

# Aflac Short-Term Disability Insurance

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



# AFLAC SHORT-TERM DISABILITY INSURANCE

Policy Series A57600

# SD

## Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

### Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,<sup>1</sup> short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.<sup>2</sup>



### Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

### The facts say you need the protection of the Aflac Short-Term Disability plan:

#### FACT NO. 1

BEFORE THEY RETIRE,

# 1-in-4

AMERICANS ENTERING THE WORKFORCE WILL  
BECOME DISABLED.<sup>3</sup>

#### FACT NO. 2

NEARLY

# 90%

OF DISABILITIES ARE NOT WORK RELATED.<sup>3</sup>

<sup>1</sup>Subject to certain conditions.

<sup>2</sup>Subject to your benefit period and elimination period.

<sup>3</sup>2015 Disability Insurance Awareness Month, Facts from LIMRA.

## Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

### Coverage Options

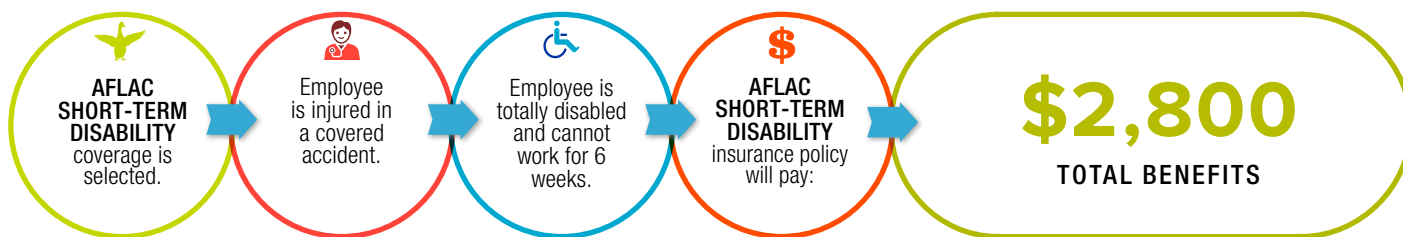
#### Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$500 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	3, 6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.  Not available with a 3-month total disability benefit period.
<b>OPTIONAL RIDERS</b>	
AFLAC VALUE RIDER	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

\*Subject to certain conditions/maximum.

### How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 3 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

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



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# SHORT-TERM DISABILITY COVERAGE

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American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)

**SHORT-TERM DISABILITY COVERAGE**  
**Outline of Coverage for Policy Series A57600**

**THIS IS NOT A MEDICARE SUPPLEMENT POLICY.**

Review the “Guide to Health Insurance for People With Medicare” if you are eligible for Medicare. It is available from Aflac.

1. **Right to Examine the Policy.** We want you to be satisfied with the policy. If you are not, you may return it to us within 30 days after you receive it. Send it to:

- a. your associate (duly licensed agent); or
- b. Aflac Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999.

We will send you a full refund of all of the premiums that you have paid. Your policy will be void from its Effective Date. If you return the policy, please attach a note that reads: “This policy is returned for a full refund of premium and will be void from its Effective Date.”

2. **Read Your Policy Carefully.** This outline of coverage gives you a very brief description of the important features of the coverage. This is not the insurance contract. Only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important for you to **READ YOUR POLICY CAREFULLY!**

3. Short-term Disability is coverage that is meant to provide the people that are insured with coverage for disabilities that take place as a result of a covered accident or a covered Sickness. The coverage is subject to any limitations that are listed in the policy. It does not provide coverage for:

1. basic hospital;
2. basic medical surgical; or
3. for major medical expenses.

4. **Benefits.** The following benefits are a part of the policy:

**We will pay the benefits the way that they are listed below, as applicable, as long as your Disability is caused by a covered Sickness or Off-the-Job Injury. But the Sickness or Off-the-Job Injury has to take place while coverage is in force. All of these benefits are subject to the Limitations and Exclusions. These benefits are also subject to the Pre-existing Condition Limitations, as well as to all of the other terms of the policy.**

The requirements for Periods of Disability that are caused by pregnancy and childbirth include:

1. They will be covered to the same extent as we will pay a covered Sickness.
2. They will be covered only after the policy has been in force for ten months.
3. Unless you give us proof that your Disability continues past these time frames, they can be paid up to a maximum period (less the Elimination Period) of:
  - a. Six weeks for noncesarean delivery.
  - b. Eight weeks for cesarean delivery.

