

American Family Life Assurance Company of Columbus  
(herein referred to as Aflac)  
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999  
1.800.99.AFLAC (1.800.992.3522)

**ACCIDENT-ONLY COVERAGE**

**THE POLICY PROVIDES LIMITED BENEFITS.**

**BENEFITS PROVIDED ARE SUPPLEMENTAL  
AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.**

**OUTLINE OF COVERAGE**

**This IS NOT A MEDICARE SUPPLEMENT policy.** If you are eligible for Medicare, review the *Guide to Health Insurance for People With Medicare* available from Aflac.

- (1) **Read Your Policy Carefully.** This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY!
- (2) Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. **Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.**
- (3) **Benefits.** Aflac will pay the following benefits as applicable if a Covered Person's Accidental-Death, Dismemberment, or Injury is caused by a covered accident that occurs on or off the job. Accidental-Death, Dismemberment, or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Accidental-Death, Dismemberment, or Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. Care or confinement in a U.S. government Hospital does not require a charge for benefits to be payable.

**HOSPITAL BENEFITS:**

**INITIAL ACCIDENT-ONLY HOSPITALIZATION BENEFIT:** Aflac will pay \$1,000 when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for care of Injuries sustained in a covered accident or Aflac will pay \$1,500 if a Covered Person is admitted directly to an Intensive Care Unit of a Hospital for care for Injuries sustained in a covered accident. This benefit is payable only once per Period of Hospital Confinement (including Intensive Care Unit confinement) and only once per Calendar Year, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**ACCIDENT-ONLY HOSPITAL CONFINEMENT BENEFIT:** Aflac will pay \$200 per day when a Covered Person is admitted for a Hospital Confinement of at least 18 hours for care of Injuries sustained in a covered accident. This benefit is limited to 365 days per covered accident, per Covered Person. Hospital

Confinements must start within 30 days of the accident. **The Accident-Only Hospital Confinement Benefit and the Accident-Only Rehabilitation Facility Benefit will not be paid on the same day. The highest eligible benefit will be paid.**

**ACCIDENT-ONLY INTENSIVE CARE UNIT CONFINEMENT**

**BENEFIT:** Aflac will pay an additional \$400 for each day a Covered Person receives the Accident-Only Hospital Confinement Benefit and is confined and charged for a room in an Intensive Care Unit for care of Injuries sustained in a covered accident. This Accident-Only Intensive Care Unit Confinement Benefit is payable for a maximum of 15 days per covered accident, per Covered Person. Hospital Confinements must start within 30 days of the accident.

**SERVICE BENEFITS:**

**ACCIDENT-ONLY CARE BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives care for Injuries sustained in a covered accident. This benefit is payable for care received under the direction of a Physician at a(n):

Hospital Emergency Room with X-Ray	\$200
Hospital Emergency Room without X-Ray	\$170
Office or facility (other than a Hospital Emergency Room) with X-Ray	\$150
Office or facility (other than a Hospital Emergency Room) without X-Ray	\$120

Care must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per Covered Person.

**ACCIDENT-ONLY AMBULANCE BENEFIT:** Aflac will pay \$150 when a Covered Person requires ambulance transportation to a Hospital for Injuries sustained in a covered accident. Ambulance transportation must be within 72 hours of the covered accident. Aflac will pay \$1,000 when a Covered

Person requires transportation provided by an air ambulance for Injuries sustained in a covered accident. A licensed professional ambulance company must provide the ambulance service.

**ACCIDENT-ONLY BLOOD/PLASMA/PLATELETS BENEFIT:**

Aflac will pay \$100 when a Covered Person receives blood/plasma and/or platelets, or other non-blood substitute IV solutions, for the care of Injuries sustained in a covered accident. This benefit is payable only one time per covered accident, per Covered Person.

