Peace of Mind *and* Real Cash Benefits

ACCIDENT INDEMNITY ADVANTAGE®

24-HOUR ACCIDENT-ONLY INSURANCE

AC²

Aflac®

We've got you under our wing.®

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24-HOUR ACCIDENT-ONLY INSURANCE

Policy Series A35000

AC²

The Need

Accidents happen to all kinds of people every day. In 2007, 34.3 million people—about 1 out of 9—sought medical attention for an injury.*

What would the financial impact of an injury mean to your security? Are you prepared for medical debts in addition to everyday household expenditures and lost wages? Out-of-pocket expenses associated with an accident are unexpected and often burdensome; perhaps the accident itself could not have been prevented, but its impact on your finances and your well-being certainly can be reduced.

**Injury Facts*, 2010 Edition, National Safety Council.

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 an injury, to help with ongoing living expenses, or to help with any purpose you choose. Aflac Accident Indemnity Advantage is designed to provide you with cash benefits throughout the different stages of care, regardless of the severity of the injury.

Aflac enables you to take charge and to help provide for an unpredictable future by paying cash benefits for accidental injuries. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

THE ACCIDENT INDEMNITY ADVANTAGE INSURANCE POLICY HAS:

1. No deductibles and no copayments.
2. No lifetime limit—policy won't terminate based on number or dollar amount of claims paid.
3. No network restrictions—you choose your own medical treatment provider.
4. No coordination of benefits—we pay regardless of any other insurance.

Aflac herein means American Family Life Assurance Company of Columbus.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
WELLNESS	$60 once per policy, per 12-month period, payable after the policy has been in force for 12 months	Payable if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Eligible family members are your Spouse and the Dependent Children of either you or your Spouse. Services covered are annual physical examinations, dental examinations, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, ultrasounds, prostate-specific antigen tests (PSAs), and blood screenings. This benefit will become available following each anniversary of the policy's Effective Date for service received during the following policy year and is payable only once per policy each 12-month period following your policy anniversary date. Service must be under the supervision of or recommended by a physician, received while the policy is in force, and a charge must be incurred.
Aflac will pay the following benefits as applicable if a Covered Person's Accidental Death, dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental Death, dismemberment, or Injury must be independent of Sickness, or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental Death, dismemberment, or Injury must also occur while coverage is in force and is subject to the limitations and exclusions. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.		
ACCIDENT EMERGENCY TREATMENT	$120 once per 24-hour period and only once per covered accident, per Covered Person	Payable when a Covered Person receives treatment for Injuries sustained in a covered accident. This benefit is payable for treatment by a physician or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.
X-RAY	$25 once per covered accident, per Covered Person	Payable when a Covered Person requires an X-ray while receiving emergency treatment **in a hospital or a hospital emergency room** for Injuries sustained in a covered accident. **This benefit is not payable for X-rays received in a physician's office.** The X-Ray Benefit is not payable for exams listed in the Major Diagnostic Exams Benefit.
ACCIDENT FOLLOW-UP TREATMENT	$35 for one treatment per day, up to a maximum of six treatments per covered accident, per Covered Person	Payable when a Covered Person receives emergency treatment for Injuries sustained in a covered accident and later requires additional treatment over and above emergency treatment administered in the first 72 hours following the accident. The treatment must begin within 30 days of the covered accident or discharge from the hospital. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is payable for acupuncture when furnished by a licensed, certified acupuncturist. The Accident Follow-Up Treatment Benefit is not payable for the same days the Physical Therapy Benefit is paid.
INITIAL ACCIDENT HOSPITALIZATION	$1,000 once per period of Hospital Confinement or $2,000 once when a Covered Person is admitted directly to an intensive care unit; payable once per calendar year, per Covered Person	Payable when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident or if a Covered Person is admitted directly to an intensive care unit of a hospital for treatment of Injuries sustained in a covered accident. Hospital Confinements must start within 30 days of the accident.
ACCIDENT HOSPITAL CONFINEMENT	$250 per day up to 365 days per covered accident, per Covered Person	Payable when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for treatment of Injuries sustained in a covered accident. Hospital Confinements must start within 30 days of the accident. The Accident Hospital Confinement Benefit and the Rehabilitation Unit Benefit will not be paid on the same day. The highest eligible benefit will be paid.
INTENSIVE CARE UNIT CONFINEMENT	An additional $400 per day for up to 15 days per covered accident, per Covered Person	Payable for each day a Covered Person receives the Accident Hospital Confinement Benefit, and is confined and charged for a room in an intensive care unit for treatment of Injuries sustained in a covered accident. Hospital Confinements must start within 30 days of the accident.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
ACCIDENT SPECIFIC-SUM INJURIES	$35–$12,500 (according to the policy) for: • Dislocations • Burns • Skin grafts • Eye injuries • Lacerations • Fractures • Concussions • Coma • Paralysis • Surgical procedures	Payable for treatment performed on a Covered Person for Injuries sustained in a covered accident. We will pay for no more than two dislocations per covered accident, per Covered Person. Benefits are payable for only the first dislocation of a joint. If a dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25 percent of the amount shown for the closed reduction dislocation. Burns must be treated by a physician within 72 hours after a covered accident. If a Covered Person receives one or more skin grafts for a covered burn, we will pay a total of 50 percent of the burn benefit amount that we paid for the burn involved. Lacerations must be repaired within 72 hours after the accident and repaired under the attendance of a physician. We will pay 25 percent of the benefit amount shown for the closed reduction of chip fractures and other fractures not reduced by open or closed reduction. We will pay for no more than two fractures per covered accident, per Covered Person. Emergency dental work does not include false teeth such as dentures, bridges, veneers, partials, crowns, or implants. We will pay for no more than one emergency dental work benefit per covered accident, per Covered Person. The duration of the paralysis must be a minimum of 30 days, and this benefit will be payable once per Covered Person. Coma must last a minimum of seven days. Coma does not include any medically induced coma. Treatment for surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based on the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one surgical procedure may be performed.
MAJOR DIAGNOSTIC EXAMS	$200 once per calendar year, per Covered Person	Payable when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a hospital or a physician's office. Exams listed in the Major Diagnostic Exams Benefit are not payable under the X-Ray Benefit. No lifetime maximum.
EPIDURAL PAIN MANAGEMENT	$100 paid no more than twice per covered accident, per Covered Person	Payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure.
PHYSICAL THERAPY	$35 per treatment for one treatment per day, up to a maximum of ten treatments per covered accident, per Covered Person	Payable when a Covered Person receives emergency treatment for Injuries sustained in a covered accident and later a physician advises the Covered Person to seek treatment from a licensed physical therapist. Physical therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the hospital. The treatment must take place within six months after the accident. The Physical Therapy Benefit is not payable for the same days that the Accident Follow-Up Treatment Benefit is paid.
REHABILITATION UNIT	$150 per day, limited to 30 days for each Covered Person per period of Hospital Confinement and limited to a calendar year maximum of 60 days	Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment of Injuries sustained in a covered accident and a charge is incurred. The Rehabilitation Unit Benefit will not be payable the same days the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid. No lifetime maximum.
APPLIANCES	$125 once per covered accident, per Covered Person	Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for Injuries sustained in a covered accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.

