

INTRODUCING ...
Cancer Protection Assurance

Aflac's Cancer Plan (Policy Series B70000)
... With New Enriched Features!

18-36 TEXAS
FEBRUARY 20, 2018

Cancer treatment is changing and Aflac is proud to be changing with it. Aflac's **Cancer Protection Assurance** provides benefits for these innovative treatments to show our policyholders we really care for them. From prevention to recovery, Aflac is with them every step of the way. Our benefits are built to help see them all the way through cancer treatment and will stay with them for life after cancer.

POLICIES AND OPTIONAL RIDERS

Policy Series B70100
Policy Series B70200
Policy Series B70300
Initial Diagnosis Building Benefit Rider (Series B70050)
Dependent Child Rider (Series B70051)
Specified-Disease Benefit Rider (Series B70052)

HIGHLIGHTS OF THE PRODUCT

- All plan options have a Cancer Screening Benefit and an Initial Diagnosis Benefit
- Available on Worksite, Union, Agent Assisted Direct and Affiliation*
- All plan options are HSA Compatible
- Access to New policyholder resources

*Payroll will now be known as Worksite and Association will be known as Affiliation

NEW AND ENHANCED BENEFITS

- Additional Opinion Benefit – **Enhanced**
- A benefit for preventive surgery due to a positive genetic test result – **New**
- Cancer Screening Benefit – **Increased**
- Nonsurgical Treatment Benefit – **Enhanced**
- Annual Care Benefit – **New**
- A benefit for preventive surgery associated with internal cancer diagnosis – **New**
- Reconstructive Surgery Benefit – **Enhanced**
- Stem Cell and Bone Marrow Transplantation Benefit – **Enhanced**

The current Cancer Care plan (Policies A78100TX, A78200TX, A78300TX and A78400TX) will be withdrawn from sale on Everwell, SNG and paper effective April 9, 2018. Any Cancer Care plan applications (A78001PcTX or A78002UcTX) received on or after April 9, 2018, will be returned.

Please review the administrative guidelines and all forms completely. Contact your Market Director if you have any questions.



Wendy L. Herndon
Second Vice President
Product Development & Implementation

WLH/TSH/tsh

Online All the Time
Check out sell.aflac.com for the latest production reports, Honor Clubs qualifications, resources, and tools.

American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999-0001

Providing Support & Recognition

We elevate our commitment to providing support care beyond the claim ...

When a person enrolls in Aflac's cancer coverage, we promise to be there when they need us the most. We are committed to keeping that promise.

In addition to paying benefits, we have designed a host of additional support services for our policyholders so they can focus on healing and recovery. Upon diagnosis, a letter will be sent from Dan Amos to include a message of available resources for our policyholders and our philanthropic focus.

NEW RESOURCES FOR POLICYHOLDERS

Cancer Support Partnerships

At Aflac, we believe the support of family and friends is critical during cancer treatment and recovery.

- To help foster a community of encouragement, **MyCancerCircle** is an online group that our policyholders can use to keep supporters updated on their health. My Cancer Circle is easily accessible any time of day, via **MyAflac**. This service also provides tools for coordinating meals, transportation and medical visits, as well as enabling friends and loved ones to send messages.
- We have also partnered with **CancerCare**, a leading national organization dedicated to providing support services for our policyholders and their loved ones during treatment and beyond. At cancer.org, they will have access to support groups, education workshops, informative publications and online portals and tools.

Caregiver Recognition

We recognize the importance of caregivers and the special role they serve in our policyholder's lives. We have created custom images specifically designed for sharing with their caregivers as a meaningful message of gratitude. All are conveniently available online through their MyAflac account page.

To explore these tools, designed to help provide comfort and hope, policyholders should log on to their MyAflac account/My Policy page and click on the cancer ribbon.

Philanthropy

Aflac has a long-term commitment to helping families facing cancer. In fact, for more than 20 years, The Aflac Foundation Inc. as well as Aflac employees and sales agents have contributed more than \$120 million toward the research and treatment of pediatric cancer. To learn more about Aflac's support, please visit AflacChildhoodCancer.org.

Comparison of the Aflac Cancer Protection Assurance and Cancer Care for Texas

NOTE: Please refer to your state approved brochures for actual benefit language.

