



Valuable Voluntary Benefits Offering for Newly Hired Employees!

As a newly eligible employee, you are able to participate in the Aflac Voluntary Benefits Program, which provides additional financial protection for you and your family. This programs is offered to employees by TriBen Insurance Solutions.

During your new hire enrollment period, you have the opportunity to enroll in the following benefit on a **guaranteed issue basis**. That means **no medical exam** is required. If you decide to enroll after your eligibility period ends, you may be subject to full underwriting:

AFLAC's BenExtend Health Pack Plan: This plan includes all 3 plans at 1 affordable cost to you!

- ❖ **Accident Plan** - The **AFLAC** Accident plan is designed to help you meet those out-of-pocket expenses and extra bills that can follow even ordinary accidents. Accident coverage provides cash benefits for out-of-pocket expenses associated with an accidental injury and can help protect hard-earned savings should an accidental injury occur. Employee, spouse and child coverage is available.

Included Accident Plan Benefits:

Accident Rider	Benefit Amount
Initial Treatment - once per accident, within 7 days of the accident	\$100
Ambulance - once per day, within 90 days of the accident	\$250
Major Diagnostic Testing - within 6 months of the accident (1 max per accident)	\$300

Accident Rider	Benefit Amount
Lacerations - within 7 days of the accident (once per accident)	\$100
Medical Appliance (crutches, brace, etc.) - within 6 mo. of accident	Up to \$300
Fractures - once per accident, within 90 days of the accident	Up to \$2,000

- ❖ **Critical Illness w/Cancer Plan** - The **AFLAC** Critical Illness w/Cancer plan pays a lump sum benefit up to 100% of the face amount if you or a covered family member is diagnosed with a covered critical illness including cancer, heart attack, sudden cardiac arrest, stroke, major organ transplant, end-stage renal failure, coronary artery bypass surgery, etc. The benefit can be used any way you choose and you do not have to be disabled or terminally ill to receive benefits. There are no pre-existing condition limitations to this plan. **There is a \$50 annual wellness benefit automatically included in this plan as well.** Employee, spouse and child coverage is available.

Covered Conditions: \$5,000 Face Amount Benefit

Critical Illness w/Cancer Rider	% of Face Amount
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Kidney Failure (End-Stage Renal Failure)	100%
Stroke	100%
Occupational HIV	100%

Critical Illness w/Cancer Rider	% of Face Amount
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Non-Invasive Surgery	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer, once per calendar year	\$250
Annual Wellness Benefit	\$50

- ❖ **Hospital Indemnity Plan** - The **AFLAC** Hospital Indemnity plan pays you a lump sum benefit when you are hospitalized for a covered injury or illness (pregnancy included). The money can help you deal with the portion of your medical bills that are not covered by traditional health insurance, such as deductibles, coinsurance and copays. There are no pre-existing condition limitations to this plan. Employee, spouse and child coverage is available.

Included Hospital Care Benefits:

Hospital Indemnity Rider	Benefit Amount
Hospital Admission (per confinement) - per covered sickness or accident per calendar year for each insured, within six months of the accident Maximum number of admissions per covered accident or covered sickness: 1	\$500
Hospital Confinement (per day) - within 6 months of the accident: Maximum days of confinement per covered accident or covered sickness: 31	<ul style="list-style-type: none"> • Days 1-4 \$150 per day • Days 5-10 \$100 per day • Days 11-31 \$75 per day

Semi-Monthly Rates

AFLAC's BenExtend Supplemental Health Pack (Accident, Critical Illness/Cancer and Hospital)

<i>Employee</i>	<i>Employee & Spouse</i>	<i>Employee & Child(ren)</i>	<i>Family</i>
\$13.43	\$26.41	\$19.73	\$32.71

**Please return the enclosed enrollment form to HR within
31 days of your eligibility period.**

**Please contact call Shanna Mancuso from TriBen Insurance Solutions,
Monday through Friday between 8:30am to 5:00pm,
at 1-888-264-2147 (option 6) for questions about this Aflac benefit offering.**

BenExtend[®]

You can count on Aflac to help ease the financial stress of a critical illness, accident or hospital stay.



