

# AFLAC CANCER CARE

SPECIFIED-DISEASE INSURANCE

## CLASSIC

We've been dedicated to helping provide  
*peace of mind and financial security for*  
nearly 60 years.



**Aflac**®

We've got you under our wing.®

# AFLAC CANCER CARE

## SPECIFIED-DISEASE INSURANCE

Policy NY78300

# CC

CLASSIC

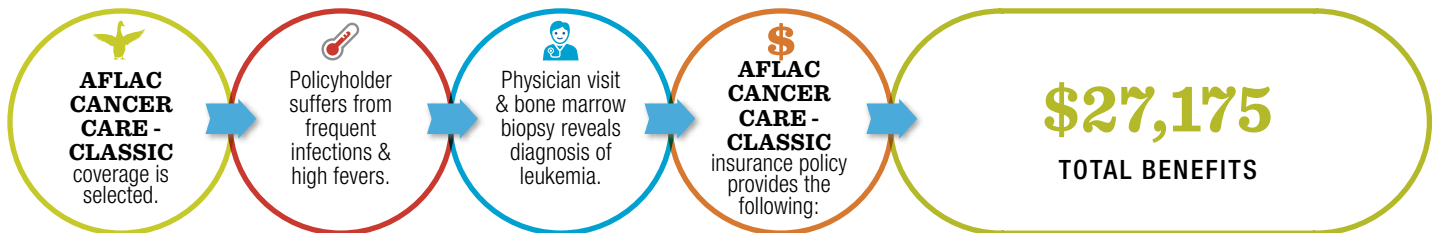
## Added Protection for You and Your Family

Chances are you know someone who's been affected, directly or indirectly, by cancer. You also know the toll it's taken on them—physically, emotionally, and financially. That's why we've developed the Aflac Cancer Care insurance policy. The plan pays a cash benefit upon initial diagnosis of a covered cancer, with a variety of other benefits payable throughout cancer treatment. You can use these cash benefits to help pay out-of-pocket medical expenses, the rent or mortgage, groceries, or utility bills—the choice is yours.

And while you can't always predict the future, here at Aflac we believe it's good to be prepared. The Aflac Cancer Care plan is here to help you and your family better cope financially—and emotionally—if a positive diagnosis of cancer ever occurs. That way you can worry less about what may be ahead.



### HOW IT WORKS



The above example is based on a scenario for Aflac Cancer Care – Classic that includes the following benefit conditions: Physician visit (Cancer Wellness Benefit) of \$75, bone marrow biopsy (Surgical/Anesthesia Benefit) of \$125, National Cancer Institute Evaluation/Consultation Benefit of \$500, Initial Diagnosis Benefit of \$4,000, venous port (Surgical/Anesthesia Benefit) of \$125, Injected Chemotherapy Benefit (10 weeks) of \$6,000, Immunotherapy Benefit (3 months) of \$1,050, Antinausea Benefit (3 months) of \$300, Hospital Confinement Benefit (10-week hospitalization) of \$14,000, Blood/Plasma Benefit (10 transfusions) of \$1,000.

### THE FACTS SAY YOU NEED THE PROTECTION OF AFLAC'S CANCER CARE PLAN:

#### FACT NO. 01

IN THE UNITED STATES, MEN HAVE SLIGHTLY LESS THAN A

**1-in-2**

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

#### FACT NO. 02

IN THE UNITED STATES, WOMEN HAVE SLIGHTLY MORE THAN A

**1-in-3**

LIFETIME RISK OF DEVELOPING CANCER.<sup>1</sup>

<sup>1</sup>Cancer Facts & Figures 2012, American Cancer Society.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of New York.

