

**ACCIDENT-ONLY POLICY
PREMIUMS SUBJECT TO CHANGE BY CLASS UPON ANY RENEWAL DATE**

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 LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

NOTICE TO BUYER: This is an accident-only policy and it does not pay benefits for loss from Sickness or the medical or surgical treatment of Sickness. This policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Review your policy carefully with the Outline of Coverage, if applicable.

The Named Insured 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 LIFETIME, SUBJECT TO
AFLAC'S 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 any Covered Person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy.

Aflac 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. "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, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

CONSIDERATION

This policy is issued in consideration of statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. If you are not satisfied, you may return it within 30 days after you receive it. Send it to Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999 or to your associate (duly licensed agent). Our toll-free telephone number is 1-800-99-AFLAC (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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. A material misrepresentation may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information about this policy, call 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our website at aflac.com.**

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



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary

For Training Purposes Only.
This Policy has been endorsed.
See last page(s) of this document.

Policy Schedule

NAMED INSURED: [John A. Doe]

POLICY NUMBER: [111-2222]

TYPE OF COVERAGE: [Individual; Named Insured/Spouse Only; One-Parent Family; Two-Parent Family]

MODE OF PAYMENT: [Weekly; Biweekly; Semimonthly; Monthly; Quarterly; Semiannual; Annual]

PREMIUMS:

Policy: [\$XX]
[Rider: \$XX]
[Rider: \$XX]

EFFECTIVE DATES:

Policy: [XX/XX/XX]
[Rider: XX/XX/XX]
[Rider: XX/XX/XX]

[OPTIONAL RIDERS:]

[ADDITIONAL ACCIDENTAL-DEATH BENEFIT RIDER]

[LUMP SUM CRITICAL ILLNESS BENEFIT RIDER]

For Training Purposes Only.
This Policy has been endorsed.
See last page(s) of this document.

**This policy is a legal contract between you and Aflac.
READ YOUR POLICY CAREFULLY.**

**Part 1
BENEFITS**

Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

HOSPITAL BENEFITS:

INITIAL ACCIDENT HOSPITALIZATION BENEFIT: Aflac will pay \$1,500 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or Aflac will pay \$2,500 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for treatment for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

ACCIDENT HOSPITAL CONFINEMENT BENEFIT: Aflac will pay \$300 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Aflac will pay this benefit up to 365 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident. **The Accident Hospital Confinement Benefit and the Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

INTENSIVE CARE UNIT CONFINEMENT BENEFIT: Aflac will pay an additional \$500 for each day a Covered Person receives the Accident Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for treatment of Injuries sustained in a covered accident. This Intensive Care Unit Confinement Benefit is payable for up to 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

SERVICE BENEFITS:

ACCIDENT TREATMENT BENEFIT: Aflac will pay the applicable amount shown below when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment received under the care of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$200
Hospital Emergency Room without X-Ray	\$170
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$150
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$120

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.

AMBULANCE BENEFIT: Aflac will pay \$250 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,875 when a Covered Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

BLOOD/PLASMA/PLATELETS BENEFIT: Aflac will pay \$300 when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins and is payable only one time per covered accident, per Covered Person.

MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT: Aflac will pay \$250 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

AFTER CARE SERVICES:

ACCIDENT FOLLOW-UP TREATMENT BENEFIT: Aflac will pay \$40 per day when a Covered Person receives treatment for Injuries sustained in a covered accident and later requires additional treatment over and above treatment administered in the first 72 hours following the accident. Aflac 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 received under the care of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident Follow-Up Benefit is not payable for the same days that the Therapy Benefit is paid.**

THERAPY BENEFIT: Aflac will pay \$40 per therapy treatment when a Covered Person receives treatment for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek treatment from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech 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. Aflac will pay for one treatment per day for up to a maximum of ten treatments per covered accident, per Covered Person. The treatment must take place within six months after the accident. **The Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.**

APPLIANCES BENEFIT: Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances:

