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Aflac

Short-Term Disability Insurance

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



THE INSURANCE POLICY DESCRIBED HEREIN PAYS BENEFITS FOR SHORT-TERM DISABILITY CAUSED BY SICKNESS OR OFF-THE-JOB INJURY. THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. 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	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.
OPTIONAL RIDERS	
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.
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.

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, \$800 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 6 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

Benefits and/or premiums may vary based on state and option selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.



Short-Term Disability

Rate sheet prepared by Web User on 7/29/2020 4:40:54 PM.
California Payroll Premium rates are Semi-Monthly for industry Class C.

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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$21,000	\$28,000	\$37,000	\$40,000	\$50,000	\$53,000	\$56,000	\$59,000	\$62,000	\$104,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
6 MONTHS	18-49	\$14.95	\$17.94	\$20.93	\$23.92	\$26.91	\$29.90	\$32.89	\$35.88	\$38.87	\$41.86
	50-64	\$18.20	\$21.84	\$25.48	\$29.12	\$32.76	\$36.40	\$40.04	\$43.68	\$47.32	\$50.96

Aflac

Accident Advantage

ACCIDENTAL MEANS-ONLY INSURANCE WITH A WELLNESS BENEFIT – OPTION 4

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AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT																
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person																
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$300 per day, up to 365 days per covered accident, per covered person																
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$500 per day for up to 15 days, per covered accident, per covered person Payable once per 24-hour period and only once per covered accident, per covered person																
ACCIDENT TREATMENT BENEFIT	Hospital emergency room with X-ray: \$205 Hospital emergency room without X-ray: \$205 Office or facility (other than a hospital emergency room) with X-ray: \$205 Office or facility (other than a hospital emergency room) without X-ray: \$205																
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation																
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person																
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person																
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person																
THERAPY BENEFIT	\$40 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person																
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25 Payable once per covered accident, per covered person																
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person																
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime																
REHABILITATION FACILITY BENEFIT	\$200 per day																
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person																
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS\$120–\$4,500 BURNS \$135–\$13,000 SKIN GRAFTS 50% of the burns benefitamount paid for the burn involved EYE INJURIES Surgical repair \$350 Removal of foreign body by a physician \$75 LACERATIONS Not requiring sutures..... \$40 Less than 5 centimeters..... \$90 At least 5 cm but not more than 15 cm \$300 Over 15 centimeters..... \$600 FRACTURES \$150–\$4,000 CONCUSSION (BRAIN) \$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown..... \$500 Broken tooth resulting in extraction..... \$160 COMA \$12,500 PARALYSIS Quadriplegia \$12,500 Paraplegia \$6,250 Hemiplegia \$4,750 SURGICAL PROCEDURES \$250–\$1,500 MISCELLANEOUS SURGICAL PROCEDURES \$140–\$350 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100																
ACCIDENTAL-DEATH BENEFIT	<table border="0"> <thead> <tr> <th></th> <th>Common-Carrier Accident</th> <th>Other Accident</th> <th>Hazardous Activity Accident</th> </tr> </thead> <tbody> <tr> <td>INSURED</td> <td>\$200,000</td> <td>\$60,000</td> <td>\$10,000</td> </tr> <tr> <td>SPOUSE</td> <td>\$200,000</td> <td>\$60,000</td> <td>\$10,000</td> </tr> <tr> <td>CHILD</td> <td>\$30,000</td> <td>\$20,000</td> <td>\$5,000</td> </tr> </tbody> </table>		Common-Carrier Accident	Other Accident	Hazardous Activity Accident	INSURED	\$200,000	\$60,000	\$10,000	SPOUSE	\$200,000	\$60,000	\$10,000	CHILD	\$30,000	\$20,000	\$5,000
	Common-Carrier Accident	Other Accident	Hazardous Activity Accident														
INSURED	\$200,000	\$60,000	\$10,000														
SPOUSE	\$200,000	\$60,000	\$10,000														
CHILD	\$30,000	\$20,000	\$5,000														
ACCIDENTAL-DISEMEMBERMENT BENEFIT	\$300–\$50,000																
WELLNESS BENEFIT	\$90 once per calendar year																
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident																
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year																
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met																
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person																
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident																

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



Accident

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California Payroll Premium rates are Semi-Monthly for industry Class C.

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product brochure for each insurance policy/plan listed below.

**Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 4 - Series
A36000**

	Premium	Total
18-64 INDIVIDUAL	\$16.90	\$16.90
18-64 NAMED INSURED/SPOUSE	\$22.17	\$22.17
18-64 ONE-PARENT FAMILY	\$25.87	\$25.87
18-64 TWO-PARENT FAMILY	\$31.92	\$31.92

Aflac Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

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



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Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: \$5,000 Dependent Child: \$10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: \$375 per calendar month Physician Administered: \$1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	\$500 on the anniversary date of diagnosis; lifetime maximum of five annual \$500 payments per covered person
CANCER SCREENING	One \$75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for invasive cancer
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	\$250 per covered person, per lifetime
ADDITIONAL OPINION	\$300 per covered person, per lifetime
HORMONAL THERAPY	\$25 once per calendar month
TOPICAL CHEMOTHERAPY	\$150 once per calendar month
ANTINAUSEA	\$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	\$7,000; lifetime maximum of \$7,000 per covered person Donor Benefit: \$100 for stem cell donation, or \$750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: \$50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: \$175 per day, per covered person
SURGICAL/ANESTHESIA	\$100-\$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed \$4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: \$35 Excision of lesion of skin without flap or graft: \$170 Flap or graft without excision: \$250 Excision of lesion of skin with flap or graft: \$400 Maximum daily benefit will not exceed \$400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INVASIVE CANCER DIAGNOSIS)	\$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: \$200 Dependent Child: \$250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: \$400 Dependent Child: \$500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	\$200 per day, per covered person		
EXTENDED-CARE FACILITY	\$100 per day; limited to 30 days in each calendar year, per covered person		
HOME HEALTH CARE	\$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person		
HOSPICE CARE	\$1,000 for first day; \$50 per day thereafter; \$12,000 (221 days) lifetime maximum per covered person		
NURSING SERVICES	\$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable		
SURGICAL PROSTHESIS	\$2,000; lifetime maximum of \$4,000 per covered person		
NONSURGICAL PROSTHESIS	\$175 per occurrence, per covered person; lifetime maximum of \$350 per covered person		
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: \$2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): \$500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): \$220 Permanent Areola Repigmentation (on the diseased breast): \$100 Maximum daily benefit will not exceed \$2,000		
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: \$500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed \$500		
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	\$1,000 for a covered person to have oocytes extracted and harvested \$200 for the storage of a covered person's oocyte(s) or sperm \$200 for embryo transfer Lifetime maximum of \$1,400 per covered person		
AMBULANCE	\$250 ground \$2,000 air ambulance		
TRANSPORTATION	\$.40 cents per mile for transportation; payable up to a combined maximum of \$1,200, per round trip		
LODGING	\$65 per day; limited to 90 days per calendar year		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by \$100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.		
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:		
	Initial diagnosis	Hospitalization	
	\$2,000	30 days or less; \$400 per day	31 days or more; \$800 per day
DEPENDENT CHILD RIDER	\$10,000 when a covered dependent child is diagnosed as having invasive cancer; payable only once for each covered dependent child		

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



Cancer

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California Payroll Premium rates are Semi-Monthly for industry Class C.

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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	\$16.75	\$2.98	\$0.00	\$0.46	\$20.18
18-64	INSURED/SPOUSE	\$28.82	\$7.03	\$0.00	\$0.46	\$36.30
18-64	ONE-PARENT FAMILY	\$16.75	\$2.98	\$0.46	\$0.46	\$20.64
18-64	TWO-PARENT FAMILY	\$28.82	\$7.03	\$0.46	\$0.46	\$36.76

