Plan 1

Specified Health Event Protection

Specified Health Event Insurance

Plan Highlights

Pays a First-Occurrence Benefit as well as Hospital Confinement and Continuing Care Benefits for:

- Heart Attack & Coronary Artery Bypass Surgery
- Stroke
- End-Stage Renal Failure
- Major Human Organ Transplant
- Major Third-Degree Burns
- Coma
- Plus ... much more

Form A71175CA IC(1/07)

Aflac™

Specified Health Event Protection

Policy Series A71000

Primary specified health events covered by the Specified Health Event Protection policy include:

- Coma
- Stroke
- Paralysis
- Heart Attack
- End-Stage Renal Failure
- Major Third-Degree Burns
- Persistent Vegetative State
- Coronary Artery Bypass Surgery
- Major Human Organ Transplant

$5,000 First-Occurrence Benefit

Aflac will pay $5,000 for the named insured and spouse or $7,500 for each dependent child covered under the policy when he or she is first diagnosed as having had a primary specified health event. This benefit is paid only once for each covered person and will be paid in addition to any other benefit in the policy. Lifetime maximum is $5,000 per named insured and spouse, and $7,500 per dependent child.

$2,500 Reoccurrence Benefit

Aflac will pay $2,500 for each covered person under the policy if he or she has been paid under the First-Occurrence Benefit and is later diagnosed as having had a primary specified health event that occurs more than 180 days after the First-Occurrence Benefit last became payable. This benefit will again become payable for a primary specified health event when it occurs more than 180 days after the Reoccurrence Benefit last became payable. No lifetime maximum.

Hospital Confinement Benefit*

Aflac will pay $300 for each day a covered person incurs a charge for hospital confinement for the treatment of a covered primary specified health event. Confinement for treatment of the covered primary specified health event must occur within 500 days following the occurrence of the most recent covered primary specified health event. This benefit is payable for only one covered primary specified health event at a time per covered person. Treatment or confinement in a U.S. government hospital does not require a charge for benefits to be payable.

Continuing Care Benefit*

Aflac will pay $125 each day a covered person is charged for receiving any of the following treatments from a licensed physician as a result of a covered primary specified health event:

- Dialysis
- Hospice Care
- Extended Care
- Physician Visits
- Speech Therapy
- Physical Therapy
- Home Health Care
- Nursing Home Care
- Respiratory Therapy
- Occupational Therapy
- Rehabilitation Therapy
- Dietary Therapy/Consultation

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered primary specified health event. Daily maximum for this benefit is $125 regardless of the number of treatments received.

*If the Hospital Confinement Benefit and the Continuing Care Benefit are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

Ambulance Benefit

Aflac will pay $250 if, due to a covered primary specified health event, a covered person requires ground ambulance transportation to or from a hospital. *Aflac will pay $2,000* if, due to a covered primary specified health event, a covered person requires air ambulance transportation to or from a hospital. A licensed professional or licensed volunteer ambulance company must provide the ambulance service. If the provider of service does not receive payment for services provided from any other source, and provided the benefit under the policy has not been paid, we will directly reimburse such provider of service. This benefit will not be paid for more than two times per occurrence of a primary specified health event. Ambulance benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. No lifetime maximum.

Transportation Benefit

Aflac will pay 50 cents per mile for noncommercial travel or the costs incurred for commercial travel (coach class plane, train, or bus fare) for transportation of a covered person for the round-trip distance between the hospital or medical facility and the residence of the covered person if a covered person requires special medical treatment that has been prescribed by the local attending physician for a covered primary specified health event. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. Reimbursement will be made for only the method of transportation actually taken. This benefit will be paid only for the covered person for whom the special treatment is prescribed. If the special treatment is for a dependent child and commercial travel is necessary, Aflac will pay this benefit for up to two adults to accompany the dependent child. The benefit amount payable is limited to $1,500 per occurrence of a covered primary specified health event. Transportation benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. This benefit is not payable for transportation to any hospital located within a 50-mile radius of the residence of the covered person. No lifetime maximum.

Lodging Benefit

Aflac will pay the charges incurred up to $75 per day for lodging for you or any one adult family member when a covered person receives special medical treatment for a covered primary specified health event at a hospital or medical facility. The hospital, medical facility, and lodging must be more than 50 miles from the covered person's residence. This benefit is not payable for lodging occurring more than 24 hours prior to treatment or for lodging occurring more than 24 hours following treatment. This benefit is limited to 15 days per occurrence of a covered primary specified health event. Lodging benefits are not payable beyond the 180th day following the occurrence of a covered primary specified health event. No lifetime maximum.

The Continuing Care Benefit, Ambulance Benefit, Transportation Benefit, and Lodging Benefit will be paid for care received within 180 days following the occurrence of a covered primary specified health event. Benefits are payable for only one covered primary specified health event at a time per covered person. If a covered person is eligible to receive benefits for more than one covered primary specified health event, we will pay benefits only for care received within the 180 days following the occurrence of the most recent event.

Secondary Specified Health Event Benefit

Aflac will pay $250 for each covered person under the policy who has coronary angioplasty, with or without stents. This benefit is limited to one coronary angioplasty per 30-day period. No lifetime maximum.