We will pay benefits for only one Disability at a time. This is even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

**While a claim is pending:**

1. **We have the right to meet with you.**
2. **We have the right to use an independent consultant, as well as a Physician’s statement, to determine if you are qualified to receive Disability benefits.**

**You have to be under the care and the attendance of a Physician for these benefits to be payable. These benefits will cease on the date of your death.**

**A. TOTAL DISABILITY BENEFITS:**

1. **Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered Sickness or Off-the-Job Injury that causes your Total Disability within 90 days of the last time you are treated for it, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit can be paid up to the Total Disability Benefit Period that you chose. And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called “Term” in the Uniform Provisions, as well as the definition of “Benefit Period.”

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or
2. your working at any job.

2. **Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows as long as your coverage is in force.

If you have a covered Sickness or a covered Off-the-Job Injury that causes you to not be able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day that you can not perform such duties. Your inability to perform such duties must be certified by a Physician. This benefit can be paid up to the Total Disability Benefit Period that you chose. And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job;
2. your working at any job; or
3. your Physician no longer being able to certify that you are not able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability until 180 days after:
  - a. you have been released by a Physician from the prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Total Disability Benefit Period, you will not be eligible for a new Total Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Total Disability Benefit Period will start. This will be subject to a new Elimination Period.

- B. **PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered Sickness or covered Off-the-Job Injury that causes your Partial Disability within 90 days of the last time you are treated for it, we will pay you one-half of the Daily Disability Benefit for each day of your Partial Disability. This benefit can be paid up to the Partial Disability Benefit Period (which will be a maximum period of three months). And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or
2. your working at any job at which you earn 80 percent or more of your pre Disability Annual Income.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after:
  - a. you have been released by a Physician from the prior Disability;

- b. you are no longer disabled; and
- c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Partial Disability Benefit Period, you will not be eligible for a new Partial Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Partial Disability Benefit Period (which will last no longer than three months) will start. This will be subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**C. WAIVER OF PREMIUM BENEFIT:** While the policy is in force, we will waive, from month to month, the premium for the policy and any applicable riders for as long as you are disabled given the following conditions:

1. Your Total or Partial Disability is caused by a covered Sickness or a covered Off-the-Job Injury.
2. It lasts more than the greater of 90 days in a row or the Elimination Period that is shown in the Policy Schedule.
3. We will waive the premium up to the applicable Benefit Period that is shown in the Policy Schedule.

To waive your premiums:

1. We must have an employer's statement.
2. We must have a Physician's statement that attests that you are not able to carry out said duties.
3. Each month that follows, we may also require a Physician's statement that says you are still not able to carry out said duties.
4. We may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You have to pay all of the premiums to keep the policy as well as any applicable riders in force until we approve your claim for this Waiver of Premium Benefit. And you have to

resume payment of the premiums to keep the policy as well as any applicable riders in force, starting with the first premium due after you no longer qualify for Disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

#### 5. OPTIONAL BENEFITS:

**Disability Benefit for On-the-Job Injury Rider: (Series A57650) Applied For:  Yes  No**

**We will pay the benefits the way that they are listed below, as applicable, as long as your Disability is caused by a covered On-the-Job Injury. But the On-the-Job Injury has to take place while coverage is in force. All of these benefits are subject to the Limitations and Exclusions. These benefits are also subject to the Pre-existing Condition Limitations, as well as to all of the other terms of the policy.**

We will pay benefits for only one Disability at a time. This is even if the Disability is caused by more than one Injury.

**While a claim is pending, we have the right to meet with you. We also have the right to use an independent consultant, as well as a Physician's statement, to determine if you are qualified to receive Disability benefits. You have to be under the care and the attendance of a Physician for these benefits to be payable. These benefits will cease on the date of your death.**

#### A. TOTAL DISABILITY BENEFITS:

1. **Working Full Time:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows as long as your coverage is in force.

If you have a covered On-the-Job Injury that causes your Total Disability within 90 days of the last time you are treated for it, we will pay you the Daily Disability Benefit for this rider for each day of your Total Disability. This benefit can be paid up to the Total Disability Benefit Period that you chose. And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:



1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or
2. your working at any job.

**2. Not Working Full Time:** If you do not have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered On-the-Job Injury that causes you to not be able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered On-the-Job Injury, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day that you can not perform such duties. Your inability to perform such duties must be certified by a Physician. This benefit can be paid up to the Total Disability Benefit Period that you chose. It is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out all of the material and substantial duties of your Full-Time Job;
2. your working at any job; or
3. your Physician no longer being able to certify that you are not able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability until 180 days after:
  - a. you have been released by a Physician from the prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Total Disability Benefit Period, you will not be eligible for a new Total Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Total Disability Benefit Period will start. This will be subject to a new Elimination Period.

