

# Policy Highlights

- Policies do not compete with or replace your health insurance
- Policies pay direct to you
- Offered and underwritten by AFLAC Group
- Cover your entire family
- Conveniently offered on payroll deduction
- See brochures / policy for all benefit features, limitations and exclusions



▶ **Peace of Mind and  
Real Cash Benefits**



**GROUP CRITICAL ILLNESS**  
Includes Cancer and Wellness

**CI<sup>G</sup>**



Employee \$20,000 is the ONLY Option Offered  
 Spouse at \$10,000  
 Children at 50% (\$10,000) each at no cost

**BENEFITS** This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

**COVERED CRITICAL ILLNESSES:<sup>1</sup>**

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End-Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU <sup>2</sup>	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY <sup>2</sup>	25%
MAJOR ORGAN TRANSPLANT	100%		

**FIRST-OCCURRENCE BENEFIT**

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition, you still retain the ability to purchase Spouse coverage.

**ADDITIONAL OCCURRENCE BENEFIT**

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

**RE-OCCURRENCE BENEFIT**

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

**CHILD COVERAGE AT NO ADDITIONAL COST**

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.



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### **\$100 HEALTH SCREENING BENEFIT**

#### **(Employee and Spouse only)**

After the waiting period, an insured may receive a maximum of \$100 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

OVER  
**1.4** FACT  
**MILLION**

The number of new cancer cases that were expected to be diagnosed in 2009.<sup>3</sup>

<sup>3</sup>Cancer Facts & Figures 2009, American Cancer Society.

#### **COVERED HEALTH SCREENING TESTS INCLUDE:**

- Mammography
- Colonoscopy
- Pap smear
- Breast ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL



## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

### **IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.**

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your coverage has been in force 30 days from the effective date. If an insured is first diagnosed during the waiting period, benefits for treatment of that critical illness will apply only to loss starting after 12 months from

the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### **EXCLUSIONS**

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;

**See brochure for all limitations and exclusions!**



## WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

- Suicide or attempted suicide while sane;
- Illegal activities or participation in an illegal occupation;
- War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
- Substance abuse.

No benefits will be paid for loss which occurred prior to the Effective Date.

No benefits will be paid for diagnosis made or treatment received outside of the United States.

### TERMS YOU NEED TO KNOW

The **Effective Date** of your insurance will be the date shown in your Certificate Schedule.

**Employee** means the insured as shown in the Certificate Schedule.

**Spouse** means an Employee's legal wife or husband.

**Dependent Children** means your natural children, step-children, foster children, grandchildren who are in the legal custody of and residing with you, legally adopted children or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of this Rider will be covered from the moment of live birth. No notice or additional premium is required.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

Coverage on a Dependent Child will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the Company within thirty-one (31) days following such 26th birthday.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

**Cancer** (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark's Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

**Carcinoma in Situ** means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

**Renal Failure (Kidney Failure)** means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

**Coronary Artery Bypass Surgery** means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

### CONTINUATION OF COVERAGE

When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

### TERMINATION



**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

**Major Organ Transplant** means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

**Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria: 1. New and serial electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

**Stroke** means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which begins on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequela following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean

premium of the group master policy terminates.

### TERMINATION

Coverage will terminate on the earliest of: (1) The date the master policy is terminated; (2) The 31st day after the premium due date if the required premium has not been paid; (3) The date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

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▶ **Peace of Mind *and*  
Real Cash Benefits**



GROUP ACCIDENT INSURANCE

**AC1<sup>G</sup>**



### FEATURES

- Nonoccupational coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

33.2  
MILLION

The number of people who in 2005 sought medical attention for an injury; 2.8 million people were hospitalized for injuries.\*

\*Injury Facts 2008, National Safety Council.



## HOSPITAL BENEFITS

### HOSPITAL ADMISSION

We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

### HOSPITAL CONFINEMENT (per day)

We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.

### HOSPITAL INTENSIVE CARE (per day)

This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.

### MEDICAL FEES (for each accident)

If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.

	EMPLOYEE	SPOUSE	CHILD
HOSPITAL ADMISSION	\$1,000	\$1,000	\$1,000
HOSPITAL CONFINEMENT (per day)	\$200	\$200	\$200
HOSPITAL INTENSIVE CARE (per day)	\$400	\$400	\$400
MEDICAL FEES (for each accident)	\$125	\$125	\$75



PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)

Quadriplegia

Paraplegia

\$10,000

\$5,000

\$10,000

\$5,000

\$10,000

\$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

ACCIDENTAL-DEATH

\$50,000

\$10,000

\$5,000

ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)

\$100,000

\$50,000

\$15,000

SINGLE DISMEMBERMENT

\$6,250

\$2,500

\$1,250

DOUBLE DISMEMBERMENT

\$25,000

\$10,000

\$5,000

LOSS OF ONE OR MORE FINGERS OR TOES

\$1,250

\$500

\$250

PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)