	Cancer Protection Assurance Policy B70100TX	Cancer Protection Assurance Policy B70200TX	Cancer Protection Assurance Policy B70300TX	Preferred Cancer Care Policy A78100TX	Select Cancer Care Policy A78200TX	Classic Cancer Care Policy A78300TX	Premier Cancer Care Policy A78400TX
Cancer Screening Benefit	\$25 per Calendar Year, once per Covered Person	\$75 per Calendar Year, once per Covered Person	\$100 per Calendar Year, once per Covered Person	\$25 per Calendar Year, per Covered Person	\$40 per Calendar Year, per Covered Person	\$75 per Calendar Year, per Covered Person	\$100 per Calendar Year, per Covered Person
Prophylactic Surgery (Due to a Positive Genetic Test Result) Benefit (New)	\$125 payable once per Covered Person, per lifetime	\$250 payable once per Covered Person, per lifetime	\$350 payable once per Covered Person, per lifetime	Not Available			
Initial Diagnosis Benefit	\$1,000 (Insured/Spouse) \$2,000 (Child)	\$4,000 (Insured/Spouse) \$8,000 (Child)	\$6,000 (Insured/Spouse) \$12,000 (Child)	(Insured/Spouse) \$500; (Child) \$1,000	(Insured/Spouse) \$2,000; (Child) \$4,000	(Insured/Spouse) \$4,000; (Child) \$8,000	(Insured/Spouse) \$6,000; (Child) \$12,000
Additional Opinion Benefit	\$150 once per Covered Person, per lifetime	\$300 once per Covered Person, per lifetime	\$400 once per Covered Person, per lifetime	\$100 per day	\$100 per day	\$200 per day	\$300 per day
Nonsurgical Treatment Benefits (Chemotherapy, Immunotherapy, Radiation Therapy, Experimental Chemotherapy)	\$100 per mo (Self-administered) \$600 (Physician)	\$250 per mo (Self-administered) \$1,200 (Physician)	\$400 per mo (Self-administered) \$1,500 (Physician)	Benefits paid individually as separate benefits			
Hormonal Therapy Benefit	\$15 once per Calendar Month	\$25 once per Calendar Month	\$40 once per Calendar Month	\$135/mo up to 24 mo per prescription; after 24 mo, \$50/mo; up to \$405/mo for Oral/Topical Benefit	\$135/mo up to 24 mo per prescription; after 24 mo, \$50/mo; up to \$405/mo for Oral/Topical Benefit	\$250/mo up to 24 mo per prescription; after 24 mo, \$75/mo; up to \$750/mo for Oral/Topical Benefit	\$400/mo up to 24 mo per prescription; after 24 mo, \$100/mo; up to \$1,200/mo for Oral/Topical Benefit
Topical Chemotherapy Benefit	\$100 once per Calendar Month	\$150 once per Calendar Month	\$200 once per Calendar Month	\$100/mo per prescription up to \$405 per month for Oral/Topical Benefit	\$100/mo per prescription up to \$405 per month for Oral/Topical Benefit	\$150/mo per prescription up to \$750 per month for Oral/Topical Benefit	\$200/mo per prescription up to \$1,200 per month for Oral/Topical Benefit
Antinausea Benefit	\$50 once per Calendar Month	\$100 once per Calendar Month	\$150 once per Calendar Month	\$50 per month	\$50 per month	\$100 per month	\$150 per month
Stem Cell Transplantation Benefit	Benefits combined: \$3,500 lifetime max per Covered Person	Benefits combined: \$7,000 lifetime max per Covered Person	Benefits combined: \$10,000 lifetime max per Covered Person	\$3,500; lifetime max \$3,500	\$3,500; lifetime max \$3,500	\$7,000; lifetime max \$7,000	\$10,000; lifetime max \$10,000
Bone Marrow Transplantation Benefit	\$500 Bone Marrow Donor \$50 Stem Cell Donor	\$750 Bone Marrow Donor \$100 Stem Cell Donor	\$1,000 Bone Marrow Donor \$150 Stem Cell Donor	\$3,500; lifetime max \$3,500; \$500 to donor	\$3,500; lifetime max \$3,500; \$500 to donor	\$7,000; lifetime max \$7,000; \$750 to donor	\$10,000; lifetime max \$10,000; \$1,000 to donor
Blood and Plasma Benefit	Inpatient: \$50 times number of days confined Outpatient: \$140 per day	Inpatient: \$50 times number of days confined Outpatient: \$175 per day	Inpatient: \$75 times number of days confined Outpatient: \$250 per day	Inpatient: \$85 times the number of days confined; Outpatient: \$140 per day	Inpatient: \$85 times the number of days confined; Outpatient: \$140 per day	Inpatient: \$100 times the number of days confined; Outpatient: \$175 per day	Inpatient: \$150 times the number of days confined; Outpatient: \$250 per day
Surgical/Anesthesia Benefit	\$50–\$1,700 Anesthesia: additional 25% of surgical benefit	\$100–\$3,400 Anesthesia: additional 25% of surgical benefit	\$140–\$5,000 Anesthesia: additional 25% of surgical benefit	\$50–\$1,700 Anesthesia: additional 25% of surgical benefit	\$50–\$1,700 Anesthesia: additional 25% of surgical benefit	\$100–\$3,400 Anesthesia: additional 25% of surgical benefit	\$140–\$5,000 Anesthesia: additional 25% of surgical benefit
Skin Cancer Surgery Benefit	\$20–\$200	\$35–\$400	\$50–\$600	\$20–\$200	\$20–\$200	\$35–\$400	\$50–\$600
Prophylactic Surgery (With Correlating Internal Cancer Diagnosis) Benefit (New)	\$125 once per Covered Person, per lifetime	\$250 once per Covered Person, per lifetime	\$350 once per Covered Person, per lifetime	Not Available			
Hospitalization 30 days or Less	\$100 (Insured/Spouse) \$125 (Child)	\$200 (Insured/Spouse) \$250 (Child)	\$300 (Insured/Spouse) \$375 (Child)	\$100 (Insured/Spouse) \$125 (Child)	\$100 (Insured/Spouse) \$125 (Child)	\$200 (Insured/Spouse) \$250 (Child)	\$300 (Insured/Spouse) \$375 (Child)
Hospitalization 31 days or More	\$200 (Insured/Spouse) \$250 (Child)	\$400 (Insured/Spouse) \$500 (Child)	\$600 (Insured/Spouse) \$750 (Child)	\$200 (Insured/Spouse) \$250 (Child)	\$200 (Insured/Spouse) \$250 (Child)	\$400 (Insured/Spouse) \$500 (Child)	\$600 (Insured/Spouse) \$750 (Child)
Outpatient Hospital Surgical Room Charge Benefit	\$100 (in addition to Surgical/Anesthesia Benefit)	\$200 (in addition to Surgical/Anesthesia Benefit)	\$300 (in addition to Surgical/Anesthesia Benefit)	\$100 (in addition to Surgical/Anesthesia Benefit)	\$100 (in addition to Surgical/Anesthesia Benefit)	\$200 (in addition to Surgical/Anesthesia Benefit)	\$300 (in addition to Surgical/Anesthesia Benefit)
Extended-Care Facility Benefit	\$75/day, up to 30 days per Calendar year, per Covered Person	\$100/day, up to 30 days per Calendar year, per Covered Person	\$150/day, up to 30 days per Calendar year, per Covered Person	\$75/day, up to 30 days per year	\$75/day, up to 30 days per year	\$100/day, up to 30 days per year	\$150/day, up to 30 days per year

