Aflac
Short-Term Disability Insurance

We've been dedicated to helping provide peace of mind and financial security for nearly 60 years.

Aflac®

AFLAC SHORT-TERM DISABILITY INSURANCE

Policy Series A57600

SD

Helping Pay Your Bills, While You Pay Attention to Your Health

Imagine this. One day, not very far in the future, you become disabled. And you can't go to work. It could happen to you. In fact, last year millions of families found themselves in this situation.[1] How would you pay the mortgage? Buy groceries? Make your car payment? And pay all the other bills that won't go away, just because your paycheck is gone? That's where Aflac's short-term disability insurance policy can help make the difference. The difference that means you will still have a source of income and you will know Aflac is helping take care of your bills while you're taking care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- Aflac short-term disability is sold on an individual basis. So you actually choose the plan that's right for you. We'll give you what you need based on your financial needs and income.
- We now offer the option of guaranteed-issue[2] short-term disability coverage. That means no medical questionnaire is required. That should help give you some peace of mind.
- We pay you a cash benefit for each day you are disabled.[3]

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-3

AMERICANS ENTERING THE WORKFORCE TODAY WILL BECOME DISABLED.[1]

FACT NO. 2

NEARLY

90%

OF DISABILITIES ARE NOT WORK RELATED.[1]

[1]2013 Disability Insurance Awareness Month, Facts from LIMRA.
[2]Subject to certain conditions.
[3]Subject to your benefit period and elimination period.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. Aflac Short-Term Disability benefits provide you with a source of income while you concentrate on getting better. This means that you will have added financial resources to help with expenses incurred due to medical treatment, to help with ongoing living expenses, or to help with any purpose you choose.

Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

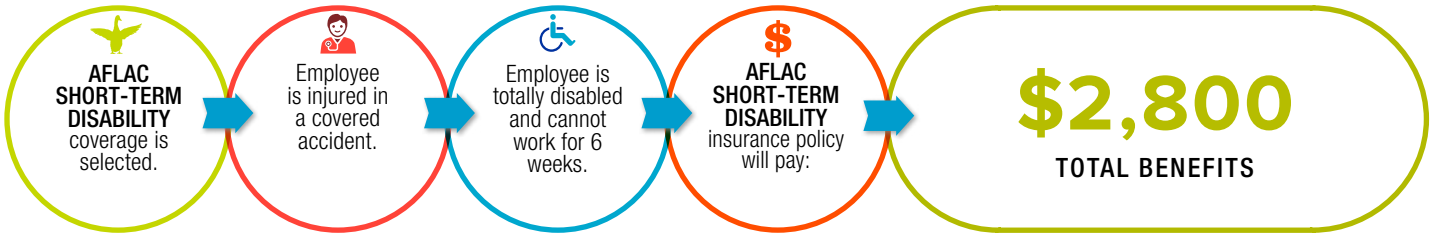
Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

Coverage Options

Choose the Policy You Need

- Monthly Benefit: $500–$6,000 (subject to income requirements)
- Total Disability Benefit Periods: 6, 12, 18, or 24 months
- Partial Disability Benefit Period: 3 months
- Elimination Periods (Injury/Sickness): 0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180

How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, $2,000 monthly disability benefit amount, $40,000 annual salary, elimination period 0/7 days, 6 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer.
This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions.

SHORT-TERM DISABILITY COVERAGE

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
For assistance or information, call 1.800.99.AFLAC (1.800.992.3522).
For claim forms, visit our Web site at aflac.com.

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract, or major medical expense insurance.

SHORT-TERM DISABILITY COVERAGE
Outline of Coverage for Policy Series A57600

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the "Guide to Health Insurance for People With Medicare" available from Aflac.

1. **Read Your Policy Carefully.** This outline of coverage provides a very brief description 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. Short-term Disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or Sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

3. **Benefits.** The following benefits are a part of the policy.

   Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.

   Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after the policy has been in force ten months. 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.

   Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. Benefits will cease on the date of your death.**

   A. TOTAL DISABILITY BENEFITS:

      1. **Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

         If your covered Sickness or covered Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you the Daily Disability Benefit for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

         You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job.

