

# Aflac

## Short-Term Disability Insurance

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



\*Available in participating agencies under Deduction Code 0219

THE INSURANCE POLICY DESCRIBED HEREIN PAYS BENEFITS FOR SHORT-TERM DISABILITY CAUSED BY SICKNESS OR OFF-THE-JOB INJURY. THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

# AFLAC SHORT-TERM DISABILITY INSURANCE

Policy Series A57600



## Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

### Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,<sup>1</sup> short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.<sup>2</sup>

### Here's how we can help

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

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.<sup>3</sup>

<sup>1</sup>Subject to certain conditions.

<sup>2</sup>Subject to your benefit period and elimination period.

<sup>3</sup>Unless otherwise assigned.



**Understand the difference Aflac makes in your financial security.**

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

**Coverage Options**

CHOOSE THE POLICY YOU NEED

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$530 to \$6,360 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	3, 6, 12, 18 or 24 months Disability due to mental illness is payable up to the benefit period and is limited to the maximum lifetime disability period for mental illness.
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.  Not available with a 3-month total disability benefit period.
<b>OPTIONAL RIDERS</b>	
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

\*Subject to certain conditions/maximum.

**How it works**



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,120 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 3 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

Benefits and/or premiums may vary based on state and option selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 for complete benefit details, definitions, limitations and exclusions.



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# SHORT-TERM DISABILITY COVERAGE

LIMITATIONS AND EXCLUSIONS,  
TERMS YOU NEED TO KNOW AND NOTICES

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**American Family Life Assurance Company of Columbus**  
(herein referred to as Aflac)  
**Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**  
For inquiries, obtaining information about coverage, and assistance in resolving complaints,  
call 1.800.99.AFLAC (1.800.992.3522).  
For claim forms, visit our Web site at aflac.com.

**SHORT-TERM DISABILITY COVERAGE**  
**Outline of Coverage for Policy Form A57600FL**  
**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. Short-term disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or Sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. **Benefits.** The following benefits are a part of the policy.  
**Aflac will pay the following benefits, as applicable, if your disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

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

Disability due to Mental Illness is payable up to the Benefit Period and is limited to the Maximum Lifetime Disability Period For Mental Illness.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician’s or Mental Health Provider’s statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require**

**Direct Personal Assistance. You must be under the care and attendance of a Physician or Mental Health Provider for these benefits to be payable. Benefits will cease on the date of your death.**

**A. TOTAL DISABILITY BENEFITS:**

1. If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:  
If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled “Term,” and the definition of “Benefit Period.”

During the first 12 months of your Total Disability, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

2. If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as

certified by a Physician or Mental Health Provider, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician or Mental Health Provider no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician or Mental Health Provider from the prior disability, are no longer disabled and are no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial duties of such job, you have been released by a Physician or Mental Health Provider from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

- B. WAIVER OF PREMIUM BENEFIT:** If your covered Sickness or covered Off-the-Job Injury causes your Total Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while the policy is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's or Mental Health Provider's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's or Mental Health Provider's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your disability when this benefit is in force.

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 disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

#### 4. OPTIONAL BENEFITS:

**Disability Benefit for On-the-Job Injury Rider:**  
(Series A57650) Applied For:  Yes  No

**Aflac will pay the following benefits, as applicable, if your disability is caused by a covered On-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.**

**Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Injury. We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician for these benefits to be payable. Benefits will cease on the date of your death.**

##### A. TOTAL DISABILITY BENEFITS:

1. If you have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered On-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered On-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for the On-the-Job

Injury Disability Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

During the first 12 months of your Total Disability, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

2. If you do not have a Full-Time Job at the time of your On-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered On-the-Job Injury, as certified by a Physician, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the On-the-Job Injury Disability Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician from the prior disability, are no longer disabled and are

no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial duties of such job, you have been released by a Physician from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

- B. **WAIVER OF PREMIUM BENEFIT:** If your covered On-the-Job Injury causes your Total Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while this rider is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement (or proof of your inability to perform three or more ADLs) and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your disability when this benefit is in force.

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 disability benefits.

**The Waiver of Premium Benefit is not available with a three-month Total Disability Benefit Period.**

**IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.**

**Additional Units of Disability Benefit Rider:  
(Series A57651) Applied For:  Yes  No**

**Aflac will pay the following benefits, as applicable, if your disability is caused by a covered Sickness or covered Off-the-Job Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and**



**Exclusions, Pre-existing Condition Limitations, and other policy terms.**

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

Disability due to Mental Illness is payable up to the Benefit Period and is limited to the Maximum Lifetime Disability Period For Mental Illness.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's or Mental Health Provider's statement to determine whether you are qualified to receive disability benefits or whether you are unable to perform three or more ADLs and require Direct Personal Assistance. You must be under the care and attendance of a Physician or Mental Health Provider for these benefits to be payable. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit as described in your policy. The additional units of coverage will only be payable for a disability that begins after the Effective Date of this rider.

