

# Aflac Group Term Life

## INSURANCE

You know how important term life insurance can be to provide for your family in the *future*.

Let us show you how it can help provide peace of mind right now.



We've got you under our wing.®

# AFLAC GROUP TERM LIFE INSURANCE

Policy Series CAI9100R

TL<sup>G</sup>

## Peace of mind for your family that's affordable, not daunting.

Making sure you've done all you can to protect your family's way of life and to secure their future may seem like a tall order.

### That's where Aflac group Term Life insurance comes in.

With the flexibility to meet a variety of personal needs, you can choose the benefit and premium amounts that fit your paycheck as well as your lifestyle. So if something were to happen to you, your loved ones will have cash benefits that can help with:

- Burial and funeral expenses.
- Out-of-pocket medical costs, current bills, and debts.
- Income replacement and education plans.
- Emergency funds and retirement expenses.

## What you need, when you need it.

Group term life insurance pays cash benefits that you can use any way you see fit.



## Here's why the Aflac group Term Life plan may be 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 Term Life plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Group Term Life insurance from Aflac means that you could have added financial resources to help with ongoing living expenses as well.

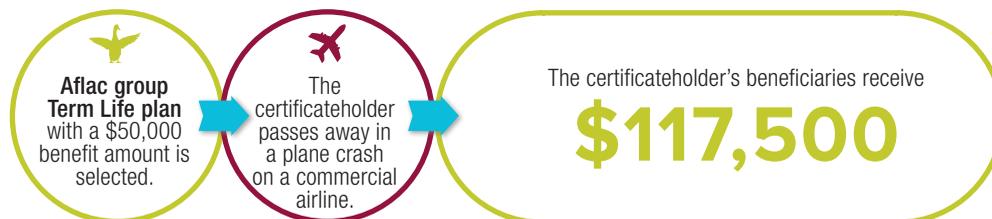
### The Aflac group Term Life plan benefits:

- Coverage available for \_\_\_\_\_-year planned level premium term(s).
- Qualified-issue coverage amounts:
  - Employee up to \$100,000.
  - Spouse up to \$50,000 (not to exceed employee's coverage).
  - Child up to \$25,000 (not to exceed employee's coverage).
- Waiver of Premium (employee only) — Prior to attained age 60, waives all plan premium after you are totally disabled for more than six consecutive months.

### Features:

- Benefits are paid directly to your named beneficiary.
- Coverage is portable (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four business days.

### How it works



Benefit based on death benefit amount of \$50,000, Basic Accidental Death Benefit of \$5,000 and Accidental Death Benefit on a common carrier while wearing a seat belt of \$62,500

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 or call 1.800.433.3036. [aflacgroupinsurance.com](http://aflacgroupinsurance.com)**

## Benefits Overview

### DEATH BENEFIT

While the coverage is in force, we will pay this benefit when we receive proof of loss showing that a covered person has died. The amount of the Death Benefit will be the sum of the amount of life insurance shown on the certificate schedule, plus any life insurance provided by an optional benefit rider, plus any portion of premium paid beyond the month the covered person died, plus any applicable interest, minus any unpaid premium due before the death of the covered person and any accelerated benefit we paid on behalf of the covered employee.

### BASIC ACCIDENTAL DEATH, LOSS OF SIGHT, AND DISMEMBERMENT BENEFIT

We will pay the Basic Accidental Death, Loss or Sight and Dismemberment Benefit if a covered person suffers one of the following as a result of an accidental injury that occurs while the certificate is in force:

- Loss of life, **or**
- Loss of both hands, **or**
- Loss of both feet, **or**
- Loss of one hand and one foot, **or**
- Loss of sight of both eyes, **or**
- Loss of one hand and sight of one eye, **or**
- Loss of one foot and sight of one eye.

We will pay the beneficiary 10% of the amount of life insurance for this benefit as shown on the certificate schedule for loss of life.

For accidental loss of A) both hands, B) both feet, C) sight of both eyes, D) one hand and one foot, E) one hand and sight of one eye, or F) one foot and sight of one eye, we will pay 5% of the amount of life insurance as shown on the certificate schedule. The loss must occur within 180 days after the accidental injury.

