

**CANCER INDEMNITY INSURANCE
PREMIUMS SUBJECT TO CHANGE**

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

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

NOTICE TO BUYER: This is a limited benefit, specified-disease policy. It pays benefits for Cancer, Associated Cancerous Conditions, and Cancer-related treatment only. Benefits provided are supplemental and are not intended to cover all medical expenses. Read 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.**

This policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We agree that this policy will never be restricted by the addition of any rider without your consent. 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. We may change the premium we charge, but not specific to any one person. Any premium change will be made for all policies of this form number and premium classification in the state where this policy was issued that are then in force. We will also 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 part of this policy. The following paragraphs set forth the insurance benefits, the definitions of terms, the limitations and exclusions, 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. You will receive a full refund of all premiums paid (less any benefits 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 policy Effective Date shown in the Policy Schedule.



Daniel P. Amos, President



J. Matthew Loudermilk, Secretary

Policy Schedule

NAMED INSURED: [John A. Doe]		
TYPE OF COVERAGE: [Individual]	POLICY NUMBER: [111-2222]	
MODE OF PAYMENT: [Monthly]	PREMIUMS: \$[XX.xx]	
COVERAGE: [XXXXXX]	EFFECTIVE DATES: [XX/XX/XX]	\$[XX.xx]
[AAABBB]	[XX/XX/XX]	[\$XX.xx]
[BABBBC]	[XX/XX/XX]	[\$XX.xx]
[CABBBD]	[XX/XX/XX]	[\$XX.xx]

MESSAGES:

[XXXXXX] CANCER INDEMNITY POLICY
[AAABBB] [INITIAL DIAGNOSIS BUILDING BENEFIT RIDER: X UNIT[S] = \$XXX]
[BABBBC] [DEPENDENT CHILD RIDER: X UNIT[S] = \$XXX]
[CABBBD] [SPECIFIED-DISEASE BENEFIT RIDER]

FOR TRAINING PURPOSES ONLY

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

Part 1
ELIGIBILITY FOR BENEFITS

If you or any Covered Person is diagnosed as having Cancer or an Associated Cancerous Condition while this policy is in force, we will pay for the treatment of such Cancer or Associated Cancerous Condition occurring while this policy remains in force, according to the Benefits section, subject to all other limitations and exclusions, conditions, and provisions of this policy, and if Cancer or an Associated Cancerous Condition is diagnosed after the 30-day waiting period (subject to the Limitations and Exclusions). The "diagnosis date" is the day the tissue specimen, culture, and/or titer is taken upon which the diagnosis of Cancer or an Associated Cancerous Condition is based. The "diagnosis date" is not the date the diagnosis is communicated to the Covered Person.

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, or any recurrence, extension, or metastatic spread of that same Cancer or Associated Cancerous Condition, will apply only to treatment occurring after two years 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. **Exception: Insureds age 65 and over will be covered six (6) months from the Effective Date.**

The Initial Diagnosis Benefit is not payable for any Internal Cancer or Associated Cancerous Condition diagnosed or treated before the Effective Date of coverage; the subsequent recurrence, extension, or metastatic spread of such Internal Cancer or Associated Cancerous Condition; Internal Cancer or an Associated Cancerous Condition diagnosed during this policy's 30-day waiting period; or 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.**

Outpatient and hospitalization benefits for the treatment of Cancer or an Associated Cancerous Condition will accrue as follows:

If Cancer or an Associated Cancerous Condition is diagnosed while a Covered Person is hospitalized or receiving outpatient treatment, benefits will accrue from the first day of care or confinement after the Effective Date of coverage, but will not be retroactive more than 30 days before the date Cancer or an Associated Cancerous Condition was diagnosed. **EXCEPTION: 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. No benefits will be payable for losses incurred prior to the 30th day after the Effective Date shown in the Policy Schedule.**

If treatment for Cancer or an Associated Cancerous Condition is received in a U.S. government Hospital, Aflac will not require a Covered Person to be charged for such services for benefits to be payable.

