SPECIFIED HEALTH EVENT INSURANCE POLICY
SUPPLEMENTAL HEALTH INSURANCE COVERAGE
PREMIUMS SUBJECT TO CHANGE BY CLASS UPON ANY RENEWAL DATE

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

NOTICE TO BUYER: This is a fixed indemnity policy providing limited benefits. It is not a substitute for major medical coverage. It is designed to supplement a major medical program. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. 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 BY CLASS UPON ANY RENEWAL DATE.

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any Covered Person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the policy, including claims for benefits under the policy.

Aflac may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any Covered Person. "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 30 days before the change becomes effective.

CONSIDERATION

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

YOUR RIGHT TO EXAMINE THIS POLICY

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

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information on the application is not correct or complete. A material misrepresentation may result in the denial of claims or voiding of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

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

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Policy Schedule

NAMED INSURED:	John A. Doe	**POLICY NUMBER:**	111-2222
TYPE OF COVERAGE:	Individual	**COVERAGE:**	XXXXXX AAABBB
MODE OF PAYMENT:	Monthly		

PREMIUMS:		**EFFECTIVE DATES:**	
Policy:	$XX.xx	Policy:	XX/XX/XX
First-Occurrence Building Benefit Rider:	$XX.xx	First-Occurrence Building Benefit Rider:	XX/XX/XX
Specified Health Event Recovery Benefit Rider:	$XX.xx	Specified Health Event Recovery Benefit Rider:	XX/XX/XX

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

Paul S. Amos II, President

J. Matthew Loudermilk, Secretary

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

PRE-EXISTING CONDITION LIMITATIONS

A "Pre-existing Condition" is an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits will not be payable for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage (or begins 6 months from the Effective Date for insureds who were issued the policy at age 65 or over).

Part 1
DEFINITIONS

A. ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring your levels of personal functioning capacity. Normally, these activities are performed without Direct Personal Assistance, allowing you personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into your body.

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

C. CORONARY ANGIOPLASTY: a medical procedure in which a balloon is used to open narrowed or blocked blood vessels of the heart (coronary arteries). This procedure may be performed with or without stents.

D. CORONARY ARTERY BYPASS GRAFT SURGERY (CABG): open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to Coronary Angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

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

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

G. DIRECT PERSONAL ASSISTANCE: direct physical assistance from another party required to help you perform an ADL, each and every time you perform that activity, because of an inability to perform the entire activity alone with the supports and mechanical aids normally available to you.

H. 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.

I. END-STAGE RENAL FAILURE: permanent and irreversible kidney failure, not of an acute nature.

J. HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of "Heart Attack" shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. The Heart Attack must occur on or after the Effective Date of coverage and while coverage is in force for benefits to be payable. Sudden Cardiac Arrest is not a Heart Attack.

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

L. HOSPITAL CONFINEMENT: a stay of a Covered Person confined to a bed in a Hospital for a period of 23 hours or more for which a room charge is made. The Hospital Confinement must be on the advice of a Physician and Medically Necessary. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

M. 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.

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

O. LOSS: a Specified Health Event or Coronary Angioplasty occurring on or after the Effective Date of coverage and while coverage is in force.

P. MAJOR HUMAN ORGAN TRANSPLANT: a surgery in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas. **This does not include transplants involving mechanical or nonhuman organs.**

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

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

S. PERSISTENT VEGETATIVE STATE: a state of severe mental impairment in which only involuntary bodily functions are present for a continuous period of at least 30 days and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a Persistent Vegetative State is as follows: two Physicians, one of whom must be the attending Physician, who, after personally examining the Covered Person, shall certify in writing, based upon conditions found during the course of their examination, that:

1. The Covered Person's cognitive function has been substantially impaired; and
2. There exists no reasonable expectation that the Covered Person will regain significant cognitive function.

T. 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.

U. SICKNESS: an illness, disease, infection, or disorder not caused by an Injury. **Benefits are not payable for Losses or confinements that occur or begin before the Effective Date of coverage or after termination of coverage.**

V. SPECIFIED HEALTH EVENT: Heart Attack, Stroke, End-Stage Renal Failure, Major Human Organ Transplant, Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis, Coronary Artery Bypass Graft Surgery (CABG), or Sudden Cardiac Arrest.

W. STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. "Stroke" does not mean head Injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

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

Y. THIRD-DEGREE BURNS: an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals. This does not include skin abrasions caused by falling on and scraping skin on asphalt, concrete, or any other surface.