### ADDITIONAL ACCIDENTAL DEATH, LOSS OF SIGHT, AND DISMEMBERMENT BENEFIT RIDER\*

The Accidental Death Benefit is the same amount of the Death Benefit on the base plan.

We will pay 100% of the Accidental Death Benefit shown in the certificate schedule if the employee or spouse suffers accidental loss of life. This benefit is payable in addition to other benefits. Or,

We will pay 50% of the Accidental Death Benefit for accidental loss of A) both hands, B) both feet, C) sight of both eyes, D) one hand and one foot, E) one hand and sight of one eye, or F) one foot and sight of one eye. Or,

We will pay 125% of the Accidental Death Benefit for death resulting from a motor vehicle or common carrier as long as the insured is wearing a seat belt and is:

- Driving or riding in a motor vehicle **or**
- A passenger on a common carrier.

This benefit is available to the employee and spouse only.

\* The rider is **included** in the Term Life Plan. The Accidental Death, Loss of Sight, and Dismemberment Benefit Rider provides benefits **in addition** to the Basic Accidental Death, Loss of Sight, and Dismemberment Benefit contained in the certificate.

### TOTAL DISABILITY WAIVER OF PREMIUM (EMPLOYEE ONLY, ISSUE AGES 18-60)

We will waive premiums in the event of a total disability by a covered accidental injury or sickness prior to the insured's attained age 60. Premiums will be waived after six (6) consecutive months of covered total disability.

### ACCELERATED BENEFIT FOR TERMINAL ILLNESS

We will pay this benefit when we receive proof of loss showing the covered person has a terminal illness that will result in death within six months. This benefit will be 50% of the amount of life insurance shown on the certificate schedule. The covered person's attending physician must confirm that the covered person is suffering from a terminal illness.

### COVERAGE WORKSHEET

	Age	Tobacco/Nontobacco User	Benefit Amount	Cost Per Pay Period
Employee				
Spouse				
Children				
				TOTAL
This worksheet is for illustration purposes only. It does not imply coverage.				

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.

## LIMITATIONS AND EXCLUSIONS

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

- If a covered person, whether sane or insane, dies by suicide within two years of the date of certificate, our liability for death proceeds is limited to the premiums paid.
- If the age of a covered person has been misstated, and if the amount of premium is based on age, an adjustment of premiums will be made based on the covered person's true age.
- If age is a factor in determining eligibility or amount of insurance and there has been a misstatement of age, the insurance coverages, benefit amounts (or both) for which the covered person is insured will be adjusted in accordance with the covered person's true age. Any such misstatement of age shall neither continue insurance otherwise validly terminated nor terminate insurance otherwise validly in force.
- If it is determined after the death of a covered person that the covered person's age was misstated, the amount of insurance will be that which the premiums would have purchased at the correct age.
- If the policyholder fails to report any employee's termination of coverage while the group's master policy remains in effect, our liability will be limited to a return of premium retroactive to the date on which insurance should have been terminated, less any claims paid during this period. In no event will we refund more than two months' premium.
- We must receive proof of loss within 90 days after a loss occurs or starts.
- Any change in beneficiary must be made to us in writing. The change will be effective as of the date signed.

**The limitations and exclusions below apply to the following three benefits: the Basic Accidental Death, Loss of Sight, and Dismemberment Benefit; the Accidental Death, Loss of Sight, and Dismemberment Benefit Rider; and the Total Disability Waiver of Premium Benefit.**

### LIMITATIONS AND EXCLUSIONS

No Accidental Death, Loss of Sight, and Dismemberment Benefits or Total Disability Waiver of Premium Benefits are payable or available when the death or loss:

- Was caused directly or indirectly, wholly or partly, from suicide or attempted suicide, whether sane or insane, or any intentionally self-inflicted injury; or
- Resulted from or occurred while committing an assault or felony, or resisting or fleeing from arrest; or
- Resulted from or occurred while participating in a riot or insurrection; or
- Was caused by voluntarily taking, absorbing, or inhaling poison, poison gas, or fumes; or
- Was intentionally inflicted by any person (If the covered person is an innocent bystander having no relationship to an altercation, it is covered.); or

- Was incurred during travel, flight, or descent from any kind of aircraft, unless the covered person was being transported as a fare-paying passenger on a regularly scheduled flight (this exclusion does not apply to airline employees flying while working, traveling for pleasure, or traveling to and from a job assignment.); or
- Was caused by disease, illness, or bacterial infection (if the infection occurs because of an injury, it is covered).

In addition to the exclusions listed above, the following limitations also apply to the Accidental Death, Loss of Sight, and Dismemberment Basic Benefit and Rider:

- The loss must occur within 180 days after the accidental injury.
- This benefit terminates for the covered person when this benefit is paid.
- Substance abuse\* (This does not exclude a loss brought about by the use of drugs prescribed by and used as directed by a physician.);
- War or act of war, whether declared or undeclared;\*
- Service in the armed forces of any country or organization or in units auxiliary thereto;\*
- Intoxication;\* or
- Racing a self-propelled vehicle on a racetrack, on a public road, or at another place.\*

If two or more accidents cause losses covered by this benefit, we will not pay more than 100% of the Accidental Death Benefit shown on the certificate schedule for all such losses combined. This does not apply to the Seat Belt Benefit.\*

\*These exclusions apply to the Accidental Death, Loss of Sight, and Dismemberment Benefit Rider **only**.

**In addition to the exclusions listed above, the following limitations and exclusions will also apply to the Total Disability Waiver of Premium:**

Premiums will not be waived if total disability:

- Results from neurosis, psychoneurosis, psychopathy, psychosis, or mental and emotional disease or disorder without demonstrable organic cause (This exclusion will not apply to Alzheimer's disease, Parkinson's disease, or senile dementia.).
- Results from substance abuse (This exclusion will not apply to a condition brought about by the employee's use of drugs prescribed by and taken in accordance with the directions of a physician).

Premiums are only waived in the event of a total disability suffered by the named employee shown on the certificate schedule.

The employee's coverage will not continue beyond the employee's attained age of 65.

Any loss due to a pre-existing condition will not be covered if the loss begins with 12 months after the covered person's effective date of insurance. However, premiums may be waived for a loss due to a pre-existing condition of a covered person who was covered by a replaced plan and by this plan on its original effective date. If this plan's pre-existing condition exclusion has been satisfied, we will waive premiums. If the employee does not satisfy the plan's pre-existing condition exclusion, but can satisfy the replaced plan's pre-existing condition exclusion, then we

will waive premiums. If the employee does not satisfy the pre-existing condition exclusion of the plan or that of the replaced plan, premiums will not be waived.

This benefit shall not cause an insured's coverage or that of covered eligible dependents to continue beyond the earliest of any of the following dates:

- The date on which the insured requests termination, if the policy provides contributory insurance;
- The date on which the policy is terminated;
- The date on which the employee's class is no longer included for insurance;
- The end of the planned level premium period or renewal(s) of the planned level premium period allowed by the policy; or
- The insured's attained age 65.

#### **Limitations and Exclusions – Accelerated Benefit for Terminal Illness**

- We must receive consent of all irrevocable beneficiaries.
- We must receive a claim form for this benefit during the lifetime of the terminally ill covered person.
- Only one Accelerated Benefit for Terminal Illness for each terminal illness shall be paid on behalf of the covered person per lifetime.
- A physician must diagnose a covered terminal illness.
- We will not be liable for any payment made or action taken before we receive and acknowledge notice of the death of the terminally ill covered person.
- The employee should seek assistance from a personal tax advisor before making a claim for the Accelerated Benefit for Terminal Illness to determine any tax impact.

The Accidental Death, Loss of Sight, and Dismemberment Benefit provided by the plan will not increase or decrease the Accelerated Benefit for Terminal Illness.