Part 2
BENEFITS

Aflac will pay the following benefits, as applicable, while coverage is in force, subject to all other limitations and exclusions, conditions, and provisions of this policy, unless indicated otherwise. All treatments listed below must be National Cancer Institute (NCI) or Food and Drug Administration (FDA) approved for the treatment of Cancer or an Associated Cancerous Condition, as applicable.

CANCER SCREENING BENEFIT: Aflac will pay \$75 per Calendar Year when a Covered Person receives one of the following:

mammogram	testicular ultrasound	computerized tomography (CT or CAT scan)
breast ultrasound	transrectal ultrasound	magnetic resonance imaging (MRI)
breast MRI	abdominal ultrasound	bone scan
thermography	flexible sigmoidoscopy	thyroid scan
CA15-3 (blood test for breast cancer)	colonoscopy	multiple gated acquisition (MUGA) scan
CA 125 (blood test for ovarian cancer)	virtual colonoscopy	positron emission tomography (PET) scan
Pap smear/ThinPrep	cystoscopy	biopsy
PSA (blood test for prostate cancer)	colposcopy	hemocult stool specimen (lab confirmed)
CEA (blood test for colon cancer)	bronchoscopy	Genetic Testing
P32 uptake serum	mediastinoscopy	bone marrow donor screening
protein electrophoresis (blood test for multiple myeloma)	esophagoscopy	cancer vaccine
	sigmoidoscopy	
	proctosigmoidoscopy	
	gastroscopy	
	laryngoscopy	
	chest X-ray	

This benefit is limited to one \$75 payment per Calendar Year, per Covered Person, with no Positive Medical Diagnosis. If a Covered Person receives a Positive Medical Diagnosis for Internal Cancer or an Associated Cancerous Condition, this benefit will pay up to a total of three \$75 payments per Calendar Year for screenings performed on such Covered Person. Screenings must be administered by licensed medical personnel. Except for Genetic Testing, bone marrow donor screening, and cancer vaccine, the screening must be performed for the purpose of determining whether Cancer or an Associated Cancerous Condition exists in a Covered Person. No lifetime maximum.

PROPHYLACTIC SURGERY BENEFIT (DUE TO A POSITIVE GENETIC TEST RESULT): Aflac will pay \$250 when a Covered Person has surgery due to a positive test result received for a genetic alteration or mutation associated with a hereditary Cancer syndrome and such surgery is recommended by a Physician. The Genetic Testing must be performed while coverage is in force.

This benefit is payable once per Covered Person, per lifetime.

CANCER DIAGNOSIS BENEFITS:

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 the Limitations and Exclusions.

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

This benefit is payable once per Covered Person, per lifetime. In addition to the Positive Medical Diagnosis, we may require additional information from the attending Physician and Hospital.

ADDITIONAL OPINION BENEFIT: Aflac will pay \$300 when a charge is incurred for an additional surgical opinion from a Physician or an evaluation or consultation with a Physician for the purpose of determining the appropriate course of treatment for a covered Internal Cancer or Associated Cancerous Condition. **This benefit is payable once per Covered Person, per lifetime.**

CANCER TREATMENT BENEFITS:

NONSURGICAL TREATMENT BENEFITS:

RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY, OR EXPERIMENTAL CHEMOTHERAPY BENEFIT:

SELF-ADMINISTERED: Aflac will pay \$250 once per Calendar Month for which a Covered Person receives and incurs a charge for self-administered Physician-prescribed Chemotherapy, Immunotherapy, or Experimental Chemotherapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

PHYSICIAN-ADMINISTERED: Aflac will pay \$1,200 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy administered by a member of the medical profession in a Medical Facility as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

This benefit is limited to one self-administered treatment and one physician-administered treatment per Calendar Month. After this benefit has been paid for 12 Calendar Months, Aflac will require annual documentation from the attending Physician certifying that the Cancer or Associated Cancerous Condition is still detectable and active in the body and is not in remission in order for this benefit to continue to be payable.

