

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

Worldwide Headquarters: 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)

The policy described in this Outline of Coverage provides supplemental coverage and will be issued only to supplement insurance already in force.

LIMITED BENEFIT, SPECIFIED DISEASE INSURANCE

Outline of Coverage for Policy Form Series A-75100

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by AFLAC.

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and 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 that you READ YOUR POLICY CAREFULLY.

(2) Cancer Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of the disease of Cancer. Coverage is provided for the benefits outlined in Part (3). The benefits described in Part (3) may be limited by Part (5).

(3) Benefits: Benefit A and B are preventive benefits; diagnosis of Cancer is not required for these benefits to be paid.

A. CANCER SCREENING WELLNESS BENEFIT: AFLAC will pay \$30 (thirty dollars) per calendar year when a charge is incurred for one of the following: breast ultrasound, Pap smear, ThinPrep, biopsy, flexible sigmoidoscopy, hemocult stool specimen, chest X-ray, CEA (blood test for colon Cancer), CA 125 (blood test for ovarian Cancer), PSA (blood test for prostate Cancer), thermography, colonoscopy or virtual colonoscopy. These tests must be performed to determine whether Cancer exists in a covered person. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

B. MAMMOGRAPHY BENEFIT: AFLAC will pay \$70 (seventy dollars) per calendar year when a charge is incurred for a mammogram. No lifetime maximum.

While this policy is in force, the following benefits will be paid if a covered person is diagnosed and treated as having Cancer and is hospitalized for the treatment of Cancer, or receives specified outpatient Cancer treatment.

C. FIRST-OCCURRENCE BENEFIT: AFLAC will pay a First-Occurrence Benefit for each covered person under this policy when he or she is diagnosed as having internal Cancer. "Internal Cancer" includes melanomas classified as Clark's Level III and higher or a Breslow level greater than 1.5 mm.

<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
\$1,500	\$1,500	\$2,250

This benefit is payable under this policy only once for each covered person and will be paid in addition to any other benefit in this policy. In addition to the pathological or clinical diagnosis required by the definition of Cancer, we may require additional information from the attending Physician and Hospital.

D. HOSPITAL CONFINEMENT BENEFITS (includes confinement in a U.S. government Hospital):

1. HOSPITALIZATION FOR 30 DAYS OR LESS: When a covered person is confined to a Hospital for treatment of Cancer for 30 days or less, AFLAC will pay \$200 (two hundred dollars) per day for each day a covered person is charged for a room as an inpatient.

2. HOSPITALIZATION FOR 31 DAYS OR MORE: During any continuous period of Hospital confinement of a covered person for treatment of Cancer for 31 days or more, AFLAC will pay benefits as described in Section D1 above for the first 30 days. Beginning with the 31st day of such continuous Hospital confinement, AFLAC will pay \$400 (four hundred dollars) per day for each day you are charged for a room as an inpatient.

No lifetime maximum.

EXCEPTION: a person confined to a U.S. government Hospital does not need to be charged for the Hospital Confinement Benefit to be payable.

When Cancer treatment is received in a U.S. government Hospital, the following benefits are not payable unless the covered person is actually charged and is legally required to pay for such services.

E. MEDICAL IMAGING BENEFIT: AFLAC will pay \$100 (one-hundred dollars) per calendar year when a charge is incurred for each covered person who receives an initial diagnosis or follow-up evaluation of internal Cancer using one of the following medical imaging exams: CT scans, MRI's, bone scans, Multiple Gated Acquisition (MUGA) scans, Positron Emission Tomography (PET) scans or transrectal ultrasounds. These exams must be performed in a Hospital, to include an Ambulatory Surgical Center, or a Physician's office. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

F. RADIATION AND CHEMOTHERAPY BENEFIT: AFLAC will pay \$200 (two hundred dollars) per day as follows when a charge is incurred for a covered person who receives one or more of the following Cancer treatments for the purpose of modification or destruction of abnormal tissue:

1. Cytotoxic chemical substances and their administration in the treatment of Cancer:
 - a. Injection by medical personnel in a Physician's office, clinic, or Hospital.
 - b. Self-injected medications will be limited to \$200 (two hundred dollars) per daily treatment, subject to a monthly maximum of \$1,600 (one thousand six hundred dollars) for all medications.
 - c. Medications dispensed by a pump or implant will be limited to \$200 (two hundred dollars) for the initial prescription and \$200 (two hundred dollars) for each pump refill, subject to a monthly maximum of \$800 (eight hundred dollars) for all medications. The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.
 - d. Oral chemotherapy, regardless of where administered, will be limited to \$200 (two hundred dollars) per prescription, subject to a monthly maximum of \$800 (eight hundred dollars) for all prescriptions.
2. Radiation therapy or
3. The insertion of interstitial or intracavitary application of radium or radioisotopes. The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.