# Classic Cancer Care Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
Cancer Wellness Benefit	\$75 per year, per Covered Person
<b>Cancer Diagnosis Benefits:</b>	
Initial Diagnosis Benefit	Insured/Spouse: \$4,000; Dependent Child: \$8,000; payable once per Covered Person
Medical Imaging With Diagnosis Benefit	\$135; two payments per year, per Covered Person; no lifetime max
NCI Evaluation/Consultation Benefit	\$500 payable only once per Covered Person
<b>Cancer Treatment Benefits:</b>	
Injected Chemotherapy Benefit	\$600 per day; limited to one payment per week; no lifetime max
Oral Chemotherapy Benefit	\$250 per day up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Topical Chemotherapy Benefit	\$150 per prescription, per month up to \$750 max per month for Oral/Topical Benefit <sup>2</sup>
Radiation Therapy Benefit	\$350 per day; limited to one payment per week; no lifetime max
Experimental Treatment Benefit	\$350 per week outside of a clinical trial; \$100 per week as part of a clinical trial; no lifetime max
Immunotherapy Benefit	\$350 once per month; \$1,750 lifetime max per Covered Person
Antinausea Benefit	\$100 per month; no lifetime max
Stem Cell Transplantation Benefit	\$7,000; lifetime max \$7,000 per Covered Person
Bone Marrow Transplantation Benefit	\$7,000; \$7,000 lifetime max per Covered Person; \$750 to donor
Blood and Plasma Benefit	Inpatient: \$100 times the number of days paid under the Hospital Confinement Benefit; Outpatient: \$175 per day; no lifetime max
Surgical/Anesthesia Benefit	\$100–\$3,400 (Anesthesia: additional 25% of Surgical Benefit); maximum daily benefit not to exceed \$4,250; no lifetime max on number of operations
Skin Cancer Surgery Benefit	\$35–\$400; no lifetime max on number of operations
Additional Surgical Opinion Benefit	\$200 per day; no lifetime max
<b>Hospitalization Benefits:</b>	
Hospital Confinement Benefit	\$200 per day; no lifetime max
Outpatient Hospital Surgical Room Benefit	\$200 (payable in addition to Surgical/Anesthesia Benefit); no lifetime max on number of operations
<b>Continuing Care Benefits:</b>	
Extended-Care Facility Benefit	\$100 a day, limited to 30 days per year, per Covered Person
Home Health Care Benefit	\$50 per day; lifetime max of 100 days per Covered Person
Hospice Care Benefit	\$1,000 for the 1st day; \$50 per day thereafter; \$12,000 lifetime max per Covered Person
Nursing Services Benefit	\$100 per day; no lifetime max
Surgical Prosthesis Benefit	\$2,000; lifetime max \$4,000 per Covered Person
Nonsurgical Prosthesis Benefit	\$175 per occurrence; lifetime max \$350 per Covered Person
Reconstructive Surgery Benefit	\$220–\$2,000 (Anesthesia: 25% of Reconstructive Surgery Benefit); no lifetime max on number of operations
Egg Harvesting and Storage (Cryopreservation) Benefit	\$1,000 to have oocytes extracted; \$350 for storage; \$1,350 lifetime max per Covered Person
<b>Ambulance, Transportation, Lodging, and Other Benefits:</b>	
Ambulance Benefit	\$250 ground or \$2,000 air; no lifetime max
Transportation Benefit	\$.40 per mile; max \$1,200 per round trip; no lifetime max
Lodging Benefit	\$65 per day; limited to 90 days per year
Bone Marrow Donor Screening Benefit	\$40; limited to one benefit per Covered Person, per lifetime

<sup>2</sup>Up to three different oral/topical chemotherapy medicines per calendar month.



**American Family Life Assurance Company of New York  
(herein referred to as Aflac)**

22 Corporate Woods Boulevard • Suite 2 • Albany, New York 12211  
Toll-Free 1.800.366.3436

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# **SPECIFIED-DISEASE COVERAGE ONLY**

**REQUIRED DISCLOSURE STATEMENT FOR POLICY FORM NY78300**

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**The policy described in this Disclosure Statement provides supplemental coverage  
and will be issued only to supplement insurance already in force.**

**If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac.**

**This is an individual policy of insurance. This policy provides specified disease coverage ONLY. This policy does NOT provide basic hospital, basic medical, or major medical insurance, as defined by the New York State Insurance Department.**

**1. Read Your Policy Carefully:** This Disclosure Statement provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

**2.** All treatments listed below must be National Cancer Institute or Food and Drug Administration approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

**A. CANCER WELLNESS BENEFITS:**

**1. CANCER WELLNESS:** Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:

- mammogram
- breast ultrasound
- breast MRI
- CA15-3 (blood test for breast Cancer tumor)
- Pap smear
- ThinPrep
- biopsy
- flexible sigmoidoscopy
- hemocult stool specimen (lab confirmed)
- chest X-ray
- CEA (blood test for colon Cancer)
- CA 125 (blood test for ovarian Cancer)
- PSA (blood test for prostate Cancer)
- testicular ultrasound
- thermography
- colonoscopy
- virtual colonoscopy

This benefit is limited to one payment per Calendar Year, per Covered Person. These tests must be performed to determine whether Cancer or an Associated Cancerous Condition exists in a Covered Person and must be administered by licensed medical personnel. No lifetime maximum.

**2. BONE MARROW DONOR SCREENING:** Aflac will pay \$40 when a Covered Person provides documentation of participation in a screening test as a potential bone marrow donor. This benefit is limited to one benefit per Covered Person per lifetime.