The policy has limitations and exclusions that may affect benefits payable.
This brochure is for illustrative purposes only. Refer to the policy for complete details, definitions, limitations, and exclusions.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
PROSTHESIS	$750 once per covered accident, per Covered Person	Payable when a Covered Person requires use of a prosthetic device as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.
BLOOD/ PLASMA/ PLATELETS	$200 once per covered accident, per Covered Person	Payable when a Covered Person receives blood/plasma and/or platelets for the treatment of Injuries sustained in a covered accident. This benefit does not pay for immunoglobulins.
AMBULANCE	$200 when a Covered Person requires ambulance transportation $1,500 when a Covered Person requires air ambulance transportation	Payable when a Covered Person requires ambulance transportation or air ambulance transportation to a hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. A licensed professional ambulance company must provide the ambulance service.
TRANSPORTATION	$600 per round trip, up to three round trips per calendar year, per Covered Person	Payable per round trip to a hospital when a Covered Person requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident. This benefit is also payable when a covered Dependent Child requires Hospital Confinement for medical treatment due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any immediate family member. This benefit is not payable for transportation to any hospital located within a 50-mile radius from the site of the accident or the residence of the Covered Person. The local attending physician must prescribe the treatment requiring Hospital Confinement, and the treatment must not be available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.
FAMILY LODGING	$125 per night, limited to one motel/ hotel room per night, up to 30 days per covered accident	Payable for one motel/hotel room for a member of the immediate family who accompanies a Covered Person who is admitted for a Hospital Confinement for the treatment of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the hospital. The hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person.
ACCIDENTAL-DEATH	Common-Carrier Accident / Other Accident / Hazardous Activity Accident INSURED $ 150,000 / $ 40,000 / $ 10,000 SPOUSE $ 150,000 / $ 40,000 / $ 10,000 CHILD $ 25,000 / $ 12,500 / $ 3,125	We will pay the applicable lump sum benefit indicated for the Accidental Death of a Covered Person to the beneficiary named in the application. Accidental Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. Note: We do not recommend that you name a minor child as your beneficiary. If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by your state. If there is no beneficiary, Aflac will pay any applicable benefit to your estate. Please see the Terms You Need to Know section of this brochure for more details about Common-Carrier Accidents, Other Accidents, and Hazardous Activity Accidents.