Comparison of the Aflac Cancer Protection Assurance and Cancer Care for Texas (Continued)

NOTE: Please refer to your state approved brochures for actual benefit language.

	Cancer Protection Assurance Policy B70100TX	Cancer Protection Assurance Policy B70200TX	Cancer Protection Assurance Policy B70300TX	Preferred Cancer Care Policy A78100TX	Select Cancer Care Policy A78200TX	Classic Cancer Care Policy A78300TX	Premier Cancer Care Policy A78400TX
Home Health Care Benefit	\$50 per day	\$100 per day	\$150 per day	\$50 per day	\$50 per day	\$100 per day	\$150 per day
Hospice Care Benefit	\$1,000 once (1st day) \$50/day thereafter; \$12,000 lifetime max	\$1,000 once (1st day) \$50/day thereafter; \$12,000 lifetime max	\$1,000 once (1st day) \$50/day thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max
Nursing Services Benefit	\$50 per day	\$100 per day	\$150 per day	\$50 per day	\$50 per day	\$100 per day	\$150 per day
Surgical Prosthesis Benefit	\$1,000; lifetime max \$2,000 per Covered Person	\$2,000; lifetime max \$4,000 per Covered Person	\$3,000; lifetime max \$6,000 per Covered Person	\$1,000; lifetime max \$2,000	\$1,000; lifetime max \$2,000	\$2,000; lifetime max \$4,000	\$3,000; lifetime max \$6,000
Nonsurgical Prosthesis Benefit	\$90 per occurrence; lifetime max \$180 per Covered Person	\$175 per occurrence; lifetime max \$350 per Covered Person	\$250 per occurrence; lifetime max \$500 per Covered Person	\$90 per occurrence; lifetime max \$180 per Covered Person	\$90 per occurrence; lifetime max \$180 per Covered Person	\$175 per occurrence; lifetime max \$350 per Covered Person	\$250 per occurrence; lifetime max \$500 per Covered Person
Reconstructive Surgery Benefit	\$50–\$1,000 (Breast) \$250 (Other) Anesthesia: 25% of this Benefit	\$100–\$2,000 (Breast) \$500 (Other) Anesthesia: 25% of this Benefit	\$150–\$3,000 (Breast) \$700 (Other) Anesthesia: 25% of this Benefit	\$110–\$1,000 Anesthesia: 25% of this Benefit	\$110–\$1,000 Anesthesia: 25% of this Benefit	\$220–\$2,000 Anesthesia: 25% of this Benefit	\$350–\$3,000 Anesthesia: 25% of this Benefit
Egg Harvesting, Storage (Cryopreservation) and Implantation Benefit	\$500; \$100 (storage); \$100 (Embryo transfer) lifetime max \$700	\$1,000; \$200 (storage); \$200 (Embryo transfer) lifetime max \$1,400	\$1,500; \$250 (storage); \$250 (Embryo transfer) lifetime max \$2,000	\$500 oocytes extracted; \$175 for storage; \$675 lifetime max	\$500 oocyte extracted; \$175 for storage; \$675 lifetime max	\$1,000 oocytes extracted; \$350 for storage; \$1,350 lifetime max	\$1,500 oocytes extracted; \$500 for storage; \$2,000 lifetime max
Annual Care Benefit (New)	\$100/anniversary date of Cancer Diagnosis; lifetime max 5 years	\$200/anniversary date of Cancer Diagnosis; lifetime max 5 years	\$300/anniversary date of Cancer Diagnosis; lifetime max 5 years	Not Available			
Ambulance Benefit	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air
Transportation Benefit	\$.35 per mile; max \$1,050	\$.40 per mile; max \$1,200	\$.50 per mile; max \$1,500	\$.35 per mile; max \$1,000	\$.35 per mile; max \$1,000	\$.40 per mile; max \$1,200	\$.50 per mile; max \$1,500
Lodging Benefit	\$50/day; max 90 days per Calendar Year	\$65/day; max 90 days per Calendar Year	\$80/day; max 90 days per Calendar Year	\$50/day; max 90 days	\$50/day; max 90 days	\$65/day; max 90 days	\$80/day; max 90 days
Bone Marrow Donor Screening Benefit	Paid under Cancer Screening Benefit			\$40	\$40	\$40	\$40
Medical Imaging with Diagnosis Benefit	Paid under Cancer Screening Benefit			\$75; two per year	\$75; two per year	\$135; two per year	\$200; two per year
NCI Evaluation/Consultation Benefit	Paid under Additional Opinion Benefit			\$500	\$500	\$500	\$1,000
Injected Chemotherapy Benefit	Paid under Nonsurgical Treatment Benefit			\$300 per week	\$300 per week	\$600 per week	\$900 per week
Nonhormonal Oral Chemotherapy Benefit	Paid under Nonsurgical Treatment Benefit			\$135/prescription up to \$405 per month for Oral/Topical Benefit	\$135/prescription up to \$405 per month for Oral/Topical	\$250/prescription up to \$750 per month for Oral/Topical	\$400/prescription up to \$1,200 per month for Oral/Topical
Radiation Therapy Benefit	Paid under Nonsurgical Treatment Benefit			\$175 per week	\$175 per week	\$350 per week	\$500 per week
Experimental Treatment Benefit	Paid under Nonsurgical Treatment Benefit			\$175/week if charged; \$75/week no charge	\$175/week if charged; \$75/week no charge	\$350/week if charged; \$100/week no charge	\$500/week if charged; \$125/week no charge
Immunotherapy Benefit	Paid under Nonsurgical Treatment Benefit			\$175 once per month \$875 lifetime max	\$175 once per month \$875 lifetime max	\$350 once per month \$1,750 lifetime max	\$500 once per month \$2,500 lifetime max
Waiver of Premium Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Continuation of Coverage	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Optional Riders:							
Initial Diagnosis Building Benefit Rider	Annual build of \$100 per unit; 1-5 units available			Annual build of \$100 per unit; 1-5 units available			
Dependent Child Rider	\$10,000 one-time payment payable upon initial diagnosis of Dependent Child (up to age 26)			\$10,000 one-time payment payable upon initial diagnosis of Dependent Child (up to age 26)			
Specified-Disease Benefit Rider	\$2,000 payable once per covered specified disease; \$400 per day hospitalization (days 1–30), \$800 per day hospitalization (over 31 days); 31 diseases covered			\$1,000 payable once per covered specified disease; \$200 per day hospitalization (days 1–30), \$500 per day hospitalization (over 31 days); 31 diseases covered			
Return of Premium Benefit Rider	Not Available			Not Available			