**B. PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered On-the-Job Injury that causes your Partial Disability within 90 days of the last time you are treated for it, we will pay you one-half of the Daily Disability Benefit for this rider for each day of your Partial Disability. This benefit can be paid up to the Partial Disability Benefit Period (which will be a maximum period of three months). And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or
2. your working at any job at which you earn 80 percent or more of your pre Disability Annual Income.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after:
  - a. you have been released by a Physician from the prior Disability;

- b. you are no longer disabled; and
- c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Partial Disability Benefit Period, you will not be eligible for a new Partial Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Partial Disability Benefit Period (which will last no longer than three months) will start. This will be subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**C. WAIVER OF PREMIUM BENEFIT:** While this rider is in force, we will waive, from month to month, the premium for the policy and any applicable riders for as long as you are disabled given the following conditions:

1. Your Total or Partial Disability is caused by a covered On-the-Job Injury.
2. It lasts more than the greater of 90 days in a row or the Elimination Period that is shown in the Policy Schedule.
3. We will waive the premium up to the applicable Benefit Period that is shown in the Policy Schedule.

To waive your premiums:

1. We must have an employer's statement.
2. We must have a Physician's statement that attests that you are not able to carry out said duties.
3. Each month that follows, we may also require a Physician's statement that says you are still not able to carry out said duties.
4. We may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You have to pay all of the premiums to keep the policy as well as any applicable riders in force until we

approve your claim for this Waiver of Premium Benefit. And you have to resume payment of the premiums to keep the policy as well as any applicable riders in force, starting with the first premium that is due after you no longer qualify for Disability benefits.

**The Waiver of Premium Benefit is not available with a three month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

**Additional Units of Disability Benefit Rider: (Series A57651) Applied For:**  Yes  No

**We will pay the benefits the way that they are listed below, as applicable, as long as your Disability is caused by a covered Sickness or a covered Off-the-Job Injury. But the Sickness or the Off-the-Job Injury has to take place while coverage is in force. All of these benefits are subject to the Limitations and Exclusions. These benefits are also subject to the Pre-existing Condition Limitations, as well as to all of the other terms of the policy.**

The requirements for Periods of Disability that are caused by pregnancy and childbirth include:

1. They will be covered to the same extent as we will pay a covered Sickness.
2. They will be covered only after the policy has been in force for ten months.
3. Unless you give us proof that your Disability continues past these time frames, they can be paid up to a maximum period, less the Elimination Period, of:
  - a. Six weeks for noncesarean delivery.
  - b. Eight weeks for cesarean delivery.

We will pay benefits for only one Disability at a time. This is even if the Disability is caused by more than one Sickness, more than one Injury, or both a Sickness and an Injury.

**While a claim is pending:**

1. **We have the right to meet with you.**
2. **We have the right to use an independent consultant, as well as a Physician's statement, to determine if you are qualified to receive Disability benefits.**

**You have to be under the care and the attendance of a Physician for these benefits to be payable. These benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit or Partial Disability Benefit that is described in your policy. And the Disability must begin after the Effective Date of this rider for this benefit to be paid.

## A. TOTAL DISABILITY BENEFITS:

1. **Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered Sickness or covered Off-the-Job Injury that causes your Total Disability within 90 days of the last time you are treated for it, we will pay you the Daily Disability Benefit for this rider for each day of your Total Disability. This benefit can be paid up to the Total Disability Benefit Period that you chose. And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or
2. your working at any job.

2. **Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows as long as your coverage is in force:

If you have a covered Sickness or a covered Off-the-Job Injury that causes you to not be able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day that you can not perform such duties. Your inability to perform such duties must be certified by a Physician. This benefit can be paid up to the Total Disability Benefit Period that you chose. And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out all of the material and substantial duties of your Full-Time Job;
2. your working at any job; or
3. your Physician no longer being able to certify that you are not able to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability until 180 days after:
  - a. you have been released by a Physician from the prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Total Disability Benefit Period, you will not be eligible for a new Total Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Total Disability Benefit Period will start. This will be subject to a new Elimination Period.