BENEFIT	BENEFIT AMOUNT	ADDITIONAL BENEFIT INFORMATION
ACCIDENTAL-DISMEMBERMENT	$625–$40,000	We will pay the applicable lump sum benefit indicated in the policy for dismemberment. Dismemberment must occur as a result of Injuries sustained in a covered accident and must occur within 90 days of the accident. Only the highest single benefit per Covered Person will be paid for dismemberment. Benefits will be paid only once per Covered Person, per covered accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid. Loss of use does not constitute dismemberment, except for eye injuries resulting in loss of the eye or permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.
CONTINUATION OF COVERAGE	Waive all monthly premiums for up to two months	We will waive all monthly premiums due for the policy and riders for up to two months if you meet all of the following conditions: (1) The policy has been in force for at least six months; (2) We have received premiums for at least six consecutive months; (3) Your premiums have been paid through payroll deduction and you leave your employer for any reason; (4) You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and (5) You re-establish premium payments either through your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months, and 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.)

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person. We will not pay benefits for treatment or loss due to Sickness, including (1) any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness. We will not pay benefits whenever coverage provided by the 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.

We will not pay benefits for an Injury, treatment, disability, or loss that is caused by or occurs as a result of a Covered Person's:

- Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or while intoxicated (*intoxicated* means that condition as defined by the law of the jurisdiction in which the accident occurred);
- 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;
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (*felony* is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any type penal institution;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
- Having cosmetic surgery or other elective procedures that are not medically necessary;
- Having dental treatment except as a result of Injury;
- Being exposed to war or any act of war, declared or undeclared;
- Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve.

A hospital does not include any institution or part thereof used as a rehabilitation unit; a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing 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 disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician or a physical therapist does not include you or a member of your immediate family.

TERMS YOU NEED TO KNOW

Accidental Death: death caused by a covered Injury. See the Limitations and Exclusions section for Injuries not covered by the policy.

Common-Carrier Accident: an accident, occurring on or after the Effective Date of coverage and while coverage is in force, directly involving a common-carrier vehicle in which a Covered Person is a Passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A *Passenger* is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction. A Common-Carrier Accident does not include any Hazardous Activity Accident or any accident directly involving private, on demand, or chartered transportation in which a Covered Person is a Passenger at the time of the accident.

Covered Person: any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically covered under the terms of the policy from the moment of birth. If coverage is for individual or named insured/Spouse only, and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage 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 the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. A Dependent Child (including persons incapable of self-sustaining employment by reason of mental retardation or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

Effective Date: the date(s) coverage begins as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

Guaranteed-Renewable: the right to renew the policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

Hazardous Activity Accident: an accident that occurs on or after the Effective Date of coverage, while coverage is in force, and while a Covered Person is participating in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing, or while a Covered Person is a pilot, an officer, or a member of the crew of an aircraft and has any duties aboard an aircraft, or while giving or receiving any kind of training or instruction aboard an aircraft. A Hazardous Activity Accident does not include any Common-Carrier Accidents.

Hospital Confinement: a stay of a Covered Person confined to a bed in a hospital for which a room charge is made. The Hospital Confinement must be on the advice of a physician, medically necessary, and the result of a covered Injury. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

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. See the Limitations and Exclusions section for Injuries not covered by the policy.

Other Accident: an accident occurring on or after the Effective Date of coverage and while coverage is in force that is not classified as either a Common-Carrier Accident or a Hazardous Activity Accident and that is not specifically excluded in the Limitations and Exclusions section.

Sickness: an illness, disease, infection, or any other abnormal physical condition, independent of Injury, occurring on or after the Effective Date of coverage and while coverage is in force.

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