

Personal Accident Indemnity Plan

ACCIDENT-ONLY INSURANCE POLICY

Level 1

Plan Benefits

- Emergency Treatment
- Follow-Up Treatment
- Initial Hospitalization
- Hospital Confinement
- Physical Therapy
- Accidental-Death
- Wellness
- Plus ... much more

 **AFLAC** Without it, no insurance is complete.



Personal Accident Indemnity Plan

Policy Series A-34000

This is an accident-only insurance policy; it does not pay benefits for sickness.

Benefits are payable for a covered person's death, dismemberment, or injury caused by a covered accident that occurs on or off the job.

ACCIDENT EMERGENCY TREATMENT BENEFIT

AFLAC will pay \$120 for the insured and the spouse, and \$70 for children if a covered person receives treatment for injuries sustained in a covered accident. This benefit is payable for X-rays, treatment by a physician, or treatment received in a hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable. This benefit is payable once per 24-hour period and only once per covered accident, per covered person.

ACCIDENT FOLLOW-UP TREATMENT BENEFIT

AFLAC will pay \$25 for one treatment per day for up to a maximum of six treatments per covered accident, per covered person for follow-up treatment received for injuries sustained in a covered accident. Treatment must begin within 30 days of the covered accident or discharge from the hospital. Treatments must be furnished by a physician in a physician's office or in a hospital on an outpatient basis. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.

INITIAL ACCIDENT HOSPITALIZATION BENEFIT

AFLAC will pay \$1,000 when a covered person is confined to a hospital for at least 24 hours for injuries sustained in a covered accident. If the covered person is admitted directly to an intensive care unit, **AFLAC will pay \$1,500**. This benefit is payable only once per hospital confinement* or intensive care unit confinement and is payable only once per calendar year, per covered person.

ACCIDENT HOSPITAL CONFINEMENT BENEFIT

AFLAC will pay \$200 per day for which a covered person is charged for a room for hospital confinement* of at least 18 hours for treatment of injuries sustained in a covered accident. This benefit is payable up to 365 days per covered accident, per covered person.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT

AFLAC will pay an additional \$400 per day for each day a covered person is receiving the Accident Hospital Confinement Benefit and is confined to and charged for a room in an intensive care unit. This benefit is payable up to 15 days per covered accident, per covered person. Confinements must start within 30 days of the accident.

ACCIDENT SPECIFIC-SUM INJURIES BENEFIT

AFLAC will pay \$25–\$10,000 for:

Dislocations	Burns	Skin Grafts
Eye Injuries	Lacerations	Fractures
Broken Teeth	Comas	Brain Concussions
Paralysis	Surgical Procedures	

Treatment must be performed on a covered person for injuries sustained in a covered accident. We will pay for no more than two dislocations per covered accident, per covered person. Dislocations must be diagnosed within 72 hours of the covered accident. Benefits are payable for only the first dislocation of a joint. If a physician reduces a dislocation with local or no anesthesia, we will pay 25% of the amount shown for the closed reduction dislocation. A physician must treat burns within 72 hours after a covered accident. A total of 50% of the burn benefit will be paid for one or more skin grafts. Lacerations requiring sutures must be repaired under the attendance of a physician within 72 hours after the covered accident. Fractures must be diagnosed by a physician by X-ray within 14 days after a covered accident. For chip fractures and other fractures not reduced by open or closed reduction, we will pay 25% of the benefit amount shown for the closed reduction. We will pay for no more than two fractures per covered accident, per covered person. We will pay no more than one benefit for broken teeth per covered accident, per covered person. Coma duration must be at least seven days and must require intubation for respiratory assistance. Paralysis must result from spinal cord injuries that are received in a covered accident and that result in complete and total loss of use of two or more limbs for a period of at least 30 days, and the loss must be confirmed by a physician. Surgical procedures must be performed within one year of a covered accident. Two or more surgical procedures performed through the same incision will be considered one operation, and benefits will be paid based upon the most expensive procedure. Only one miscellaneous surgery benefit is payable per 24-hour period even though more than one procedure may be performed.

**Hospital confinement is defined as a covered person's confinement to a bed in a hospital for which a room charge is made. The confinement must be on the advice of a physician and medically necessary. The confinement must be as a result of injuries sustained in a covered accident or for rehabilitative care for injuries sustained in a covered accident. Benefits are also payable for confinement in hospitals operated by or for the United States government. Confinement must start within 30 days of the accident.*

MAJOR DIAGNOSTIC EXAMS

AFLAC will pay \$150 if a covered person requires one of the following exams for injuries sustained in a covered accident: CT (computerized tomography) scan, MRI (magnetic resonance imaging), or EEG (electroencephalogram). The exam must be performed in a hospital, a physician's office, or an ambulatory surgical center, and a charge must be incurred. This benefit is limited to one payment per calendar year, per covered person.