\$100

\$100

\$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

**Accidental Injury** means bodily injury caused solely by or as the result of a Covered Accident.

**Covered Accident** means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

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## MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD	
<b>FRACTURES (closed reduction):</b>			
Hip/Thigh	\$4,500	\$4,000	• Open reduction is paid at 150% of closed reduction.
Vertebrae (except processes)	\$4,050	\$3,600	
Pelvis	\$3,600	\$3,200	
Skull (depressed)	\$3,375	\$3,000	• Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.
Leg	\$2,700	\$2,400	
Forearm/Hand/Wrist	\$2,250	\$2,000	
Foot/Ankle/Knee Cap	\$2,250	\$2,000	
Shoulder Blade/Collar Bone	\$1,800	\$1,600	
Lower Jaw (mandible)	\$1,800	\$1,600	
Skull (simple)	\$1,575	\$1,400	
Upper Arm/Upper Jaw	\$1,575	\$1,400	
Facial Bones (except teeth)	\$1,350	\$1,200	
Vertebral Processes	\$900	\$800	
Coccyx/Rib/Finger/Toe	\$360	\$320	• Chip fractures are paid at 10% of the fracture benefit.
<b>DISLOCATIONS (closed reduction):</b>			
Hip	\$3,600	\$2,700	• Partial dislocations are paid at 25% of the dislocation benefit.
Knee (not knee cap)	\$2,600	\$1,950	
Shoulder	\$2,000	\$1,500	
Foot/Ankle	\$1,600	\$1,200	
Hand	\$1,400	\$1,050	
Lower Jaw	\$1,200	\$900	
Wrist	\$1,000	\$750	
Elbow	\$800	\$600	
Finger/Toe	\$320	\$240	



## SPECIFIC INJURIES

	<b>EMPLOYEE//SPOUSE//CHILD</b>
<b>RUPTURED DISC</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
<b>TENDONS/LIGAMENTS</b> (within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.	\$400 (Single) \$600 (Multiple)
<b>TORN KNEE CARTILAGE</b> (treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	\$100
Injury occurring after first certificate year	\$400
<b>EYE INJURIES</b>	
Treatment and surgical repair within 90 days	\$250
Removal of foreign body	\$50
<b>CONCUSSION</b> (a head injury resulting in electroencephalogram abnormality)	\$200
<b>COMA (lasting 30 days or more)</b>	\$10,000

	<b>EMPLOYEE//SPOUSE//CHILD</b>
<b>EMERGENCY DENTAL WORK (per accident)</b>	
Repaired with crown	\$150
Resulting in extraction	\$50
<b>BURNS (treatment within 72 hours and based on percent of body surface burned):</b>	
<b>Second-Degree Burns</b>	
Less than 10%	\$100
At least 10%, but less than 25%	\$200
At least 25%, but less than 35%	\$500
35% or more	\$1,000
<b>Third-Degree Burns</b>	
Less than 10%	\$500
At least 10%, but less than 25%	\$3,000
At least 25%, but less than 35%	\$7,000
35% or more	\$10,000
<b>First-degree burns are not covered.</b>	
<b>LACERATIONS (treatment and repair within 72 hours):</b>	
Under 2" long	\$50
2" to 6" long	\$200
Over 6" long	\$400
Lacerations not requiring stitches	\$25
Multiple Lacerations: We will pay for the largest single laceration requiring stitches.	

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## ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
<b>AMBULANCE</b>	\$100
<b>AIR AMBULANCE</b> If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	\$500
<b>BLOOD/PLASMA</b> If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$100
<b>APPLIANCES</b> We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.	\$100
<b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>ACCIDENT FOLLOW-UP TREATMENT</b> We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	\$25
<b>EXPLORATORY SURGERY</b> [without repair (i.e., arthroscopy)]	\$250
<b>PROSTHESIS</b> If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	\$500



**PHYSICAL THERAPY****\$25**

We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

**TRANSPORTATION****\$300 (train/plane)  
\$150 (bus)**

If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.

**FAMILY LODGING BENEFIT (per night)****\$100**

If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.

**WELLNESS BENEFIT (per 12-month period)****\$60**

After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.

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## See brochure for all limitations and exclusions!

### LIMITATIONS AND EXCLUSIONS

#### **WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:**

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.
- An injury arising from any employment.
- Injury or sickness covered by workers' compensation.

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

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

You and Your refer to an employee as defined in the plan.

**Spouse** means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

**Dependent Children** means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26.

Your natural Children born after the Effective Date of the rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child's 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

#### **PORTABLE COVERAGE**

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the insured attains age 70, or the group master policy terminates.

#### **TERMINATION**

Insurance for an insured employee will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date the employee ceases to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows the employee's 70th birthday, or (5) the date the employee is no longer a member of the class eligible.

Insurance for an insured Spouse or Dependent Child will terminate the earliest of:



### PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a Pre-Existing Condition for 12 months after the Effective Date of your certificate and attached riders, as applicable.

**Pre-Existing Condition** means within the 12-month period prior to the Effective Date of a certificate and attached riders, as applicable: (1) those conditions for which medical advice or treatment was received or recommended, or (2) the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

**Treatment** means consultation, care, or services provided by a physician, including diagnostic measures, and taking prescribed drugs and medicines.

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-Existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

(1) the date the plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

### EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

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Underwritten by:  
Continental American Insurance Company

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