

Aflac Plus Rider

OPTIONAL LUMP SUM

CRITICAL ILLNESS BENEFIT RIDER

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



AflacPlusSM 

AFLAC PLUS RIDER

OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

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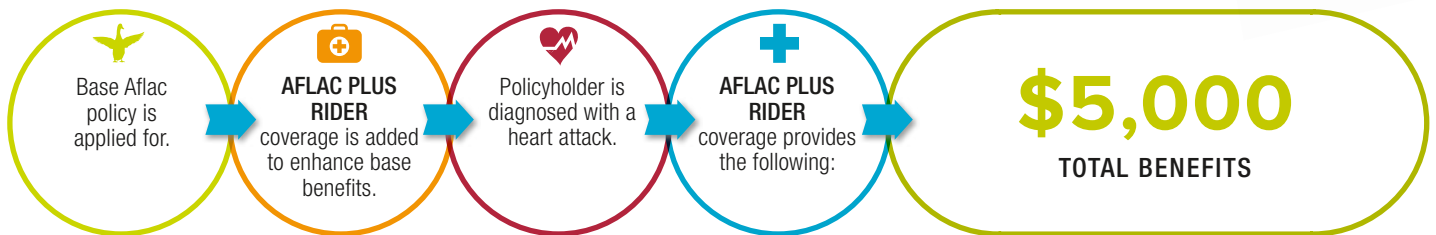
Boost Your Protection with the Aflac Plus Rider

Like many people, you probably have insurance to cover auto accidents, fires, burglaries, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack, stroke, advanced Alzheimer's disease, or advanced Parkinson's disease—an event that knocked you off your feet or even changed your life forever?

With deductibles, copayments, and out-of-pocket maximums on your major medical insurance increasing, how are you going to pay your bills if you experience a life-changing event? The Aflac Plus Rider can help. This rider can be attached to select policies, further boosting your benefits. The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent payments. **For a list of policies the Aflac Plus Rider can be added to, please contact your Aflac insurance agent/producer.**



How it works



The above example is based on a scenario for Aflac Lump Sum Critical Illness Benefit Rider that includes the following benefit conditions: Heart Attack (Critical Illness Event Benefit) of \$5,000. The Critical Illness Event Benefit pays \$5,000 for a covered critical illness event.

The facts:

FACT NO. 1

ABOUT EVERY **34** SECONDS

AN AMERICAN SUFFERS A HEART ATTACK.¹

FACT NO. 2

ABOUT EVERY **40** SECONDS

SOMEONE IN THE UNITED STATES HAS A STROKE.¹

¹Heart Disease and Stroke Statistics, 2016 Update, American Heart Association.

The rider has limitations and exclusions that may affect benefits payable. 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 and rider for benefit details, definitions, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

Aflac Plus Rider Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
<p>CRITICAL ILLNESS EVENT BENEFIT</p>	<p>\$5,000 upon a covered person's onset date of one of the following:</p> <ol style="list-style-type: none"> 1. Heart Attack 2. Stroke 3. Coma 4. Paralysis 5. Type 1 Diabetes 6. Traumatic Brain Injury 7. Advanced Alzheimer's Disease 8. Advanced Parkinson's Disease 9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease) 10. Loss of Independence 11. Sustained Multiple Sclerosis 12. Permanent Loss of Sight 13. Permanent Loss of Hearing 14. Permanent Loss of Speech 15. Sudden Cardiac Arrest <p>This benefit is payable once per covered person, per lifetime.</p>
<p>SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT</p> <p>CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT</p>	<p>\$2,500 upon a covered person's onset date of:</p> <ul style="list-style-type: none"> • a recurrence of that same Critical Illness Event, or • an occurrence of a different Critical Illness Event. <p>This benefit is not payable on the same day as the Critical Illness Event Benefit.</p> <p>\$1,250 when a covered person undergoes Coronary Artery Bypass Graft Surgery.</p> <p>This benefit is payable once per covered person, per lifetime.</p>

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

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(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
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Visit our website at aflac.com

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

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS RIDER
Outline of Coverage for Rider Form CIRIDERFL

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company.

(1) Read Your Contract Carefully: This Outline of Coverage provides a very brief description of some of the important features of your rider. This is not the insurance contract and only the actual contract provisions will control. The contract itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR CONTRACT CAREFULLY.