PHYSICAL THERAPY BENEFIT

AFLAC will pay \$25 for one treatment per day up to a maximum of ten treatments per covered accident, per covered person if a physician advises the person to seek treatment from a physical therapist. Physical therapy must be for injuries sustained in a covered accident and must start within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.

APPLIANCES BENEFIT

AFLAC will pay \$100 if a covered person requires, as advised by a physician, the use of a medical appliance as an aid in personal locomotion resulting from injuries sustained in a covered accident. This benefit is payable for crutches, wheelchairs, leg braces, back braces, and walkers and is payable once per covered accident, per covered person.

PROSTHESIS BENEFIT

AFLAC will pay \$500 if a covered person requires a prosthetic device as a result of injuries sustained in a covered accident. This benefit is payable once per covered accident, per covered person and is not payable for hearing aids, wigs, or dental aids, to include false teeth.

BLOOD/PLASMA/PLATELETS BENEFIT

AFLAC will pay \$100 if a covered person requires blood, plasma, or platelets for the treatment of injuries sustained in a covered accident. This benefit is not payable for immunoglobulins and is payable only once per covered accident, per covered person.

AMBULANCE BENEFIT

AFLAC will pay \$150 for ground ambulance transportation or **\$1,000** for air ambulance transportation if a covered person requires ambulance transportation to a hospital or emergency center for injuries sustained in a covered accident. A licensed professional ambulance company must provide the transportation within 72 hours of the covered accident.

TRANSPORTATION BENEFIT

AFLAC will pay \$400 per round trip to a hospital if a covered person requires special treatment and hospital confinement for injuries sustained in a covered accident. The hospital must be more than 100 miles from the covered person's residence or site of the accident. This benefit will be paid for only the covered person for whom the treatment is prescribed; or, if the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit. The local attending physician must prescribe the treatment, and the treatment must not be available locally. This benefit is payable for up to three round trips per calendar year, per covered person. This benefit is not payable for transportation by ambulance or air ambulance to the hospital.

FAMILY LODGING BENEFIT

AFLAC will pay \$100 per night for one motel/hotel room for a member of the immediate family to accompany the covered person if treatment of injuries sustained in a covered accident requires hospital confinement.* The hospital and motel/hotel must be more than 100 miles from the covered person's residence. This benefit is payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital.

ACCIDENTAL-DEATH AND -DISMEMBERMENT BENEFITS

AFLAC will pay the following benefit for death if it is the result of injuries sustained in a covered accident:

	Insured/Spouse	Child
Common-Carrier Accidents	\$100,000	\$15,000

A covered person must be a passenger at the time of the common-carrier accident, and a proper authority must have licensed the vehicle to transport passengers for a fee. *Common-carrier vehicles* are limited to airplanes, trains, buses, trolleys, and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis are not included.

	Insured/Spouse	Child
Other Accidents	\$25,000	\$7,500

(*Other Accidents* are accidents that are not classified as common-carrier accidents and that are not specifically excluded in the limitations and exclusions of the policy.)

AFLAC will pay the following benefit for dismemberment resulting from injuries sustained in a covered accident:

	Insured/Spouse	Child
Both arms and both legs	\$25,000	\$7,500
Two eyes, feet, hands, arms, or legs	\$25,000	\$7,500
One eye, foot, hand, arm, or leg	\$ 6,250	\$1,875
One or more fingers and/or one or more toes	\$ 1,250	\$ 500

Death or dismemberment must be independent of disease, bodily infirmity, or any other cause other than a covered accident and must occur within 90 days of the accident. Only the highest single benefit per covered person will be paid for accidental dismemberment. Benefits will be paid only once for any covered accident. If death and dismemberment result from the same accident, only the Accidental-Death Benefit will be paid. *Loss of use* does not constitute dismemberment, except for eye injuries resulting in permanent loss of vision such that central visual acuity cannot be corrected to better than 20/200.

WELLNESS BENEFIT

After this policy has been in force for 12 months, AFLAC will pay \$60 if you or any one family member undergoes routine examinations or other preventive testing during the following policy year. Eligible family members are your spouse and the dependent children of you or your spouse. Services covered are: annual physical examinations, dental exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, prostate-specific antigen tests (PSAs), ultrasounds, and blood screenings. This benefit will become available following each anniversary of the policy's effective date for service received during the following policy year and is payable only once per policy each 12-month period following the policy anniversary date. Service must be under the supervision of or recommended by a physician and received while your policy is in force, and a charge must be incurred.