HORMONAL THERAPY BENEFIT: Aflac will pay \$25 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for Hormonal Therapy as part of a treatment regimen for Cancer or an Associated Cancerous Condition.

TOPICAL CHEMOTHERAPY BENEFIT: Aflac will pay \$150 once per Calendar Month for which a Covered Person is prescribed, receives, and incurs a charge for a Topical Chemotherapy for the treatment of Cancer or an Associated Cancerous Condition.

See the Payment of Nonsurgical Treatment Benefits section for additional information.

INDIRECT/ADDITIONAL THERAPY BENEFITS:

ANTINAUSEA BENEFIT: Aflac will pay \$100 once per Calendar Month for which a Covered Person receives and incurs a charge for anti-nausea drugs that are prescribed in conjunction with Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy. This benefit is payable only once per Calendar Month and is limited to the Calendar Month in which a person receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy, the Calendar Month prior to such treatment, and the Calendar Month following such treatment. No lifetime maximum.

STEM CELL AND BONE MARROW TRANSPLANTATION BENEFIT: Aflac will pay \$7,000 when a Covered Person receives and incurs a charge for a peripheral Stem Cell Transplantation or a Bone Marrow Transplantation for the treatment of Internal Cancer or an Associated Cancerous Condition. Lifetime maximum of \$7,000 per Covered Person. In addition, Aflac will pay the Covered Person's donor an indemnity amount for his or her expenses as a result of the donation procedure as follows: \$100 for stem cell donation, or \$750 for bone marrow donation. This benefit is payable one time per Covered Person.

BLOOD AND PLASMA BENEFIT: Aflac will pay \$50 times the number of days paid under the Hospital Confinement Benefit when a Covered Person receives and incurs a charge for blood and/or plasma transfusions for the treatment of Internal Cancer or an Associated Cancerous Condition during a covered Hospital confinement. Aflac will pay \$175 for each day a Covered Person receives and incurs a charge for 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.

SURGICAL TREATMENT BENEFITS:

SURGERY/ANESTHESIA BENEFIT: Aflac will pay according to the benefits in the Schedule of Operations below when a Covered Person has a surgical procedure performed for the direct treatment of a covered Internal Cancer or Associated Cancerous Condition and a charge is incurred for such surgical procedure. If any surgical procedure 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 surgical procedure most nearly similar in severity and gravity.

EXCEPTIONS: Prophylactic Surgery and procedures payable under the Cancer Screening Benefit, Skin Cancer Surgery Benefit, or Reconstructive Surgery Benefit will not be payable under the Surgery/Anesthesia Benefit.

The Surgery/Anesthesia Benefit is only payable one time per 24-hour period, even though more than one surgical procedure may be performed. The highest eligible benefit will be paid.

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.

SCHEDULE OF OPERATIONS

ABDOMEN

Paracentesis \$ 100
 Exploratory laparotomy..... 350

BLADDER

TUR bladder tumors..... 350
 Cystectomy
 (partial) 600
 (complete) 1,200
 (with ureteroileal conduit).... 2,400

BRAIN

Burr holes not
 followed by surgery 500
 Ventriculoperitoneal shunt 500
 Exploratory craniotomy 1,100
 Excision brain tumor 2,200
 Hemispherectomy..... 3,400

BREAST

Lumpectomy 220

Mastectomy	
(partial)	350
(simple).....	500
(radical)	700

CERVIX

D & C	115
Vaginal hysterectomy/ uterus only	350
Oophorectomy.....	350
Abdominal hysterectomy/ uterus only	600
uterus, tubes & ovaries	1,150
with partial exenteration	2,000
with complete exenteration..	3,400