Back brace	\$350
Body jacket	\$350
Knee scooter	\$350
Wheelchair	\$350

Leg brace	\$150
Crutches	\$120
Walker	\$120
Walking boot	\$120
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

PROSTHESIS BENEFIT: Aflac will pay \$1,000 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

PROSTHESIS REPAIR OR REPLACEMENT BENEFIT: Aflac will pay \$1,000 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

REHABILITATION FACILITY BENEFIT: Aflac will pay \$200 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for treatment of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Rehabilitation Facility Benefit will not be payable for the same days that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

HOME MODIFICATION BENEFIT: Aflac will pay \$4,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

ACCIDENT SPECIFIC SUM INJURIES BENEFITS:

Aflac will pay the following benefit for the treatment listed when a Covered Person receives treatment under the care of a Physician for Injuries sustained in a covered accident.

Dislocation (reduced under general anesthesia):

Aflac will pay for no more than two Dislocations per covered accident, per Covered Person.

Benefits are payable for only the first Dislocation of a joint.

<u>Joint</u>	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$4,500	\$1,125

Shoulder	\$1,125	\$450
Knee	\$1,125	\$450
Collar bone	\$1,800	\$360
Ankle/Foot	\$1,125	\$360
Lower Jaw	\$1,125	\$600
Wrist	\$900	\$450
Elbow	\$900	\$450
Toe/Finger	\$225	\$120

If a Dislocation is reduced with local or no anesthesia by a Physician, Aflac will pay 25 percent of the amount shown for the closed Reduction Dislocation.

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

	<u>2nd Degree</u>	<u>3rd Degree</u>
Less than 20 square centimeters of the body surface	\$135	\$300
More than 20 but less than 40 square centimeters of the body surface	\$300	\$675
More than 40 but less than 65 square centimeters of the body surface	\$550	\$1,300
More than 65 but less than 160 square centimeters of the body surface	\$800	\$4,000
More than 160 but less than 225 square centimeters of the body surface	\$1,000	\$9,500
More than 225 square centimeters of the body surface	\$1,300	\$13,000

Skin Grafts:

If a Covered Person receives one or more skin grafts for a covered burn, Aflac will pay a total of 50 percent of the Burns benefit amount we paid for the burn involved.

Eye Injury:

Surgical Repair	\$350
Removal of foreign body by a Physician	\$75

Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):

Laceration(s) not requiring sutures and treated by a Physician (total of all lacerations)	\$40
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Laceration(s) less than 5 centimeters (total of all lacerations)	\$90
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$300
Laceration(s) over 15 centimeters (total of all lacerations)	\$600

A laceration resulting from an open Fracture will not be payable under the laceration benefit. Please refer to Fractures for benefit payable.

Fractures:

Aflac will pay 25 percent of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Aflac will pay for no more than two Fractures per covered accident, per Covered Person.

	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$4,000	\$2,000
Leg	\$2,000	\$1,000
Hand (excluding fingers)	\$800	\$400
Foot (excluding toes/heel)	\$800	\$400
Wrist	\$800	\$400
Elbow	\$1,000	\$500
Ankle	\$800	\$400
Kneecap	\$800	\$400
Shoulder blade	\$800	\$400
Forearm	\$800	\$400
Lower jaw	\$800	\$400
Vertebrae (body of)	\$2,000	\$1,000
Pelvis (excluding coccyx)	\$2,000	\$1,000
Sternum	\$1,500	\$750
Upper jaw	\$900	\$450
Upper arm	\$900	\$450
Face (excluding nose)	\$900	\$450
Rib	\$1,500	\$500

Nose	\$900	\$450
Heel	\$800	\$400
Finger	\$700	\$150
Coccyx	\$500	\$250
Toe	\$300	\$150
Vertebral processes	\$1,500	\$500
Skull	depressed \$4,000	simple \$1,500

Concussion (brain): \$150

Emergency dental work:

Broken tooth repaired with crown	\$500
Broken tooth resulting in extraction	\$160

Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. Aflac will pay for no more than one emergency dental work benefit per covered accident, per Covered Person.