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

1. **Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).

2. **Named Insured/Spouse Only:** coverage for you (the Named Insured) and your Spouse. Your "Spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.

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

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of petition. **If Individual or Named Insured/Spouse Only coverage is in force and you desire uninterrupted coverage for a newborn or adopted child, you must notify Aflac within 31 days of the child's birth or the date the petition is filed for adoption of the child.** Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due, if any. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date the petition is filed for adoption of a child, and an additional premium payment will not be required.

If you desire any other person 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 the Pre-existing Condition Limitations provision. 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 Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of

premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under this policy. You must furnish proof of such incapacity and dependency to Aflac within 31 days of the Dependent Child's 26th birthday. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

Part 2
LIMITATIONS AND EXCLUSIONS

A. Aflac will not pay benefits for any Loss that is caused by a Pre-existing Condition unless the Loss occurs more than 12 months after the Effective Date of coverage (or begins 6 months from the Effective Date for insureds who were issued the policy at age 65 or over).

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

C. For any benefit to be payable, the Loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one Specified Health Event per Covered Person occurs on the same day, only the highest eligible benefit will be paid.

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

E. This policy does not cover Losses or confinements caused by or resulting from:

1. Being intoxicated or under the influence of alcohol, drugs, or any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" refers to that condition as defined by the law of the jurisdiction in which the cause of the Loss occurred);

2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;

3. Participating in any illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;

4. Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event;

5. Intentionally self-inflicting a bodily Injury or committing or attempting suicide, while sane or insane;

6. Having elective surgery that is not Medically Necessary within the first 12 months of the Effective Date of coverage; or

7. Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

Part 3
RIGHT OF CONVERSION

A. DISSOLUTION OF MARRIAGE: If you and your Spouse dissolve your marriage by a valid decree of dissolution and your ex-Spouse was covered under a Named Insured/Spouse Only or a Two-Parent Family policy, your ex-Spouse will be issued, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. Aflac must be notified within 60 days following the entry of the decree of dissolution of marriage, and your ex-Spouse must pay the appropriate premium for the policy to be issued. 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. Any Dependent Children may be covered under either policy, but not both. **Any such person who applies for another Specified Health Event policy and has had a First-Occurrence Benefit or Coronary Angioplasty Benefit paid under this policy will not be eligible for the same such benefit under the new policy.**

B. DEATH: In the event 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.

C. TERMINATION OF DEPENDENCY: A Dependent Child whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying Aflac of the request in writing. Such person will have the right to apply for an equivalent policy without evidence of insurability and without interruption in coverage, provided Aflac receives written notification of the request prior to 31 days after the date he or she is no longer considered a Dependent Child. **Any such person who applies for another Specified Health Event policy and has had a First-Occurrence Benefit or Coronary Angioplasty Benefit paid under this policy will not be eligible for the same such benefit under the new policy.**

Part 4
UNIFORM PROVISIONS

A. ENTIRE CONTRACT; CHANGES: This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the president and the secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon or attached hereto. No associate (duly licensed agent) has the authority to change this policy or waive any of its provisions.

B. TIME LIMIT ON CERTAIN DEFENSES: After two years from the Effective Date of coverage, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for Loss incurred after the expiration of such two-year period. No claim for Loss commencing after 12 months from the Effective Date of coverage (or begins 6 months from the Effective Date for insureds who were issued the policy at age 65 or over) will be reduced or denied on the grounds that a disease or physical

condition, not excluded from coverage by name or specific description, had existed prior to such Effective Date.

C. TERM: The term of this policy begins at midnight, standard time, at the place where you reside on the Effective Date shown in the Policy Schedule. It ends at midnight, at the same standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. **If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate**.

D. 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.

E. 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 or confinement that occurs more than ten days 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.

F. NOTICE OF CLAIM: Written notice of claim must be given within 60 days after a covered Loss starts or as soon as reasonably possible. The notice can be given to Aflac at our worldwide headquarters, 1932 Wynnton Road, Columbus, Georgia 31999, or to your associate (duly licensed agent). The notice of claim should include the name of the Covered Person and the policy number.

G. CLAIM FORMS: When we receive a notice of claim, we will send you forms for filing proof of Loss. If the forms are not given to you within ten working days after such notice is given, you will meet the proof-of-Loss requirements by giving us a written statement of the nature and extent of the Loss within the time limit stated in the Proof of Loss provision.

