Peace of Mind and Cash Benefits

DISABILITY INCOME PROTECTION ADVANTAGE®
SHORT-TERM DISABILITY INSURANCE

Aflac®
We've got you under our wing®
The Need

Becoming disabled is often an unexpected and burdensome experience, and it can happen to anyone. What if a disability interrupted your job, your income, and your financial security? How would you make your house or rent payment, or cover day-to-day expenses? It's important to consider these questions because a disability could adversely affect your well-being and your finances at a time when you should be concentrating on recovery.

CONSIDER THESE FACTS:

- About 62 million people in the United States have some disability that affects daily activity.¹
- Approximately two-thirds of those with disabilities are younger than 65.¹
- Around 3-in-10 of today's 20-year-olds will become disabled before reaching age 67.²

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

HOW AFLAC CAN HELP

Aflac's Disability Income Protection Advantage benefits provide a source of income while you concentrate on getting better. Knowing that your disability coverage is backed by a market leader with more than 50 years in the insurance industry may help provide you with peace of mind.

Aflac's short-term disability insurance policy provides you with options to help meet your income and financial needs.
- Your Aflac plan stays with you even when you change or leave your job.
- We pay you a cash benefit for each day you are disabled.
- Aflac does not coordinate benefits. Regardless of any other disability insurance benefits you may have, including Social Security, we will pay you directly (unless you assign the benefits).

Aflac herein means American Family Life Assurance Company of Columbus.

²Social Security Administration Fact Sheet 2009.

aflac.com || We've got you under our wing.®
CHOOSE THE COVERAGE YOU NEED

- Monthly Benefit: $500–$5,000 (subject to income requirements)
- Benefit Periods: 3, 6, 12, 18, or 24 months
- Elimination Periods (Injury/Sickness): 0/7, 0/14, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180

WHAT WE WILL PAY

TOTAL DISABILITY BENEFIT: If you have a Full-Time Job and your coverage is in force at the time of your Sickness or Off-the-Job Injury, we will insure you as follows: If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day of your disability or your Successive Periods of Disability.

Benefits are payable up to the benefit period selected and are subject to the elimination period shown in the Policy Schedule.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your physician to perform the material and substantial duties of your Full-Time Job or (2) working at any job.

PARTIAL DISABILITY BENEFIT: If you have a Full-Time Job and your coverage is in force at the time of your Sickness or Off-the-Job Injury, we will insure you as follows: If your covered Sickness or covered Off-the-Job Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury, we will pay you the Daily Disability Benefit for each day of your disability or your Successive Periods of Disability.

Benefits are payable up to the benefit period selected and are subject to the elimination period shown in the Policy Schedule.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your physician to perform the material and substantial duties of any job or (2) working at any job. This benefit is payable for a maximum period of three months of disability or Successive Periods of Disability and is subject to the elimination period shown in the Policy Schedule.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your physician to perform the material and substantial duties of any job or (2) working at any job. This benefit is limited to a lifetime maximum period of a total of three months, regardless of the number of disabilities or the duration of any disability.
WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS

Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will only be payable after the policy has been in force ten months. The maximum benefit period allowed for childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the elimination period, unless you furnish proof that your disability continues beyond these time frames.

Disability caused by a Pre-Existing Condition or reinjuries to a Pre-Existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

Aflac will not pay benefits for a disability that is being treated outside the territorial limits of the United States.

Aflac 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.

Aflac will not pay benefits for a disability that is caused by or occurs as a result of any bacterial, viral, or microorganism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a disability due to an Injury; such disability will be covered to the same extent as a disability due to Sickness.

Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:

- Pregnancy or childbirth within the first ten months of the Effective Date of coverage (complications of pregnancy will be covered to the same extent as a Sickness);
- 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 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);
- Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not (felony is 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;
- Donating an organ within the first 12 months of the Effective Date of the policy;
- Mental or emotional disorders, including but not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, or pos-:partum depression. The policy will pay, however, for covered disabilities resulting from Alzheimer’s disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

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

The term complications of pregnancy does not include premature delivery without incidence, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy.

PRE-EXISTING CONDITION LIMITATIONS: A Pre-Existing Condition is an illness, disease, infection, disorder, or Injury for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Disability caused by a Pre-Existing Condition or reinjuries to a Pre-Existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.
### ADDITIONAL INFORMATION

**FULLY PORTABLE**: When you own Aflac’s Disability Income Protection Advantage®, you may choose to keep your policy regardless of job changes by continuing to pay premiums.

The payroll rate may be retained after one month’s premium payment on payrol deduction.

**GUARANTEED-RENEWABLE TO AGE 70**: You are guaranteed the right to renew the policy by payment of the premiums due on or before the renewal date. The policy is Guaranteed-Renewable to age 70, subject to Aflac’s right to change premiums by class upon any renewal date. Coverage will terminate on the policy anniversary date following your 70th birthday.

**PROVISIONS OF COVERAGE**: Aflac reserves the right to meet with you during the pendency of a claim or to use an independent consultant and a physician’s statement to determine whether you are qualified to receive disability benefits. You must be under the care and attendance of a physician for benefits to be payable. Benefits will cease on the date of your death.

If you have any other disability benefit in force with Aflac, only one disability benefit is payable.

**TERMS YOU NEED TO KNOW**

**BASE PAY EARNINGS**: your gross salary or wages for your Full-Time Job, not including variable pay such as overtime (unless contractual) bonuses, or other incentives. If you are self-employed, Base Pay Earnings means your business’s gross income minus the allowable business deductions from that business. (For tax purposes, Base Pay Earnings is referred to as net earnings.)

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

**EFFECTIVE DATE**: the date coverage begins as shown in the Policy Schedule. The Effective Date is not the date you signed the application for coverage.

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

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

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

**PARTIAL DISABILITY**: being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of your Full-Time Job, but able to work at any job earning less than 80 percent of your Full-Time Job’s Base Pay Earnings at the time you became disabled.

**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.

**SUCCESSIVE PERIODS OF DISABILITY**: separate periods of disability, if caused by the same or a related condition and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum benefit period has been paid, you will not be eligible for a new benefit period or any disability benefits due to the same or a related condition unless you have been released by a physician from the prior disability and are no longer qualified to receive disability benefits for a period of 180 days. Separate periods of disability resulting from unrelated causes are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial duties of such job and are no longer qualified to receive disability benefits. Periods of disability meeting either of these separation requirements will begin a new benefit period, subject to a new elimination period.

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

**TRANSITIONAL DISABILITY**: being under the care and attendance of a physician due to a condition that causes you to be unable to perform the material and substantial duties of any job.
We’ve got you under our wing.®

aflac.com/social  1.800.99.AFLAC (1.800.992.3522)

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