Coma (duration of at least seven days): \$12,500

Paralysis:

Quadriplegia (Paralysis of four limbs)	\$12,500
Paraplegia (Paralysis of lower limbs)	\$6,250
Hemiplegia (Paralysis of one side of the body)	\$4,750

The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable once per Covered Person.

Surgical Procedures:

Treatment must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

Arthroscopy without surgical repair	\$300
Open abdominal (including exploratory laparotomy)	\$1,500
Cranial	\$1,500
Hernia	\$250

Open thoracic surgery (excluding chest tube insertions)	\$1,500
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Repair of:

Tendons and/or ligaments	\$725
Torn rotator cuffs	\$725
Ruptured discs	\$725
Torn knee cartilages	\$725

Miscellaneous Surgical Procedures:

Miscellaneous surgery that is not covered by any other specific-sum Injury benefit (Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.):

Miscellaneous surgery with general anesthesia	\$350
Other miscellaneous surgery with conscious sedation	\$140

Pain Management (non-surgical):

Epidural	\$100
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This benefit is payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a Hospital or a Physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per Covered Person.

ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:

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

Named Insured or Spouse-

Common-Carrier Accident	\$200,000
Other Accident	\$50,000
Hazardous Activity Accident	\$10,000

Child-

Common-Carrier Accident	\$30,000
Other Accident	\$15,000
Hazardous Activity Accident	\$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

In the event of the Accidental-Death of a covered Spouse or Dependent Child, Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

In the event of your Accidental-Death, Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for this policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

ACCIDENTAL-DISEMBEUREMENT BENEFIT: Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$50,000
Two eyes, feet, hands, arms or legs	\$50,000
One eye, foot, hand, arm, or leg	\$10,000
One or more fingers and/or one or more toes	\$2,000
Partial Dismemberment of finger or toe	\$700

Child-

Dismemberment or complete loss of, with or without reattachment:

Both arms and both legs	\$15,000
Two eyes, feet, hands, arms or legs	\$15,000
One eye, foot, hand, arm, or leg	\$5,000
One or more fingers and/or one or more toes	\$625
Partial Dismemberment of finger or toe	\$300

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

ADDITIONAL BENEFITS:

WELLNESS BENEFIT (a preventive benefit; the Accidental-Death, Dismemberment, or Injury of a Covered Person is not required for this benefit to be payable): Aflac will pay \$60 if you or any one Covered Person undergoes routine examinations or other preventive testing during the Calendar Year. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings. This benefit is payable only once per policy, per Calendar Year. Service must be under the supervision of or recommended by a Physician, received while your policy is in force, and a charge must be incurred.

FAMILY SUPPORT BENEFIT: Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. Aflac will pay this benefit up to 30 days per covered accident.

ORGANIZED SPORTING ACTIVITY BENEFIT: Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives treatment for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. This benefit is limited to \$1,000 per policy, per Calendar Year.

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for this policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:
 - (a) your new employer's payroll deduction process or
 - (b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.

WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to Injuries sustained in a covered accident, are completely unable to do all of the usual and customary duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while this policy is in force, 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 and a Physician's statement certifying 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 Injuries sustained in a covered accident, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 consecutive days while this policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement certifying your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 24 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

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.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

TRANSPORTATION BENEFIT: Aflac will pay \$700 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident.

Aflac will also pay \$700 per round trip when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available locally. This benefit is payable for up to three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

FAMILY LODGING BENEFIT: Aflac will pay \$150 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Injuries sustained in a covered accident. 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 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable up to 30 days per covered accident.

Part 2 **DEFINITIONS**

ACCIDENTAL-DEATH: death of a Covered Person caused by a covered Injury. See the Limitations and Exclusions section for Injuries not covered by this policy.

AMBULATORY SURGICAL CENTER: a facility licensed to provide surgical services in an operating room environment on an outpatient basis. This does not include a Physician's or dentist's office, clinic, or other such location.