If delivery of radiation or chemotherapy is other than the ones listed above, benefits will be subject to a monthly maximum of \$800 (eight hundred dollars).

Treatments must be NCI approved for the treatment of Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, therapeutic devices, simulation, dosimetry, treatment planning or other procedures related to these therapy treatments. Benefits will not be paid for each day the radium or radioisotope remains in the body or for each day of continuous infusion of medications dispensed by a pump or implant. No lifetime maximum.

This benefit is not payable on the same day that the Experimental Treatment Benefit is paid.

G. EXPERIMENTAL TREATMENT BENEFIT: AFLAC will pay \$200 (two hundred dollars) per day as follows when a charge is incurred for a covered person who receives one or more of the following experimental Cancer treatments, prescribed by a Physician, for the purpose of modification or destruction of abnormal tissue:

1. Treatment administered by medical personnel in a Physician's office, clinic or Hospital.
2. Self-injected medications will be limited to \$200 (two hundred dollars) per daily treatment, subject to a monthly maximum of \$1,600 (one thousand six hundred dollars).
3. Medications dispensed by a pump will be limited to \$200 (two hundred dollars) for the initial prescription and \$200 (two hundred dollars) for each refill, subject to a monthly maximum of \$800 (eight hundred dollars). The Surgical/Anesthesia Benefit provides additional amounts payable for insertion and removal.
4. Oral medications, regardless of where administered, will be limited to \$200 (two hundred dollars) per prescription, subject to a monthly maximum of \$800 (eight hundred dollars) for all prescriptions.

Treatments must be approved by the NCI as viable experimental treatment for Cancer. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these therapy treatments. Benefits will not be paid for each day of continuous infusion of medications dispensed by a pump or implant. No lifetime maximum.

This benefit is not payable on the same day that the Radiation and Chemotherapy Benefit is paid.

H. IMMUNOTHERAPY BENEFIT: AFLAC will pay \$300 (three hundred dollars) per calendar month during which a charge is incurred for a covered person who receives immunoglobulins or colony-stimulating factors as prescribed by his/her Physician as part of a treatment regimen for internal Cancer. Lifetime maximum of \$1,500 (one thousand five hundred dollars) per covered person.

Any medications paid under the Radiation and Chemotherapy Benefit or the Experimental Treatment Benefit will not be paid under the Immunotherapy Benefit.

I. ANTI-NAUSEA BENEFIT: AFLAC will pay \$100 (one hundred dollars) per calendar month during which a charge is incurred for a covered person who receives anti-nausea drugs that are prescribed while receiving radiation or chemotherapy treatments. No lifetime maximum.

J. NURSING SERVICES BENEFIT: While confined in a Hospital, if a covered person requires private nurses and their services other than those regularly furnished by the Hospital, AFLAC will pay \$100 (one hundred dollars) per 24-hour day for full-time private care and attendance provided by such nurses (registered graduate nurses, licensed practical nurses, or licensed vocational nurses) when a charge is incurred. These services must be required and authorized by the attending Physician. This benefit is not payable for private nurses who are members of your Immediate Family. This benefit is payable for only the number of days the Hospital Confinement Benefit is payable. No lifetime maximum.

K. SURGICAL/ANESTHESIA BENEFIT:

1. When a surgical operation is performed on a covered person for a diagnosed internal Cancer, AFLAC will pay the indemnity listed in the following Schedule of Operations for the specific procedure when a charge is incurred. If any operation for the treatment of Cancer is performed other than those listed, AFLAC will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

EXCEPTIONS: Surgery for skin Cancer will be payable under Benefit M. Reconstructive surgery will be payable under Benefit O. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the highest eligible benefit.