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

DCR = Optional Dependent Child Rider (Series B70051) premium 1 unit*

SDR = Optional Specified Disease Rider (Series B70052) premium*

Aflac

Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 2

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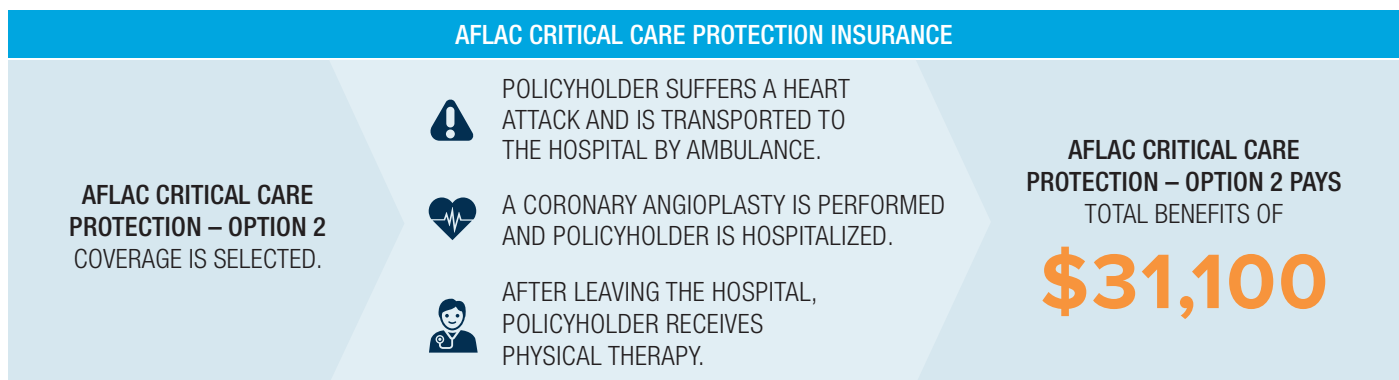
Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or stroke. This means that you can focus on recovery and not be so concerned about finances.

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma (where respiratory assistance is required)
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works



The above example is based on a scenario for Aflac Critical Care Protection – Option 2 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of \$22,500, Ambulance Benefit (ground ambulance transportation) of \$250, Coronary Angioplasty Benefit of \$1,000, Hospital Intensive Care Unit Benefit (3 days) of \$2,400, Hospital Confinement Benefit (4 days) of \$1,200, and Continuing Care Benefit (30 days) of \$3,750.

Benefits and/or premiums may vary based on state and option level selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

Aflac Critical Care Protection – Option 2 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT: <ul style="list-style-type: none"> NAMED INSURED/SPOUSE DEPENDENT CHILDREN 	\$22,500; lifetime maximum \$22,500 per covered person \$27,500; lifetime maximum \$27,500 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	\$11,250; subsequent occurrence limitations apply; no lifetime maximum
CORONARY ANGIOPLASTY BENEFIT	\$1,000; payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	\$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	\$125 each day when a covered person is charged for any of the following treatments:
	<ul style="list-style-type: none"> Rehabilitation Therapy Physical Therapy Speech Therapy Occupational Therapy Respiratory Therapy Dietary Therapy/Consultation Home Health Care Dialysis Hospice Care Extended Care Physician Visits Nursing Home Care
	Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or coronary angioplasty. No lifetime maximum
AMBULANCE BENEFIT	\$250 ground or \$2,000 air; no lifetime maximum
TRANSPORTATION BENEFIT	\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to \$1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to \$75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: \$800 per day Days 8–15: \$1,300 per day Limited to 15 days per period of confinement; no lifetime maximum Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	Days 1–15: \$500 per day; limited to 15 days per period of confinement; no lifetime maximum Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of \$2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.



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California Payroll Premium rates are Semi-Monthly for industry Class B.

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product brochure for each insurance policy/plan listed below.

CRITICAL CARE PROTECTION POLICY - Series A74200

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$8.45	\$1.17	\$9.62	18-35	\$14.37	\$1.24	\$15.60
36-45	\$12.03	\$2.15	\$14.17	36-45	\$17.03	\$2.28	\$19.31
46-55	\$16.38	\$2.54	\$18.92	46-55	\$21.91	\$2.60	\$24.51
56-64	\$21.13	\$2.80	\$23.92	56-64	\$28.80	\$2.93	\$31.72
Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$16.25	\$2.34	\$18.59	18-35	\$18.46	\$2.41	\$20.87
36-45	\$21.13	\$4.29	\$25.42	36-45	\$23.47	\$4.42	\$27.89
46-55	\$28.47	\$5.07	\$33.54	46-55	\$31.33	\$5.14	\$36.47
56-64	\$39.65	\$5.59	\$45.24	56-64	\$43.03	\$5.72	\$48.75