**A. TOTAL DISABILITY BENEFITS:**

1. If you have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Off-the-Job Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Off-the-Job Injury and you are not working at any job for pay or benefits, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

During the first 12 months of your Total Disability, if you are working at any job for pay or benefits, we will pay you one-half of the Daily Disability Benefit

for each day of your Total Disability. After benefits have been payable for 12 months, if you are working at any job for pay or benefits, no benefits will be payable.

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, or (2) working at any job after benefits have been payable for 12 months.

2. If you do not have a Full-Time Job at the time of your Sickness or Off-the-Job Injury, we will insure you as follows while coverage is in force:

If you are unable to perform three or more ADLs within 90 days of your last treatment that is a result of a covered Sickness or Off-the-Job Injury, as certified by a Physician or Mental Health Provider, and you require Direct Personal Assistance to perform such ADLs, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day you cannot perform such ADLs. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician or Mental Health Provider to perform the material and substantial duties of your Full-Time Job, (2) working at any job after benefits have been payable for 12 months, or (3) Physician or Mental Health Provider no longer being able to certify that you are unable to perform three or more ADLs that require Direct Personal Assistance.

Separate periods of disability resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior disability. Once the maximum Benefit Period has been paid, you will not be eligible for a new Benefit Period or any disability benefits due to the same or a related condition unless you have been released by a Physician or Mental Health Provider from the prior disability, are no longer disabled and are no longer qualified to receive disability benefits for a period of 180 days.

Separate periods of disability resulting from **unrelated causes** are considered a continuation of the prior disability unless they are separated by your returning to work at a Full-Time Job for 14 working days, during which you are performing the material and substantial

duties of such job, you have been released by a Physician or Mental Health Provider from the prior disability, and are no longer qualified to receive disability benefits.

Periods of disability meeting either of these separation requirements will begin a new Benefit Period, subject to a new Elimination Period.

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## IMPORTANT PROVISIONS OF YOUR POLICY

### LIMITATIONS AND EXCLUSIONS

- A. Disability caused by a Pre-existing Condition or reinjuries to a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.
- B. Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician or Mental Health Provider within the first 30 days after the Effective Date of coverage, unless the resulting disability begins more than 12 months after the Effective Date of coverage.
- C. Aflac will not pay benefits for a disability that is being treated outside the territorial limits of the United States.
- D. Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- E. Aflac will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.
- F. Aflac will not pay benefits for a disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a disability due to an Injury; such disability will be covered to the same extent as a disability due to Sickness.
- G. **Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:**
1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
  2. Using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician or Mental Health Provider and taken according to the Physician's or Mental Health Provider's instructions), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
  3. 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 or Mental Health Provider and taken according to the Physician's or Mental Health Provider's instructions) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
4. 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;
  5. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
  6. Having cosmetic surgery or other elective procedures that are not Medically Necessary;
  7. Having dental treatment, except as a result of Injury;
  8. Being exposed to war or any act of war, declared or undeclared;
  9. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;
  10. Donating an organ within the first 12 months of the Effective Date of the policy;
  11. Caffeine addiction, nicotine addiction, bereavement, situational depression, somatoform disorders (psychosomatic illness), or stress.

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

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

Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions, unless evidence of breast cancer is found during or as a result of the follow-up care.

**Renewability.** The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal period. Premium rates may be changed only if changed

on all policies of the same form number and class in force in your state (in which the policy was sold), 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.

**RETAIN 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.**

## TERMS YOU NEED TO KNOW

**ACTIVITIES OF DAILY LIVING (ADLs):** 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; MAINTAINING CONTINENCE: controlling urination and bowel movements, including your ability to use ostomy supplies or other devices such as catheters; TRANSFERRING: moving between a bed and a chair, or a bed and a wheelchair; DRESSING: putting on and taking off all necessary items of clothing; TOILETING: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; EATING: performing all major tasks of getting food into your body.

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

**EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

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

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

**MAXIMUM LIFETIME DISABILITY PERIOD FOR MENTAL ILLNESS:** the cumulative maximum number of days for which you can be paid benefits during your lifetime for disability due to mental illness. The maximum lifetime disability period for mental illness for the policy is 24 months.