GUARANTEED-RENEWABLE

This policy is guaranteed-renewable for your lifetime, subject to our right to change premiums by class upon any renewal date.

EFFECTIVE DATE

The effective date of this policy is the date shown in the Policy Schedule, not the date the application is signed. This policy is available through age 64. The payroll rate may be retained after one month's premium payment on payroll deduction.

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

WHAT IS NOT COVERED

We will not pay benefits for services rendered by a member of the immediate family of a covered person or for an accident that occurs while coverage is not in force.

We will not pay benefits for an accident or sickness that is caused by or occurs as a result of a covered person's:

- ◆ *Being under the influence of a controlled substance or illegal drugs (unless administered by a physician and taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred);*
- ◆ *Driving any taxi for wage, compensation, or profit;*
- ◆ *Mountaineering using ropes and/or other equipment; parachuting; or hang gliding;*
- ◆ *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 type penal institution;*
- ◆ *Intentionally self-inflicting bodily injury or attempting suicide, while sane or insane;*
- ◆ *Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment except as a result of injury;*
- ◆ *Being exposed to war or any act of war, declared or undeclared;*
- ◆ *Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;*
- ◆ *Participating in any form of flight aviation other than as a fare-paying passenger in a fully licensed, passenger-carrying aircraft;*
- ◆ *Participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event.*

Hospital does include any institution or part thereof used as an ambulatory surgical center; a convalescent home; a rest or nursing facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial care, educational care, care or treatment for persons suffering from mental disease or disorders, or care for the aged, drug addicts, or alcoholics.

FAMILY COVERAGE

Family coverage includes the insured; spouse; and dependent, unmarried children to age 19 (23 if full-time students). Newborn children are automatically insured from the moment of birth. *One-parent family coverage* includes the insured and all unmarried, dependent children to age 19 (23 if full-time students).

ACCIDENTS HAPPEN

- Unintentional injuries are the leading cause of death among persons in age groups from 1 to 34 and are the fifth leading cause of death overall.
- On the average, there are 11 unintentional-injury deaths and about 2,340 disabling injuries every hour during the year.
- A disabling injury occurs in the home about every four seconds.
- In 1998 about 37% of all hospital emergency department visits in the United States were injury-related.



Without it, no insurance is complete.

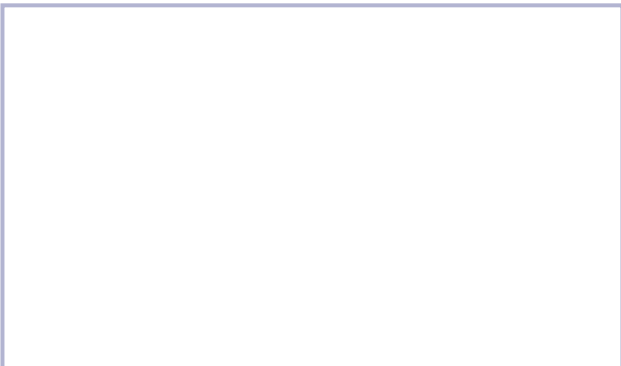
AFLAC, the insurance industry leader in cafeteria plan services,* is ...



- A Fortune 500 company with assets exceeding \$40 billion, insuring more than 40 million people worldwide.
- Rated “AA” in insurer financial strength by Standard & Poor’s (December 2000), “Aa2 (Excellent)” in insurer financial strength by Moody’s Investors Service (July 2002), “A+ (Superior)” by A.M. Best (April 2002), and “AA” in insurer financial strength by Fitch, Inc. (November 2001).**
- A world leader in guaranteed-renewable insurance with more than 200,000 national payroll accounts.
- Number one in guaranteed-renewable accident and cancer insurance sales.
- Outstanding in claimant recommendations as validated by an Opinion Research Corporation poll indicating that 9 out of 10 claimants agree that AFLAC paid their claims fairly and promptly, and they would recommend the purchase of cancer insurance to others (July 2001).
- Uncompromising in fast, efficient service. Our toll-free line puts you in touch with a decision-maker immediately.
- Named by *Fortune* magazine to its list of “The 100 Best Companies to Work For in America” for the fifth consecutive year in January 2003.

* *Employers Council on Flexible Compensation (ECFC), 3/00*

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



Your local AFLAC representative

**1-800-99-AFLAC
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1-800-SI-AFLAC
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Visit our Web site at www.aflac.com.