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

Aflac Choice

HOSPITAL CONFINEMENT INDEMNITY INSURANCE – OPTION 1

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Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:		
HOSPITAL CONFINEMENT	Pays \$500; \$1,000; \$1,500; or \$2,000. You choose the benefit amount at the time of application. Payable once per calendar year, per covered person.		
REHABILITATION FACILITY	Pays \$100 per day; limited to 15 days per confinement. Limited to 30 days per calendar year, per covered person.		
HOSPITAL EMERGENCY ROOM	Pays \$100 for treatment in a hospital emergency room. Limited to 2 payments per calendar year, per covered person.		
HOSPITAL SHORT-STAY	Pays \$100 for hospital stays of less than 23 hours. Limited to 2 payments per calendar year, per policy.		
WAIVER OF PREMIUM	Yes		
CONTINUATION OF COVERAGE	Yes		
OPTIONAL RIDERS:	DESCRIPTION:		
EXTENDED BENEFITS RIDER	Physician Visit Benefit: Pays \$25 for visits (including telemedicine) to a physician, psychologist or urgent care center.		
	<table border="1"> <tr> <td>Individual Coverage: Limited to 3 visits per calendar year, per policy.</td> <td>Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.</td> </tr> </table>	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.
	Individual Coverage: Limited to 3 visits per calendar year, per policy.	Insured/Spouse & Family Coverage: Limited to 6 visits per calendar year, per policy.	
<p>Laboratory Test and X-Ray Benefit: Pays \$35; limited to 2 payments per covered person, per calendar year.</p> <p>Medical Diagnostic and Imaging Exams Benefit: Pays \$150 for a covered exam, limited to 2 exams per covered person, per calendar year. Benefits payable for a variety of medical diagnostic and imaging exams, including sleep studies.</p> <p>Ambulance Benefit: Pays \$200 (ground) or \$2,000 (air) for transportation to or from a hospital. The benefit is limited to two trips, per calendar year, per covered person.</p>			
HOSPITAL STAY AND SURGICAL CARE RIDER	Initial Assistance Benefit: Pays \$100 once per calendar year, per rider, when a covered person requires a hospital admission.		
	Surgery Benefit: Pays \$50-\$1,000 for a covered surgery. Limited to one payment per 24-hour period, per covered person.		
	Invasive Diagnostic Exams Benefit: Pays \$100 for one covered exam, per covered person, per 24-hour period.		
	Hospital Intensive Care Unit Confinement Benefit: Pays \$500 per day, per covered person, for up to 30 days.		
	Daily Hospital Confinement Benefit: Pays \$100 per day, per covered person, for up to 365 days.		
	Second Surgical Opinion Benefit: Pays \$50 once per covered person, per calendar year.		
AFLAC PLUS RIDER	Ask your Aflac agent about the Aflac Plus Rider		

Refer to the outline of coverage and policy for complete benefit details, definitions, limitations and exclusions.



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AFLAC HOSPITAL CHOICE - Option 1 Benefit Amount 500 - Series B40100

	Premium	EBR	HSSCR	Total
18-49 INDIVIDUAL	\$8.71	\$5.92	\$9.36	\$23.99
50-59	\$8.97	\$6.76	\$12.03	\$27.76
60-64	\$9.23	\$6.83	\$15.67	\$31.73
18-49 INSURED/SPOUSE	\$11.44	\$12.48	\$17.16	\$41.08
50-59	\$12.09	\$14.04	\$23.86	\$49.99
60-64	\$12.42	\$14.17	\$29.97	\$56.56
18-49 ONE-PARENT FAMILY	\$11.44	\$11.83	\$13.00	\$36.27
50-59	\$11.70	\$12.09	\$14.76	\$38.55
60-64	\$11.96	\$12.42	\$19.37	\$43.75
18-49 TWO-PARENT FAMILY	\$13.07	\$15.15	\$17.49	\$45.71
50-59	\$13.33	\$15.41	\$25.09	\$53.83
60-64	\$13.59	\$16.12	\$31.98	\$61.69

EBR*: Extended Benefit Rider Premium (Available for ages 18-75)

HSSCR*: Hospital Stay and Surgical Care Rider Premium (Available for ages 18-75)

*Note – The Extended Benefit Rider and Hospital Stay and Surgical Care Rider are not available with Option H.

Aflac Life Solutions

INDIVIDUAL TERM LIFE INSURANCE

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



AFLAC LIFE SOLUTIONS

INDIVIDUAL TERM LIFE INSURANCE

Policy Series A68000

LS^T

Is your family protected if something happens to you?

If something happens to you, will your family have the funds to pay the bills without your income? Make sure you've done all you can to help protect their way of life by having an Aflac individual term life insurance policy that will help your loved ones through the tough times. Our coverage offers a measure of stability you and your loved ones can count on.