**ACCIDENT-ONLY MAJOR DIAGNOSTIC AND IMAGING**

**EXAMS BENEFIT:** Aflac will pay \$150 when a Covered Person requires one of the following exams for Injuries sustained in a covered accident and a charge is incurred: computerized tomography (CT scan), computerized axial tomography (CAT), magnetic resonance imaging (MRI), or electroencephalography (EEG). These exams must be performed in a Hospital, Medical Diagnostic Imaging Center, a Physician's office, or an Ambulatory Surgical Center. This benefit is limited to one payment per Calendar Year, per Covered Person. No lifetime maximum.

**AFTER CARE SERVICES:**

**ACCIDENT-ONLY FOLLOW-UP CARE BENEFIT:** Aflac will pay \$25 per day when a Covered Person receives care for Injuries sustained in a covered accident and later requires additional care over and above care administered in the first 72 hours following the accident. Aflac will pay for one visit per day for a maximum of six visits per covered accident, per Covered Person. The care must begin within 30 days of the covered accident or discharge from the Hospital. Care must be received under the direction of a Physician. This benefit is payable for acupuncture when furnished by a licensed certified acupuncturist. **The Accident-Only Follow-Up Benefit is not payable for the same days that the Accident-Only Therapy Benefit is paid.**

**ACCIDENT-ONLY THERAPY BENEFIT:** Aflac will pay \$25 per day when a Covered Person receives care for Injuries sustained in a covered accident and later a Physician advises the Covered Person to seek care from a licensed Occupational, Physical, or Speech Therapist. Occupational, physical, or speech therapy must be for Injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the Hospital. Aflac will pay for one visit per day for a maximum of ten visits per covered accident, per Covered Person. The therapy must take place within six months after the accident. **The Accident-Only Therapy Benefit is not payable for the same days that the Accident-Only Follow-Up Care Benefit is paid.**

**ACCIDENT-ONLY APPLIANCES BENEFIT:** Aflac will pay the applicable amount shown below when a Covered Person receives a medical appliance, prescribed by a Physician, as an aid in personal locomotion, for Injuries sustained in a covered

accident. Benefits are payable for the following types of appliances:

Back brace	\$250
Body jacket	\$250
Knee scooter	\$250
Wheelchair	\$250
Leg brace	\$75
Crutches	\$50
Walker	\$50
Walking boot	\$50
Cane	\$25

This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY PROSTHESIS BENEFIT:** Aflac will pay \$500 when a Covered Person receives a Prosthetic Device, prescribed by a Physician, as a result of Injuries sustained in a covered accident. This benefit is not payable for repair or replacement of Prosthetic Devices, hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY PROSTHESIS REPAIR OR REPLACEMENT BENEFIT:** Aflac will pay \$500 when:

1. a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 36 months or more after any previously paid Prosthesis Benefit, or
2. a Covered Person sustains damages, as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per Covered Person, per lifetime.

**ACCIDENT-ONLY REHABILITATION FACILITY BENEFIT:** Aflac will pay \$100 per day when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a Rehabilitation Facility for care of Injuries sustained in a covered accident and a charge is incurred. This benefit is limited to 30 days for each Covered Person per

Period of Hospital Confinement and is limited to a Calendar Year maximum of 60 days. No lifetime maximum. **The Accident-Only Rehabilitation Facility Benefit will not be payable for the same days that the Accident-Only Hospital Confinement Benefit is paid. The highest eligible benefit will be paid.**

**ACCIDENT-ONLY HOME MODIFICATION BENEFIT:** Aflac will pay \$2,000 for a home modification aid when a Covered Person suffers a Catastrophic Loss in a covered accident. This benefit is payable once per covered accident, per Covered Person.

**ACCIDENT-ONLY SPECIFIC-SUM INJURIES BENEFITS:**

When a Covered Person receives care under the direction of a Physician for Injuries sustained in a covered accident, Aflac will pay the specified benefits indicated below.

**Dislocation (reduced under general anesthesia):**

Aflac will pay for no more than two Dislocations per covered accident, per Covered Person.

Benefits are payable for only the first Dislocation of a joint.