CHEST

Thoracentesis.....	100
Thoracostomy	200
Thoracotomy	500
Wedge resection	800
Lobectomy.....	1,100
Pneumonectomy	1,400

ESOPHAGUS

Esophagogastrectomy.....	1,100
Resection of esophagus.....	1,300

EYE

Enucleation	340
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INTESTINES

Colostomy/or revision of	220
ERCP	220
Ileostomy.....	220
Colectomy	600
Resection of small intestine.....	1,400
Abdominal-perineal approach for removal of Cancer of sigmoid colon or rectum.....	1,700

KIDNEY

Nephrectomy	
(simple)	1,400
(radical)	2,400

LIVER

Resection of liver	
(partial)	650
(complete)	1,700

LYMPHATIC

Excision of lymph nodes.....	115
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Splenectomy.....	500
Axillary node dissection	500
Lymphadenectomy	
(unilateral).....	500
(bilateral).....	600

MANDIBLE

Mandibulectomy.....	1,000
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MISCELLANEOUS

Peripherally inserted central catheter (PICC)	100
Venous-catheters/venous port for Chemotherapy	100
Pathological fracture	275
Cholecystectomy	500
Pathological hip fracture	575

MOUTH

Hemiglossectomy	220
Tonsil/mucous membrane	350
Glossectomy.....	500
Resection of palate	500

PANCREAS

Jejunostomy	600
Pancreatectomy.....	1,400
Whipple procedure	2,400

PENIS

Amputation	
(partial).....	220
(complete).....	500
(radical).....	600

PROSTATE

TUR prostate	350
Radical prostatectomy	1,000

RADIUM IMPLANTS

Insertion.....	650
Removal	340

SALIVARY GLANDS

Parotidectomy.....	500
Radical neck dissection	1,200

SPINE

Cordotomy	350
Laminectomy	600

STOMACH

Gastrojejunostomy	600
Gastrectomy	
(partial)	600
(complete)	1,000

TESTIS

Orchiectomy	
(unilateral)	220
(bilateral)	320

THROAT

Tracheostomy	200
Laryngectomy	
(without neck dissection)	600
(with neck dissection)	1,200

THYROID

Thyroidectomy	
(partial: one lobe)	350
(total: both lobes)	500

VULVA

Vulvectomy	
(partial).....	350
(complete).....	700
(radical).....	1,000

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 amount listed below when a charge is incurred for the specific procedure. The 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:

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

PROPHYLACTIC SURGERY BENEFIT (WITH CORRELATING INTERNAL CANCER DIAGNOSIS): Aflac will pay \$250 when, as recommended by a Physician due to a covered diagnosis of Internal Cancer or an Associated Cancerous Condition, one of the Prophylactic Surgeries shown below is performed on a Covered Person:

1. mastectomy due to a covered diagnosis of Internal Cancer other than breast Cancer;
2. oophorectomy due to a covered diagnosis of Internal Cancer other than ovarian Cancer;
or
3. orchiectomy due to a covered diagnosis of Internal Cancer other than testicular Cancer.

This benefit is payable once per Covered Person, per lifetime.

HOSPITALIZATION BENEFITS:

HOSPITAL CONFINEMENT BENEFITS:

HOSPITALIZATION FOR 30 DAYS OR LESS: When a Covered Person is confined to a Hospital for treatment of Cancer or an Associated Cancerous Condition for 30 days or less, Aflac will pay the amount listed below for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$200
Dependent Child	\$250

HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of a Covered Person for treatment of Cancer or an Associated Cancerous Condition for 31 days or more, Aflac will pay benefits as described above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, Aflac will pay the amount listed below for each day the Covered Person is charged for a room as an inpatient. No lifetime maximum.

Named Insured or Spouse	\$400
Dependent Child	\$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE BENEFIT: When a surgical operation is performed on a Covered Person for treatment of a diagnosed Internal Cancer or Associated Cancerous Condition, and a surgical room charge is incurred, 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 Surgery/Anesthesia Benefit. The maximum daily 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 the procedures listed in the Cancer Screening Benefit or any surgery performed in a Physician's office.