      2. **Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

         If your covered Sickness or covered Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for each day you cannot perform such duties. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

         You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

   Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or

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more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

B. **PARTIAL DISABILITY BENEFIT:** If you have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you one-half of the Daily Disability Benefit for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the policy.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

C. **WAIVER OF PREMIUM BENEFIT:** If your covered Sickness or covered Injury causes your Total Disability or Partial Disability for more than 90 consecutive days (or after the Elimination Period shown in the Policy Schedule, whichever is greater) while the policy is in force, Aflac will waive, from month to month, the premium for the policy and any applicable rider(s) for as long as you remain disabled, up to the applicable Benefit Period shown in the Policy Schedule.

For premiums to be waived, Aflac will require an employer's statement and a Physician's statement certifying your inability to perform said duties or activities, and may each month thereafter require a Physician's statement that your inability to perform said duties or activities continues. Aflac may ask for and use an independent consultant to determine your Disability when this benefit is in force.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Disability benefits.

IF YOU HAVE ANY OTHER DISABILITY BENEFIT IN FORCE WITH US, ONLY ONE DISABILITY BENEFIT IS PAYABLE.

4. OPTIONAL BENEFITS:

Additional Units of Disability Benefit Rider: (Series A57651) Applied For: ☐ Yes ☐ No

Aflac will pay the following benefits, as applicable, if your Disability is caused by a covered Sickness or covered Injury and occurs while this coverage is in force. All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations, and other policy terms.

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Disability due to pregnancy and childbirth is payable to the same extent as a covered Sickness. Disability benefits for childbirth will be payable only after the rider has been in force ten months. 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.

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury. **We reserve the right to meet with you while a claim is pending, or to use an independent consultant and Physician's statement to determine whether you are qualified to receive Disability benefits. Benefits will cease on the date of your death.**

This benefit will be paid under the same terms as the applicable Total Disability Benefit or Partial Disability Benefit as described in your policy. The additional units of coverage will only be payable for a Disability that begins after the Effective Date of the rider.

A. TOTAL DISABILITY BENEFITS:

1. **Working Full Time:** If you have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

   If your covered Sickness or covered Injury causes your Total Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Total Disability. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

   You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job.

2. **Not Working Full Time:** If you do not have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

   If your covered Sickness or covered Injury causes you to be unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience within 90 days of your last treatment for such covered Sickness or covered Injury, as certified by a Physician, we will pay you the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day you cannot perform such duties. This benefit is payable up to the Total Disability Benefit Period you selected and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

   You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, (2) working at any job, or (3) Physician no longer being able to certify that you are unable to perform the duties of any occupation for which you are or become qualified by reason of education, training, or experience.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the rider.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Total Disability Benefit Period has been paid, you will not be eligible for a new Total Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the rider.

Periods of Disability meeting either of these separation requirements will begin a new Total Disability Benefit Period, subject to a new Elimination Period.

B. PARTIAL DISABILITY BENEFIT: If you have a Full-Time Job at the time of your Sickness or Injury, we will insure you as follows while coverage is in force:

If your covered Sickness or covered Injury causes your Partial Disability within 90 days of your last treatment for your covered Sickness or covered Injury, we will pay you one-half of the Daily Disability Benefit for the Additional Units of Disability Benefit Rider for each day of your Partial Disability. This benefit is payable up to the Partial Disability Benefit Period (a maximum period of three months) and is subject to the Elimination Period shown in the Policy Schedule. Also see the Uniform Provision titled "Term," and the definition of "Benefit Period."

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You will no longer be qualified to receive this benefit upon the earlier of your: (1) being released by your Physician to perform the material and substantial duties of your Full-Time Job, or (2) working at any job earning 80 percent or more of your pre-Disability Annual Income.

Separate periods of Disability, resulting from the **same or a related condition** and not separated by 180 days or more, are considered a continuation of the prior Disability. Once the maximum period of three months of Disability under this benefit has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to the same or a related condition, until 180 days after you: (1) have been released by a Physician from the prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the rider.

Separate periods of Disability, resulting from **unrelated causes** and not separated by your returning to work at a Full-Time Job for 14 working days during which you are performing the material and substantial duties of such job, are considered a continuation of the prior Disability. Once the maximum Partial Disability Benefit Period has been paid, you will not be eligible for a new Partial Disability Benefit Period for Disability due to an unrelated cause, until 14 working days after you: (1) have been released by a Physician from a prior Disability, (2) are no longer disabled, and (3) are no longer qualified to receive any Disability benefits under the rider.

