

Group Disability Insurance

INSURANCE PLAN — NON-OCCUPATIONAL

A disabling illness or injury may be unpredictable.

We'll help make sure they don't affect your financial plans, too.



In California, coverage is underwritten by
Continental American Life Insurance Company.

AFLAC GROUP DISABILITY

INSURANCE PLAN

Policy Series C50000



Aflac can help you protect one of your most important assets. Your income.

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

That's where Aflac group disability insurance can help.

Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes:

- Off-job only coverage.
- Benefits that help you maintain your standard of living.

What you need, when you need it.

Group disability insurance pays cash benefits that you can use any way you see fit when you are unable to work due to an accident or sickness.



Here's why the Aflac group disability plan is right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group disability plan is just another innovative way to help make sure you're well protected.

But it doesn't stop there, having group short-term disability insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses such as rent, mortgage or car payments.

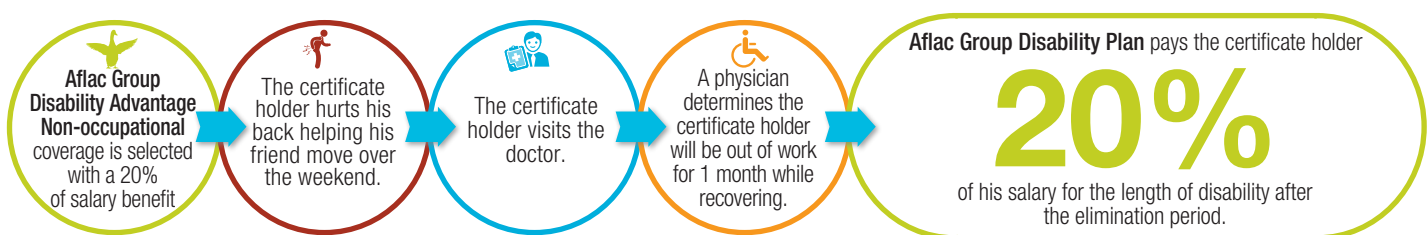
The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 20 percent of your salary (up to 40% in states with state disability).
- Minimum and Maximum Total Monthly Benefit – \$300 to \$6,000.
- Premium payments are waived after 90 days of total disability (not available on 3 month benefit period).
- Partial Disability Benefit.
- Guaranteed-issue amount up to \$6,000

Features:

- Benefits are paid directly to you unless otherwise assigned.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.

How it works



The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Benefits Overview

TOTAL DISABILITY

This convenient, affordable disability income plan will help provide needed income if you become Totally Disabled and are unable to work due to a covered injury or illness. Total disability benefits will be payable monthly once the elimination period has been satisfied.

PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you are not totally disabled and, as a result of sickness or injury, you are unable to earn 80 percent or more of your pre-disability earnings while working in your usual occupation, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

PORTABILITY

If you cease employment with your employer, you may elect to continue your coverage. In order to continue your coverage you must meet all of the requirements listed below.

- You must work full-time for another employer.
- You must make a written application and pay the required premium to us within 31 days after the date your insurance would otherwise terminate.
- You must continue to pay any required premiums.

The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply. Coverage may not be continued if you fail to pay any required premium or if the master policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