**B. CANCER DIAGNOSIS BENEFITS:**

**1. INITIAL DIAGNOSIS BENEFIT:** Aflac will pay the amount listed below when a Covered Person is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this policy is in force, subject to Part 2, Limitations and Exclusions, Section C, of the policy.

Named Insured or Spouse	\$4,000
Dependent Child	\$8,000

This benefit is payable under the policy only once for each Covered Person. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

**2. MEDICAL IMAGING WITH DIAGNOSIS BENEFIT:** Aflac will pay \$135 when a Covered Person receives an initial diagnosis

or follow-up evaluation of Internal Cancer or an Associated Cancerous Condition, using one of the following medical imaging exams: CT scans, MRIs, bone scans, thyroid scans, multiple gated acquisition (MUGA) scans, positron emission tomography (PET) scans, transrectal ultrasounds, or abdominal ultrasounds. This benefit is limited to two payments per Calendar Year, per Covered Person. No lifetime maximum.

**3. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION**

**BENEFIT:** Aflac will pay \$500 when a Covered Person seeks evaluation or consultation at a National Cancer Institute Designated Cancer Center as a result of receiving a diagnosis of Internal Cancer or an Associated Cancerous Condition. The purpose of the evaluation/consultation must be to determine the appropriate course of treatment. This benefit is not payable the same day the Additional Surgical Opinion Benefit is payable. This benefit is also payable at the Aflac Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta. This benefit is payable only once per Covered Person.

**C. CANCER TREATMENT BENEFITS:**

**1. DIRECT NONSURGICAL TREATMENT BENEFITS:** All benefits listed below are not payable based on the number, duration, or frequency of the medication(s), therapy, or treatment received by the Covered Person (except as provided in Benefit C1b). Benefits will not be paid under the Experimental Treatment Benefit or Immunotherapy Benefit for any medications or treatment paid under the Injected Chemotherapy Benefit, the Oral/Topical Chemotherapy Benefits, or the Radiation Therapy Benefit.

**a. INJECTED CHEMOTHERAPY BENEFIT:** Aflac will pay \$600 per day during which a Covered Person receives Physician-prescribed Injected Chemotherapy. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to one payment per Calendar Week in which the medication(s) or treatment is received. No lifetime maximum.

**b. ORAL/TOPICAL CHEMOTHERAPY BENEFITS:**

**(1) ORAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$250 per day during which a Covered Person is prescribed and receives Oral Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

**(2) TOPICAL CHEMOTHERAPY BENEFIT:** Aflac will pay \$150 per Calendar Month during which a Covered Person is prescribed and receives Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

**Oral/Topical Chemotherapy benefits are limited to the Calendar Month in which the medication(s) or treatment is received. If the prescription is for more than one month,**

**the benefit is limited to the Calendar Month in which the prescription is received. Total benefits are payable for up to three different Oral/Topical Chemotherapy medicines per Calendar Month, up to a maximum of \$750 per Calendar Month. Refills of the same prescription within the same Calendar Month are not considered a different Chemotherapy medicine. No lifetime maximum.**

**c. RADIATION THERAPY BENEFIT:** Aflac will pay \$350 per day during which a Covered Person receives Radiation Therapy for the treatment of Cancer or an Associated Cancerous Condition. This benefit will not be paid for each week a radium implant or radioisotope remains in the body. This benefit is limited to one payment per Calendar Week in which the therapy is received. No lifetime maximum.

**d. EXPERIMENTAL TREATMENT BENEFIT:** Aflac will pay \$350 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications outside of a clinical trial. Aflac will pay \$100 once per Calendar Week during which a Covered Person receives Physician-prescribed experimental Cancer chemotherapy medications as part of a clinical trial.

Chemotherapy medications must be approved by the National Cancer Institute as a viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these experimental treatments. Benefits will not be paid for each week of continuous infusion of medications dispensed by a pump, implant, or patch. This benefit is limited to the Calendar Week in which the chemotherapy medications are received. No lifetime maximum.

**Benefits will not be paid under the Experimental Treatment Benefit for any medications paid under the Immunotherapy Benefit.**

**2. INDIRECT/ADDITIONAL THERAPY BENEFITS: The following benefits are not payable based on the number, duration, or frequency of Immunotherapy or anti-nausea drugs received by the Covered Person.**

**a. IMMUNOTHERAPY BENEFIT:** Aflac will pay \$350 per Calendar Month during which a Covered Person receives Physician-prescribed Immunotherapy as part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition. This benefit is payable only once per Calendar Month. It is limited to the Calendar Month in which the Immunotherapy is received. Lifetime maximum of \$1,750 per Covered Person.