<u>Joint</u>	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$3,000	\$750
Shoulder	\$750	\$300
Knee	\$750	\$300
Collar bone	\$1,200	\$225
Ankle/Foot	\$750	\$225
Lower Jaw	\$750	\$375
Wrist	\$600	\$300
Elbow	\$600	\$300
Toe/Finger	\$150	\$75

If a Dislocation is reduced with local or no anesthesia by a Physician, Aflac will pay 25 percent of the amount shown for the closed Reduction Dislocation.

**Burns (treated by a Physician within 72 hours after a covered accident):**

	<u>2nd Degree</u>	<u>3rd Degree</u>
Less than 20 square centimeters of the body surface	\$100	\$200
More than 20 but less than 40 square centimeters of the body surface	\$200	\$500
More than 40 but less than 65 square centimeters of the body surface	\$400	\$1,000
More than 65 but less than 160 square centimeters of the body surface	\$600	\$3,000

More than 160 but less than 225 square centimeters of the body surface	\$800	\$7,000
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More than 225 square centimeters of the body surface	\$1,000	\$10,000
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**Eye Injury:** \$100

**Lacerations (must be repaired within 72 hours after the accident and repaired under the attendance of a Physician):**

Laceration(s) not requiring sutures and treated by a Physician (total of all lacerations)	\$25
Laceration(s) less than 5 centimeters (total of all lacerations)	\$50
Laceration(s) at least 5 centimeters but not more than 15 centimeters (total of all lacerations)	\$200
Laceration(s) over 15 centimeters (total of all lacerations)	\$400

A laceration resulting from an open Fracture will not be payable under the laceration benefit. Please refer to Fractures for benefit payable.

**Fractures:**

Aflac will pay 25 percent of the benefit amount shown for the closed Reduction for Chip Fractures and other Fractures not reduced by open or closed Reduction.

Aflac will pay for no more than two Fractures per covered accident, per Covered Person. The two highest eligible benefits will be paid if more than two fractures occur per covered accident.

	<u>Open Reduction</u>	<u>Closed Reduction</u>
Hip	\$2,750	\$1,400
Leg	\$1,400	\$700
Hand (excluding fingers)	\$600	\$300
Foot (excluding toes/heel)	\$600	\$300
Wrist	\$600	\$300
Elbow	\$650	\$325
Ankle	\$600	\$300
Kneecap	\$600	\$300
Shoulder blade	\$600	\$300
Forearm	\$600	\$300
Lower jaw	\$600	\$300

Vertebrae (body of)	\$1,400	\$700
Pelvis (excluding coccyx)	\$1,400	\$700
Sternum	\$1,000	\$500
Upper jaw	\$650	\$325
Upper arm	\$650	\$325
Face (excluding nose)	\$650	\$325
Rib	\$1,000	\$250
Nose	\$650	\$325
Heel	\$600	\$300
Finger	\$500	\$100
Coccyx	\$400	\$200
Toe	\$200	\$100
Vertebral processes	\$1,000	\$300
Skull	depressed \$2,500	simple \$1,000

#### **Miscellaneous Fracture:**

Miscellaneous Fracture that is not covered by any other specific-sum Injury:

Less than or equal to 10 centimeters	\$200	\$100
More than 10 centimeters	\$500	\$250

**Concussion (brain):** \$100

**Broken tooth:** \$270

Aflac will pay for no more than one broken tooth benefit per covered accident, per Covered Person.

**Coma** (duration of at least seven days): \$10,000

#### **Paralysis:**

Quadriplegia (Paralysis of four limbs)	\$10,000
Paraplegia (Paralysis of lower limbs)	\$5,000
Hemiplegia (Paralysis of one side of the body)	\$4,000

The duration of the Paralysis must be a minimum of 30 days. This benefit will be payable once per Covered Person.

#### **Surgical Procedures:**

Surgery must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure.

**Minor Surgery** \$500

Repair of:

Tendons and/or ligaments

Torn rotator cuffs

Ruptured discs

Torn knee cartilages

Surgery not covered by any other specific-sum Injury benefit, with general anesthesia

**Major Surgery** \$1,000

Open abdominal (including exploratory laparotomy)

Cranial

Open thoracic surgery (excluding chest tube insertions)

#### **Pain Management (non-surgical):**

Epidural \$100

This benefit is payable when a Covered Person is prescribed, receives, and incurs a charge for an epidural administered into the spine for pain management in a Hospital or a Physician's office for Injuries sustained in a covered accident. This benefit is not payable for an epidural administered during a surgical procedure. This benefit is payable no more than twice per covered accident, per Covered Person.

