

Personal Sickness Indemnity Plan

*Hospital Confinement Sickness Indemnity
Limited Benefit Policy*



Plan Benefits

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

Personal Sickness Indemnity Plan

Policy Series A-45100, A-45200, and A-45300

- ❑ Policy Series A-45100 (Level 1)
- ❑ Policy Series A-45200 (Level 2)
- ❑ Policy Series A-45300 (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 A-45100 | Level 2 A-45200 | Level 3 A-45300 |
|-------------------------------|--------------------|--------------------|--------------------|
| 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 (Policy Series A-45100, A-45200, and A-45300).

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 A-45100 | Level 2 A-45200 | Level 3 A-45300 |
|-----------------|--------------------|--------------------|--------------------|
| 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 the 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 this 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.

Optional Additional Initial Hospitalization Benefit Rider Summary Page

Rider A-45050

Riders become part of the policy and are subject to all policy provisions unless otherwise stated.

\$250

\$500

\$750

Aflac will pay the Additional Initial Hospitalization Benefit selected above when a covered person is confined to a hospital for at least 24 hours for a covered sickness. We will pay this benefit only once for each covered person per calendar year. We will pay this benefit in conjunction with the Initial Hospitalization Benefit in the policy.

Effective Date

The effective date of the rider is the effective date of the policy or the effective date of the rider as stated in the Policy Schedule, if later.

Termination

The rider will terminate if the policy to which it is attached terminates or if the premiums for the rider are not paid.

The rider to which this sales material pertains is written only in English; the rider prevails if interpretation of this material varies.

Refer to the policy and rider for complete details, limitations, and exclusions.

American Family Life Assurance Company of Columbus (Aflac)

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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

This 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 26. 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 26.

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 that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. 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 this 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 this policy as a result of a normal pregnancy, including cesarean (complications of pregnancy* will be covered to the same extent as a sickness).

This 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;
- obtaining routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visits Benefit);
- donating an organ within the first 12 months of the effective date of this policy.

*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.

Benefits for confinement in a rehabilitation unit are payable under the Rehabilitation Unit Benefit.

The policy to which this sales material pertains is written only in English; the policy prevails if interpretation of this material varies.

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

Aflac is ...

- A Fortune 500 company with assets exceeding \$59 billion, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (April 2004), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (March 2003), A+ (Superior) by A.M. Best (June 2004), and AA in insurer financial strength by Fitch, Inc. (December 2003).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the fifth consecutive year in March 2005.
- A premier provider of insurance policies with premiums payroll deducted for more than 300,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual Platinum 400 List of America's Best Big Companies since 2000 (January 2004).
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the seventh consecutive year in January 2005.

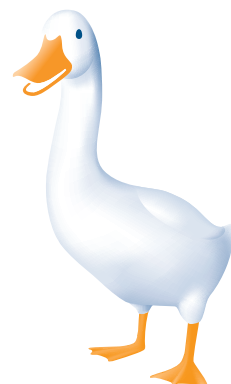
* Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.



1.800.99.AFLAC (1.800.992.3522)

En español:
1.800.SI.AFLAC (1.800.742.3522)

Visit our Web site at aflac.com.



Your local Aflac insurance agent/producer

HOSPITAL CONFINEMENT SICKNESS INDEMNITY LIMITED BENEFIT POLICY SURGICAL BENEFIT

AFLAC will pay benefits according to the Schedule of Operations when a covered person has a surgical operation performed for a covered sickness in a hospital or ambulatory surgical center. 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 of Operations will be paid according to the amount shown for the surgery most similar in severity and gravity. **No lifetime maximum.**

SCHEDULE OF OPERATIONS

BONE

| | |
|---|-------|
| Bone marrow biopsy or aspiration | \$100 |
| Arthroscopy | 150 |
| Removal of knee cartilage..... | 150 |
| Total knee replacement..... | 500 |
| Total hip replacement..... | 750 |

BRAIN

| | |
|---|-------|
| Burr holes not followed by surgery | 300 |
| Ventriculoperitoneal shunt..... | 500 |
| Exploratory craniotomy..... | 700 |
| Excision brain tumor | 1,000 |
| Hemispherectomy..... | 2,000 |

BREAST

| | |
|-------------------------------|-----|
| Incisional biopsy | 100 |
| Needle biopsy | 100 |
| Breast reduction..... | 300 |
| Lumpectomy | 300 |
| Stereotactic biopsy | 300 |
| Axillary node dissection..... | 475 |
| Partial mastectomy | 475 |
| Breast reconstruction | 625 |
| Mastectomy | |
| Simple | 625 |
| Radical..... | 925 |

DIGESTIVE

| | |
|------------------------------|-----|
| Colonoscopy | 100 |
| Esophagoscopy | 100 |
| Exploratory laparotomy | 100 |

DIGESTIVE (cont.)