**Benefits will not be paid under the Immunotherapy Benefit for any medications paid under the Experimental Treatment Benefit.**

**b. ANTINAUSEA BENEFIT:** Aflac will pay \$100 per Calendar Month during which a Covered Person receives anti-nausea drugs that

are prescribed in conjunction with Radiation Therapy Benefits, Injected Chemotherapy Benefits, Oral/Topical Chemotherapy Benefits, or Experimental Treatment Benefits. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which the anti-nausea drugs are received. No lifetime maximum.

**c. STEM CELL TRANSPLANTATION BENEFIT:** Aflac will pay \$7,000 when a Covered Person receives a peripheral Stem Cell Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. This benefit is payable once per Covered Person. Lifetime maximum of \$7,000 per Covered Person.

**d. BONE MARROW TRANSPLANTATION BENEFIT:** (1) Aflac will pay \$7,000 when a Covered Person receives a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. (2) Aflac will pay the Covered Person's bone marrow donor an indemnity of \$750 for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$7,000 per Covered Person.

**e. BLOOD AND PLASMA BENEFIT:** Aflac will pay \$100 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives blood and/or plasma transfusions during a covered Hospital confinement. Aflac will pay \$175 for each day a Covered Person receives blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center. This benefit does not pay for immunoglobulins, Immunotherapy, antihemophilia factors, or colony-stimulating factors. No lifetime maximum.

### **3. SURGICAL TREATMENT BENEFITS:**

**a. SURGICAL/ANESTHESIA BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay the indemnity listed in the Schedule of Operations for the specific procedure received. If any operation for the treatment of Internal Cancer or an Associated Cancerous Condition 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 nearly similar in severity and gravity.

**EXCEPTIONS: Surgery for Skin Cancer will be payable under Benefit C3b. Reconstructive Surgery will be payable under Benefit E7.**

Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

Aflac will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The maximum daily benefit will not exceed \$4,250. No lifetime maximum on the number of operations.

**b. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a Covered Person for a diagnosed skin Cancer, including melanoma or Nonmelanoma Skin Cancer, Aflac will pay the indemnity listed below for the specific procedure received. The indemnity amount listed below includes anesthesia services. The maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations.

Laser or Cryosurgery	\$ 35
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**Surgeries OTHER THAN Laser or Cryosurgery:**

Biopsy	70
Excision of lesion of skin without flap or graft	170
Flap or graft without excision	250
Excision of lesion of skin with flap or graft	400

**c. ADDITIONAL SURGICAL OPINION BENEFIT:** Aflac will pay \$200 per day for an additional surgical opinion, by a Physician, concerning surgery for a diagnosed Cancer or an Associated Cancerous Condition. This benefit is not payable on the same day the National Cancer Institute Evaluation/Consultation Benefit is payable. No lifetime maximum.

**D. HOSPITALIZATION BENEFITS:**

**1. HOSPITAL CONFINEMENT BENEFIT: (includes confinement in a U.S. government Hospital)** When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition, Aflac will pay \$200 per day for each day a Covered Person is confined. No lifetime maximum.

**2. OUTPATIENT HOSPITAL SURGICAL ROOM BENEFIT:** When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, Aflac will pay \$200. For this benefit to be paid, surgeries must be performed on an outpatient basis in a Hospital or an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day the Hospital Confinement Benefit is payable. This benefit is payable in addition to the Surgical/Anesthesia Benefit. The maximum daily benefit for the Outpatient Hospital Surgical Room Benefit will not exceed \$200. No lifetime maximum on number of operations.

**This benefit is also payable for Nonmelanoma Skin Cancer surgery involving a flap or graft. It is not payable for any surgery performed in a Physician's office.**

**E. CONTINUING CARE BENEFITS:**

**1. EXTENDED-CARE FACILITY BENEFIT:** When a Covered Person is hospitalized and receives benefits under Benefit D1 and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, (collectively referred

to as "Extended-Care Facility"), Aflac will pay \$100 per day for such continued confinement. For each day this benefit is payable, benefits under Benefit D1 are NOT payable. Benefits are limited to 30 days in each Calendar Year per Covered Person.

If more than 30 days separates confinements in an Extended-Care Facility, benefits are not payable for the second confinement unless the Covered Person again receives benefits under Benefit D1 and is confined to the Extended-Care Facility within 30 days of that confinement.