#### **ACCIDENTAL-DEATH & DISMEMBERMENT BENEFITS:**

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

Named Insured or Spouse-

Common-Carrier Accident \$100,000

Other Accident \$25,000

Hazardous Activity Accident \$10,000

Child-

Common-Carrier Accident \$15,000

Other Accident \$10,000

Hazardous Activity Accident \$5,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from

receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

**ACCIDENTAL-DISEMBLEMENT BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for Dismemberment. Dismemberment must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident. If a Covered Person does not qualify for the Accidental-Dismemberment Benefit but loses (with or without reattachment) at least one joint of a finger or toe, other than the first interphalangeal joint, we will pay the Partial Dismemberment Benefit.

Named Insured or Spouse-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$25,000
Two eyes, feet, hands, arms or legs	\$25,000
One eye, foot, hand, arm, or leg	\$6,250
One or more fingers and/or one or more toes	\$1,250

Partial Dismemberment of finger or toe	\$600
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Child-

Dismemberment or complete loss of, with or without reattachment:	
Both arms and both legs	\$7,500
Two eyes, feet, hands, arms or legs	\$7,500

One eye, foot, hand, arm, or leg	\$1,875
Two or more fingers and/or toes	\$1,000
One finger or one toe	\$500
Partial Dismemberment of finger or toe	\$500

Only the highest single benefit per Covered Person will be paid for Dismemberment. Benefits will be paid only once per Covered Person, per covered accident. If death and Dismemberment result from the same accident, only the Accidental-Death Benefit will be paid.

**ADDITIONAL BENEFITS:**

**ACCIDENT-ONLY FAMILY SUPPORT BENEFIT:** Aflac will pay \$20 for each day a Covered Person qualifies for benefits under the Accident Hospital Confinement Benefit. This benefit is limited to 30 days per covered accident.

**ACCIDENT-ONLY ORGANIZED SPORTING ACTIVITY BENEFIT:** Aflac will pay an additional 25 percent of the benefits payable when a Covered Person receives care for Injuries sustained in a covered accident while participating in an Organized Sporting Activity. This benefit is not payable for Injuries that are caused by or occur as a result of a Covered Person's participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event. This benefit is limited to \$1,000 per policy, per Calendar Year.

**CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

1. Your policy has been in force for at least six months;
2. We have received premiums for at least six consecutive months;
3. Your premiums have been paid through payroll deduction and you leave your employer for any reason;
4. You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
5. You re-establish premium payments through:  
(a) your new employer's payroll deduction process or  
(b) direct payment to Aflac.

You will again become eligible to receive this benefit after:

1. You re-establish your premium payments through payroll deduction for a period of at least six months, and
2. We receive premiums for at least six consecutive months.

**"Payroll deduction" means your premium is remitted to Aflac for you by your employer through a payroll deduction process.**

## WAIVER OF PREMIUM BENEFIT:

**Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to do all of the usual and customary duties of your occupation or any occupation whatsoever, for more than 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement and a Physician's statement certifying your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

**Not Employed:** If you, due to Injuries sustained in a covered accident, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience for a period of 180 consecutive days while the policy is in force, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require a Physician's statement certifying your inability to perform said duties, and may each month thereafter require a Physician's statement that total inability continues.

This Waiver of Premium Benefit is limited to a total maximum of 24 months per eligibility of the Waiver of Premium Benefit regardless of whether you are employed or not employed.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

While this benefit is being paid, Aflac may ask for and use an independent consultant to determine your total inability.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

**ACCIDENT-ONLY TRANSPORTATION BENEFIT:** Aflac will pay \$400 per round trip to a Hospital when a Covered Person requires Hospital Confinement for medical care due to an Injury sustained in a covered accident.