| | |
|--------------------------------|-------|
| Gastroscopy | 100 |
| Sigmoidoscopy | 100 |
| Appendectomy..... | 200 |
| Colostomy..... | 300 |
| ERCP | 300 |
| Vagotomy..... | 300 |
| Partial colectomy | 400 |
| Colectomy..... | 600 |
| Colectomy with ileostomy | 600 |
| Cholecystectomy..... | 625 |
| Esophagectomy..... | 750 |
| Gastrectomy | |
| Partial..... | 750 |
| Total..... | 1,200 |

EAR/NOSE

| | |
|--|-----|
| Myringoscopy | 100 |
| Tympanotomy..... | 100 |
| Adenoidectomy..... | 150 |
| Myringoplasty | 150 |
| Mastoidectomy | |
| Simple..... | 150 |
| Radical..... | 300 |
| Tonsillectomy with or without adenoids..... | 300 |

EYE

| | |
|-------------------------|-----|
| Cataract | 200 |
| Enucleation..... | 500 |
| Corneal transplant..... | 750 |

GYNECOLOGIC

| | |
|---|-----|
| Dilation & curettage (D&C) | 150 |
| Vaginal delivery | 300 |
| Cesarean delivery..... | 400 |
| Hysterectomy | |
| Partial..... | 400 |
| Vaginal..... | 450 |
| Vulvectomy | |
| Partial..... | 450 |
| Radical..... | 900 |
| Abdominal hysterectomy with or without tubes and ovaries | 775 |

HEART

| | |
|---|-------|
| Insertion of pacemaker..... | 200 |
| Angioplasty | |
| One vessel | 500 |
| Two vessels | 750 |
| Coronary artery with graft..... | 1,000 |
| Replacement of aortic or mitral valve..... | 1,000 |

LARYNX

| | |
|--|-------|
| Laryngoscopy with biopsy..... | 100 |
| Tracheostomy | 200 |
| Laryngectomy | 500 |
| Laryngectomy with radical neck dissection | 1,000 |

LIVER

| | |
|--------------------------|-----|
| Needle biopsy | 125 |
| Wedge biopsy | 300 |
| Resection of liver | 750 |

LUNGS

| | |
|--------------------------------|-------|
| Needle biopsy | 200 |
| Bronchoscopy with biopsy | 250 |
| Thoracostomy | 300 |
| Thoracotomy..... | 400 |
| Pneumonectomy..... | 750 |
| Wedge resection of lung..... | 1,200 |
| Lobectomy..... | 1,500 |

LYMPHATIC

| | |
|----------------------------------|-----|
| Biopsy lymph node | 150 |
| Splenectomy | 300 |
| Lymphadenectomy (bilateral)..... | 800 |

MISCELLANEOUS

| | |
|---|-------|
| Foot surgery | 150 |
| Repair of hernia..... | 250 |
| Carpal tunnel release (one hand or two)..... | 250 |
| Cleft lip repair..... | 250 |
| Club foot repair | 250 |
| Partial mandibulectomy (for TMJ)..... | 250 |
| Mandibulectomy | 400 |
| Cleft palate repair | 400 |
| Organ transplant..... | 2,000 |

PANCREAS

| | |
|-------------------------|-------|
| Jejunostomy | 750 |
| Pancreatectomy | 1,000 |
| Whipple procedure | 2,000 |

SPINE

| | |
|-------------------|-----|
| Cordotomy | 450 |
| Laminectomy | 750 |

THYROID

| | |
|----------------|-----|
| Biopsy | 150 |
| Thyroidectomy | |
| One lobe..... | 450 |
| Two lobes..... | 800 |

URINARY

| | |
|--|-------|
| Biopsy prostate..... | 100 |
| Hydrocele..... | 100 |
| Cystoscopy | 125 |
| Arteriovenous shunt/fistula | 200 |
| Cystotomy..... | 200 |
| Orchiectomy (unilateral, bilateral) | 300 |
| Biopsy of kidney | 400 |
| TUR bladder | 475 |
| TUR prostate | 475 |
| Prostatectomy, radical..... | 750 |
| Cystectomy | |
| Partial..... | 800 |
| Complete | 1,400 |
| Nephrectomy | 1,500 |

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

**Worldwide Headquarters: 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999
TOLL-FREE 1-800-99-AFLAC (1-800-992-3522)**

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

**HOSPITAL CONFINEMENT SICKNESS INDEMNITY
LIMITED BENEFIT POLICY**

Outline of Coverage for Policy Form Series A-45100

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by AFLAC.