CONTINUING CARE BENEFITS:

EXTENDED-CARE FACILITY BENEFIT: When a Covered Person is hospitalized and receives Hospital Confinement Benefits and is later confined, within 30 days of the covered Hospital confinement, to an extended-care facility, a skilled nursing facility, or to a section of the Hospital used as such, (collectively referred to as "Extended-Care Facility"), Aflac will pay \$100 per day when a charge is incurred for such continued confinement. For each day this benefit is payable, Hospital Confinement Benefits 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 Hospital Confinement Benefits and is confined as an inpatient to the Extended-Care Facility within 30 days of that confinement.

HOME HEALTH CARE BENEFIT: When a Covered Person is hospitalized for the treatment of Internal Cancer or an Associated Cancerous Condition and then has either home health care or health supportive services provided on his or her behalf, Aflac will pay \$100 per day when a charge is incurred for each such visit, subject to the following conditions:

1. The home health care or health supportive services must begin within seven days of release from the Hospital.
2. This benefit is limited to ten days per hospitalization for each Covered Person.
3. This benefit is limited to 30 days in any Calendar Year for each Covered Person.
4. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the Covered Person and certifies that if these services were not available, the Covered Person would have to be hospitalized to receive the necessary care, treatment, and services.

- Home health care and health supportive services must be performed by a person, other than a member of your Immediate Family, who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

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

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. Lifetime maximum for each Covered Person is \$12,000.

This benefit is not payable the same day the Home Health Care Benefit is payable.

NURSING SERVICES BENEFIT: While confined in a Hospital for the treatment of Cancer or an Associated Cancerous Condition, if a Covered Person requires and is charged for 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.

SURGICAL PROSTHESIS BENEFIT: Aflac will pay \$2,000 when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Internal Cancer or an 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.

NONSURGICAL PROSTHESIS BENEFIT: Aflac will pay \$175 per occurrence, per Covered Person when a charge is incurred 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.

RECONSTRUCTIVE SURGERY BENEFIT:

BREAST RECONSTRUCTION: Aflac will pay the amount listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$2,000.

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
Permanent Areola Repigmentation	100

OTHER RECONSTRUCTIVE SURGERY: Aflac will pay the amount listed below when a charge is incurred for a reconstructive surgical operation that is performed on a Covered Person as a result of treatment of Cancer or an Associated Cancerous Condition. The maximum daily benefit will not exceed \$500.

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. No lifetime maximum on number of operations.

EGG HARVESTING, STORAGE (CRYOPRESERVATION), AND IMPLANTATION BENEFIT:

Aflac will pay \$1,000 for a Covered Person to have oocytes extracted and harvested due to a positive diagnosis of Internal Cancer or an Associated Cancerous Condition. In addition, Aflac will pay, one time per Covered Person, \$200 for the storage of a Covered Person's oocyte(s) or sperm when a charge is incurred to store with a licensed reproductive tissue bank or similarly licensed facility. Any such extraction, harvesting, or storage must occur prior to Chemotherapy or radiation treatment that has been prescribed for the Covered Person's treatment of Cancer or an Associated Cancerous Condition. Aflac will also pay \$200 for embryo transfer resulting from such stored oocyte(s) or sperm of a Covered Person. Lifetime maximum of \$1,400 per Covered Person.

ANNUAL CARE BENEFIT: Aflac will pay \$200 on the anniversary date of a Covered Person's diagnosis of a covered Internal Cancer or Associated Cancerous Condition for care other than the direct treatment of Cancer or an Associated Cancerous Condition to meet the Covered Person's physical, emotional, spiritual, or social needs. Lifetime maximum of five annual \$200 payments per Covered Person.

