined. Benefits are payable up to the benefit period you select, not subject to an elimination period.

Benefits will be paid for only one disability at a time even if it is caused by more than one injury. Both Disability and Hospital Confinement Benefits are not payable for the same day. Turning age 70 will not stop benefits otherwise payable. Successive periods of disability not separated by 180 days or more, if due to the same or a related condition, will be considered a continuation of the prior disability. Separate periods of disability due to unrelated causes will be considered a continuation of the prior disability unless they are separated by your returning to your job for at least one full day, during which you are performing the material and substantial duties of your job and are no longer qualified to receive disability benefits. Aflac reserves the right to meet with you during the pendency of a claim or to use an

independent consultant and a physician's statement to determine whether you are totally disabled. Totally disabled is defined as your continuing inability to perform the material and substantial duties of your job. You must also be under the care and attendance of a physician for your condition. If you have any other disability benefit in force with Aflac, only one disability benefit will be payable under the policy.

### 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.

### What Is Not Covered

- We will not pay benefits for an accident that is caused by or occurs as a result of your being totally disabled while outside the territorial limits of the United States or, if outside the United States, outside the territorial limits of the place where your policy was issued.
- We will not pay benefits for an accident that occurs while you are working at any job for pay or benefits.

Refer to the policy, rider, and outline of coverage for additional limitations and exclusions.

### Termination

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

### 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 on the Policy Schedule, if later.

# Exhibit XIX

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)**  
Worldwide Headquarters: Columbus, Georgia 31999  
A Stock Company

This **ON-THE-JOB ACCIDENT DISABILITY BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein. **This rider 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.

**Part 1**  
**EFFECTIVE DATE**

The Effective Date of this rider is the Effective Date of the policy or the Effective Date of this rider, as stated on the schedule, if later.

**Part 2**  
**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.

**Part 3**  
**DEFINITIONS**  
**(for the purposes of this rider)**

- A. **BENEFIT PERIOD:** the maximum number of days for which benefits can be paid for any one or Successive Periods of Disability. Each new Benefit Period is subject to a new Elimination Period. See the Policy Schedule for the Benefit Period you selected. For the purposes of this calculation, a month will be defined as 30 days for which benefits are paid. See definition of Successive Periods of Disability.
- B. **ELIMINATION PERIOD:** the number of consecutive days at the beginning of your period of total disability for which no benefits are payable. See the Policy Schedule for the Elimination Period you selected. Each new Benefit Period is subject to a new Elimination Period.
- C. **ON-THE-JOB ACCIDENT:** an accident that occurs while you are working at any job for pay or benefits.
- D. **SUCCESSIVE PERIODS OF DISABILITY:** separate periods of disability not separated by 180 days or more, if due to the same or related condition, will be considered a continuation of the prior disability. Separate periods of disability due to unrelated causes will be considered a continuation of the prior disability unless they are separated by your returning to your job for at least one full day, during which you are performing the material and substantial duties of this job and are no longer qualified to receive disability benefits.

# Exhibit XIX

- E. **TOTALLY DISABLED:** your continuing inability to perform the material and substantial duties of your job. You also must be under the care and attendance of a Physician for your condition.

## Part 4

### LIMITATIONS AND EXCLUSIONS

- A. 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.
- B. Refer to your policy for additional Limitations and Exclusions.

## Part 5

### BENEFITS

- A. While this coverage is in force, we will insure you as follows:
1. **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 of the benefit shown in the Policy Schedule 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, as shown in the Policy Schedule.
  2. **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, your accident, we will pay you one-thirtieth of the benefit shown in the Policy Schedule 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, as shown in the Policy Schedule.

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 A1 and A2 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.**

## Part 6

### TERMINATION

This rider will terminate if the policy to which it is attached terminates, if the premiums for this rider are not paid, or upon your death.

In witness whereof, AFLAC, at its worldwide headquarters, has caused this rider to be signed by its secretary and president in the city of Columbus, Georgia.

**ABCD**

Joey M. Loudermilk, Secretary

**ABCD**

Daniel P. Amos, President

# Exhibit XIX

## EXHIBIT "C"

### AFLAC GUARANTEED PREMIUM RATES

- The premium rates for the cancer, hospital, and accident plans are guaranteed for five years.

# Exhibit XIX

## City of Houston SUPPLEMENTAL INSURANCE

### BI-WEEKLY PREMIUMS ( 24 pay periods) May, 2011 thru April 30, 2016

#### PERSONAL CANCER PROTECTOR PLAN- LEVEL 2- Policy Series A-59200

	<u>Base Amount</u>	<u>BBR</u>	<u>SDR</u>	<u>Total Premium</u>
Employee	\$ 11.40	\$1.50	\$ .50	\$13.40
One-Parent Family	\$ 14.25	\$2.25	\$. 75	\$17.25
Two-Parent Family	\$ 18.95	\$3.25	\$1.00	\$23.20

RIDER: First Occurrence Building Benefit Rider (BBR) – adds \$500 a year in Benefits to the initial diagnosis of \$2,000.  
 RIDER: Specified-Disease Benefit Rider (SDR) – pays a benefit and daily hospital amount when diagnosed with certain diseases.

#### PERSONAL ACCIDENT EXPENSE PLUS- Policy Series A-33000 (24 Hr. Accident Coverage)

Employee	\$ 6.45
Employee & Spouse	\$ 9.40
One Parent Family	\$10.95
Two Parent Family	\$13.95

\*\*\*\*\*  
 RIDER: OFF-the-job Accident disability

12 Month Benefit, 0 –Day Elimination: The Monthly Disability Benefit for all employees is the following:

<u>Income Requirement</u>	<u>Monthly Benefit</u>	<u>Premium</u>
All	\$1,000	\$3.70

RIDER: ON-the-job Accident disability

12 Month Benefit, 0 –Day Elimination: The Monthly Disability Benefit for all employees is the following:

<u>Income Requirement</u>	<u>Monthly Benefit</u>	<u>Premium</u>
All	\$1,000	\$2.50

<u>Base Plan-Individual</u>		<u>+ Off-the-job Disability</u>		<u>+ On-the-job Disability</u>		<u>Employee</u>
\$6.45		+ \$3.70		+ \$2.50		<u>Total Premium</u>
						\$12.65

#### VOLUNTARY INDEMNITY PLAN – LEVEL 2- Policy Series A-44200

	<u>18-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-70</u>
Individual	\$9.95	\$13.45	\$17.95	\$23.95
One Parent Family	\$13.50	\$14.95	\$18.95	\$24.95
Named Insured & Spouse	\$17.60	\$21.45	\$29.45	\$42.45
Two Parent Family	\$21.15	\$22.95	\$30.45	\$43.45