(2) Critical Illness Insurance Coverage is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Critical Illness Events or other conditions as specified. Critical Illness Events are: Heart Attack, Stroke, Coma, Paralysis, Type 1 Diabetes, Traumatic Brain Injury; Advanced Alzheimer's Disease; Advanced Parkinson's Disease; Amyotrophic Lateral Sclerosis; Loss of Independence; Sustained Multiple Sclerosis; Permanent Loss of Sight, Hearing, or Speech; or Sudden Cardiac Arrest. Coverage is provided for the benefits outlined in **(3) Benefits**. The benefits described in **(3) Benefits** may be limited by **(4) Exceptions, Reductions, and Limitations of the Rider**.

(3) Benefits: While coverage is in force, we will pay the following benefits, as applicable, subject to the Pre-existing Conditions Limitation and Limitations and Exclusions, as well as all other policy provisions, unless modified herein.

Benefits will not be payable for Advanced Alzheimer's Disease when Alzheimer's disease was diagnosed prior to the Effective Date of coverage, Advanced Parkinson's Disease when Parkinson's disease was diagnosed prior to the Effective Date of coverage, or Sustained Multiple Sclerosis when multiple sclerosis was diagnosed prior to the Effective Date of coverage.

Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

A. CRITICAL ILLNESS EVENT BENEFIT: Aflac will pay \$5,000 upon a Covered Person's Onset Date of one of the following Critical Illness Events:

1. Heart Attack
2. Stroke
3. Coma
4. Paralysis

5. Type 1 Diabetes
6. Traumatic Brain Injury
7. Advanced Alzheimer's Disease
8. Advanced Parkinson's Disease
9. Amyotrophic Lateral Sclerosis
10. Loss of Independence
11. Sustained Multiple Sclerosis
12. Permanent Loss of Sight
13. Permanent Loss of Hearing
14. Permanent Loss of Speech
15. Sudden Cardiac Arrest

This benefit is payable once per Covered Person, per lifetime.

B. SUBSEQUENT CRITICAL ILLNESS EVENT BENEFIT: After a Covered Person has previously qualified for benefits for a Critical Illness Event under Benefit A above, Aflac will pay \$2,500 upon that Covered Person's Onset Date of:

1. a **recurrence** of that **same** Critical Illness Event, or
2. an occurrence of a **different** Critical Illness Event.

For this benefit to be payable, the Onset Date of the subsequent Critical Illness Event must be 180 days or more from the Onset Date of any previously paid Critical Illness Event for such Covered Person. This benefit is not payable on the same day as the Critical Illness Event Benefit.

C. CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT: Aflac will pay \$1,250 when a Covered Person undergoes Coronary Artery Bypass Graft Surgery.

This benefit is payable once per Covered Person, per lifetime.

(4) Exceptions, Reductions, and Limitations of the Rider (This is not a daily hospital expense plan.):

A. Aflac will not pay benefits for any loss that is caused by a Pre-existing Condition, unless the Onset Date is more than 12 months after the Effective Date of coverage. Benefits are payable for only one covered loss at a time per Covered

Person. Aflac will not pay benefits for any condition when diagnosis occurred prior to the Effective Date of coverage.

- B.** Aflac will not pay benefits for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.
- C.** For any benefit to be payable, the Onset Date of the loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.
- D. The rider does not cover loss caused by or resulting from:**
 - 1. 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);
 - 2. 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;
 - 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, if convicted ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;
 - 4. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane;
 - 5. Being exposed to war or any act of war, declared or undeclared; or

- 6. Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITIONS LIMITATION

A "Pre-existing Condition" is any illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, medication prescribed by a medical professional was taken or medical testing, medical advice, consultation, or treatment was recommended by or received from a medical professional, or for which conditions existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment from a medical professional. Benefits for a loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions Limitation, exclusive of any applicable waiting periods under the new coverage.

- (5) Renewability:** The rider is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the rider if you have performed an act or practice that constitutes fraud or have made an intentional misrepresentation of material fact relating in any way to the rider, including claims for benefits under the rider. Premium rates may change only if changed on all riders of the same form number and class in force in your state (in which the policy was sold).). If the established premium rate changes, Aflac will notify you in writing at your last known address, as shown in our records, at least 45 days before the change becomes effective.

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
CONSULT THE CONTRACT ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring a person's level of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including the ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into one's body.

ADVANCED ALZHEIMER'S DISEASE: Alzheimer's disease that causes a person to be incapacitated. Alzheimer's disease is a progressive degenerative brain disease that is diagnosed by a psychiatrist or neurologist as Alzheimer's disease. To be incapacitated due to Alzheimer's disease, a covered person must:

1. Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, **and**
2. Be unable to perform three or more activities of daily living (ADLs), as certified by a physician, and require direct personal assistance to perform such ADLs.