- B. **PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you have a covered Sickness or covered Off-the-Job Injury that causes your Partial Disability within 90 days of the last time you are treated for it, we will pay you one-half of the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Partial Disability. This benefit can be paid up to the Partial Disability Benefit Period (which will be a maximum period of three months). And it is subject to the Elimination Period that is shown in the Policy Schedule. See the item called "Term" in the Uniform Provisions, as well as the definition of "Benefit Period."

This benefit will stop being payable to you on the earlier of:

1. your being released by your Physician to carry out the material and substantial duties of your Full-Time Job; or

2. your working at any job at which you earn 80 percent or more of your pre Disability Annual Income.

The requirements for Periods of Disability that are caused by the **same or a related condition** include:

1. They will count as one Period of Disability unless they are separated by 180 days or more; and
2. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after:
  - a. you have been released by a Physician from the prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

The requirements for Periods of Disability that result from **causes that are not related** include:

1. They will count as one Period of Disability unless they are separated by your returning to work at a Full-Time Job for at least 14 working days.
  - a. During those 14 working days, you must be able to perform all of the material and substantial duties of such job.
2. Once we pay the maximum Partial Disability Benefit Period, you will not be eligible for a new Partial Disability Benefit Period for Disability due to a cause that is not related, until 14 working days after:
  - a. you have been released by a Physician from a prior Disability;
  - b. you are no longer disabled; and
  - c. you are no longer qualified to receive any Disability benefits under the policy.

When Periods of Disability meet at least one of these conditions, a new Partial Disability Benefit Period (which will last no longer than three months) will start. This will be subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

**Aflac Value Rider:**

**(Series A57653) Applied For:**  Yes  No

Aflac will pay you the greater of:

- (i) \$1,000 less any claims paid (excluding any Waiver of Premium Benefit paid under the policy and/or any benefit paid under the Lump Sum Critical Illness Benefit Rider, if applicable); or
- (ii) \$100

at the end of every consecutive five-year period from the rider Effective Date for which the rider remains in force. Each subsequent consecutive five-year period begins on the day after

the previous consecutive five-year period ends. If you receive this Aflac Value Benefit and later file a claim that includes days of Disability occurring during the consecutive five-year period that qualified you to receive this Aflac Value Benefit, then we will reduce the amount payable for those days of Disability by the amount you received under the rider less \$100.

Both the policy and the rider must remain in force for five consecutive years for you to be eligible for the Aflac Value Benefit. If the rider is issued after the Effective Date of the policy, the initial consecutive five-year period begins on the rider Effective Date. This benefit is limited to five payments per lifetime.

The rider will terminate on the earlier of: (1) the termination of the policy to which the rider is attached; (2) your failure to pay the premiums for the rider; (3) your receipt of five payments under the rider; (4) your age at the time of any payment under the rider is 60 or greater and your policy will terminate before any subsequent payment under the rider is due; or (5) your death. When the rider terminates (is no longer in force), no further premium will be charged for it.

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**IMPORTANT PROVISIONS OF THE POLICY**

**LIMITATIONS AND EXCLUSIONS**

- A. We will not cover a Disability that is caused by a Pre-existing Condition or that is caused by reinjuries to a Pre-existing Condition unless it starts more than 12 months after the Effective Date of your coverage.
- B. We will not pay benefits for an illness, a disease, an infection, or a disorder that is diagnosed or that is treated by a Physician within the first 30 days after the Effective Date of your coverage, unless the Disability that results starts more than 12 months after the Effective Date of your coverage.
- C. We will not pay benefits for a Disability that is being treated outside of the territorial limits of the United States.
- D. We will not pay benefits if coverage that is provided by the policy violates any U.S. economic or trade sanctions. If the coverage does violate such sanctions, the coverage will be null and void.
- E. We will not pay benefits if fraud is committed in making a claim under this or any Aflac coverage.
- F. We will not pay benefits for a Disability that is caused by or affected by any bacterial, viral, or micro organism infection or infestation. If a condition does result from insect, arachnid, or other arthropod bites or stings, we will not pay benefits as a Disability due to an Injury. We will cover this kind of disability to the same extent as a Disability due to Sickness.