**Continental American
Insurance Company**



Insurance, uncomplicated

Life is fast-paced. Who has time (or wants) to research insurance? With BenExtend you don't have to. BenExtend features commonly-used benefits from three different types of insurance – accident, hospital indemnity and critical illness. You'll get a range of benefits in one simple plan at one straightforward price. And you'll know the benefits are there when you need them - for greater financial security and even greater peace-of-mind.

Hospital Indemnity Benefits Overview In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months (In Vermont, or as soon as reasonably possible) of the date of the covered accident.	BENEFIT AMOUNT
HOSPITAL ADMISSION (per confinement) – once per covered sickness or accident per calendar year for each insured Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment. We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).	\$500
HOSPITAL CONFINEMENT (per day) – maximum of 31 days per confinement for each covered sickness or accident for each insured Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or because of a covered sickness. If we pay benefits for confinement and the insured becomes confined again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness. We will not pay this benefit for confinement to an observation unit or a recovery unit. We will not pay this benefit for emergency room treatment or outpatient surgery or outpatient treatment.	\$150 Days 1-4 \$100 Days 5-10 \$75 Days 11-31
Accident Benefits Overview	BENEFIT AMOUNT
INITIAL TREATMENT once per accident, within 7 days of the accident (In Utah and Vermont, or as soon as reasonably possible) Payable when an insured receives initial treatment for a covered accidental injury. This benefit is payable for initial treatment received under the care of a doctor. This benefit is not payable for treatment via telemedicine services.	\$100
AMBULANCE within 90 days of the accident (In Vermont, or as soon as reasonably possible) Payable when an insured receives transportation by a professional ambulance service due to a covered accidental injury.	\$250
LACERATIONS once per accident, within 7 days of the accident (In Utah, or as soon as reasonably possible) Payable when an insured receives a laceration in a covered accident and the laceration is repaired with stitches by a doctor. (Stitches can also include liquid skin adhesive.)	\$100
APPLIANCES within 6 months of the accident (In Vermont, or as soon as reasonably possible) <ul style="list-style-type: none"> • Cane, Ankle Brace • Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar • Wheelchair, Knee Scooter, Body Jacket, Back Brace Payable if, as a result of an injury received in a covered accident, a doctor advises the insured to use a listed medical appliance as an aid in personal locomotion.	\$30 \$75 \$300
MAJOR DIAGNOSTIC TESTING once per accident, within 6 months of the accident (In Vermont, or as soon as reasonably possible) Payable when an insured requires one of the following exams: Computerized Tomography (CT/CAT scan), Magnetic Resonance Imaging (MRI), or Electroencephalography (EEG) due to a covered accidental injury. These exams must be performed in a hospital, a doctor's office, a medical diagnostic imaging center or an ambulatory surgical center.	\$300
FRACTURES within 90 days (In Indiana, 6 months) of the accident (In Vermont, or as soon as reasonably possible) Payable when an insured fractures a bone because of a covered accident and is treated by a doctor. For multiple fractures (more than one bone fractured in one accident), we will pay a maximum of 200% of the benefit amount for the bone fractured that has the highest dollar amount. For a chip fracture (a piece of bone that is completely broken off near a joint), we will pay 25% of the amount for the affected bone. This benefit is not payable for stress fractures.	Up to \$2,000 based on a schedule

Critical Illnesses Benefits Overview / \$5,000 Benefit Amount

COVERED CRITICAL ILLNESSES AND ADDITIONAL BENEFITS (Percentage of Face Amount / Benefit Amount Shown)

CANCER (Internal or Invasive)	100%	BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
HEART ATTACK (Myocardial Infarction)	100%	SUDDEN CARDIAC ARREST	100%
STROKE (Ischemic or Hemorrhagic)	100%	NON-INVASIVE CANCER	25%
MAJOR ORGAN TRANSPLANT	100%	CORONARY ARTERY BYPASS SURGERY	25%
KIDNEY FAILURE (End-Stage Renal Failure)	100%	SKIN CANCER (Once per Calendar Year)	\$250

Initial Diagnosis – We will pay a benefit based on the face amount upon diagnosis of a covered critical illness. **Additional Diagnosis** – Once benefits have been paid for a covered critical illness, we will pay benefits for each different critical illness when the date of diagnosis is separated by at least 6 consecutive months (In Tennessee, 30 consecutive days). **Reoccurrence** – Once benefits have been paid for a covered critical illness, we will pay benefits for that same critical illness when the date of diagnosis is separated by at least 6 consecutive months.