Cancer Protection Assurance Administrative Guidelines

Eligibility

Aflac's **Cancer Protection Assurance** may be issued to applicants age 18 through 75 on Worksite (payroll), Employee Direct Billing (EDB) and Union; ages 18 through 64 on Agent Assisted Direct and Affiliation (Association).

NOTE: Both the Spouse and the Primary Insured must meet the age requirement to be covered.

Coverage for Dependent Children will continue until the Dependent Child's 26th birthday.

We will not accept any **Cancer Protection Assurance** applications marked "new" for anyone over the age of 75 (Worksite) or 64 (Agent Assisted Direct). Internal replacements (conversions) are allowed up to age 99.

Cancer Protection Assurance policies are eligible for pre-tax deduction under Section 125.

Cancer Protection Assurance is available for purchase by the field force through Agent's Account 00316 on paper applications only.

The effective date can be advanced up to 120 days from the enrollment date. With any sales where the effective date is advanced more than 60 days, Statement of Understanding and Agreement **A13072SURE** must be completed and submitted with the application.

Other Cancer Coverage

Cancer Protection Assurance plan (Series B70000) can be solicited in accounts where other Aflac cancer products have been sold in the past.

Applications

Cancer Protection Assurance has four applications: **B70001TX** for Worksite, **B70001UTX** for Union, **B70002TX** for Agent Assisted Direct and **B70002ATX** for Affiliation.

NOTE: Applications **B70002TX** and **B70002ATX** allow you to add riders to an existing **Cancer Protection Assurance** policy without changing the base policy.

Application Type Chart

This chart describes what conditions constitute a new application, an internal replacement application and a downgrade of coverage application.

APPLICATION TYPE	SELECT WHEN	ENROLLMENT PLATFORM
New (Select New on the application)	The applicant does not have any existing cancer coverage with Aflac or a plan that has terminated within the last six months and is applying for a Cancer Protection Assurance policy for the first time. NOTE: If the applicant only has a Lump Sum Critical Illness policy that includes cancer coverage or a Lump Sum Cancer Benefit Rider; then they would still select "NEW" on the application.	Everwell; Paper
Internal Replacement (Select Internal Replacement on the application)	The applicant has existing cancer coverage (prior series) with Aflac and is applying to convert/upgrade to the Cancer Protection Assurance policy.	Everwell; Paper
	The applicant has an existing Cancer Protection Assurance policy and wants to increase their cancer benefit amount, and/or change their existing policy option. NOTE: This is considered a conversion within the same series. Conversions within the same series are allowed on this plan.	
	The applicant has an existing Cancer Protection Assurance policy and is applying to add a rider(s) to their existing policy without changing their policy option.	Everwell; Paper

	<p>NOTE:</p> <ul style="list-style-type: none"> • A rider(s) can be added to an existing Series B70000 plan without changing the base policy by selecting “Retain Current Policy” on the application. • “Retain Current Policy” only applies to Agent Assisted Direct and Affiliation applications. • The policyholder is required to select their existing family coverage and their existing policy option whenever they select “Retain Current Policy.” NOTE: Does not apply to Agent-Assisted Direct or Affiliation. • The policyholder is not allowed to change family coverage nor policy option when he/she selects “Retain Current Policy.” • The base premium for the existing policy will not be impacted. • When “Retain Current Policy” is selected, only the rider premium is to be entered for the billable premium on the application. 	
	<p>Other Internal Replacement Notes:</p> <ul style="list-style-type: none"> • If the other Aflac coverage question is answered “yes”, then the internal replacement must be selected. Current policy number(s) must be indicated. • If the replacement question is answered “yes” and/or the other Aflac coverage question is answered “yes”, then a replacement notice must be required at the time of application. • The Proposed Insured’s initials must be initialed in the Internal Replacement section of the Applicant’s Statements and Agreements section if the application is for Internal Replacement and initials are required for downgrades. 	Everwell; Paper
Downgrade (Select Downgrade on the application)	<ul style="list-style-type: none"> • The applicant has an existing Series B70000 Cancer Protection Assurance policy and wants to decrease to a lower policy series. <p><i>See the Downgrade section for more details.</i></p>	Everwell; Paper