CALENDAR YEAR: January 1 through December 31 of the same year.

CATASTROPHIC LOSS: an Injury that results in total and permanent or irrevocable loss of:

- The sight of one eye;
- The use of one hand/arm; or
- The use of one foot/leg.

The Catastrophic Loss must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.

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. **The Chip Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

COMA: a continuous state of profound unconsciousness lasting for a period of seven or more consecutive days, and characterized by the absence of (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. The term "Coma" does not include any medically induced coma. **The Coma must begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

COMMON-CARRIER ACCIDENT: an accident directly involving a common-carrier vehicle in which a Covered Person is a passenger at the time of the accident. A "common-carrier vehicle" is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A "passenger" is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. **A Common-Carrier Accident does not include any Hazardous Activity Accident or any accident directly involving private, on demand, or chartered transportation in which a Covered Person is a passenger at the time of the accident. The Common-Carrier Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

COVERED PERSON: any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.

DEPENDENT CHILDREN: your natural children, stepchildren, grandchildren or legally adopted children who are under age 26. Coverage of a Dependent Child will terminate on the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must also furnish proof of continued incapacity and dependency at Aflac's request, but not more often than

annually, after the two-year period following the Dependent Child's 26th birthday. Children for whom you must provide medical support under a court order are also covered under the terms of the policy.

DISLOCATION: a completely separated joint due to an Injury. The Dislocation must be diagnosed by a Physician within 72 hours after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Dislocation must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

DISMEMBERMENT: loss (with or without reattachment) of one or more of the following due to an Injury: (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 vision such that central visual acuity cannot be corrected to better than 20/200. **Loss of use does not constitute Dismemberment, except as stated above in (7) Eye. The Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The Effective Date is not the date you signed the application for coverage.

FRACTURE: a break in a bone due to an Injury and that can be seen by X-ray. The Fracture must be diagnosed by a Physician within 14 days after the date of the Injury and require correction by a Physician. It can be corrected by open or closed Reduction. **The Fracture must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

HAZARDOUS ACTIVITY ACCIDENT: an accident while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing; or while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft. **A Hazardous Activity Accident does not include any Common-Carrier Accidents. The Hazardous Activity Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

HOSPITAL: a licensed institution operated pursuant to law and is primarily engaged in providing or operating, either on its premises or in facilities available to it, on a contractual, prearranged basis and under the supervision of a staff of one or more duly licensed Physicians, all of the following: (1) medical, diagnostic, and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; (2) a 24-hour-a-day nursing service by or under the supervision of registered graduate professional nurse (RN); (3) a minimum of five beds; (4) X-ray and laboratory facilities; and (5) permanent medical history records. The term "Hospital" also includes Ambulatory Surgical Centers. The term "Hospital" does not include a Rehabilitation Facility that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association, or the Commission on Accreditation of Rehabilitation Facilities; convalescent homes; convalescent, rest, or nursing facilities; homes or facilities primarily for the aged, drug addicts, or alcoholics; facilities primarily affording custodial or educational care; or facilities primarily affording care for mental and nervous disorders. **Benefits for confinement in a Rehabilitation Facility are payable under the Rehabilitation Facility Benefit.**

HOSPITAL CONFINEMENT: a stay of a Covered Person confined to a bed in a Hospital for which a room charge is made. The Hospital Confinement must be on the advice of a Physician, Medically Necessary, and the result of a covered Injury. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable. **The Hospital Confinement must begin on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

HOSPITAL EMERGENCY ROOM: a unit of a Hospital dedicated to providing rapid and varied treatment 24 hours a day to victims of sudden illness or trauma with an assigned doctor trained in emergency medicine on duty at all times. The term "Hospital Emergency Room" does not include urgent care centers.

IMMEDIATE FAMILY: anyone related to you in the following manner: Spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren (includes step-grandchildren); grandparents (includes step-grandparents); father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.