Face Amounts

If you're **age 50 or under**, you may apply for up to **\$500,000** in coverage.¹

If you're **between the ages of 51 and 68**, you may be eligible for up to \$200,000 in life insurance protection.¹

Aflac also offers the option of guaranteed-issue² 10-year, 20-year, or 30-year term life coverage with a face amount of **\$20,000**. That means you do not have to complete a medical questionnaire.

Issue Ages

COVERAGE TYPE	ISSUE AGES	COVERAGE TYPE	ISSUE AGES
10-year term life plan	18-68	Spouse 10-year term life rider	18-68
20-year term life plan	18-60	Spouse 20-year term life rider	18-60
30-year term life plan	18-50	Spouse 30-year term life rider	18-50

The facts say you need the protection of the Aflac Individual Term Life insurance plan:

FACT NO. 1

105 Million

AMERICANS AGE 18+ DO NOT HAVE LIFE INSURANCE.³

FACT NO. 2

30%

OF ADULTS IN THE U.S. (ABOUT 70 MILLION)
ACKNOWLEDGE THEIR NEED FOR MORE LIFE INSURANCE.³

¹Certain face amounts may not be available. Underwriting requirements apply.

²Subject to certain conditions.

³2015 Insurance Barometer Study, LIMRA, February 2015.

AFLAC LIFE SOLUTIONS

INDIVIDUAL TERM LIFE INSURANCE

DID YOU KNOW?

Laying a loved one to rest costs the average family

\$8,000-\$10,000.⁴

WHAT IS COVERED?

ACCELERATED DEATH PAYMENT – PRIMARY INSURED ONLY

Aflac will pay 50 percent of the face amount selected if the named insured is diagnosed with a terminal condition. The payment can help you and your loved ones with the expenses of a terminal condition (such as home nursing care, special equipment, and hospitalization). This benefit will be paid only once. The Accelerated Death Payment will be payable immediately upon receipt of due proof of a terminal condition.

Any Accelerated Death Payment will automatically establish a lien against the policy. Aflac shall hold the lien as a debt against the death benefit and policy benefits. Any Accelerated Death payment amount requested will be reduced by the amount of any due and unpaid premiums, and the administrative charge.

You may convert the policy while it is in force to an individual permanent life policy without evidence of insurability, subject to policy requirements. The conversion privilege in the term policies must be exercised the earlier of the end of the term period, or on or before the policy anniversary date following your 65th birthday. Refer to the exact policy for complete details.

CONVERSION

OPTIONAL RIDERS

SPOUSE 10-YEAR, 20-YEAR, OR 30-YEAR TERM LIFE INSURANCE RIDER⁵

Aflac will pay 50 percent of the policy's face amount up to a maximum of \$50,000 for life insurance coverage on the named insured's spouse.

CHILD TERM LIFE INSURANCE RIDER⁵

Aflac will pay 25 percent of the policy's face amount up to a maximum of \$15,000 for life insurance coverage for each insured child up to age 25. To become insured, the child must be at least 14 days old and younger than 18 years old at the time of application. Insurance on each newborn child will become effective on the later of: (1) the date the child attains the age of 14 days, or (2) the date the child is first released from the hospital after birth.

WAIVER OF PREMIUM BENEFIT RIDER⁶ (ISSUE AGES 18–59) – PRIMARY INSURED ONLY

Policy premiums will be waived if you become totally disabled under the terms of the policy. Please refer to the Limitations and Exclusions for more information.

ACCIDENTAL-DEATH BENEFIT RIDER (PRIMARY INSURED ONLY)

Aflac will pay an additional amount equal to the face amount selected if your death is the result of a covered accident and occurs within 180 days of the covered accident. Also, we will pay an additional 25 percent of the face amount selected if your death is the result of an automobile accident while you were wearing an unaltered, properly fastened seatbelt installed by the manufacturer, and you were not at fault for the accident, according to the police report. Please refer to the Limitations and Exclusions for more information.

⁴National Funeral Directors Assoc., *Trends and Statistics*, 2014, <http://nfda.org/about-funeral-service-/trends-and-statistics.html>

⁵Optional riders are not guaranteed-issue. Underwriting requirements apply.

⁶Rider not available if applying for a guaranteed-issue policy.