Benefits will be based on the face amount in effect on the critical illness date of diagnosis. If the claim is for a cancer diagnosis, the insured must be treatment-free from cancer for at least 12 months and must be in complete remission before the date of a subsequent cancer diagnosis.

Health Screening Benefit / \$50 per calendar year per insured

Payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. Residents of Massachusetts are not eligible for the Health Screening Benefit.

Successor Insured Benefit (In Missouri, Conversion Privilege (Successor Insured))

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

Hospital Indemnity Benefits Exclusions

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the Insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois). In North Carolina: War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane. In Colorado, Missouri, and Vermont: committing or attempting to commit suicide, while sane. In Minnesota and Montana: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally. In Colorado: injuring or attempting to injure oneself intentionally, while sane. In Missouri: Injuring or attempting to injure oneself intentionally and is not an obvious suicide attempt. In Montana: this exclusion does not apply.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job. In Georgia, Nebraska, and Tennessee: voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job. In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation. In South Dakota: this exclusion does not apply.
- In South Dakota: Voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member. In Arizona and South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation. In Alabama, Alaska, Washington D.C., and Minnesota: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation. In Montana: this exclusion does not apply.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed. In Tennessee: an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed, or if the pregnancy was the result of rape or incest, or if the fetus is nonviable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury

BenExtend® Limitations and Exclusions

- or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
- Congenital defects in newborns.

Hospital Indemnity Definitions

Accidental Injury means accidental bodily damage to an insured resulting from an unforeseen and unexpected traumatic event. In Vermont, bodily damage to an insured resulting from a traumatic event. This must be the direct result of an accident and not the result of disease or bodily infirmity. A Covered Accidental Injury is an accidental injury that occurs while coverage is in force. A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

A Doctor does not include the insured or an insured's family member. In Arizona, a doctor who is your family member may treat you. In South Dakota, a doctor who is an employee's family member may treat the insured if that doctor is the only doctor in the area and acts within the scope of his practice.

For the purposes of this definition, Family Member includes the employee's spouse as well as the following members of the employee's immediate family:

- Son
- Daughter
- Mother
- Father
- Sister
- Brother

This includes step-family members and family-members-in-law.

The term Hospital specifically excludes any facility not meeting the definition of hospital as defined in this plan, including but not limited to:

- A nursing home,
- An extended-care facility,
- A skilled nursing facility,
- A rest home or home for the aged,
- A rehabilitation facility,
- A facility for the treatment of alcoholism or drug addiction, or
- An assisted living facility.

In Florida and North Carolina, the above list is exhaustive. In Vermont, a facility for the treatment of alcoholism or drug addiction is not excluded.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury. In Florida, complications of pregnancy are treated the same as any other illness. A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force.

Dependent means your spouse or your dependent child. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details. Dependent children are your or your spouse's natural children, stepchildren, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. Refer to your certificate for details. Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services.

Accident Benefits Exclusions

We will not pay benefits for accidental injury, disability, or death contributed to*, caused by, or resulting from:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion, or civil state of belligerence. War does not include acts of terrorism (except in Illinois). In North Carolina:

War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes civil participation in an active riot. War does not include acts of terrorism.