2. AFLAC will pay an indemnity benefit equal to 25% of the amount shown in the Schedule of Operations for the administration of anesthesia during a covered surgical operation.

The combined benefits payable in the Surgical/Anesthesia Benefit for any one operation will not exceed \$3,750 (three thousand seven hundred fifty dollars). No lifetime maximum on number of operations.

- L. OUTPATIENT HOSPITAL SURGICAL BENEFIT:** When a surgical operation is performed on a covered person for a diagnosed internal Cancer and an operating room charge is incurred, AFLAC will pay \$200 (two hundred dollars). For this benefit to be paid surgeries must be performed on an outpatient basis in a Hospital, to include an Ambulatory Surgical Center. This benefit is payable once per day and is not payable on the same day as the Hospital Confinement Benefit. This benefit is payable in addition to the Surgical/Anesthesia Benefit. No lifetime maximum on number of operations.

This benefit is not payable for surgery performed in a Physician's office or for skin Cancer surgery.

- M. SKIN CANCER SURGERY BENEFIT:** When a surgical operation is performed on a covered person for a diagnosed skin Cancer, AFLAC will pay the indemnity listed below when a charge is incurred for the specific procedure. The indemnity amount listed below includes anesthesia services. No lifetime maximum on number of operations.

Biopsy	\$100
Excision of lesion of skin without flap or graft	250
Flap or graft without excision	375
Excision of lesion of skin with flap or graft	600

- N. PROSTHESIS BENEFIT:** (1) AFLAC will pay \$2,500 (two thousand five hundred dollars) when a charge is incurred for surgically implanted prosthetic devices that are prescribed as a direct result of surgery for Cancer treatment. Lifetime maximum of \$5,000 (five thousand dollars) per covered person. (2) AFLAC will pay \$200 (two hundred dollars) per occurrence, per person for nonsurgically implanted prosthetic devices that are prescribed as a direct result of Cancer treatment when a charge is incurred. Examples of nonsurgically implanted prosthetic devices include voice boxes, hair pieces and removable breast prosthesis. Lifetime maximum of \$400 (four hundred dollars) per covered person.

The Prosthesis Benefit does not include coverage for a Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap procedure listed under the Reconstructive Surgery Benefit in Part 3, O.

- O. RECONSTRUCTIVE SURGERY BENEFIT:** When a surgical operation is performed on a covered person for reconstructive surgery for the treatment of Cancer, AFLAC will pay the indemnity listed below when a charge is incurred for the specific procedure. No lifetime maximum on number of operations.

Breast Transverse Rectus Abdominis Myocutaneous (TRAM) Flap	\$2,500
Breast Reconstruction	625
Breast Symmetry (on the nondiseased breast occurring within five years of breast reconstruction)	325
Facial Reconstruction	625

AFLAC will pay an indemnity benefit equal to 25% of the amount shown above for the administration of anesthesia during a covered reconstructive surgical operation.

If any reconstructive surgery is performed other than those listed, AFLAC will pay an amount comparable to the amount shown above for the operation most nearly similar in severity and gravity.