SEMI-MONTHLY RATES

Annual Salary Range	Monthly Benefit	Age 18-49	Age 50-64	Age 65-74
\$9,000 to \$23,999	\$300	\$4.94	\$5.17	\$5.88
\$24,000 to \$29,999	\$400	\$6.58	\$6.89	\$7.85
\$30,000 to \$35,999	\$500	\$8.23	\$8.62	\$9.81
\$36,000 to \$41,999	\$600	\$9.88	\$10.33	\$11.78
\$42,000 to \$47,999	\$700	\$11.53	\$12.06	\$13.74
\$48,000 to \$53,999	\$800	\$13.17	\$13.78	\$15.71
\$54,000 to \$59,999	\$900	\$14.82	\$15.51	\$17.66
\$60,000 to \$65,999	\$1,000	\$16.47	\$17.22	\$19.63
\$66,000 to \$71,999	\$1,100	\$18.12	\$18.95	\$21.59
\$72,000 to \$77,999	\$1,200	\$19.75	\$20.67	\$23.56
\$78,000 to \$83,999	\$1,300	\$21.41	\$22.40	\$25.52
\$84,000 to \$89,999	\$1,400	\$23.05	\$24.11	\$27.48
\$90,000 to \$95,999	\$1,500	\$24.70	\$25.84	\$29.44
\$96,000 to \$101,999	\$1,600	\$26.35	\$27.56	\$31.41
\$102,000 to \$107,999	\$1,700	\$27.99	\$29.28	\$33.37
\$108,000 to \$113,999	\$1,800	\$29.65	\$31.00	\$35.34
\$114,000 to \$119,999	\$1,900	\$31.28	\$32.73	\$37.30
\$120,000 to \$125,999	\$2,000	\$32.93	\$34.46	\$39.26
\$126,000 to \$131,999	\$2,100	\$34.58	\$36.17	\$41.22
\$132,000 to \$137,999	\$2,200	\$36.22	\$37.90	\$43.19
\$138,000 to \$143,999	\$2,300	\$37.88	\$39.62	\$45.15
\$144,000 to \$149,999	\$2,400	\$39.52	\$41.35	\$47.12
\$150,000 to \$155,999	\$2,500	\$41.17	\$43.06	\$49.07

\$156,000 to \$161,999	\$2,600	\$42.81	\$44.79	\$51.04
\$162,000 to \$167,999	\$2,700	\$44.46	\$46.51	\$53.00
\$168,000 to \$173,999	\$2,800	\$46.10	\$48.23	\$54.98
\$174,000 to \$179,999	\$2,900	\$47.75	\$49.95	\$56.94
\$180,000 to \$185,999	\$3,000	\$49.40	\$51.68	\$58.91
\$186,000 to \$191,999	\$3,100	\$51.04	\$53.40	\$60.86
\$192,000 to \$197,999	\$3,200	\$52.70	\$55.12	\$62.83
\$198,000 to \$203,999	\$3,300	\$54.34	\$56.84	\$64.79
\$204,000 to \$209,999	\$3,400	\$55.99	\$58.57	\$66.76
\$210,000 to \$215,999	\$3,500	\$57.63	\$60.29	\$68.72
\$216,000 to \$221,999	\$3,600	\$59.27	\$62.01	\$70.68
\$222,000 to \$227,999	\$3,700	\$60.93	\$63.73	\$72.64
\$228,000 to \$233,999	\$3,800	\$62.57	\$65.46	\$74.61
\$234,000 to \$239,999	\$3,900	\$64.22	\$67.18	\$76.57
\$240,000 to \$245,999	\$4,000	\$65.87	\$68.90	\$78.54
\$246,000 to \$251,999	\$4,100	\$67.51	\$70.63	\$80.50
\$252,000 to \$257,999	\$4,200	\$69.16	\$72.35	\$82.46
\$258,000 to \$263,999	\$4,300	\$70.80	\$74.07	\$84.42
\$264,000 to \$269,999	\$4,400	\$72.45	\$75.79	\$86.39
\$270,000 to \$275,999	\$4,500	\$74.10	\$77.52	\$88.35
\$276,000 to \$281,999	\$4,600	\$75.75	\$79.24	\$90.32
\$282,000 to \$287,999	\$4,700	\$77.39	\$80.96	\$92.27
\$288,000 to \$293,999	\$4,800	\$79.05	\$82.68	\$94.24
\$294,000 to \$299,999	\$4,900	\$80.68	\$84.41	\$96.20

Annual Salary Range	Monthly Benefit	Age 18-49	Age 50-64	Age 65-74
\$300,000 to \$305,999	\$5,000	\$82.33	\$86.13	\$98.17
\$306,000 to \$311,999	\$5,100	\$83.98	\$87.85	\$100.13
\$312,000 to \$317,999	\$5,200	\$85.62	\$89.57	\$102.10
\$318,000 to \$323,999	\$5,300	\$87.28	\$91.30	\$104.05
\$324,000 to \$329,999	\$5,400	\$88.92	\$93.01	\$106.02
\$330,000 to \$335,999	\$5,500	\$90.57	\$94.74	\$107.98
\$336,000 to \$341,999	\$5,600	\$92.21	\$96.46	\$109.95
\$342,000 to \$347,999	\$5,700	\$93.85	\$98.19	\$111.91
\$348,000 to \$353,999	\$5,800	\$95.50	\$99.90	\$113.88
\$354,000 to \$359,999	\$5,900	\$97.15	\$101.63	\$115.83
\$360,000 or more	\$6,000	\$98.80	\$103.36	\$117.80

LIMITATIONS AND EXCLUSIONS

If this coverage will replace any existing individual policy please be aware that it may be in your best interest to maintain their individual guaranteed-renewable policy.