**G. We will not pay benefits for a disability that is caused by or that takes place as a result of your:**

1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage. (We will cover Complications of Pregnancy to the same extent as a Sickness.);
2. Using any drug, narcotic, hallucinogen, or chemical substance\*; or willingly taking any kind of poison, or inhaling any kind of gas or fumes;
3. Participating in any activity or event, including operating a vehicle, while you are under the influence of a controlled substance\* or while you are intoxicated. ("Intoxicated" will be defined by the law of the jurisdiction in which the accident took place.);
4. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether you are charged or not. ("Felony" will be defined by the law of the jurisdiction in which the activity takes place.); or being incarcerated in a detention facility or a penal institution;
5. Self-inflicting a bodily injury on purpose; or trying to commit suicide, while sane or insane;
6. Having cosmetic surgery that is not Medically Necessary; or having any other kind of elective procedures that are not Medically Necessary;
7. Having dental treatment, unless the treatment is a result of Injury;
8. Being exposed to war or any act of war, declared or undeclared; or actively serving in any of the armed forces, or any of their auxiliary units. This includes the National Guard or Reserve. (When you notify us that you have joined an armed service, we will suspend your coverage and we will return the pro rata premium. If you are in the service for less than five years, you may renew your policy on the date your service ends. To renew your policy, we have to receive your written application as well as your premium within 60 days of your discharge. We will renew your policy on the same basis as before it was suspended.);
9. Donating an organ within the first 12 months of the Effective Date of the policy; or
10. Mental or emotional disorders. These include, but are not limited to, bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders,

psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, as well as post partum depression. The policy **will** pay for covered disabilities that result from Alzheimer's disease, or from similar forms of senility or senile dementia. These disabilities have to first manifest while your coverage is in force.

**We will pay benefits for only one Disability at a time. This will apply even if the Disability is caused by more than one Sickness, caused by more than one Injury, or caused by a Sickness and an Injury.**

*\*Unless administered by a Physician and taken according to the Physician's instructions*

**PRE-EXISTING CONDITION LIMITATIONS:** A "Pre-existing Condition" is an illness, a disease, an infection, a disorder, or an injury for which:

- Medical advice, consult, or treatment was suggested or received within the 12 month period prior to the Effective Date of coverage; **or**
- Symptoms were present—within the 12 month period prior to the Effective Date of coverage—that would normally cause a prudent person to seek out diagnosis, care, or treatment.

Disability that is caused by a Pre-existing Condition or that is caused by reinjuries to a Pre-existing Condition will not be covered unless it starts more than 12 months after the Effective Date of your coverage.

**Renewability.** The following conditions will apply:

1. The policy is guaranteed renewable to age 65 by the payment of the premium that is in effect at the start of each renewal period.
2. We may change the established premium rate. But we will do this **only** if we change the rate for all of the policies of this class.
3. We may discontinue or terminate the policy if you have committed fraud.
4. We also may discontinue it if you have on purpose misrepresented material fact that relates to the policy. This includes claims for any of the benefits of the policy.

**Complaints.** If you have a complaint, call us at 1-800-992-3522 or call your associate/agent. If you are not satisfied, you may call the Massachusetts Division of Insurance at 617-521-7777 or write to them at 1000 Washington Street, Suite 810, Boston, Massachusetts 02118-6200.

**RETAIN THIS FOR YOUR RECORDS.  
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**

## TERMS YOU NEED TO KNOW

**DAILY DISABILITY BENEFIT:** one-thirtieth of the applicable monthly disability benefit shown in the Policy Schedule.

**EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

**FULL-TIME JOB:** one job at which you work 19 or more hours per week for one employer for pay or benefits.

**INJURY:** a bodily injury caused directly by an accident, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force.

**OFF-THE-JOB INJURY:** an injury that occurs while you are not working at any job for pay or benefits.

**ON-THE-JOB INJURY:** an injury that occurs while you are working at any job for pay or benefits.

**PARTIAL DISABILITY:** being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job, but able to work at any job earning less than 80 percent of your annual income of your full-time job at the time you became disabled.

**SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of injury, that is first manifested and first treated more than 30 days after the effective date of coverage and while coverage is in force.

**TOTAL DISABILITY:** being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job, and not working at any job.

## ADDITIONAL INFORMATION

Complications of pregnancy do not include premature delivery without incidence, multiple gestation pregnancy, false labor, sporadic spotting, prescribed rest, morning sickness, as well as similar conditions that are associated with the management of a difficult pregnancy that do not constitute a classifiably distinct pregnancy complication. A cesarean delivery does not count as a complication of pregnancy.

A physician cannot be you or a member of your immediate family.

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.







**aflac.com** || **1.800.99.AFLAC** (1.800.992.3522)

Underwritten by:  
American Family Life Assurance Company of Columbus  
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