Rate sheet prepared by Web User on 12/6/2021 2:05:16 PM.
California Payroll Premium rates are Semi-Monthly for industry Class C.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

Aflac Life Solutions 20-YEAR TERM POLICY - Series A68300

Male Applicant Face Amount: \$50,000.00

Age	Non-Tobacco User	Accident Death Benefit	Policy Fee	Non-Tobacco Total
18	\$3.00	\$2.60	\$2.00	\$7.60
19	\$3.00	\$2.60	\$2.00	\$7.60
20	\$3.00	\$2.60	\$2.00	\$7.60
21	\$3.00	\$2.60	\$2.00	\$7.60
22	\$3.00	\$2.60	\$2.00	\$7.60
23	\$3.00	\$2.60	\$2.00	\$7.60
24	\$3.00	\$2.60	\$2.00	\$7.60
25	\$3.00	\$2.60	\$2.00	\$7.60
26	\$3.05	\$2.60	\$2.00	\$7.65
27	\$3.10	\$2.60	\$2.00	\$7.70
28	\$3.15	\$2.60	\$2.00	\$7.75
29	\$3.20	\$2.60	\$2.00	\$7.80
30	\$3.25	\$2.60	\$2.00	\$7.85
31	\$3.35	\$2.60	\$2.00	\$7.95
32	\$3.45	\$2.60	\$2.00	\$8.05
33	\$3.55	\$2.60	\$2.00	\$8.15
34	\$3.65	\$2.60	\$2.00	\$8.25
35	\$3.80	\$2.60	\$2.00	\$8.40
36	\$4.10	\$2.60	\$2.00	\$8.70
37	\$4.50	\$2.60	\$2.00	\$9.10
38	\$4.90	\$2.60	\$2.00	\$9.50
39	\$5.35	\$2.60	\$2.00	\$9.95
40	\$5.90	\$2.60	\$2.00	\$10.50
41	\$6.40	\$2.60	\$2.00	\$11.00
42	\$7.00	\$2.60	\$2.00	\$11.60
43	\$7.60	\$2.60	\$2.00	\$12.20
44	\$8.35	\$2.60	\$2.00	\$12.95
45	\$9.15	\$2.60	\$2.00	\$13.75
46	\$10.15	\$2.60	\$2.00	\$14.75
47	\$11.20	\$2.60	\$2.00	\$15.80
48	\$12.30	\$2.60	\$2.00	\$16.90
49	\$13.55	\$2.60	\$2.00	\$18.15
50	\$14.90	\$2.60	\$2.00	\$19.50
51	\$16.40	\$2.60	\$2.00	\$21.00
52	\$18.10	\$2.60	\$2.00	\$22.70
53	\$20.00	\$2.60	\$2.00	\$24.60
54	\$22.10	\$2.60	\$2.00	\$26.70
55	\$24.35	\$2.60	\$2.00	\$28.95
56	\$26.85	\$2.60	\$2.00	\$31.45
57	\$29.65	\$2.60	\$2.00	\$34.25
58	\$32.55	\$2.60	\$2.00	\$37.15
59	\$35.65	\$2.60	\$2.00	\$40.25
60	\$38.95	\$2.60	\$2.00	\$43.55



If you wish to apply for Aflac plans, please fill out this form completely

Your Full Name: _____

Your Birthdate: _____ Social Security #: _____

Email Address: _____

Job Title: _____ Date of Hire: _____

Phone Number: _____ Best Time to Call: _____

Address: _____ City: _____ State: _____ Zip: _____

State or Country you were born in: _____ Annual Income _____

Your Height: _____ Your Weight: _____

Do you use any tobacco products or nicotine delivery systems (vape): No _____ Yes _____

If you are Covering Your Spouse:

Spouse Name: _____ Spouse Birthdate: _____

Spouse Phone: _____

If you are Covering Your Children:

Children's Names & DOBs: _____

Beneficiary Information:

Beneficiary Name: _____ Relationship to you: _____

Beneficiary Birthdate: _____ Beneficiary Phone: _____

Beneficiary Address (if different than yours) _____

I am interested in covering: Individual _____ Employee + Spouse _____

Employee + Children _____ Family _____

With these policies:

Short-term Disability (Individual only) _____ Accident _____ Cancer _____ Critical Care _____

Hospital _____ Life _____



Have you or anyone to be covered been treated for any illness such as heart attack, stroke, cancer, insulin dependent diabetes, systemic lupus, kidney disease, or any other specific illness? Have you or anyone to be covered been charged with driving under the influence within the past 12 months or charged with any felony in the past 5 years? Are you the mother or father of a child who has been conceived, but has not been born yet?

Yes _____ No _____

If you indicate YES, we will contact you to ask a few more questions.

Signature

Date

Aflac Contact info:

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