Periods of Disability meeting either of these separation requirements will begin a new Partial Disability Benefit Period (a maximum period of three months), subject to a new Elimination Period.

The Partial Disability Benefit Period is not subject to the Total Disability Benefit Period.

IMPORTANT PROVISIONS OF YOUR POLICY

LIMITATIONS AND EXCLUSIONS

A. Disability caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage.

B. Aflac will not pay benefits for a Disability that is being treated outside the territorial limits of the United States.

C. Aflac will not pay benefits whenever a policyholder is determined to be a Specially Designated National or Blocked Person as defined by the Office of Foreign Assets Control (OFAC). Aflac will periodically check all policyholders against the list published by OFAC. If a policyholder is listed as a Specially Designated National or Blocked Person, the policy will be suspended and reported to OFAC.

D. Aflac 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.

E. Aflac will not pay benefits for a Disability that is caused by or occurs as a result of any bacterial, viral, or micro-organism infection or infestation, or any condition resulting from insect, arachnid, or other arthropod bites or stings as a Disability due to an Injury; such disability will be covered to the same extent as a Disability due to Sickness.

F. Aflac will not pay benefits for Disability when benefits are paid under any state or federal workers' compensation, employer's liability or other occupational disease law.

G. Aflac will not pay benefits for a disability that is caused by or occurs as a result of your:

1. Pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness);
2. Being under the influence of a controlled substance (unless administered on the advice of a Physician) or while intoxicated ("intoxicated" means that condition as defined by the law of the jurisdiction in which the accident occurred);
3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
4. Intentionally self-inflicting a bodily injury, or committing or attempting suicide, while sane or insane;
5. Having cosmetic surgery or other elective procedures;
6. Having dental treatment, except as a result of Injury;
7. Being exposed to war or any act of war, declared or undeclared;
8. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve;

Benefits will be paid for only one Disability at a time, even if the Disability is caused by more than one Sickness, more than one Injury, or a Sickness and an Injury.

PRE-EXISTING CONDITION LIMITATIONS: A "Pre-existing Condition" is an illness, disease, infection, disorder, or injury 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 person to seek diagnosis, care, or treatment. Disability caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. The policy does not cover losses caused by or resulting from donating an organ within the first 12 months of the Effective Date of the policy.

Renewability. The policy is guaranteed-renewable to age 75 by payment of the premium in effect at the beginning of each renewal

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period. Premium rates may be changed only if changed on all policies of the same form number and class in force in your state, except that we may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy.

Premiums:

	Annual	Semiannual	Quarterly	Monthly
Policy:	$_____	$_____	$_____	$_____
Rider:	$_____	$_____	$_____	$_____
Rider:	$_____	$_____	$_____	$_____

RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.

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TERMS YOU NEED TO KNOW

DAILY DISABILITY BENEFIT: one-thirtieth of the applicable monthly disability benefit shown in the Policy Schedule.

EFFECTIVE DATE: the date(s) coverage begins as shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

FULL-TIME JOB: one job at which you work 19 or more hours per week for one employer for pay or benefits.

INJURY: a bodily injury caused directly by accidental means, independent of sickness, disease, bodily infirmity, or any other cause, occurring on or after the effective date of coverage and while coverage is in force.

PARTIAL DISABILITY: your continuing inability to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual or customary way, while still able to work at any job and earning less than 80 percent of your base pay earnings at the time you became partially disabled or totally disabled. If you return to work at any job and are earning 80 percent or more of your predisability base pay earnings, you will no longer be considered partially disabled.

SICKNESS: an illness, disease, infection, or any other abnormal physical condition, independent of injury, that is first manifested and first treated after the effective date of coverage and while coverage is in force.

TOTAL DISABILITY: your continuing inability to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual and customary way or to engage with reasonable continuity in another occupation in which you could reasonably be expected to perform satisfactorily considering education, training, experience, station in life, physical and mental capacity.

ADDITIONAL INFORMATION

Complications of pregnancy do not include premature delivery without incidence, multiple gestation pregnancy, false labor, occasional spotting, prescribed rest during pregnancy, morning sickness, and similar conditions associated with the management of a difficult pregnancy not constituting a classifiably distinct pregnancy complication. Cesarean deliveries are not considered complications of pregnancy.

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

Aflac shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.

Aflac shall not be liable for any loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician.

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Underwritten by:
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Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

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