- (1) Read Your Policy Carefully:** This Outline of Coverage provides a very brief description of some of the important features of your policy. 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) Hospital Confinement Sickness Indemnity Limited Benefit Coverage** is designed to provide coverage in the form of a fixed daily benefit during periods of hospitalization or care resulting from a covered Sickness only, subject to any limitations set forth in your policy. It does not provide any benefits other than the fixed daily indemnity for hospital confinement and any additional benefits described below. The benefits described in Part (3) may be limited by the provisions in Part (5).
- (3) Benefits:** We will pay the following benefits, as applicable, while coverage is in force (Treatment or confinement in a U.S. government Hospital does not require a charge for benefits to be payable).
- A. PHYSICIAN VISITS BENEFIT:** We will pay \$15 for you or any covered family member when a charge is incurred for Physician visits. Services must be under the supervision of a Physician. If the Type of Coverage for this policy is Individual, the benefit is limited to 3 visits per calendar year. If the Type of Coverage is Named Insured/Spouse Only, One-Parent Family or Two-Parent Family, the benefit is limited to a total of 6 visits per calendar year for this policy.

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

Subject to the Pre-existing Conditions provision and Part 2 of your policy, Limitations and Exclusions, we will pay the following benefits 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):

- B. MAJOR DIAGNOSTIC EXAMS:** When a covered person requires one of the following exams for a covered Sickness, we will pay \$150 per calendar year for each covered person when a charge is incurred: CT scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), thallium stress test, myelogram, angiogram or arteriogram. These exams must be performed in a Hospital, doctor's office or Ambulatory Surgical Center. This benefit is limited to one payment per calendar year, per covered person. No lifetime maximum.
- C. INITIAL HOSPITALIZATION BENEFIT:** When a covered person is confined to a Hospital for at least 24 hours for a covered Sickness, we will pay an Initial Hospitalization Benefit of \$250 per Period of Hospital Confinement. This benefit is limited to one payment per calendar year, per covered person.

D. HOSPITAL CONFINEMENT BENEFIT: When a covered person requires Hospital Confinement for 14 or more hours for a covered Sickness, we will pay as follows for the Period of Hospital Confinement:

1. HOSPITALIZATION FOR DAYS 1 THROUGH 15:

We will pay \$50 per day for each day you are charged.

2. HOSPITALIZATION FOR DAYS 16 THROUGH 180:

We will pay \$100 per day for each day you are charged.

Benefits are not payable for days beyond the 180th day in a Period of Hospital Confinement. No lifetime maximum.

E. REHABILITATION UNIT BENEFIT: When a covered person is confined in a Hospital and is transferred to a bed in a Rehabilitation Unit of a Hospital for a covered Sickness, we will pay \$50 per day for each day you are charged. This benefit is limited to 15 days for each covered person per Period of Hospital Confinement and is limited to a calendar year maximum of 30 days. No lifetime maximum.

IMPORTANT: The Hospital Confinement Benefit (D) and the Rehabilitation Unit Benefit (E) will not be paid on the same day. We will pay the highest eligible benefit.

F. SURGICAL BENEFIT: When a surgical operation is performed on a covered person for a covered Sickness in a Hospital or Ambulatory Surgical Center, we will pay you \$100 - \$2,000. See Schedule of Operations in the policy for specific amounts payable. **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. No lifetime maximum.**

IMPORTANT: Surgical Benefits are not payable for surgery performed in a doctor's or dentist's office, clinic or other such location.

G. AMBULANCE BENEFIT: If, due to a covered Sickness, a covered person requires ground ambulance transportation to or from a Hospital, we will pay \$100. If air ambulance transportation is required due to a covered Sickness, we will pay \$1,000. 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.

H. CONTINUATION OF COVERAGE BENEFIT: We 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:
 - (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.

(4) Optional Benefits:

Additional Initial Hospitalization Benefit (Series A-45050) Applied For:

Yes No

When a covered person is confined to a Hospital for at least 24 hours for a covered Sickness, we will pay the Additional Initial Hospitalization Benefit shown in the Policy Schedule for each Period of Hospital Confinement. This benefit is limited to one payment per calendar year, per covered person.

(5) Exceptions, Reductions and Limitations of This Policy (this is not a daily hospital expense plan):

- A. The Sickness benefits of this 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.
- B. Benefits B through H are not payable for losses incurred as a result of an Injury.
- C. We will not pay benefits for a covered person's giving birth within the first 10 months of the Effective Date of this policy as a result of a normal pregnancy, including Caesarean (Complications of Pregnancy will be covered to the same extent as a Sickness).
- D. This policy does not cover losses caused by or resulting from:
 - 1. receiving dental care or treatment;
 - 2. intentionally self-inflicting bodily Injury or attempting suicide;
 - 3. 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);
 - 4. being exposed to war or any act of war, declared or undeclared, or serving in the armed forces;
 - 5. 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);
 - 6. having cosmetic surgery or elective surgery that is not due to Sickness;
 - 7. obtaining routine nursing or routine well-baby care for a newborn child (other than provided by the Physician Visits Benefit);
 - 8. donating an organ within the first 12 months of the Effective Date of this policy.

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 that would ordinarily cause a prudent person to seek diagnosis, care or treatment. 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.**

(6) Renewability: This policy is guaranteed-renewable for your lifetime if you pay the premiums in effect at the beginning of each term. AFLAC may change premium rates only if we change the rates on all policies of the same form number and class in force in your state.

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