***Actively Working Question (Proposed Insured)**

This question must be answered. Applicants must be actively working in order to obtain coverage. If the answer to this question is “no”, a policy will not be issued; therefore, do not submit the application.

**Worksite (Payroll) and Union Applications only*

Replacement Question (Proposed Insured and Spouse, if applicable)

This question must be answered. If the answer to the question is “yes”, the applicant must read and sign Replacement Notice [A-7831](#).

Other Cancer Coverage Question

The other cancer coverage question must be answered. If the applicant marks “yes” to this question, they will be required to provide their policy number(s). The application will be processed as an internal replacement or downgrade of that coverage. Please see the application chart for more details. **NOTE:** Replacement Notice [A8692](#) will also be required.

A policyholder **may not** have both a previous Aflac Cancer policy and a **Cancer Protection Assurance** policy. If the policyholder has **either** a prior Aflac cancer plan, such as Maximum Difference **or** Cancer Care, he/she must convert that policy to the **Cancer Protection Assurance**. **NOTE:** This does not apply to a Lump Sum Critical Illness policy that includes cancer coverage or a Lump Sum Cancer Benefit Rider. Internal replacement within the Series B70000 is allowed (e.g., *converting from Policy Series B70200 to Policy Series B70300*).

If the applicant is the Named Insured on Cancer coverage with Aflac, other than an Aflac Lump Sum Critical Illness policy that includes cancer coverage or Lump Sum Cancer Benefit Rider that was in force within the last six months, but is now terminated, they must submit an application for reinstatement of that coverage before applying to replace it. Do not submit an application until the previous coverage has been reinstated. If they are not eligible to reinstate their previous coverage, then they are not eligible for this policy.

OPTIONAL RIDER CHART	
This chart describes how the optional riders should be selected on the applications.	
Optional Rider	Rider Selection Options
Initial Diagnosis Building Benefit Rider (B70050TX)	<p>No Rider: Select this option if the applicant does not want to apply for the Initial Diagnosis Building Benefit Rider.</p> <p>New Rider: Select this option if the applicant wishes to apply for a new Initial Diagnosis Building Benefit Rider or if the applicant wishes to retain any accumulated benefits from a previous Aflac cancer plan.</p> <p>Retain Current Rider: Select this option only if performing an internal replacement within the same Series B70000 (e.g., <i>converting from Policy Series B70200 to Policy Series B70300</i>) and the applicant wishes to retain any accumulated benefits from their current Series B70000 cancer plan.</p>
Dependent Child Rider (B70051)	<p>No Rider: Select this option if the applicant does not want to apply for the Dependent Child Rider.</p> <p>New Rider: Select this option if the applicant wishes to apply for a new Dependent Child Rider or if the applicant has an existing Dependent Child Rider on a prior series Aflac cancer plan and wishes to apply for the new Dependent Child Rider that is available on the Series B70000 plan.</p> <p>Retain Current Rider: Select this option only if performing an internal replacement within the same Series B70000 (e.g., <i>converting from Policy Series B70200 to Policy Series B70300</i>) and the applicant wishes to retain their existing Dependent Child Rider (B70051).</p> <p>NOTE: The Dependent Child Rider is only available with One-Parent and Two-Parent Family coverage. If a policy changes from One-Parent or Two-Parent Family coverage to Individual or Named Insured/Spouse coverage, the Dependent Child Rider will terminate. The Retain Current Rider option will only be used if converting coverage within Aflac's Cancer Protection Assurance series. Children must be under age 26 as of the effective date of coverage.</p>
Specified-Disease Benefit Rider (B70052TX)	<p>No Rider: Select this option if the applicant does not want to apply for the Specified-Disease Benefit Rider.</p> <p>New Rider: Select this option if the applicant wishes to apply for a new Specified-Disease Benefit Rider.</p> <p>Retain Current Rider: Select this option if the applicant wishes to retain a Specified-Disease Benefit Rider on an existing Series B70000 plan or from a previous Aflac cancer plan.</p>

Underwriting

If your current cancer coverage is a Series B70200 or B70300 and you are applying to decrease your current coverage by selecting a lower Series B70000 policy level, then it is considered a downgrade. Therefore, underwriting is not required for a decrease in cancer coverage only.

For Applications **B70001TX** and **B70001UTX**, **Question 1** is required to be completed. If Question 1 is answered "yes", complete Questions 2 – 4; if "no", skip to Question 4.

If Question 2 is answered "yes", check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Dependent Child is indicated.

If **Question 3** is answered “yes”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. Cancer History Form **B70030TX** must be completed and additional underwriting may be required.