**2. HOME HEALTH CARE BENEFIT:** If a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and receives benefits under Part 6 and later requires home health care within 30 days of Hospital Confinement, Aflac will pay \$50 per day if a Covered Person receives Home Health Care as a direct result of Cancer or an Associated Cancerous Condition. Lifetime maximum of 100 days per Covered Person.

**This benefit is not payable the same day the Hospice Care Benefit is payable.**

**3. HOSPICE CARE BENEFIT:** When a Covered Person is diagnosed with Internal Cancer or an Associated Cancerous Condition and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if 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 Internal Cancer or an Associated Cancerous Condition (hereinafter referred to as "Terminally Ill"), Aflac will pay a one-time benefit of \$1,000 for the first day the Covered Person receives Hospice care and \$50 per day thereafter for Hospice care. For this benefit to be payable, Aflac must be furnished: (1) a written statement from the attending Physician that the Covered Person is Terminally Ill, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each Covered Person is \$12,000.

**4. NURSING SERVICES BENEFIT:** While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires private nurses and their services other than those regularly furnished by the Hospital, Aflac will pay \$100 per day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses). These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

**5. SURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$2,000 for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or Associated Cancerous Condition treatment. Lifetime maximum of \$4,000 per Covered Person.



**The Surgical Prosthesis Benefit does not include coverage for tissue expanders or a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap.**

**6. NONSURGICAL PROSTHESIS BENEFIT:** Aflac will pay \$175 per occurrence, per Covered Person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of treatment for Internal Cancer or an Associated Cancerous Condition. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces, and removable breast prostheses. Lifetime maximum of \$350 per Covered Person.

**7. RECONSTRUCTIVE SURGERY BENEFIT:** Aflac will pay the specified indemnity listed below for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or treatment of an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000. No lifetime maximum on number of operations.

Breast Tissue/Muscle Reconstruction Flap Procedures	\$2,000
Breast Reconstruction (occurring within five years of breast cancer diagnosis)	500
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	220
Facial Reconstruction	500

Aflac will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, Aflac will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

**8. EGG HARVESTING AND STORAGE (CRYOPRESERVATION)**

**BENEFIT:** Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested. In addition, Aflac will pay, one time per Covered Person, \$350 for the storage of a Covered Person's oocyte(s) or sperm 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 or an Associated Cancerous Condition. Lifetime maximum of \$1,350 per Covered Person.

**F. AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:**

**1. AMBULANCE BENEFIT:** Aflac will pay \$250 for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment of Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 for air ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.

**2. TRANSPORTATION BENEFIT:** Aflac will pay 40 cents per mile for transportation, up to a combined maximum of \$1,200, if a Covered Person requires treatment that has been prescribed by the attending Physician for Cancer or an Associated Cancerous Condition. This benefit includes:

- a. Personal vehicle transportation of the Covered Person limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.
- b. Commercial transportation (in a vehicle licensed to carry passengers for a fee) of the Covered Person and no more than one additional adult to travel with the Covered Person. If the treatment is for a covered Dependent Child and commercial transportation is necessary, Aflac will pay for up to two adults to travel with the covered Dependent Child. This benefit is limited to the distance of miles between the Hospital or medical facility and the residence of the Covered Person.

This benefit is payable up to a maximum of \$1,200 per round trip for all travelers and modes of transportation combined. No lifetime maximum.

**THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

**3. LODGING BENEFIT:** Aflac will pay \$65 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives treatment for Cancer or an Associated Cancerous Condition at a Hospital or medical facility more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per Calendar Year.

**G. WAIVER OF PREMIUM BENEFIT:**

If you, due to having Cancer or an Associated Cancerous Condition, are completely unable to perform all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more Activities of Daily Living (ADLs) without the assistance of another person] 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.

If you die and your Spouse becomes the new Named Insured, premiums will resume and be payable on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

Aflac may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

Aflac will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits.

### 3. Optional Benefits:

#### **INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: (NY78050)**

Applied for:  Yes  No

**INITIAL DIAGNOSIS 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 this rider are for one unit of coverage. If more than one unit has been purchased, the amounts listed must be multiplied by the number of units in force.** The number of units you purchased is shown in both the Policy Schedule and the attached application.

The **INITIAL DIAGNOSIS BENEFIT**, as shown in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the Initial Diagnosis Benefit in the policy to which this rider is attached. This benefit will cease to build for each Covered Person on the anniversary date of this rider following the Covered Person's 65th birthday or at the time Internal Cancer or an Associated Cancerous Condition is diagnosed for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years, unless Internal Cancer or an Associated Cancerous Condition is diagnosed prior to the fifth year of coverage.