AMBULANCE, TRANSPORTATION, AND LODGING BENEFITS:

AMBULANCE BENEFIT: Aflac will pay \$250 when a charge is incurred for ambulance transportation of a Covered Person to or from a Hospital where the Covered Person receives treatment for Cancer or an Associated Cancerous Condition. Aflac will pay \$2,000 when a charge is incurred 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.

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:

1. 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.
2. 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.

LODGING BENEFIT: Aflac will pay \$65 per day when a charge is incurred 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.

PREMIUM WAIVER AND RELATED BENEFITS:

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, you are unable to work at any occupation] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

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

CONTINUATION OF COVERAGE BENEFIT: Aflac will waive all monthly premiums due for this policy and riders 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 ceased because of your leaving employment; and
5. You re-establish premium payments through:
 - (1) your new employer's payroll deduction process, or
 - (2) 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 or any other method agreed to by Aflac and the employer.

Part 3
PAYMENT OF NONSURGICAL TREATMENT BENEFITS

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of thirty days or less, then the payment under the applicable Nonsurgical Treatment Benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of thirty days or less is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional Calendar Month for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during that additional Calendar Month. Otherwise, if the prescription is refilled during a Calendar Month in which the stated amount under the applicable Nonsurgical Treatment Benefit has not been previously paid, then the benefit is limited to the Calendar Month in which the medication was prescribed, received, and the Covered Person incurred a charge.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month.

If an initial prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication instructs a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Months.

If a prescription of Hormonal Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy medication which instructs a Covered Person to take the medication orally for a period of more than thirty days is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has previously been paid, then we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for up to three additional, consecutive Calendar Months for which it has not previously been paid without requiring proof a Covered Person incurred a charge for the medication during the three additional, consecutive Calendar Months. Otherwise, if the prescription is refilled during a Calendar Month in which the payment under the applicable Nonsurgical Treatment Benefit has not been previously paid, then, so long as the Covered Person incurred a charge during the first Calendar Month of the prescription, for refills instructing a Covered Person to take the medication orally for a period of more than thirty days but less than 61 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for one additional, consecutive Calendar Month without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Month, and for refills instructing a Covered Person to take the medication orally for a period of more than sixty days but less than 91 days, we will pay the stated amount under the applicable Nonsurgical Treatment Benefit in advance for two additional, consecutive Calendar Months without requiring proof a Covered Person incurred a charge for the medication during the additional, consecutive Calendar Months.

For injected treatment, the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit is payable one time per prescribed injection, but not more than one time per Calendar Month. The Surgical/Anesthesia Benefit provides amounts payable for insertion and removal of a pump. Benefits will not be paid for each month of continuous infusion of medications dispensed by a pump, implant, or patch.

If only Experimental Chemotherapy is payable during any Calendar Month, the benefit amount will be reduced 50% for Experimental Chemotherapy for which no charge is incurred. If a Covered Person received the stated amount under the applicable Radiation Therapy, Chemotherapy, Immunotherapy, Or Experimental Chemotherapy Benefit at the reduced 50% amount and, later in the same Calendar Month, receives Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Chemotherapy where a charge is incurred, we will pay the difference between the 50% previously received and the Radiation Therapy, Chemotherapy, Immunotherapy, or Experimental Therapy Benefit.

Part 4 **DEFINITIONS**

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, a clinic, or other such location.

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.**

BONE MARROW TRANSPLANTATION: harvesting, storage, and subsequent reinfusion of bone marrow from a transplant recipient or a matched donor in which Chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow.

CALENDAR MONTH: one of the 12 divisions of a year as determined by the Gregorian calendar.

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

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.

CHEMOTHERAPY: medications taken orally, other than Hormonal Therapy medications, or intravenously, including continuous infusion by pump or patch, that treat disease by means of chemicals that have a specific toxic effect that directly destroys cancerous tissue.

COVERED PERSON: persons covered 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 continue for any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual or physical disability, and who became so disabled prior to age 26 and while covered under this policy. You must furnish proof of such disability and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continuing disability 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.