If **Question 4** is answered “yes”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will be issued Skin Cancer Exclusion Rider A78131TX. Benefits will not be payable under the policy for the indicated individual(s) for the treatment of skin cancer. If “yes” and this is an internal replacement, the person(s) so designated is/are not eligible for the replacement coverage.** The Proposed Insured must initial the application. If an applicant has had nonmelanoma skin cancer and has been cancer-free from nonmelanoma skin cancer for over five years, headquarters will issue the policy with full coverage.

If an Insured, who was issued a policy with Skin Cancer Exclusion Rider **A78131TX**, has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage is in force and has been skin cancer treatment free for five years, they can submit Application to Remove Skin Cancer Exclusion Rider **A78130** to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

NOTE: Any Covered Person who has had a previous diagnosis of cancer will NOT be eligible for an Initial Diagnosis Benefit under the policy for a recurrence, extension or metastatic spread of that same cancer.

Question 5 must be completed if applying for the optional Specified-Disease Benefit Rider. If **Question 5** is answered “yes”, check whether it is for the Named Insured, Spouse or Dependent Child and indicate the name(s). **Any person(s) so designated will not be covered under the Specified-Disease Benefit Rider. If the named person is the Proposed Insured and applying for Individual coverage, the rider will not be issued.** The additional children question must be answered if a Dependent Child is indicated.

For Applications **B70002TX** and **B70002ATX**, **Question 1** is required to be completed. If **Question 1** is answered “yes”, complete Questions 2 – 7; if “no”, complete Questions 4 – 7.

If **Question 2** is answered “yes”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Dependent Child is indicated.

If **Question 3** is answered “yes”, check whether it is the Named Insured, Spouse, or Dependent Child and enter the name(s) on the application. Cancer History Form **B70030TX** must be completed and additional underwriting may be required.

If **Question 4** is answered “yes”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will be issued Skin Cancer Exclusion Rider A78131TX. Benefits will not be payable under the policy for the indicated individual(s) for the treatment of Skin Cancer. If “yes” and this is an internal replacement, the person(s) so designated is/are not eligible for the replacement coverage.** The Proposed Insured must initial the application. If an applicant has had nonmelanoma skin cancer and has been cancer-free from nonmelanoma skin cancer for over ten years, headquarters will issue the policy with full coverage.

If an insured, who was issued a policy with Skin Cancer Exclusion Rider **A78131TX**, has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage is in force and has been skin cancer treatment free for five years, they can submit Application to Remove Skin Cancer Exclusion Rider **A78130** to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

NOTE: Any Covered Person who has had a previous diagnosis of cancer will NOT be eligible for an Initial Diagnosis Benefit under the policy for a recurrence, extension or metastatic spread of that same cancer.

If **any one of Questions 5 – 7** is answered “yes”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Dependent Child is indicated.

Question 8 must be completed if applying for the optional Specified-Disease Benefit Rider. If Question 8 is answered “yes”, check whether it is for the Named Insured, Spouse or Dependent Child and indicate the name(s). **Any person(s) so designated will not be covered under the Specified-Disease Benefit Rider. If the named person is the Proposed Insured and applying for Individual coverage, the rider will not be issued.** The additional children question must be answered if a Dependent Child is indicated.

Applicant’s Statements and Agreements (Applies to all applications)

The Proposed Insured is required to do the following, or the application ***will pend***:

- Read and initial the policy provisions, including the optional rider(s) availability.
- Read and initial the policy provisions for effective date of policy and 30-day Waiting Period.
- Acknowledge receipt of, if applicable, Replacement Notice, Guide to Health Insurance for People with Medicare, Outline of Coverage and Electronic Delivery Notice.
- Read and initial the Statement and Agreement acknowledging if the application is for an internal replacement/downgrade.

Earn Credit for Electronic Policy Delivery

Agents will receive a \$2.00 credit that will be applied to their monthly accounting statement whenever an applicant opts to receive their policy electronically.

Downgrades

Current Aflac Cancer Coverage Questions

If a policyholder has a **Cancer Protection Assurance** Series B70200 or B70300 policy and is applying to decrease their current coverage by selecting a lower Series B70000 policy level, then it is a downgrade. Downgrade should be selected on the application.

Available Downgrade Policy Options	
Policyholder’s Current Policy Options	Downgrade Policy Options that can be Selected
Series B70300	Series B70200 or B70100
Series B70200	Series B70100
Series B70100	Downgrades Not Allowed (No available options)

Additional Notes:

- If applying for a downgrade, Downgrade Notice and Acknowledgement Form **B70031** must be completed.
- New riders cannot be added to a policy during a downgrade.
- Rider units cannot be increased or decreased during downgrades.
- Existing riders can be retained on a policy during a downgrade by selecting “Retain Current Rider” on the application.
- Existing riders can be deleted from a policy during a downgrade by selecting “No Rider” on the application.
- Family member(s) cannot be added to a policy during a downgrade; however, they can be deleted.

Billing Methods

PAYROLL:

All payment billing modes (weekly, biweekly, semimonthly, monthly, quarterly, semiannual and annual) are available on payroll.

NOTE: It is Aflac’s procedure to require initial premiums to be submitted with applications when the account is billed quarterly, semi-annually and annually.

In an effort to reduce the number of pended applications that fall into this category, Everwell will not allow new or existing groups to be transmitted with these bill modes.

To assist you in changing the current bill mode on an account, please call the Customer Service Center at 1-800-GO-AFLAC (1-800-462-3522).

NOTE: For EBMO accounts, the Billable Premium and Mode fields should match the account's payroll deduction frequency. The billing frequency can be found on New Account Authorization **M0138**.