- Suicide – committing or attempting to commit suicide, while sane or insane. In Colorado, Missouri, and Vermont: committing or attempting to commit suicide, while sane. In Illinois, Minnesota, and Montana: this exclusion does not apply.
 - Sickness – having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for:
 - Allergic reactions
 - Any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or stings. In Illinois: any bacterial infection, except an infection which results from an accidental injury or an infection which results from accidental, involuntary or unintentional ingestion of a contaminated substance; any viral or microorganism infection or infestation; or any condition resulting from insect, arachnid or other arthropod bites or stings.
 - An error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any sickness
 - Any related medical/surgical treatment or diagnostic procedures for such illness
 - Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally. In Colorado and Vermont: injuring or attempting to injure oneself intentionally, while sane. In Missouri: Injuring or attempting to injure oneself intentionally and is not an obvious suicide attempt. In Montana: this exclusion does not apply.
 - Racing – riding in or driving any motor-driven vehicle in a race, stunt show, or speed test in a professional or semi-professional capacity.
 - Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job. In Georgia, Nebraska, and Tennessee: Voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job. In Illinois and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation. In South Dakota: this exclusion does not apply.
 - In South Dakota: Voluntarily committing a felony.
 - Sports – participating in any organized sport in a professional or semi-professional capacity for pay or profit.
 - Cosmetic Surgery – having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of a covered accident. In Alaska: having cosmetic surgery, other elective procedures, or having dental treatment except as a result of a covered accident.
- For 24 hour accident coverage, the following exclusions do not apply:
- An injury arising from any employment.
 - An injury or sickness covered by Worker's Compensation. In Kansas: An injury or sickness related to the employee's job to the extent the employee is covered or is required to be covered by the Workers' Compensation law. If the employee enters into a settlement giving up his right to recover future medical benefits under the Workers' Compensation law, the policy will not pay benefits that would have been payable in absence of that settlement. In North Carolina: services or supplies for the treatment of an occupational injury or sickness which are paid under the North Carolina workers' compensation act only to the extent such services or supplies are the liability of the employee, employer, or workers' compensation insurance

carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act. In South Dakota: An injury or sickness paid by Worker's Compensation.

**Contributed to" language does not apply in Illinois.

Accident Definitions

Other applicable terms and definitions are included in the Hospital Definitions section.

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Medical Diagnostic Imaging Center is defined as a facility with the equipment to produce various types of radiologic and electromagnetic images, and a professional staff to interpret the images obtained.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

Critical Illness Benefits Limitations and Exclusions

Cancer Diagnosis Limitation

Benefits are payable for Cancer and/or Non-Invasive Cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

Exclusions

We will not pay for loss due to any of the following**:

- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured. In Alaska and Tennessee: injuring or attempting to injure oneself intentionally. In Colorado, Missouri, and Vermont: injuring or attempting to injure oneself intentionally, while sane. In Montana: this exclusion does not apply.
- Suicide – committing or attempting to commit suicide, while sane or insane. In Colorado: committing or attempting to commit suicide, while sane. In Illinois, Minnesota, and Montana: this exclusion does not apply.
- Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job. In Arizona: participating or attempting to commit a felony, or engaged in an illegal occupation. In Florida: participating or attempting to participate in an illegal activity, or working at an illegal occupation. In Georgia and South Dakota: this exclusion does not apply. In Illinois, Nebraska, and Pennsylvania: committing or attempting to commit a felony or being engaged in an illegal occupation. In Utah: voluntarily participating in an illegal activity or voluntarily working at an illegal job.
- In South Dakota: Voluntarily committing a felony at the time of the loss.
- In Georgia: Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony, or voluntarily working at, or being engaged in, an illegal occupation or job.
- Participation (In Utah: Voluntary Participation) in Aggressive Conflict of any kind, including**:
 - War (declared or undeclared) or military conflicts. In Florida and North Carolina: War (declared or undeclared) or military conflicts. War does not include acts of terrorism.
 - Insurrection or riot.
 - Civil commotion or civil state of belligerence.
- Illegal substance abuse (In Georgia and South Dakota: this exclusion does not apply.), which includes the following**:
 - Abuse of legally-obtained prescription medication. In Alabama: The use of any prescription drug or medication not taken as prescribed by a doctor. In Louisiana: Illegal intoxication.
 - Illegal use of non-prescription drugs. In Alabama: The use of non-prescription drugs not taken as directed. In Louisiana: Being under the influence of narcotics unless administered on the advice of a doctor.
 - In Arizona: Being intoxicated or under the influence of

any narcotic unless administered on the advice of a physician

- In Georgia: Intoxication – being legally intoxicated, or being under the influence of any narcotic, unless taken under the direction of a Doctor. (Legally intoxicated means that condition as defined by the law of the jurisdiction in which the loss occurred.)