H. 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.

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

J. PAYMENT OF CLAIMS: All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.

Any premium due and unpaid may be deducted from a claim payment. If a Covered Person under this policy is eligible for and receives medical assistance from the Texas Department of Human Resources, the benefits payable under this policy shall be paid to that agency. The amount of the benefits payable to the Texas Department of Human Resources shall be the actual medical expenses paid by the agency on behalf of the insured, subject to any benefit limitations provided by the policy. The payments will be made after receipt by Aflac, or a notice of assignment of benefits from the Texas Department of Human Resources.

All benefits paid on behalf of the child or children under the policy must be paid to the Texas Department of Human Resources whenever: (1) the Texas Department of Human Services is paying benefits under the Human Resources code, Chapter 31 or 32, and (2) the parent who purchased the individual policy has possession or access to the child pursuant to a court order, or is entitled to access or possession of the child and is required by a court order to pay child support.

K. 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.

L. 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.

M. 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.

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

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

Part 5
BENEFITS

While this coverage is in force, Aflac will pay the following benefits, as applicable, subject to the Pre-existing Condition Limitations, Limitations and Exclusions, and all other policy provisions. The term "Hospital Confinement" does not include emergency rooms. Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

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

Named Insured/Spouse
$7,500 (Lifetime maximum $7,500 per Covered Person)

Dependent Children
$10,000 (Lifetime maximum $10,000 per Covered Person)

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

B. SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT: If benefits have been paid to a Covered Person under the First-Occurrence Benefit above, Aflac will pay $3,500 if such Covered Person is later diagnosed as having had a subsequent Specified Health Event.

For the Subsequent Specified Health Event Benefit to be payable, the subsequent Specified Health Event must occur 180 days or more after the occurrence of any previously paid Specified Health Event for such Covered Person. No lifetime maximum.

C. CORONARY ANGIOPLASTY BENEFIT: Aflac will pay $1,000 when a Covered Person has a Coronary Angioplasty, with or without stents.

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

D. HOSPITAL CONFINEMENT BENEFIT (includes confinement in a U.S. government Hospital): When a Covered Person requires Hospital Confinement for the treatment of a covered Loss, Aflac will pay $300 per day for each day a Covered Person is charged as an inpatient. **This benefit is limited to confinements for the treatment of a covered Loss that occur within 500 days following the occurrence of the most recent covered Loss. No lifetime maximum.**

Hospital Confinement Benefits are payable for only one covered Loss at a time per Covered Person. Confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

This benefit is not payable on the same day as the Continuing Care Benefit. The highest eligible benefit will be paid.

E. AMBULANCE BENEFIT: If, due to a covered Loss, a Covered Person requires ground ambulance transportation to or from a Hospital, Aflac will pay $250. If air ambulance transportation is required due to a covered Loss, we will pay $2,000. A licensed professional ambulance company must provide the ambulance service. This benefit will not be paid for more than two times per occurrence of a Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

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

F. CONTINUING CARE BENEFIT: If, as the result of a covered Loss, a Covered Person receives any of the following treatments from a licensed Physician, Aflac will pay $125 each day a Covered Person is charged:

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

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

This benefit is not payable on the same day as the Hospital Confinement Benefit. The highest eligible benefit will be paid. No lifetime maximum.

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

H. LODGING BENEFIT: Aflac will pay the charges incurred up to $75 per day for lodging, in a room in a motel, hotel, or other commercial accommodation, for you or any one adult family member when a Covered Person receives special medical treatment for a covered Loss at a Hospital or medical facility. The Hospital, medical facility, and lodging must be more than 50 miles from the Covered Person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered Loss.

This benefit is not payable beyond the 180th day following the occurrence of a covered Loss. No lifetime maximum.

I. WAIVER OF PREMIUM BENEFIT:

Employed: If you, due to a covered Specified Health Event, are completely unable to do all of the usual and customary duties of your occupation for a period of 180 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 and a Physician's statement of your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

Not Employed: If you, due to a covered Specified Health Event, are completely unable to perform three or more of the Activities of Daily Living (ADLs) without Direct Personal Assistance for a period of 180 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 a Physician's statement of your inability to perform said activities, and may each month thereafter require a Physician's statement that total inability continues.

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

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

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

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

You will again become eligible to receive this benefit after:

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

"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process or any other method agreed to by Aflac and the employer.