- P. IN-HOSPITAL BLOOD AND PLASMA BENEFIT:** If a covered person receives blood and/or plasma during a covered Hospital confinement, AFLAC will pay \$50 (fifty dollars) times the number of days of covered Hospital confinement paid under D above when a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors. No lifetime maximum.
- Q. OUTPATIENT BLOOD AND PLASMA BENEFIT:** AFLAC will pay \$200 (two hundred dollars) for each day a covered person receives blood and/or plasma transfusions for the treatment of Cancer as an outpatient in a Physician's office, clinic, Hospital, or Ambulatory Surgical Center when a charge is incurred. This benefit does not pay for immunoglobulins, immunotherapy, or colony-stimulating factors. No lifetime maximum.
- R. SECOND SURGICAL OPINION BENEFIT:** AFLAC will pay \$200 (two hundred dollars) when a charge is incurred for a second surgical opinion concerning Cancer surgery for a diagnosed Cancer by a licensed Physician. This benefit is not payable the same day the NCI Evaluation/Consultation Benefit is payable. No lifetime maximum.
- S. NATIONAL CANCER INSTITUTE EVALUATION/CONSULTATION BENEFIT:** AFLAC will pay \$500 (five hundred dollars) when a covered person seeks evaluation or consultation at an NCI-Designated Cancer Center as a result of receiving a prior diagnosis of internal Cancer. The purpose of the evaluation/consultation must be to determine the appropriate course of Cancer treatment. AFLAC will pay \$250 (two hundred fifty dollars) for the transportation and lodging of the covered person receiving the evaluation/consultation. The NCI-Designated Cancer Center must be more than 50 miles from the covered person's residence for the transportation and lodging portion of this benefit to be payable. This benefit is not payable the same day the Second Surgical Opinion Benefit is payable. (This benefit is also payable at the AFLAC Cancer Center & Blood Disorders Service of Children's Healthcare of Atlanta). This benefit is payable only once under this policy per covered person.
- T. AMBULANCE BENEFIT:** AFLAC will pay \$200 (two hundred dollars) when a charge is incurred for ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. AFLAC will pay \$1,000 (one thousand dollars) when a charge is incurred for air ambulance transportation of a covered person to or from a Hospital where the covered person is confined overnight for Cancer treatment. This benefit is limited to two trips per confinement. The ambulance service must be performed by a licensed professional ambulance company. No lifetime maximum.
- U. TRANSPORTATION BENEFIT:** If a covered person requires Cancer treatment that has been prescribed by the local attending Physician, AFLAC will pay \$.40 (forty cents) per mile for transportation of a covered person for the round-trip distance between the Hospital or medical facility and the residence of the covered person. Benefit amounts payable are limited to \$1,200 (one thousand two hundred dollars) per round trip. This benefit will be paid only for the covered person for whom the treatment is prescribed. If the treatment is for a dependent child and commercial travel (coach-class plane, train, or bus fare) is necessary, we will pay this benefit for up to two adults to accompany the dependent child. **THIS BENEFIT IS NOT PAYABLE FOR TRANSPORTATION TO ANY HOSPITAL/FACILITY LOCATED WITHIN A 50-MILE RADIUS OF THE RESIDENCE OF THE COVERED PERSON OR FOR TRANSPORTATION BY AMBULANCE TO OR FROM ANY HOSPITAL.**

- V. LODGING BENEFIT:** AFLAC will pay \$50 (fifty dollars) per day when a charge is incurred for lodging for you or any one adult family member when a covered person receives Cancer treatment at a Hospital or medical facility more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 90 days per calendar year.
- W. BONE MARROW TRANSPLANTATION BENEFIT:** (1) AFLAC will pay \$10,000 (ten thousand dollars) when a covered person receives a Bone Marrow Transplantation for which a charge is incurred for the treatment of Cancer. (2) AFLAC will pay the covered person's bone marrow donor an indemnity of \$1,000 (one thousand dollars) for his or her expenses incurred as a result of the transplantation procedure. Lifetime maximum of \$10,000 (ten thousand dollars) per covered person.
- X. STEM CELL TRANSPLANTATION BENEFIT:** AFLAC will pay \$2,500 (two thousand five hundred dollars) when a charge is incurred if a covered person receives a peripheral Stem Cell Transplantation for the treatment of Cancer. This benefit is payable once per covered person. Lifetime maximum of \$2,500 (two thousand five hundred dollars) per covered person.
- Y. EXTENDED-CARE FACILITY BENEFIT:** If a covered person is hospitalized and receives benefits under Part 3D and is later confined, within 30 days of hospital confinement, to an extended-care facility, a skilled nursing facility, a rehabilitation unit or facility, a transitional care unit or any bed designated as a swing bed, or to a section of the Hospital used as such, AFLAC will pay \$100 (one hundred dollars) per day when a charge is incurred for such continued confinement, limited to the same number of days that the covered person receives benefits under Part 3D. For each day this benefit is payable, benefits under Part 3D, Hospital Confinement Benefits, are NOT payable. Lifetime maximum of 365 days per covered person.

If more than 30 days separates a stay in an extended-care facility, benefits are not payable for the second confinement unless the covered person was again confined to a Hospital prior to the second such confinement.