Mammography Benefit

Aflac will pay $150 per policy year when a charge is incurred for an annual screening by low-dose mammography for the presence of occult breast cancer. This benefit is limited to one payment per policy year, per covered person. No lifetime maximum.

Waiver of Premium Benefit

If you, due to a primary specified health event, are completely unable to do all of the usual and customary duties of your occupation [if you are not employed: are completely unable to perform three or more of the activities of daily living (ADLs) without the assistance of another person] for a period of 90 continuous days, Aflac will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac will require an employer's statement (if applicable) and a physician's statement of your inability to perform said duties, and may each month thereafter require a physician's statement that total inability continues.

Continuation of Coverage Benefit

Aflac will waive all monthly premiums due for the policy and riders for 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; (4) you or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and (5) you re-establish your 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 premium is 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 premiums by class upon any renewal date.

Definitions

The following specified health events must occur after the effective date of coverage for benefits to be payable:

Primary Specified Health Event: heart attack, stroke, coronary artery bypass surgery, end-stage renal failure, major human organ transplant, major third-degree burns, persistent vegetative state, coma, or paralysis.

Coma: a continuous state of profound unconsciousness, diagnosed or treated after the effective date of the policy, lasting for a period of seven or more consecutive days and characterized by the absence of (1) spontaneous eye movement, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance.

Coronary Artery Bypass Surgery: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts but excluding procedures such as, but not limited to, coronary angioplasty, laser relief, or other nonsurgical procedures. This does not include valve replacement surgery.

End-Stage Renal Failure: permanent and irreversible kidney failure, not of an acute nature, requiring dialysis or a kidney transplant to maintain life.

Heart Attack: a myocardial infarction, coronary thrombosis, or coronary occlusion that is diagnosed or treated after the effective date of the policy. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, or any other dysfunction of the cardiovascular system.

Major Human Organ Transplant: a surgery in which a covered person receives, as a result of a surgical transplant, one or more of the following human organs: kidney, liver, heart, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

Major Third-Degree Burns: an area of tissue damage in which there is destruction of the entire epidermis and underlying dermis and that covers more than 10 percent of total body surface. The damage must be caused by heat, electricity, radiation, or chemicals.

Paralysis: spinal cord injuries resulting in complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days. The paralysis must be confirmed by your attending physician.

Persistent Vegetative State: a state of severe mental impairment in which only involuntary bodily functions are present and for which there exists no reasonable expectation of regaining significant cognitive function. The procedure for establishing a persistent vegetative state is as follows: two physicians, one of whom must be the attending physician, who, after personally examining the covered person, shall certify in writing, based upon conditions found during the course of their examination, that (1) the covered person's cognitive function has been substantially impaired, and (2) there exists no reasonable expectation that the covered person will regain significant cognitive function.

Secondary Specified Health Event: coronary angioplasty with or without stents occurring after the effective date of coverage.

Stroke: apoplexy due to rupture or acute occlusion of a cerebral artery that is diagnosed or treated after the effective date of the policy. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

Family Coverage

Family coverage includes the insured; spouse (including the relationship created by a domestic partnership); and dependent, unmarried children to age 25. Newborn children are automatically insured as any other family member. One-parent family coverage includes the insured and dependent, unmarried children to age 25.

Effective Date

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

Pre-Existing Conditions

A pre-existing condition is an illness, disease, disorder, or injury for which, within the six-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended by or received from a physician. Benefits for a primary or secondary specified health event that is caused by a pre-existing condition will not be covered unless the primary or secondary specified health event occurs more than 30 days after the effective date. Any reoccurrence of a primary or secondary specified health event occurring more than 30 days after the effective date will be covered.

Limitations and Exclusions

Benefits are not payable for losses or confinements that occur or begin before the policy effective date or after termination of the policy.

Benefits for a primary or secondary specified health event that is caused by a pre-existing condition will not be covered unless the primary or secondary specified health event occurs more than 30 days after the effective date. Benefits are payable for only one covered primary or secondary specified health event at a time per covered person.

The policy does not cover losses or confinements caused by or resulting from: (1) any loss sustained or contracted due, directly or indirectly, to a covered person's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician; (2) participating in any sport or sporting activity for wage, compensation, or profit; (3) intentionally self-inflicting bodily injury or attempting suicide; or (4) being exposed to war or any act of war, declared or undeclared, or actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

The term hospital does not include any institution or part thereof used as an emergency room; a rehabilitation unit; a hospice unit, including any bed designated as a hospice bed or a swing bed; a transitional care unit; a convalescent home; a rest or nursing facility; a psychiatric unit; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial or educational care, care or treatment for persons suffering from mental disease or disorders, care for the aged, or care for persons addicted to drugs or alcohol.

A physician does not include you or a member of your extended family, or anyone who normally resides in your home or residence.

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

This brochure is for illustration purposes only.

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

Aflac is ...

- A Fortune 500 company with assets exceeding $56 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 (January 2006), A+ (Superior) by A.M. Best (June 2005), and AA in insurer financial strength by Fitch, Inc. (April 2005).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the sixth consecutive year in March 2006.
- A premier provider of insurance policies with premiums payroll deducted for more than 350,000 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 for the sixth year in January 2006.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the eighth consecutive year in January 2006.

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

Your local Aflac insurance agent/producer

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