Aflac will also pay \$400 per round trip when a covered Dependent Child requires Hospital Confinement for medical care due to an Injury sustained in a covered accident if commercial travel (plane, train, or bus) is necessary and such Dependent Child is accompanied by any Immediate Family member.

This benefit is not payable for transportation to any Hospital located within a 50-mile radius of the site of the accident or residence of the Covered Person. The local attending Physician must prescribe the care requiring Hospital Confinement, and

the care must not be available locally. This benefit is payable for a maximum of three round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air ambulance to the Hospital.

**ACCIDENT-ONLY FAMILY LODGING BENEFIT:** Aflac will pay \$100 per night for one motel/hotel room for a member(s) of the Immediate Family that accompanies a Covered Person who is admitted for a Hospital Confinement for the care of Injuries sustained in a covered accident. This benefit is payable only during the same period of time the injured Covered Person is confined to the Hospital. The Hospital and motel/hotel must be more than 50 miles from the residence of the Covered Person. This benefit is limited to one motel/hotel room per night and is payable for a maximum of 30 days per covered accident.

## (4) Optional Benefit

**Additional Accidental-Death Benefit Rider:**  
(Series A36050) Applied For: ☐ Yes ☐ No

**EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE RIDER:** Aflac will not pay benefits under the rider for an Accidental-Death that is caused by or occurs as a result of a Hazardous Activity Accident. Refer to your policy for additional Limitations and Exclusions.

**ACCIDENTAL-DEATH BENEFIT:** Aflac will pay the applicable lump-sum benefit indicated below for an Accidental-Death. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

	<u>Named Insured</u>	<u>Spouse</u>	<u>Child</u>
Common-Carrier Accident	\$35,000	\$35,000	\$7,000
Other Accident	35,000	35,000	7,000

Aflac will pay an additional 25 percent of the Accidental-Death Benefit when two or more Accidental-Deaths occur in the same covered accident. Accidental-Death must occur as a result of an Injury sustained in a covered accident and must occur within 90 days of such accident.

**In the event of the Accidental-Death of a covered Spouse or Dependent Child,** Aflac will pay you the applicable lump-sum benefit indicated above. If you are disqualified from receiving the benefit by operation of law, then the benefit will be paid to the deceased Covered Person's estate unless Aflac has paid the benefit before receiving notice of your disqualification.

**In the event of your Accidental-Death,** Aflac will pay the applicable lump-sum benefit indicated above for your Accidental-Death to the beneficiary named in the application for the policy unless you subsequently changed your beneficiary. If you changed your beneficiary, then Aflac will pay this benefit to the beneficiary named in your last change of beneficiary request of record. If any beneficiary is a minor child, then any

benefits payable to such minor beneficiary will not be paid until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by applicable state law. If any beneficiary is disqualified from receiving the benefit by operation of law, then the benefit will be paid as though that beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's disqualification. If a beneficiary dies before you do, the interest of that beneficiary terminates. If a beneficiary does not survive you by 15 days, then the benefit will be paid as though the beneficiary died before you unless Aflac has paid the benefit before receiving notice of the beneficiary's death. If no beneficiary survives you, Aflac will pay the benefit to your estate.

The rider will terminate upon the earlier of the termination of the policy to which it is attached, your failure to pay premiums for the rider, or your death.

**(5) Exceptions, Reductions and Limitations of the Policy:**

**Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.**

**For any benefit to be payable, the Injury, care, or loss must occur on or after the Effective Date of coverage and while coverage is in force.**

**Aflac will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.**

**Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions.**

**Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage or any prior claim under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.**

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

- Being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve;
  - Operation of a vehicle while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
  - Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
  - Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being incarcerated in any detention facility or 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 except that "cosmetic surgery" shall not include reconstructive surgery, when such service is incidental to or follows surgery resulting from Injury; or
  - Having dental care except as a result of Injury.
- (6) Renewability.** The policy 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 policy 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 policy, including claims for benefits under the policy. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state.

**RETAIN THIS OUTLINE OF COVERAGE FOR YOUR RECORDS.  
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**