- Z. HOSPICE BENEFIT:** When a covered person is diagnosed with Cancer and therapeutic intervention directed toward the cure of the disease is medically determined to be no longer appropriate, and if the covered person's medical prognosis is one in which there is a life expectancy of six months or less as the direct result of Cancer, AFLAC will pay a one-time benefit of \$500 (five hundred dollars) for the first day the covered person receives Hospice care and \$50 (fifty dollars) per day thereafter for Hospice care. For this benefit to be payable, AFLAC must be furnished: (1) a written statement from the attending Physician that the covered person is terminally ill within the terms of this paragraph, and (2) a written statement from the Hospice certifying the days services were provided. This benefit is not payable the same day the Home Health Care Benefit is payable. Lifetime maximum for each covered person is \$12,000 (twelve thousand dollars).

- AA. HOME HEALTH CARE BENEFIT:** When a covered person is hospitalized for the treatment of Cancer and has either home health care or health supportive services provided on his/her behalf, AFLAC will pay \$50 (fifty dollars) when a charge is incurred for each such visit, subject to the following conditions:

1. The home health care or health supportive services must begin within seven days of release from the Hospital.
2. This benefit is limited to ten visits per hospitalization.
3. This benefit is limited to 30 visits in any calendar year for each covered person.

4. This benefit will not be payable unless the attending Physician prescribes such services to be performed in the home of the covered person and certifies that if these services were not available, the covered person would have to be hospitalized to receive the necessary care, treatment, and services.
5. Home health care and health supportive services must be performed by a person who is licensed, certified, or otherwise duly qualified to perform such services on the same basis as if the services had been performed in a health care facility.

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

BB. WAIVER OF PREMIUM BENEFIT: If you, due to having internal Cancer, are completely unable to do all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform two or more of the Activities of Daily Living (ADLs) without the assistance of another person] for a period of 90 continuous days, AFLAC will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, AFLAC will require an employer's statement (if applicable) and a Physician's statement of your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that total inability continues.

If you die and your spouse becomes the new Named Insured, premiums will 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.

AFLAC may ask for and use an independent consultant to determine whether you can perform an ADL when this benefit is in force.

AFLAC will also waive, from month to month, any premiums falling due while you are receiving Hospice Benefits under Item Z above (the Hospice Benefit).

CC. CONTINUATION OF COVERAGE BENEFIT: AFLAC will waive all monthly premiums due for the policy and riders for 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;
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.

(4) Optional Benefits:

FIRST-OCCURRENCE BUILDING BENEFIT: (Series A-75050) Applied for Yes No

This benefit can be purchased in units of \$100 each up to a maximum of five units or \$500. Number of units purchased _____. The First-Occurrence Benefit, under Part 3C, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider is in force (the amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit.

RETURN OF PREMIUM BENEFIT: (Series A-75051) Applied for Yes No

AFLAC will pay you a cash value based upon the annualized premium paid for this rider, the policy, and any other attached benefit riders (**premium paid for the policy and other attached benefit riders will be calculated at the original premium in effect on the rider Effective Date and will not include premium increases that may occur for the policy or other such riders**). All Return of Premium Benefits/cash values paid will be less any claims paid. If you surrender this rider for its cash value after Cancer is diagnosed but before claims are submitted, we will reduce subsequent claim payment(s) by the amount of the cash value paid. Both the policy and the rider must remain in force for 20 consecutive years for you to obtain a maximum refund of premiums paid. If this rider is added to the policy after the policy has been issued, only the premium paid for the policy after the Effective Date of this rider will be returned. When the rider is issued after the Effective Date of the policy, the 20-year period begins for both the policy and the rider on the rider Effective Date.

The cash value for premium paid for the policy and rider begins on the fifth rider anniversary date.

SPECIFIED DISEASE BENEFIT: (Series A-75052) Applied for Yes No

This rider pays benefits for the treatment of the covered specified diseases ONLY and will be included only if you apply for it. Additional premium shown on the application and Policy Schedule is required. NO OTHER BENEFITS ARE PAYABLE FOR ANY COVERED SPECIFIED DISEASE OTHER THAN PROVIDED FOR IN THIS RIDER.