If two or more Accelerated Benefits for Terminal Illness are payable on behalf of the same covered person under the plan for the same or related sickness, injury, or other loss, we will pay only one Accelerated Benefit for Terminal Illness. The covered person is entitled to choose the Accelerated Benefit for Terminal Illness.

The sum of all Accelerated Benefits for Terminal Illness payable under the plan—and its optional benefits and riders—will not exceed the amount of life insurance shown on the covered person's certificate schedule.

#### **PORTABILITY**

If employment is terminated, you may continue coverage by paying premiums directly to Aflac when due (subject to benefit conditions, limitations, and exclusions). You must contact us directly within 31 days.

We must receive the first premium within 31 days after coverage is terminated. The group's master policy must be in force on the date you port coverage.

You may port benefits if you:

- Have been continuously covered by the plan for at least six months;
- Are less than age 70;
- Are not totally disabled; and
- Are no longer actively at work as an employee of his company.

If you are no longer eligible for coverage for any other reason stated in the termination of eligibility provision (except death), you may continue coverage by paying premiums when due. We must receive the first premium within 31 days after eligibility terminates.

If coverage is terminated for any reason other than death, a covered employee may continue coverage under the policy subject to the benefit conditions, limitations and exclusions and by paying premiums when due for as long as the group policy remains in force. We must receive the first premium within 31 days after coverage is terminated. The group policy must be in force on the date that the employee ports coverage.

Subject to the benefit conditions, limitations and exclusions provision, a covered employee may port benefits when he is less than age 70, not totally disabled, and no longer a member of the eligible class.

#### **TERMINATION OF YOUR INSURANCE**

You and any covered dependents will cease to be insured under the policy and the certificate on the earliest of the following dates:

- The date on which you request termination, if the policy provides contributory insurance;
- The date on which the policy is terminated;
- The date on which You are no longer in an eligible class;
- The date on which Your class is no longer included for insurance;
- The end of the period for which the last required contribution for Your insurance has been paid;
- The date on which active employment ends or your retirement date, subject to the Continuation of Insurance Provision; or
- Your death.

Termination of your insurance is without prejudice to any claim that occurred or commenced prior to the date of such termination.

The continuation of insurance provision, the conversion provision, and the portability provision, if available, provide certain rights at times when Your coverage would otherwise end as required by the termination of insurance provision.

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

## TERMS YOU NEED TO KNOW

**Accident (Accidental)** means a sudden, unexpected, violent, and external event that causes bodily injury to a covered person.

**Common Carrier** means a conveyance that is operated by a government-regulated or government-run business; and transports persons for a fee.

**Child** means a person who is primarily dependent upon and living with the insured in a permanent parent-child relationship and a natural or adopted child of the insured or spouse; child placed with the insured for adoption; or stepchild of the insured. **Child** does not include a person not meeting the above child definition; child living outside of the United States (unless living with an insured); or child on active military duty for a period in excess of 30 days.

**Covered Person** means an eligible employee or eligible dependent who is covered under the plan. Persons eligible for coverage are shown on the schedule.

**Eligible Dependents** means a spouse, his or her child(ren), and the child(ren) of an eligible employee. If a child is covered by the plan, the child's eligibility will not end if the child is and remains unmarried; incapable of self-sustaining employment due to mental incapacity or physical handicap; **and** chiefly dependent on the employee or spouse for support. However, in no event will eligibility or coverage of any child continue beyond the date that the employee's coverage ends. The employee must furnish us with proof of physical or mental incapacity within 31 days after the child's eligibility would otherwise end. Thereafter, we may require proof, but not more frequently than annually.

**Eligible Employee** means a person who is in active employment of the group's master policyholder; **and** meets the enrollment eligibility and waiting period provisions shown in the enrollment form.