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.

EXPERIMENTAL CHEMOTHERAPY: Physician-prescribed experimental Cancer Chemotherapy medications taken as part of a clinical trial. Chemotherapy medications must be approved by the NCI as a viable experimental treatment for Cancer. Experimental Chemotherapy does not include laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, therapeutic devices, or other procedures related to these experimental treatments.

GENETIC TESTING: medical testing used to identify inherited genetic differences, anomalies, or mutations that may increase a person's likelihood of developing Cancer.

HORMONAL THERAPY: medications taken orally that alter the production or level of hormones to prevent the spread or recurrence of malignant cells.

HOSPICE: licensed agency, organization, or unit that provides a centrally administered and autonomous continuum of palliative and supportive care to terminally ill persons. The care must be directed and coordinated by the Hospice organization and received primarily in the patient's home, or on an outpatient or inpatient basis in a Hospice unit.

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) 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; and provides a 24-hour-a-day nursing service by or under the supervision of registered graduate professional nurses (RNs); and be an institution which maintains and operates a minimum of five beds; and uses X-ray and laboratory facilities either on its premises or in facilities available to it on a prearranged, written, contractual basis; and maintains permanent medical history records. The term "Hospital" also includes Ambulatory Surgical Centers. The term "Hospital" does not include convalescent homes, convalescent facilities, rest facilities, or nursing facilities; homes or facilities primarily for the aged, drug addicts, or alcoholics, those primarily affording custodial or educational care; or those primarily affording care for mental and nervous disorders.

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.

IMMUNOTHERAPY: immunoglobulins or colony-stimulating factors given as a part of a treatment regimen for Internal Cancer or an Associated Cancerous Condition to stimulate, restore, or boost the ability of the immune system to fight infection and disease.

MEDICAL FACILITY: an establishment dedicated to providing health services for the prevention, diagnosis, or treatment of human disease. Such services must be provided by a Physician or other qualified member of the medical profession.

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

POSITIVE MEDICAL DIAGNOSIS: a diagnosis of Cancer or an Associated Cancerous Condition that is diagnosed by a Physician operating within the scope of his/her license. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists operating within the scope of his/her license. The diagnosis must be based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or postmortem). The pathologist making the diagnosis will base judgment solely on the criteria of "malignancy" as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen. A clinical diagnosis of Internal Cancer or an Associated Cancerous Condition will be accepted as evidence that Internal Cancer or an Associated Cancerous Condition exists when a pathological diagnosis cannot be made, provided medical evidence substantially documents the diagnosis of Internal Cancer or an Associated Cancerous Condition. Such pathological report or, if applicable, clinical diagnosis must be submitted to Aflac for benefits to be payable.

PROPHYLACTIC SURGERY: the surgical removal of a part of the body, other than skin, that shows no signs of Internal Cancer or an Associated Cancerous Condition, in an attempt to prevent development of Cancer or an Associated Cancerous Condition in that part of the body.

RADIATION THERAPY: therapy using high doses of radiation to destroy cancerous cells.

STEM CELL TRANSPLANTATION: the harvesting, storage, and subsequent reinfusion of peripheral blood cells or stem cells from the transplant recipient or from a matched donor in which Chemotherapy and/or total body radiotherapy is administered to destroy residual bone marrow. **It does not include the Bone Marrow Transplantation.**

TOPICAL CHEMOTHERAPY: medications applied to the skin that treat disease by means of chemicals that have a specific toxic effect that directly destroys cancerous tissue.

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 your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your Spouse, and all your Dependent Children (or those of your Spouse).

Any One-Parent Family or Two-Parent Family member specifically excluded by name from coverage is not included in the One-Parent Family or Two-Parent Family definition. Any person who becomes a family member after the Effective Date of this policy, except a newborn or adopted child as explained below, must be added by endorsement. Persons added as family members by endorsement will be covered for only that Cancer or Associated Cancerous Condition diagnosed on or after the 30th day following the Effective Date of their endorsement.