INJURY: a bodily injury caused directly by an accident, independent of Sickness, disease, bodily infirmity, or any other cause. See the Limitations and Exclusions section for Injuries not covered by this policy. **An Injury must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

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 Units, (2) Cardiac Intensive Care Units, and (3) Infant (Neonatal) Intensive Care Units.

MEDICAL DIAGNOSTIC IMAGING CENTER: a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.

MEDICALLY NECESSARY: treatment, services, or supplies necessary and appropriate for the diagnosis or treatment of an Injury based upon generally accepted medical practice.

OCCUPATIONAL THERAPIST: a specialist in occupational therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

ORGANIZED SPORTING ACTIVITY: a competition or supervised organized practice for a competition. The competition must be governed by a set of written rules, be officiated by someone certified to act in that capacity, and overseen by a legal entity such as a public school system or sports conference. The legal entity must have a set of bylaws and competition must be on a regulation playing surface. Participation must be on an amateur basis. The Organized Sporting Activity Benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.

OTHER ACCIDENT: an accident that is not classified as either a Common-Carrier Accident or a Hazardous Activity Accident and that is not specifically excluded in the Limitations and Exclusions section. **An Other Accident must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord Injury. The Paralysis must be confirmed by the attending Physician. **The spinal cord Injury causing the Paralysis must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

PARTIAL DISMEMBERMENT: loss (with or without reattachment) of at least one joint of a finger or toe, other than the first interphalangeal joint. **The Partial Dismemberment must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

PERIOD OF HOSPITAL CONFINEMENT: the period of Hospital Confinement that starts on or after the Effective Date of coverage and while coverage is in force. If the Hospital Confinement follows a previously covered Hospital Confinement, it will be deemed a continuation of the first Hospital Confinement unless (1) the later Hospital Confinement is the result of an entirely unrelated Injury or (2) the Hospital Confinements are separated by 30 days or more. Hospitalization that begins prior to the end of one Calendar Year and continues into the next Calendar Year will be considered one Hospital Confinement.

PHYSICAL THERAPIST: a specialist in physical therapy (also known as a “Physiotherapist”) other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PHYSICIAN: a person legally qualified to practice medicine, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

PROSTHETIC DEVICE/PROSTHESIS: an artificial device designed to replace a missing part of the body.

REDUCTION: open (surgical) or closed (manipulative) repair of a Fracture or Dislocation. **The Reduction must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable.**

REHABILITATION FACILITY: a licensed facility or a unit of a Hospital providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine. If a unit of a Hospital, beds must be set up and staffed in an area specifically designated for this service. The term “Rehabilitation Facility” does not include a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial 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.

SICKNESS: an illness, disease, infection, disorder, or condition not caused by an Injury, occurring on or after the Effective Date of coverage and while coverage is in force.

SPEECH THERAPIST: a specialist in speech therapy, other than you or a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.

TYPE OF COVERAGE: see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family.

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. "Your Spouse" is defined as the person to whom you are legally married and who is listed on your application.
3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all of your Dependent Children (or those of your Spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition. **If individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac within 31 days of the child's birth or the date the petition is filed for adoption of the child.** 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 any. 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 the petition is filed for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any Dependent Child will terminate on the Dependent Child's 26th birthday, (for continuation of coverage information, see Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 3
LIMITATIONS AND EXCLUSIONS

Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.

For any benefit to be payable, the Injury, treatment, or loss must occur on or after the Effective Date of coverage and while coverage is in force.

Aflac will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.

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.

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 benefits were received that were not lawfully due and that fraudulently induced payment.

Aflac will not pay benefits for an Injury, treatment, or loss that is caused by or occurs as a result of a Covered Person's:

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
- Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the loss occurred);
- Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
- 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 detention facility or penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not Medically Necessary; or
- Having dental treatment except as a result of Injury.

Part 4
RIGHT OF CONVERSION

DISSOLUTION OF MARRIAGE: If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse will be issued, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. Aflac must be notified within 60 days following the entry of the decree of dissolution of marriage, and your ex-Spouse must pay the appropriate premium for the policy to be issued. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any Dependent Children may be covered under either policy, but not both.