#### **Exceptions, Reductions, and Limitations of Rider NY78050:**

This rider contains a 30-day waiting period. If a Covered Person has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date, you may, at your option, elect to void the rider from its beginning and receive a full refund of premium.

The Initial Diagnosis Building Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of the rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during the rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Building Benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

#### **DEPENDENT CHILD RIDER: (NY78051)**

Applied for:  Yes  No

**DEPENDENT CHILD BENEFIT:** Aflac will pay \$10,000 when a covered Dependent Child is diagnosed as having Internal Cancer or an Associated Cancerous Condition while this rider is in force.

This benefit is payable under this rider only once for each covered Dependent Child. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

#### **Exceptions, Reductions, and Limitations of Rider NY78051:**

This rider contains a 30-day waiting period. If a covered Dependent Child has Internal Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days from the Effective Date you may, at your option, elect to void this rider from its beginning and receive a full refund of premium.

The Dependent Child Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this rider and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or Associated Cancerous Conditions diagnosed during this rider's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Dependent Child who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for any benefit under this rider for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**

#### **SPECIFIED HEALTH EVENT WITH FIRST OCCURRENCE BUILDING BENEFIT RIDER: (NY78055)**

Applied for:  Yes  No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

**A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:

##### **Named Insured/Spouse**

\$5,000 (Lifetime maximum \$5,000 per Covered Person)

##### **Dependent Children**

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in this rider.

**B. FIRST-OCCURRENCE BUILDING BENEFIT:** The First-Occurrence Benefit above will be increased by \$500 on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) 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 this rider following the Covered Person's 65th birthday or at the time of a Specified Health Event, subject to the

Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

**C. REOCCURRENCE BENEFIT:** If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

**For the Reoccurrence Benefit to be payable, the Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.**

**D. HOSPITAL CONFINEMENT BENEFIT: (includes confinement in a U.S. government Hospital)** When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event, Aflac will pay \$240 per day for each day a Covered Person is confined. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

**Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.**

**E. CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 (one hundred twenty-five dollars) each day a Covered Person receives one or more of the following treatments:

- |                                 |                       |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy       | 7. home health care   |
| 2. physical therapy             | 8. dialysis           |
| 3. speech therapy               | 9. hospice care       |
| 4. occupational therapy         | 10. extended care     |
| 5. respiratory therapy          | 11. Physician visits  |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.

**Benefits are not payable on the same day as the Hospital Confinement Benefit (D). If the Hospital Confinement Benefit (D) and the Continuing Care Benefit (E) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.**

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

**F. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Specified Health Event, we will pay \$2,000. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

**G. TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

**H. LODGING BENEFIT:** Aflac will pay \$60 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

## I. WAIVER OF PREMIUM BENEFIT:

**Employed:** If you, due to a Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**Not Employed:** If you, due to a Specified Health Event, are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

## SPECIFIED HEALTH EVENT WITH FIRST OCCURRENCE BUILDING BENEFIT AND RECOVERY BENEFIT RIDER: (NY78056)

Applied for:  Yes  No

While this coverage is in force, we will pay the following benefits to a Covered Person, as applicable, subject to the Pre-Existing Conditions provision, Limitations and Exclusions, and all other policy and rider provisions:

**A. FIRST-OCCURRENCE BENEFIT:** Aflac will pay the following benefit amount for each Covered Person when he or she is first diagnosed as having had a Specified Health Event:

### Named Insured/Spouse

\$5,000 (Lifetime maximum \$5,000 per Covered Person)

### Dependent Children

\$7,500 (Lifetime maximum \$7,500 per Covered Person)

This benefit is payable only once for each Covered Person and will be paid in addition to any other benefit in this rider.

**B. FIRST-OCCURRENCE BUILDING BENEFIT:** The First-Occurrence Benefit above will be increased by \$500 on each rider anniversary date while this rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) 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 this rider following the Covered Person's 65th

birthday or at the time of a Specified Health Event, subject to the Limitations and Exclusions of the rider, for that Covered Person, whichever occurs first. However, regardless of the age of the Covered Person on the Effective Date of this rider, this benefit will accrue for a period of at least five years unless a Specified Health Event is diagnosed prior to the fifth year of coverage.

**C. REOCCURRENCE BENEFIT:** If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay \$2,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

**For the Reoccurrence Benefit to be payable, the Specified Health Event must occur more than 180 days after the date the First-Occurrence Benefit or Reoccurrence Benefit became payable. No lifetime maximum.**

**D. HOSPITAL CONFINEMENT BENEFIT: (includes confinement in a U.S. government Hospital)** When a Covered Person requires Hospital Confinement for the treatment of a covered Specified Health Event, Aflac will pay \$240 per day for each day a Covered Person is confined. **This benefit is limited to confinements for the treatment of a covered Specified Health Event that occur within 500 days following the occurrence of the most recent covered Specified Health Event.** No lifetime maximum.