**Illness** means sickness or disease of a covered person.

**Injury** means the bodily harm resulting directly from an accident and independently of all other causes.

**Insured** means an eligible employee who is covered by the plan.

**Loss of Foot** means the total and irrecoverable loss of use of the foot.

**Loss of Hand** means the total and irrecoverable loss of at least four fingers entirely on one hand.

**Loss of Sight** means clinically-proven, irreversible reduction of sight in both eyes as a result of illness or Injury. The corrected visual acuity must be less than 20/200; or a visual field restriction to 20 degrees or less in both eyes. There must be clear proof that blindness was due to injury, and that the condition has continued without interruption for a period of at least six consecutive months after diagnosis. No benefit will be paid if, in general medical opinion, surgery, a device, or implant could result in the partial or total restoration of sight. The diagnosis must be made by physical examination by an ophthalmologist; and after the effective date of insurance.

**Motor Vehicle** means a vehicle licensed to operate on public roadways.

**Physician** means a medical doctor or other person recognized by law or regulation in the state where services are rendered as a physician. The person must be licensed and practicing in the United States

**Physician** does not include you; a person related to you by blood or marriage; or a medical doctor or other person practicing outside of the United States.

**Pre-Existing Condition** means a condition causing total disability which a physician has treated or for which a physician has advised treatment of the employee within 12 months before the employee's effective date of insurance.

**Seat Belt** means a manufacturer or dealer-installed safety device in a common carrier or motor vehicle consisting of a strap or harness that is intended to restrain an occupant during an accident and reduce injuries.

**Sickness** means an illness or disease causing a loss covered by the plan. **Sickness** includes pregnancy and complications of pregnancy.

**Spouse** means the person recognized as the covered insured's husband or wife under the laws of the state in which the Insured lives or the person recognized by the insured's state of residence as the insured's domestic partner; a party to a civil union with the insured; a reciprocal beneficiary of the insured; or someone for whom we must provide the coverage of the plan on a spousal equivalent basis under the laws or regulations of that state or persons who, by written agreement between the company and the policyholder, may be covered by the plan on a spousal equivalent basis.

**Terminal Illness** means a sickness that will, with a reasonable degree of medical certainty, result in death of a covered person under the plan within six months from the date the attending physician signs a claim form.

The attending physician must confirm that the employee or covered eligible dependent suffers from a terminal illness commencing while the plan is in force.

**Totally Disabled (Total Disability)** means, for the first 12 months of a disability that the covered employee is unable to perform the substantial and material duties of his regular occupation; not working in any other occupation; **and** under the care of a physician for the disability.

After 12 months of total disability, **totally disabled** means that the insured is unable to perform the duties of any gainful occupation for which he is reasonably fitted by training, education or experience; **and** under the care of a physician for the disability. We will not require care of a physician when it is no longer needed for the sound medical care of the condition causing total disability.



# CONTINENTAL AMERICAN INSURANCE COMPANY

Columbia, South Carolina  
800.433.3036

## Group Life Insurance Beneficiary Designation Form

### A. Information About the Employee

Name of Employee <i>(First, middle initial, last)</i>	Address	Date of birth <i>(mm/dd/yyyy)</i>	Social Security	Employer Policyholder Name
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### B. Employee Beneficiary Information

First name, middle initial, and last name of each beneficiary	Relationship	Address	Date of Birth <i>(mm/dd/yyyy)</i>	Social Security #	Email Address	Telephone	Percent %
<input type="checkbox"/> Primary							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							

Total: 100%

### C. Information About the Spouse

Name of Spouse <i>(First, middle, last)</i>	Date of birth <i>(mm/dd/yyyy)</i>
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### D. Spouse Beneficiary Information

First name, middle initial, and last name of each beneficiary	Relationship	Address	Date of Birth	Social Security #	Email Address	Telephone	Percent %
<input type="checkbox"/> Primary							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent							

Total: 100%

### E. Please sign and date

Employee Signature	Date
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**Return to:** Mail: Aflac · P.O. Box 84075 · Columbus, GA 31993 · Fax: 866.849.2974 · Email: cscmail@aflac.com  
**Questions?** Toll-Free: 1.800.433.3036

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage.

**We've got you  
under our wing.®**

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Continental American Insurance Company • 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. This brochure is subject to the terms, conditions, and limitations of Policy Series CAI9100R.