Newborn children are automatically covered under the terms of this policy for 30 days from the moment of birth. Adopted children are automatically covered for 30 days from the date the petition is filed. **If you desire uninterrupted coverage for a newborn or adopted child beyond the first 30 days and Individual or Named Insured/Spouse Only coverage is in force, 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 already 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 to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. The added person(s) will be subject to a 30-day waiting period that will begin on the Effective Date of the 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 intellectual or physical disability, and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such disability and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continuing disability 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 5
LIMITATIONS AND EXCLUSIONS

Except as specifically provided in the Benefits section of this policy, Aflac will pay only for treatment of 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.

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, or any recurrence, extension, or metastatic spread of that same Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years 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. **Exception: Insureds age 65 and over will be covered six (6) months from the Effective Date.**

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.**

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 may void this policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under this policy; or (2) fraud is committed or attempted in connection with any matter relating to this policy. If you have received benefits that were not contractually due under this policy, then Aflac reserves the right to offset any benefits payable under this policy up to the amount of benefits you received that were not contractually due.

Part 6
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 and without interruption in coverage, a policy providing equivalent coverage at the then-applicable premium rate. Aflac must be notified within 60 days following the effective date of the dissolution and your ex-Spouse must pay the appropriate premium for the policy to be issued. No waiting period is required except to the extent that such period has not been satisfied under this policy. If such dissolution occurs, the Named Insured under this policy at the time of the dissolution will retain that status and all benefits for losses occurring prior to the effective date of the dissolution will be paid to the Named Insured. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

DEATH: Upon notification of your death, your Spouse, if alive and covered under this policy, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. No waiting period is required except to the extent that such period has not been satisfied by that person under this policy.

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. Provided Aflac receives written notification of the request within 31 days following the date he or she is no longer considered a Dependent Child, such person may then apply for and receive, without evidence of insurability and without interruption in coverage, an Individual policy providing equivalent coverage for himself or herself at the then-applicable premium rate. No waiting period is required for such person unless the waiting period under this policy has not been satisfied. **Any such person who applies for another Cancer policy and has been diagnosed with Internal Cancer or an Associated Cancerous Condition will not be eligible for an Initial Diagnosis Benefit.**

Part 7 **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 to waive any of its provisions.

TIME LIMIT ON CERTAIN DEFENSES: After two years from the Effective Date of this 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 after the expiration of such two-year period.

TERM: Coverage 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 date of termination.

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. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.**

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 hospitalization for and/or treatment of Cancer or an Associated Cancerous Condition that begins 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.

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, the policy number, and an additional piece of information that is sufficient to identify the Named Insured, such as address or date of birth.

CLAIM FORMS: When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not sent 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: All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.

Any premium due and unpaid may be deducted from a claim payment. If a Covered Person under this policy is eligible for and receives medical assistance from the Texas Department of Human Resources and Aflac receives notice of an assignment of benefits from the Texas Department of Human Resources, then 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 Covered Person, subject to any benefit limitations provided by the policy. No payments will be made until receipt by Aflac of a notice of assignment of benefits from the Texas Department of Human Resources.

All benefits paid on behalf of a Dependent Child under this policy must be paid to the Texas Department of Human Resources if: (1) the Named Insured who purchased this policy is required to pay child support by a court order or court-approved agreement and (i) is a possessory conservator of the Dependent Child under a court order issued in this state or (ii) is not entitled to possession of or access to the Dependent Child; (2) the Texas Department of Human Services is paying benefits on behalf of the Dependent Child under the Human Resources code, Chapter 31 or 32; and (3) Aflac is notified, through an attachment to the claim for benefits at the time the claim is first submitted, that the benefit must be paid directly to the Texas Department of Human Services.

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.

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.

FOR TRAINING PURPOSES ONLY