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, may be payable only while coverage is in force.

** Ambiguous language (i.e. "any of the following," "of any kind, including," "which includes the following") does not apply in Florida.

Critical Illness Definitions

Other applicable terms and definitions are included in the Hospital Definitions section.

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM staging

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Skin cancers are not payable under the Cancer (internal or invasive) Benefit or the Non-Invasive Cancer Benefit. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

Stroke does not include:

- Transient ischemic attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction). In Illinois, a sudden cardiac arrest benefit is not payable if caused by a heart attack.

Critical Illness is a disease or a sickness as defined in this rider that first manifests (In Illinois, that began; in South Dakota, that manifests) while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the

surgery occurs.

- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/ or non-invasive cancer is based on such specimens).
 - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical Diagnosis is the date the Diagnosis is communicated to the Insured. (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/ or non-invasive cancer is based on such specimens).
 - In North Carolina, the day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical Diagnosis is the date the Diagnosis is communicated to the Insured. (Diagnosis of Cancer and/or Non-Invasive Cancer is based on such specimens).
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails.

Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or non-invasive cancer has returned.

You May Continue Your Coverage

In some states, your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

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

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company • Columbia, South Carolina

This information provides a brief description of coverage and is not a contract. Read the certificate carefully for exact terms and conditions. This is subject to the terms, conditions, and limitations of Policy Series C81000.

In Arkansas, C81100AR. In Oklahoma, C81100OK. In Oregon, C81100OR. In Pennsylvania, C81100.1PA. In Texas, C81100.1TX. In Virginia, C81100VA.

You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

States references refer to the state of your group.



**EMPLOYEE APPLICATION/
STATEMENT OF INSURABILITY**

Please Mail: P.O. Box 84078
Columbus, GA 31993
800.433.3036

FOR HOME OFFICE USE ONLY				
PLAN	PLAN CODE	ID NUMBER		
<i>Hospital Indemnity</i>				
Endorsement:				
EFFECTIVE DATE:				
FOR AGENT USE ONLY				
<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Enrollment	<input type="checkbox"/> Newly Eligible	<input type="checkbox"/> Re-Submission
Deduction start date _____				

Applicant Name (First, MI, Last)	Social Security # or ID #	Gender	Date of Birth
Street Address	City	State	ZIP
Group Policyholder Allied Services #26915	Class/Occupation	Location	Date of Hire
[E-mail address]	Hours Worked per Week	Daytime Phone No.	
Spouse's Name (if coverage is requested)		Spouse's Gender	Spouse's Date of Birth
Beneficiary Name/Relationship (estate unless designated otherwise)			
	Applicant	[Spouse]	
[Are you actively at work?]	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you or your spouse used tobacco products in the last 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

List all eligible children for whom you are proposing coverage (from Youngest to Oldest):

Name	Gender	Date of Birth	Name	Gender	Date of Birth

HOSPITAL INDEMNITY

New Coverage Change in Coverage

Employee Employee & Spouse Employee & Children Family

Cost per pay period: \$ _____

This enrollment form is not complete unless signed and dated as indicated.

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company (CAIC) as the basis for any insurance issued.

Does this coverage replace any existing Aflac individual policy? YES NO

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

If applicable, I understand I must notify CAIC in writing when coverage on all dependent children terminates as specified in the certificate or a rider.

Coverage will not become effective unless you are actively at work on the Certificate Effective Date. If you are not actively at work on that date, coverage will become effective on the date you return to an active work status.

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to CAIC as the basis for any insurance issued. I realize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect unless I am actively at work on the date of enrollment and the effective date of coverage, and until my application is approved and the necessary premium is paid.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize the Group Policyholder to deduct the appropriate dollar amount from my earnings each pay period to pay CAIC the required premium for my insurance.

[I certify that I am actively at work.]

I understand and agree that my certificate may be issued to me in an electronic format. I agree to receive communication about this coverage through email.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date _____ Signature of Applicant _____

Date _____ Signature of Agent _____

Agent's Printed Name Shanna Mancuso

Agent No. AAJ88 State of Enrollment PA