Hospital Confinement Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

**Benefits are not payable on the same day as the Continuing Care Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid.**

**E. CONTINUING CARE BENEFIT:** If, as the result of a covered Specified Health Event, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 each day a Covered Person receives one or more of the following treatments:

- |                                 |                       |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy       | 7. home health care   |
| 2. physical therapy             | 8. dialysis           |
| 3. speech therapy               | 9. hospice care       |
| 4. occupational therapy         | 10. extended care     |
| 5. respiratory therapy          | 11. Physician visits  |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$125 regardless of the number of treatments received.

**Benefits are not payable on the same day as the Hospital Confinement Benefit. If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.**

The Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered Specified Health Event. Benefits are payable for only one covered Specified Health Event at a time per Covered Person. If a Covered Person is eligible to receive benefits for more than one covered Specified Health Event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

**F. AMBULANCE BENEFIT:** If, due to a covered Specified Health Event, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay \$250. If air ambulance transportation is required due to a covered Specified Health Event, we will pay \$2,000. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Specified Health Event. **Ambulance Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

**G. TRANSPORTATION BENEFIT:** If a Covered Person requires special medical treatment that has been prescribed by the local attending Physician for a covered Specified Health Event, Aflac will pay 50 cents per mile for transportation of a Covered Person for the round-trip distance between the Hospital or medical facility and the residence of the Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital. This benefit will be paid only for the Covered Person for whom the special treatment is prescribed. If the special treatment is for a covered Dependent Child and commercial travel is necessary, we will pay this benefit for up to two adults to accompany the covered Dependent Child. The benefit amount payable is limited to \$1,500 per occurrence of a covered Specified Health Event. **Transportation Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event. THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON.** No lifetime maximum.

**H. LODGING BENEFIT:** Aflac will pay \$60 per day for lodging for you or any one adult family member when a Covered Person receives special medical treatment for a covered Specified Health Event at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Specified Health Event. **Lodging Benefits are not payable beyond the 180th day following the occurrence of a covered Specified Health Event.** No lifetime maximum.

**I. SPECIFIED HEALTH EVENT RECOVERY BENEFIT:** Aflac will pay \$500 per month while a Covered Person remains in Specified Health Event Recovery upon receipt of written proof of loss from that person's Physician.

For Periods of Specified Health Event Recovery less than one month, we will pay a pro rata benefit. Lifetime maximum of six months per Covered Person.

**J. WAIVER OF PREMIUM BENEFIT:**

**Employed:** If you, due to a Specified Health Event (as defined in Part 3, Item D), are completely unable to do all of the usual and customary duties of your occupation for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**Not Employed:** If you, due to a Specified Health Event (as defined in Part 3, Item D), are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person for a period of 90 continuous days, Aflac will waive, from month to month, any premiums for this rider falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine whether you can perform an ADL.

**THE LIMITATIONS AND EXCLUSIONS LISTED IN THE POLICY DO NOT APPLY TO THE SPECIFIED HEALTH EVENT RIDERS NY78055 AND NY78056. ONLY THE LIMITATIONS AND EXCLUSIONS LISTED BELOW APPLY TO THESE RIDERS.**

**A.** Aflac will not pay benefits for a Specified Health Event that is caused by a Pre-Existing Condition unless the Specified Health Event occurs more than 30 days after the Effective Date. Benefits are payable for only one covered Specified Health Event at a time per Covered Person.

**B.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

**C.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

**D. This rider does not cover losses or confinements caused by or resulting from:**

1. Any loss sustained or contracted, directly or indirectly, due to a Covered Person's being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
2. Intentionally self-inflicting bodily Injury or attempting suicide.
3. Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto (If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend this rider during a period of active duty that does not exceed more than five years. When you notify us to suspend this rider, we will refund any premium paid for coverage after the date we receive the notice. We will reinstate this rider, if the policy to which it is attached is currently in force, when your active duty ends without evidence of insurability when we receive (1) your written request to reinstate this rider, and (2) the premium for the period from the date your active service ends to the next premium due date. The reinstated rider will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement.) (In this case, you must comply with the Reinstatement provision).

**PRE-EXISTING CONDITIONS FOR THE SPECIFIED HEALTH EVENT RIDERS NY78055 AND NY78056**

A "Pre-Existing Condition" is a Sickness for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended or received from a Physician. Benefits for a Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Specified Health Event occurs more than 30 days after the Effective Date. Any reoccurrence of a Specified Health Event occurring more than 30 days after the Effective Date will be covered.

