

Personal Sickness Indemnity Plan

*Hospital Confinement Sickness Indemnity
Limited Benefit Insurance*



Plan Benefits

- Physician Visits
- Initial Hospitalization
- Hospital Confinement
- Major Diagnostic Exams
- Surgical
- Plus ... more

Personal Sickness Indemnity Plan

Policy Series A45000

- Policy A45100DC (Level 1)
- Policy A45200DC (Level 2)
- Policy A45300DC (Level 3)

Physician Visits Benefit

Aflac will pay the amount for the level chosen when a covered person incurs a charge for a physician visit. Services must be under the supervision of a physician. This is a health maintenance benefit; the sickness of a covered person is not required for this benefit to be payable. No lifetime maximum.

	Level 1 A45100DC	Level 2 A45200DC	Level 3 A45300DC
Benefit Amount	\$15	\$20	\$25
Number of Visits per Year:			
Individual	3	4	4
Family*	6	8	8

Covered physician visits include, but are not limited to, eye exams, well-baby visits, immunizations, periodic health exams, and routine physicals.

The following benefits are payable for a covered sickness that occurs while coverage is in force. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable. All of the benefits listed below, except for the Hospital Confinement Benefit, are the same for Levels 1, 2, and 3 (Policies A45100DC, A45200DC, and A45300DC).

Hospital Confinement Benefit

Aflac will pay the amount per day for the level chosen when a covered person requires hospital confinement for 14 or more hours for a covered sickness and incurs a charge. Benefits are not payable for days beyond the 180th day in a period of hospital confinement.** No lifetime maximum.

	Level 1 A45100DC	Level 2 A45200DC	Level 3 A45300DC
Benefit Amount:			
Days 1–15	\$ 50	\$ 75	\$ 100
Days 16–180	\$ 100	\$ 150	\$ 200

Initial Hospitalization Benefit

Aflac will pay \$250 per period of hospital confinement** when a covered person is confined to a hospital for at least 24 hours for a covered sickness. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

Major Diagnostic Exams

Aflac will pay \$150 when a covered person requires one of the following exams for a covered sickness:

- CT scan
- MRI (magnetic resonance imaging)
- EEG (electroencephalogram)
- Thallium stress test
- Myelogram
- Angiogram
- Arteriogram

These exams must be performed in a hospital, doctor's office, or ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.

Surgical Benefit

Aflac will pay \$100–\$2,000 when a covered person has surgery performed for a covered sickness in a hospital or ambulatory surgical center based upon the Schedule of Operations in the policy. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. Benefits are not payable for cosmetic or elective surgery that is not due to sickness. Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic, or other such location. Surgery performed but not listed in the schedule will be paid according to the amount shown for the surgery most similar in severity and gravity. No lifetime maximum.

Rehabilitation Unit Benefit

Aflac will pay \$50 per day for each day a covered person is charged when confined in a hospital and transferred to a bed in a rehabilitation unit of a hospital for a covered sickness. This benefit is limited to 15 days for each covered person per period of hospital confinement** and is limited to a maximum of 30 days per calendar year. No lifetime maximum.

The Hospital Confinement and the Rehabilitation Unit Benefits are not payable on the same day. We will pay the highest eligible benefit.

Ambulance Benefit

Aflac will pay \$100 for ground ambulance and \$1,000 for air ambulance if, because of a covered sickness, a covered person requires transportation to or from a hospital. A licensed professional ambulance company must provide the ambulance service. This benefit is limited to two trips per calendar year, per covered person. No lifetime maximum.

*Family includes two-parent family, one-parent family, and named insured/spouse only.

**A period of hospital confinement is the time period of hospital confinement that starts while the policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless the later confinement is the result of an entirely unrelated sickness or the confinements are separated by 30 days or more.

Aflac's Personal Sickness Indemnity Plan pays cash benefits directly to you, unless assigned, regardless of any other insurance you may have.

Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy and riders 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 your new employer's payroll deduction process or direct payment to Aflac. You will again become eligible to receive this benefit after you re-establish your premium payments through payroll deduction for a period of at least six months and we receive premiums for at least six consecutive months. Payroll deduction means your premiums are remitted to Aflac for you by your employer through a payroll deduction process.

Guaranteed-Renewable

The policy is guaranteed-renewable for your lifetime subject to Aflac's right to change the applicable table of premium rates by class upon any renewal date.

Effective Date

The effective date is the date shown in the Policy Schedule, not the date the application is signed. Payroll rates may be retained after one month's premium payment on payroll deduction.

Family Coverage

Family coverage includes the insured; spouse; and dependent, unmarried children under age 19 (or 23 if they are enrolled as full-time students). Newborns are automatically covered under the terms of the policy from the moment of birth. One-parent family coverage includes the insured and all of the insured's unmarried, dependent children under age 19 (or 23 if they are enrolled as full-time students). A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

Pre-Existing Conditions

A pre-existing condition is a sickness 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. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than six months after the effective date of coverage.

A sickness is an illness, disease, or disorder diagnosed or treated 30 days or more after the effective date of coverage and while coverage is in force. Illnesses, diseases, or disorders that are diagnosed or treated within the 30-day waiting period will not be covered for six months from the effective date of coverage.

Limitations and Exclusions

The sickness benefits of the policy are subject to a 30-day waiting period. Any sickness medically treated or diagnosed before coverage has been in force 30 days from the effective date of coverage will not be covered unless the loss begins more than six months after the effective date of coverage. Other than the Physician Visits Benefit, we will not pay benefits for losses incurred as a result of an injury. We will not pay benefits for a covered person's giving birth within the first ten months of the effective date of the policy as a result of a normal pregnancy, including cesarean (complications of pregnancy* will be covered to the same extent as a sickness). **EXCEPTION:** Newborn children born within the first ten months of the policy effective date will be subject to a 30-day waiting period.

The policy does not cover losses caused by or resulting from:

- receiving dental care or treatment;
- intentionally self-inflicting bodily injury or attempting suicide;
- participating in or attempting to participate in any illegal activity that is classified as a felony, whether charged or not (the term felony is as defined by the law of the jurisdiction in which the activity takes place);
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces;
- having treatment for a mental or nervous disorder or disease, including depression; alcoholism or drug dependency; sustaining or contracting any loss because of a covered person's being intoxicated or under the influence of alcohol, drugs, or any narcotic unless administered on the advice of a physician and taken according to the physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the injury or cause of the loss occurred);
- having cosmetic surgery or elective surgery that is not due to sickness;
- donating an organ within the first 12 months of the effective date of the policy.

Hospital does not include any institution, or part thereof, used as an ambulatory surgical center; a hospice unit (including any bed designated as a hospice bed or a swing bed); a convalescent home; a rest or nursing facility; a psychiatric unit; a rehabilitation unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, or care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts, or alcoholics. Benefits for confinement in a rehabilitation unit are payable under the Rehabilitation Unit Benefit.

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

An ambulatory surgical center does not include a doctor's or dentist's office, clinic, or other such location.

*Complications of pregnancy do not include false labor, occasional spotting, physician-prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct complication of pregnancy. Cesarean deliveries are not considered complications of pregnancy.

Refer to the policy for complete details, limitations, and exclusions. This brochure is for illustration purposes only.

Aflac is ...

- A Fortune 500 company with nearly \$60 billion in assets, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (June 2006), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the seventh consecutive year in March 2007.
- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual list of America's 400 Best Big Companies for the seventh year in January 2007.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

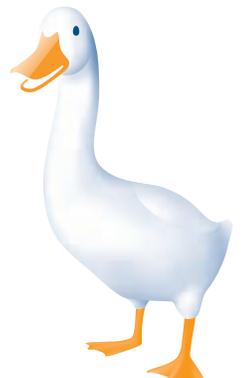
**Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*



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