We will not pay benefits for loss caused by Pre-Existing Conditions (except as stated in the provision below).

We will not pay benefits whenever coverage provided by this 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.

We 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.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. An injury or sickness that is covered by Worker's Compensation or that arises from any employment as determined by the California Worker's Compensation Appeals Board.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the Effective Date. For a condition to have been Pre-existing a Doctor must have advised, diagnosed, or treated the covered employee, or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

Treatment or Medical Treatment is the consultation, care, or services provided by a Doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines.

We will not pay benefits for any Disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Effective Date.

We will not reduce or deny a claim for benefits for any Disability due to a pre-existing condition that was diagnosed more than 12 months after the Effective Date.

PREGNANCY LIMITATION

Within the first nine months of the Effective Date of coverage, we will not pay benefits for a Disability that is caused by, or occurs as a result of, your Pregnancy or childbirth. Disability due to Complications of Pregnancy will be covered to the same extent as a covered Sickness.

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth will be payable. 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 due to Complications of Pregnancy.

TERMS YOU NEED TO KNOW

Actively at Work means your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you may be required to travel to perform the regular duties of your employment.

Benefit Period is the maximum number of days after the Elimination Period,

if any, for which you can be paid benefits for any period of disability. Each new Benefit Period is subject to a new Elimination Period.

Complications of Pregnancy means:

Conditions requiring Medical Treatment that comes before or comes after the termination of a pregnancy. The diagnoses for this Medical Treatment must be distinct from pregnancy but either adversely affected by pregnancy or caused by pregnancy. For a condition to be a Complication of Pregnancy, it must constitute a classifiably distinct pregnancy complication. Examples of such Complications of Pregnancy are: 1. Acute nephritis; 2. Nephrosis; 3. Cardiac decompensation; 4. Missed abortion; 5. Disease of the vascular, hemopoietic, nervous, or endocrine systems; and 6. Similar medical and surgical conditions of comparable severity.

Further Complications of Pregnancy include:

1. Hyperemesis gravidarum and pre-eclampsia requiring hospital confinement; 2. Ectopic pregnancy that is terminated; and 3. Spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.

Complications of Pregnancy do not include the following conditions:

1. Multiple gestation pregnancy; 2. false labor; 3. occasional spotting; and 4. morning sickness.

Other similar conditions associated with the management of a difficult pregnancy are not considered Complications of Pregnancy. Cesarean deliveries are not considered Complications of Pregnancy.

Effective Date is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you are actively at work as an eligible employee.

Elimination Period is the number of continuous days at the beginning of your Period of Disability for which no benefits are payable. Each new Benefit Period is subject to a new Elimination Period.

Injury means physical harm or damage to the body.

Covered Injury is an injury that 1) requires treatment by a physician, and 2) occurs while you are insured under the policy.

Partial Disability means you are not totally disabled, and that while working in your usual occupation, as a result of sickness or injury, you are unable to earn 80 percent or more of your pre-disability earnings.

Sickness means a covered illness, disease, infection, or any other abnormal physical condition.

Covered Sickness means a sickness that meets all the following criteria: (1) It must not be caused by an injury. (2) It first manifested and was first treated after the effective date of coverage. (3) It occurs while coverage is in force.

Termination Coverage will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, (4) the date you no longer belong to an eligible class, (5) age 75.

Total Disability means a disability that renders you unable to perform, with reasonable continuity, the substantial and material acts necessary to pursue your usual occupation in the usual or customary way.

You and Your refers to an employee as defined in the Plan.



Continental American Insurance Company (CAIC) is a wholly-owned subsidiary of Aflac Incorporated. CAIC underwrites group coverage but is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company and all administration is done by CAIC, Columbia, South Carolina.

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.

This brochure is subject to the terms, conditions, and limitations of Policy Form Series C50000.