ADVANCED PARKINSON'S DISEASE: Parkinson's disease that causes a person to be incapacitated. Parkinson's disease is a chronic progressive neurological disease that is diagnosed by a psychiatrist or neurologist as Parkinson's disease. To be incapacitated due to Parkinson's disease, a covered person must:

1. Exhibit two or more of the following clinical manifestations:
 - Muscle rigidity
 - Tremor
 - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), **and**
2. Be unable to perform three or more activities of daily living (ADLs), as certified by a physician, and require direct personal assistance to perform such ADLs.

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's disease): a chronic, progressive neurological disease resulting in permanent clinical impairment of motor function and is definitively diagnosed by a neurologist as amyotrophic lateral sclerosis.

COMA: a continuous state of profound unconsciousness diagnosed or treated on or after the effective date of coverage, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. The term coma does not include any medically induced coma.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the policy to which the rider is attached.

CRITICAL ILLNESS EVENT: Heart Attack; Stroke; Coma; Paralysis; Type 1 Diabetes; Traumatic Brain Injury; Advanced Alzheimer's Disease; Advanced Parkinson's Disease; Amyotrophic Lateral Sclerosis; Loss of Independence; Sustained Multiple Sclerosis; Permanent Loss of Sight, Hearing, or Speech; or Sudden Cardiac Arrest.

EFFECTIVE DATE: the effective date of the rider is as stated in the Policy Schedule.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

LOSS OF INDEPENDENCE: being unable to perform three or more activities of daily living (ADLs), as certified by a physician, due to a covered injury and requiring direct personal assistance to perform such ADLs for a continuous period of at least 90 days.

ONSET DATE: is as follows for each covered condition:

- Heart Attack: the date of occurrence of a heart attack as defined in the rider.
- Stroke: the date of occurrence of a stroke as defined in the rider.
- Coma: the date a physician confirms a coma as defined in the rider.
- Paralysis: the date a physician establishes the diagnosis of paralysis (as defined in the rider) on clinical or laboratory findings as supported by medical records.

- Type 1 Diabetes: the date a physician initially establishes the diagnosis of type 1 diabetes on clinical or laboratory findings as supported by medical records.
- Traumatic Brain Injury: the date of occurrence of a traumatic brain injury as defined in the rider.
- Advanced Alzheimer's Disease: the date a physician initially certifies that a covered person is incapacitated due to Alzheimer's disease as defined in the rider.
- Advanced Parkinson's Disease: the date a physician initially certifies that a covered person is incapacitated due to Parkinson's disease as defined in the rider.
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease): the date of diagnosis of amyotrophic lateral sclerosis as defined in the rider.
- Loss of Independence: the date of diagnosis of loss of independence as defined in the rider.
- Sustained Multiple Sclerosis: the date of diagnosis of sustained multiple sclerosis (as defined in the rider) by a physician.
- Permanent Loss of Sight, Hearing, or Speech: the date that permanent loss of sight, hearing, or speech (as defined in the rider) is initially diagnosed by a physician.
- Sudden Cardiac Arrest: the date of occurrence of sudden cardiac arrest as defined in the rider.
- Coronary Artery Bypass Graft Surgery: the date of surgery.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord injury that occurred on or after the effective date of coverage. The paralysis must be confirmed by the attending physician.

PERMANENT LOSS OF SIGHT, HEARING, or SPEECH:

- Loss of Sight: the restriction of visual field to 20 degrees or less in both eyes, or the reduction of sight in the better eye to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-chart Acuity), and diagnosed by a physician.
- Loss of Hearing: the total, irreversible, and uncorrectable loss of all hearing in both ears and diagnosed by a physician.
- Loss of Speech: the permanent, total, and irreversible loss of the ability to speak, including loss of speech due to surgery or medical treatment for an illness, and diagnosed by a physician.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed (includes post-mortem diagnosis by autopsy) by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be sudden cardiac arrest for purposes of the rider.

SUSTAINED MULTIPLE SCLEROSIS: a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways, with muscular weakness, loss of coordination, or speech and visual disturbances present for a continuous period of at least 90 days.

TRAUMATIC BRAIN INJURY: a nondegenerative, noncongenital injury to the brain from an external nonbiological force, requiring hospital confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. Traumatic brain injury must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies.

TYPE 1 DIABETES: a form of diabetes mellitus causing total insulin deficiency of a covered person along with continuous dependence on exogenous insulin in order to maintain life. A diagnosis of type 1 diabetes must be made by a physician who specializes in diabetes.

TERMINATION: the rider will terminate upon the earlier of the termination of the policy to which it is attached, the failure to pay the premiums for the rider, or our receipt of your written request to cancel the rider, subject to section 125 of the Internal Revenue Code, if applicable.



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