**MENTAL HEALTH PROVIDER:** a person who is legally qualified and licensed to provide diagnostic and/or therapeutic services for mental illness, other than you or a member of your immediate family, who is licensed by the state to treat the type of condition for which a claim is made. A mental health provider includes, but is not limited to a psychiatrist, psychologist, mental health counselor, psychiatric nurse and psychotherapist.

**MENTAL ILLNESS:** a psychiatric or psychological condition including but not limited to the following: schizophrenia, bipolar disorders, depressive disorders, anxiety disorders, eating disorders, post-traumatic stress, and substance and alcohol use disorders.

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

**ON-THE-JOB INJURY:** an injury that occurs while you are working at any job for pay or benefits.

**PHYSICIAN:** a person legally qualified to practice medicine, other than you or a member of your immediate family, who is licensed by the state to treat the type of condition for which a claim is made.

**SICKNESS:** an illness, disease, infection, or any other abnormal physical condition, independent of injury, that is first manifested and first treated more than 30 days after the effective date of coverage and while coverage is in force.

**TOTAL DISABILITY:** being under the care and attendance of a physician or mental health provider due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job. After benefits have been payable for 12 months, if applicable, it means being under the care and attendance of a physician or mental health provider due to a condition that causes you to be unable to perform the material and substantial duties of your full-time job and not working at any job.

## ADDITIONAL INFORMATION

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

Mental illness does not include Alzheimer's disease or similar forms of senility or senile dementia. Covered loss resulting from Alzheimer's disease, or other similar forms of senility or senile dementia will be covered to the same extent as any other sickness.



## **How to Submit a Claim:**

Completing the claims process is fast and easy.

### **To File a Claim Online:**

1. Visit <https://www.aflac.com/file-a-claim/default.aspx>.
2. Register or log in, and then choose MyAflac.
3. From the drop down menu, select Submit a new claim, and then Let's go.
4. Choose the policy you'd like to file a claim on, and then follow the prompts.  
\*If your banking information is entered under Billing, the funds will be direct deposited into your account.

You can also download the MyAflac mobile app.

### **Additional Forms of Submission:**

If you choose not to submit your claim online, you can access a claim form at <https://www.aflac.com/file-a-claim/default.aspx>.

1. Select your state and download forms under File your claim via fax or mail.
2. Complete the form.
3. Attach all required supporting documents.
4. Include your policy number, policyholder name, and date of birth or mailing address.

**Claims May Be Faxed To:** 877.44.AFLAC (877.442.3522)

### **Claims May Be Mailed To:**

American Family Life Assurance Company of Columbus  
ATTN: Claims Department  
1932 Wynnton Road  
Columbus, GA 31999

# CAPITAL INSURANCE AGENCY, INC.

*"We're Here to Help You!"*

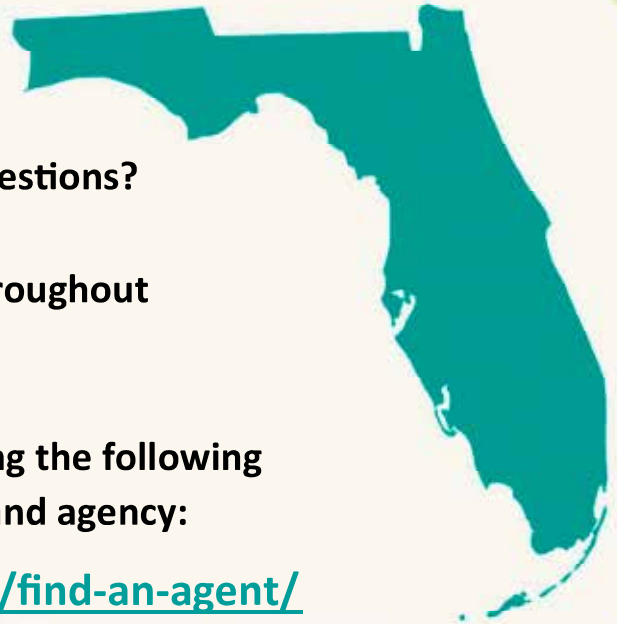
## FIND A LOCAL AGENT

Do you have general or enrollment questions?

Our agents are strategically located throughout the State to better serve you.

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Tallahassee, FL 32317

**Physical** 2457 Care Drive, Ste. A-200  
Tallahassee, FL 32308



**Local** 850.386.3100  
**Toll Free** 800.780.3100  
**Fax** 850.385.8126  
**Email** [groupdepartment@capitalins.com](mailto:groupdepartment@capitalins.com)  
**Web** [www.capitalins.com](http://www.capitalins.com)



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