The specified diseases covered by this rider are:

- | | |
|---|--|
| 1. Adrenal hypofunction (Addison's disease) | 17. Necrotizing fasciitis |
| 2. Amyotrophic lateral sclerosis
(ALS or Lou Gehrig's disease) | 18. Osteomyelitis |
| 3. Botulism | 19. Polio |
| 4. Bubonic plague | 20. Rabies |
| 5. Cerebral palsy | 21. Reye's syndrome |
| 6. Cholera | 22. Scarlet fever |
| 7. Cystic fibrosis | 23. Scleroderma |
| 8. Diphtheria | 24. Sickle cell anemia |
| 9. Encephalitis
(including Encephalitis contracted from West Nile virus) | 25. Systemic lupus |
| 10. Huntington's chorea | 26. Tetanus |
| 11. Legionnaires' disease | 27. Toxic shock syndrome |
| 12. Malaria | 28. Tuberculosis |
| 13. Meningitis (bacterial) | 29. Tularemia |
| 14. Multiple sclerosis | 30. Typhoid fever |
| 15. Muscular dystrophy | 31. Variant Creutzfeldt-
Jakob disease
(mad cow disease) |
| 16. Myasthenia gravis | 32. Yellow fever |

A. INITIAL HOSPITALIZATION BENEFIT: When a covered person is confined to a Hospital for 12 or more hours as a result of receiving treatment for a specified disease, we will pay an Initial Hospitalization Benefit of \$1,000 (one thousand dollars). This benefit is payable only once per Period of Confinement and once per calendar year for each covered person.

B. HOSPITAL CONFINEMENT BENEFITS:

1. **HOSPITALIZATION FOR 30 DAYS OR LESS:** During any continuous period of Hospital confinement of 30 days or less, for a covered specified disease, AFLAC will pay an indemnity of \$200 (two hundred dollars) per day.
2. **HOSPITALIZATION FOR 31 DAYS OR MORE:** During any continuous period of Hospital confinement of 31 days or more for a covered specified disease, AFLAC will pay benefits as described in Section B1 above for the first 30 days, and beginning with the 31st day of such continuous Hospital confinement, AFLAC will pay an indemnity of \$500 (five hundred dollars) per day.

(5) Exceptions, Reductions and Limitations of This Policy (This is not a daily hospital expense plan.): We pay only for treatment of Cancer, including direct extension, metastatic spread, or recurrence. Benefits are not provided for premalignant conditions; conditions with malignant potential; complications of Cancer; or any other disease, sickness, or incapacity.

The First-Occurrence Benefit is not payable for: (1) any internal Cancer diagnosed or treated before the Effective Date of this policy and the subsequent recurrence, extension, or metastatic spread of such internal Cancer that is diagnosed prior to the Effective Date of this policy; (2) the diagnosis of skin Cancer or melanomas classified as Clark's Levels I and II, or a Breslow level less than or equal to 1.5 mm. **Any covered person who has had a previous diagnosis of Cancer will NOT be eligible for a First-Occurrence Benefit under this policy for a recurrence, extension, or metastatic spread of that same Cancer.**

"Hospital" also includes Ambulatory Surgical Centers. "Hospital" does not include any institution, or part thereof, used as: a Hospice unit, including any bed designated as a Hospice bed; a swing bed; a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit or facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental diseases or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

Specified Disease Rider, Form Series A-75052, pays only for loss resulting from the covered specified diseases. These diseases must be first diagnosed by a Physician after the Effective Date of the rider for benefits to be paid. The diagnosis must be made by and upon a tissue specimen, culture(s) and/or titer(s).

(6) Renewability: This policy is guaranteed-renewable for life by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

(7) Cancellation By The Insured: The insured may cancel this policy at any time by written notice delivered or mailed to AFLAC, effective upon receipt of such notice or on such later date as may be specified in such notice. In the event of cancellation or death of the insured, we will promptly return the pro-rated unearned portion of any premium paid. Cancellation shall be without prejudice to any claim originating prior to the Effective Date of cancellation.

(8) Premiums: Your premium for the policy is:

	Annual	Semiannual	Quarterly	Monthly
Policy:	\$ _____	\$ _____	\$ _____	\$ _____
Rider:				
A-75050-KS:	\$ _____	\$ _____	\$ _____	\$ _____
A-75051:	\$ _____	\$ _____	\$ _____	\$ _____
A-75052-KS:	\$ _____	\$ _____	\$ _____	\$ _____

Signature Licensed Resident Associate (Duly Licensed Agent)

Printed Name of Associate (Duly Licensed Agent)

Date

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