DEATH: In the event of your death, your Spouse, if alive and covered under this policy, will become the Named Insured and coverage will continue in the same occupation class.

TERMINATION OF DEPENDENCY: A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy in the same occupation class without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child.

Part 5
UNIFORM PROVISIONS

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 president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred commencing after the expiration of such two-year period.

TERM: The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at 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. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**

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. Aflac will refund all unearned premiums paid, less any benefits paid, if the misstated age at the time of application was outside the age limits for this policy.

REINSTATEMENT: You may request reinstatement of your policy from Aflac or from your associate (duly licensed agent). If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from an Injury sustained on or after the date of reinstatement. In all other respects, you and Aflac will 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 be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

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, this policy will continue in force.

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.

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, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

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 ten working days after such notice is given, 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.

PROOF OF LOSS: Written proof of loss (claim forms, medical bills, medical authorizations, or other reasonable evidence of the claim that is ordinarily required) must be furnished to Aflac at our worldwide headquarters before the 91st day 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.

TIME OF PAYMENT OF CLAIMS: All benefits payable under this policy will be paid immediately upon receipt of due written proof of loss.

PAYMENT OF CLAIMS: Except for the Accidental-Death Benefit payable due to your Accidental-Death, 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. See the Accidental-Death Benefit for claim payment information regarding your Accidental-Death.

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 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, or 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 entitled to access or possession of the child and is required by a court order to pay child support.

LEGAL ACTIONS: No legal action may 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. No such action may be brought after three years from the time written proof of loss is required to be furnished.

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 the Named Insured resides on the Effective Date is by this clause effectively amended to conform to the minimum requirements of that state's statutes.

PHYSICAL EXAMINATIONS AND AUTOPSY: Aflac, at its own expense, will have the right and opportunity to examine a Covered Person when and as often as it may be reasonably required during the pendency of a claim hereunder, and to make an autopsy in the case of death where autopsy is not forbidden by law.

CHANGE OF BENEFICIARY: Unless you made the beneficiary designation in the attached application irrevocable, you have the right to make a change by giving Aflac notice in a form satisfactory to Aflac. The beneficiary change will not be effective until we have recorded it at Aflac's Worldwide Headquarters. After it has been recorded, the beneficiary change will be effective as of the date it is signed. However, your dying before the request is recorded will not affect any benefit we have already paid. The consent of the beneficiary is not required to surrender the policy, assign the policy benefits, change the beneficiary, or make any other changes to this policy.

ASSIGNMENT: Aflac 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 receive notice at our worldwide headquarters that you have specifically assigned the benefits of your Aflac policy.

OTHER INSURANCE WITH AFLAC: Insurance effective at any one time on the Named Insured under the same type of policy or policies with Aflac is limited to the one policy elected by the Named Insured, the Named Insured's beneficiary, or the Named Insured's estate, as the case may be, and Aflac will return all premiums paid for all other policies of the same type.

CANCELLATION: You have the right to cancel this policy at any time, by notifying Aflac in writing. The effective date of the cancellation will be the date of receipt, or a later date if specified in the request. Aflac will return the unearned portion of any premium paid.

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT TO ACCIDENT POLICY FORM

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE: August 1, 2016, or
Policy Effective Date, whichever is later.

This endorsement is subject to all of the provisions of the policy to which it is attached. A change has been made to the above policy and indicated as follows:

HAZARDOUS ACTIVITY ACCIDENT definition has been amended by deleting “or while a pilot, officer, or member of the crew of an aircraft, having any duties aboard an aircraft, or giving or receiving any kind of training or instruction aboard an aircraft.”

This endorsement will automatically terminate with the policy.

In witness whereof, this endorsement has been executed by Aflac’s Worldwide Headquarters in Columbus, Georgia, on the above stated endorsement date.



Paul S. Amos II, President



J. Matthew Loudermilk, Secretary