**4. Exceptions, Reductions, and Limitations of the Policy (This is not a daily hospital expense plan.):**

**A.** We pay only for treatment of Cancer and Associated Cancerous Conditions, or other diseases and conditions caused, complicated, or aggravated by or resulting from Cancer or Associated Cancerous Conditions, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions or conditions with malignant potential (unless specifically covered); complications of either Cancer or an Associated Cancerous Condition; or any other disease, sickness, or incapacity that is not directly caused or aggravated by Cancer or an Associated Cancerous Condition or the treatment of Cancer or an Associated Cancerous Condition.

- B.** This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before his or her coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after 12 months from the Effective Date of such person's coverage. At your option, you may elect to void the coverage and receive a full refund of premium.
- C.** The Initial Diagnosis Benefit is not payable for: (1) any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; (2) Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or (3) the diagnosis of Nonmelanoma Skin Cancer. **Any Covered Person who has had a previous diagnosis of Internal Cancer or an Associated Cancerous Condition will NOT be eligible for an Initial Diagnosis Benefit under this policy for a recurrence, extension, or metastatic spread of that same Internal Cancer or Associated Cancerous Condition.**
- D.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- E.** Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

**5. Renewability:** The policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.**

**THIS DISCLOSURE STATEMENT IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.**

**THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** BATHING: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

**ASSOCIATED CANCEROUS CONDITION:** Myelodysplastic blood disorder, myeloproliferative blood disorder, or internal carcinoma in situ (in the natural or normal place, confined to the site of origin without having invaded neighboring tissue). An Associated Cancerous Condition must receive a Positive Medical Diagnosis. **Premalignant conditions or conditions with malignant potential, other than those specifically named above, are not considered Associated Cancerous Conditions.**

**CANCER:** Disease manifested by the presence of a malignant tumor and characterized by the uncontrolled growth and spread of malignant cells, and the invasion of tissue. Cancer also includes but is not limited to leukemia, Hodgkin's disease, and melanoma. Cancer must receive a Positive Medical Diagnosis.

- 1. INTERNAL CANCER:** All Cancers other than Nonmelanoma Skin Cancer (see definition of "Nonmelanoma Skin Cancer").
- 2. NONMELANOMA SKIN CANCER:** A Cancer other than a melanoma that begins in the outer part of the skin (epidermis).

Associated Cancerous Conditions, premalignant conditions, or conditions with malignant potential will not be considered Cancer.

**COVERED PERSON:** Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). "Spouse" is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. "Dependent Children" are your natural children, stepchildren, or legally adopted children who are under age 26.

**EFFECTIVE DATE:** The date coverage begins, as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

**END-STAGE RENAL FAILURE:** Permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

**HEART ATTACK:** A myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the Effective Date of the rider. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of "Heart Attack" shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

**PHYSICIAN:** A person legally qualified to practice the healing arts, other than a member of your immediate family, who is acting within the scope of his or her license.

**SPECIFIED HEALTH EVENT:** Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring on or after the Effective Date of coverage.

**SPECIFIED HEALTH EVENT RECOVERY:** A Covered Person will be considered in Specified Health Event Recovery if he or she continues to be under the active care and treatment by a Physician for a covered Specified Health Event OR if he or she is unable to engage in the duties of his or her regular occupation due to a covered Specified Health Event. "Specified Health Event" includes Heart Attack, Stroke, End-Stage Renal Failure, or Sudden Cardiac Arrest occurring after the Effective Date of the rider.

**STROKE:** Apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated on or after the Effective Date of the rider. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. "Stroke" does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

**SUDDEN CARDIAC ARREST:** Sudden unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, Sudden Cardiac Arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of the policy. "Sudden Cardiac Arrest" is not a Heart Attack.

## ADDITIONAL INFORMATION

An Ambulatory Surgical Center does not include a doctor's or dentist's office, clinic, or other such location.

A Hospital is not, other than incidentally, a place of rest; a place primarily for the treatment of tuberculosis; a place for the aged; a place for drug addicts or alcoholics; or a place for convalescent, custodial, educational, or rehabilitative care.

A Bone Marrow Transplantation does not include Stem Cell Transplantations.

A Stem Cell Transplantation does not include Bone Marrow Transplantations.

If Nonmelanoma Skin Cancer is diagnosed during hospitalization, benefits will be limited to the day(s) the Covered Person actually received treatment for Nonmelanoma Skin Cancer.

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, the benefits listed in the policy will not require a charge for them to be payable.



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