Example: An applicant is paid weekly for a total of 52 payroll deductions per year. The amount entered in the Billable Premium field should be the annual premium divided by 52. Using SmartQuoteSM to calculate the billable premium will avoid rounding errors. Indicate Weekly as the mode on the application.

- When submitting applications on paper for an EBMO account, use Everwell to calculate the correct premium by entering the appropriate modal factor (weekly, biweekly or semimonthly). The mode on the application must equal the deduction frequency.
- When submitting applications on an account that was **established** as an EBMO account, Everwell will make this calculation automatically when you receive your download.
- When submitting applications on an account that has been **changed** to EBMO, you must obtain a current download prior to writing applications. This will let Everwell know that the account is now an EBMO account. Everwell will then determine the billable premium and mode based on the account's payroll deduction frequency.

Cancer Protection Assurance can be offered to Employee Direct Billing (EDB) accounts. EDB allows Aflac to sell direct-billed policies at payroll rates for employers who will not or cannot take payroll deductions from their employees' paycheck. Aflac will bill the account's employees directly through bank draft or credit card billing. To establish an account on EDB, the associate must submit Nonpayroll Association Form Questionnaire **M0192R5**.

AGENT ASSISTED DIRECT AND AFFILIATION:

Payment billing modes monthly, quarterly, semiannual and annual are available on Agent Assisted Direct and Affiliation. Payment Authorization Form **A91195** is required for Agent Assisted Direct and Affiliation business. Payment Authorization Agreement **A91195PAA** will be used with **paper** applications. If immediate coverage is required, the draft date must be the same date the application is transmitted to headquarters (prior to 6 p.m. ET).

- **For Everwell Applications:** For processing through Everwell, the **ONLY** billing methods offered are bank draft, credit card, and list bill.
- **For Paper Applications:** We no longer require premiums to be submitted with paper applications.
- **Bank Draft:** The transit/ABA number is required to be entered when offering bank draft. It has to be eight or nine digits. The bank account number can be from 1 to 24 digits. Premiums will be drafted on the requested draft date following the date the application is received in headquarters.
NOTE: The draft date cannot be the 29th, 30th or 31st.
- **Credit Card:** The credit card expiration date field is required to be entered as mm/yyyy or mm/yy. Premium is not required to be submitted with the application because it will be drafted on the requested draft date following the date the application is received in headquarters.
- **List Bill:** Please refer to the List Bill Administrative Guidelines **(06-75)**.

Reinstatement/Additions

Use **B70003TX** for all **Cancer Protection Assurance** policy reinstatements or additions. Reinstatements are only allowed for up to two years after the policy lapse date.

Question 1 is required to be completed. If Question 1 is answered "yes", complete Questions 2 – 7; if "no", complete Questions 4 – 7.

If Question 2 is answered "yes", check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Policyholder, the policy will not be reinstated.** The additional children question must be answered if a Dependent Child is indicated.

Question 3 must be answered "yes", "no" or "N/A", as applicable, for both Direct and Worksite. Check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. Cancer History Form **B70030CH** must be completed and additional underwriting may be required.

If **Question 4** is answered “**yes**”, check whether it is the Named Insured, Spouse, or Dependent Child and enter the name(s) on the application. Skin Cancer Exclusion Rider **A78131TX** will be issued and benefits will not be payable under the policy for the indicated individual for the treatment of skin cancer.

If an insured, who was issued a policy with Skin Cancer Exclusion Rider **A78131TX**, has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage is in force and has been skin cancer treatment free for five years, they can submit Application to Remove Skin Cancer Exclusion Rider **A78130** to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

If **any one of Questions 5 – 7** is answered “**yes**”, check whether it is the Named Insured, Spouse or Dependent Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Policyholder, the policy will not be reinstated.** The additional children question must be answered if a Dependent Child is indicated.

Question 8 must be completed if applying for the optional Specified-Disease Benefit Rider. If Question 8 is answered “yes”, check whether it is for the Named Insured, Spouse or Dependent Child and indicate the name(s). **Any person(s) so designated will not be covered under the Specified-Disease Benefit Rider. If the named person is the Policyholder and applying for individual coverage, the rider will not be reinstated.** The additional children question must be answered if a Dependent Child is indicated.

Authorization to Obtain Information

Form **A90063R14** will be required to be submitted with any **Cancer Protection Assurance** plan enrollment application (new, conversion or reinstatement). If the form is not received with the application, **the application will pend.**

Guaranty Association Notice

Notice **A14739R** contains information on the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association and will be issued with the policy. However, **A14739R** must be provided upon the applicant's request.

Complaint Notice

Form **A14620TXR2** provides information on how to file a complaint and will be issued with the policy.

Acknowledgement of Nonduplication

Form **A-14480** should be completed for applicants age 65 and over only. This form is two-part NCR and must be completed. Forward the white copy to headquarters with the application, and leave the yellow copy with the applicant. If this form / information is not provided, the business will be pended.

If application is submitted electronically, Form **A-14481** should be completed for applicants age 65 and over only. Headquarters will send a copy to the policyholder in the policy package. If this form / information is not provided, the business will be pended.

Premium Rates

Rate Sheet **MRS099TX** contains the premium rates for the **Cancer Protection Assurance** plan. Premium rates are listed for the base plan and riders. **NOTE:** While Worksite, EDB and Union rates are fixed, regardless of age (18-75), Agent Assisted Direct and Affiliation rates are age banded (18-49 and 50-64).

Commissions

Aflac's **Cancer Protection Assurance** plan production will count toward nationally sponsored contests and the Stock Bonus program. Standard associate base plan commissions are as follows:

	<u>First Year</u> <u>18-65</u>	<u>Renewals</u> <u>18-65</u>	<u>Stock</u> <u>18-65</u>
Worksite (Payroll) and Union			
New Associate	40.00%	7.00%	3.5%
New Associate APO	53.15%	3.50%	2.0%
Veteran Associate	31.30%	10.00%	3.5%

	<u>First Year</u> <u>18-64</u>	<u>Renewals</u> <u>18-64</u>	<u>Stock</u> <u>18-64</u>
Agent Assisted Direct and Affiliation (Association)			
New Associate	40.00%	7.00%	3.5%
New Associate APO	40.00%	7.00%	2.0%
Veteran Associate	40.00%	7.00%	3.5%

Standard conversion commissions will be paid and production credit given to the converting associate and his or her hierarchy based on the incremental increase system.

NOTE: Commissions are only payable for ages 18-65. Commissions will not be paid for age 66 and over. *New associate* and *veteran associate* refer to specific contract types, not length of service with Aflac. Commissions on new products may differ from a similar product or from the previous version of a product. Please order new schedules, which are available through customer service, before submitting business.

Market offices should send an email to commissions@aflac.com if they will be using a broker structure to write this product. Please provide the structures that will be used.

Claims

Claim Form **S00220** provides easy-to-read instructions for filing cancer claims. A copy of the itemized hospital bill and the attending physician's statement are required. A pathology report diagnosing cancer is needed for the **first claim** submitted. Additional pathology reports will be needed only if cancer has spread or occurred in another site. Follow-up confinements will require the physician's diagnosis as proof that the confinement is for cancer treatment. Send all bills for other covered items of expense with each claim (e.g., ambulance, lodging).

For additional Benefits:

Benefit	Claim Form Number
Cancer Screening	CW06197CA
Bone Marrow Donor Screening	CW91265BM
Cancer Treatment Certification	S000222

NOTE: All claim forms must be signed, dated and returned to headquarters.

Please visit www.aflac.com/claimforms to connect with SmartClaim[®] and initiate the claims process online or to obtain a claim form.

Product Resources

Resources are available on sell.aflac.com to help you position and sell **Cancer Protection Assurance**. An online training course, Cancer Protection Assurance or Code **PR060** and an instructor-led course, Cancer Protection Assurance training or Code **PR061** are available on Academy Connect, via the Training and Resources tab. Essential Product Information Center (EPIC) is available on the Products and Services tab.

Brochures/Outlines of Coverage

Cancer Protection Assurance will have three brochures to help establish the need for this product. Brochure **B70175TX** will be used with Policy B70100TX, Brochure **B70275TX** will be used with Policy B70200TX and Brochure **B70375TX** will be used with Policy B70300TX.

Insert Page

To assist with outlining and explaining the numerous covered diseases, Optional Specified-Disease Benefit Rider Summary Page **B70076TX** will be a separate rider insert available via Web Ordering if needed. If you choose to use the insert, it must be provided with the brochure.

Due to the optional rider information being included in the brochure, separate inserts are not needed for all riders.

NEW PRODUCT FORMS
APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE

Policy B70100TX**	Notice and Acknowledgment of Downgrade Form B70031
Policy B70200TX**	Worksite Application B70001TX
Policy B70300TX**	Union Application B70001UTX
Initial Diagnosis Building Benefit Rider B70050TX**	Agent Assisted Direct Application B70002TX
Dependent Child Rider B70051**	Affiliation Application B70002ATX
Specified-Disease Benefit Rider B70052TX**	Reinstatement/Addition Application B70003TX
Brochure/Outline of Coverage Option 1 B70175TX	Premium Rates MRS099TX
Brochure/Outline of Coverage Option 2 B70275TX	Cancer History Form B70030TX
Brochure/Outline of Coverage Option 3 B70375TX	Additions/Reinstatement Cancer History Form B70030CH
Optional Specified-Disease Benefit Rider Summary Page B70076TX	

CLAIM FORMS
APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE

Bone Marrow Donor Screening Claim Form CW91265BM*	Claim Form S00220*
Cancer Screening Claim Form CW06197CA*	Cancer Treatment Certification Claim Form S000222*

STANDARD PRODUCT FORMS
APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE

Statement of Understanding A13072SURE	New Account Authorization M0138
Transmittal M0018R2	Nonpayroll Association Questionnaire M0192R5
Guide to Med Supp A105712017	Request for Change H-L0046
Privacy Practices Notice A-90070**	Payment Authorization Agreement (Everwell) A91195**
Privacy Practices Notice A-90069**	Payment Authorization Agreement A91195PAA
Authorization to Obtain Information A90063R14	Guaranty Association Notice A14739R
Replacement Notice A-7831	Complaint Notice A14620TXR2**
Replacement Notice A8692	Acknowledgement of Nonpublication A-14480
Skin Cancer Rider A78131TX	Notice to Consumer A-14481**
Application to Remove Skin Cancer Rider A78130	Cancer Protection Assurance Administrative Guidelines N170515TX**

***Available on sell.aflac.com**

****Not available for ordering**

QUANTITY LIMITS: The monthly quantity limits differ by level.
For your monthly quantity limits, refer to the Forms Management List in Web Ordering.

Please order only the supplies that are needed.
Any savings in print costs can be used for other field force programs.

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