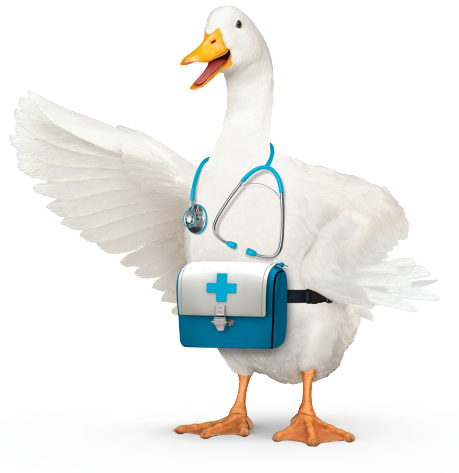
Aflac
Accident Advantage

ACCIDENTAL MEANS-ONLY INSURANCE WITH A WELLNESS BENEFIT – OPTION 3

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

Aflac®



THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

A36375CAW RC(3/21)

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	$1,000 when admitted for a hospital confinement of at least 18 hours or $2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	$250 per day, up to 365 days per covered accident, per covered person
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional $400 per day for up to 15 days, per covered accident, per covered person
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: $205 Hospital emergency room without X-ray: $175 Office or facility (other than a hospital emergency room) with X-ray: $155 Office or facility (other than a hospital emergency room) without X-ray: $125
AMBULANCE BENEFIT	$200 ground ambulance transportation or $1,500 air ambulance transportation
BLOOD/PLASMA/PLATELETS BENEFIT	$200 once per covered accident, per covered person
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	$200 per calendar year, per covered person
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person
THERAPY BENEFIT	$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: $300 · Wheelchair: $300 · Walker: $100 Body jacket: $300 · Leg brace: $125 · Walking boot: $100 Knee scooter: $300 · Crutches: $100 · Cane: $25 Payable once per covered accident, per covered person
PROSTHESIS BENEFIT	$800 once per covered accident, per covered person
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	$800 once per covered person, per lifetime
REHABILITATION FACILITY BENEFIT	$150 per day
HOME MODIFICATION BENEFIT	$3,000 once per covered accident, per covered person
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: DISLOCATIONS.....$100–$3,750 BURNS.....$125–$12,500 SKIN GRAFTS..... 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair.....$300 Removal of foreign body by a physician.....$65 LACERATIONS Not requiring sutures.....$35 Less than 5 centimeters.....$65 At least 5 cm but not more than 15 cm.....$250 Over 15 centimeters.....$500 FRACTURES.....$125–$3,500 CONCUSSION (BRAIN).....$150 EMERGENCY DENTAL WORK Broken tooth repaired with crown.....$400 Broken tooth resulting in extraction.....$130 COMA.....$12,500 PARALYSIS Quadriplegia.....$12,500 Paraplegia.....$6,250 Hemiplegia.....$4,750 SURGICAL PROCEDURES.....$200–$1,250 MISCELLANEOUS SURGICAL PROCEDURES.....$120–$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural.....$100

ACCIDENTAL-DEATH BENEFIT	Common-Carrier Accident	Other Accident	Hazardous Activity Accident
INSURED	$150,000	$40,000	$10,000
SPOUSE	$150,000	$40,000	$10,000
CHILD	$25,000	$10,000	$5,000

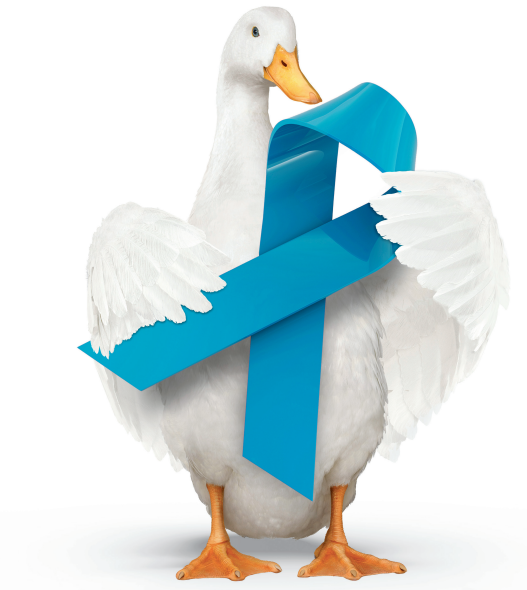
ACCIDENTAL-DISMEMBERMENT BENEFIT	$300–$40,000
WELLNESS BENEFIT	$60 once per calendar year
FAMILY SUPPORT BENEFIT	$20 per day (up to 30 days), per covered accident
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to $1,000 per policy, per calendar year
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met
TRANSPORTATION BENEFIT	$600 per round trip, up to 3 round trips per calendar year, per covered person
FAMILY LODGING BENEFIT	$125 per night, up to 30 days per covered accident

REFER TO THE OUTLINE OF COVERAGE AND POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Aflac
Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 2

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



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B70275RCA IC(3/23)

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: $5,000 Dependent Child: $10,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: $375 per calendar month Physician Administered: $1,600 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	$500 on the anniversary date of diagnosis; lifetime maximum of five annual $500 payments per covered person
CANCER SCREENING	One $75 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for invasive cancer
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	$250 per covered person, per lifetime
ADDITIONAL OPINION	$300 per covered person, per lifetime
HORMONAL THERAPY	$25 once per calendar month
TOPICAL CHEMOTHERAPY	$150 once per calendar month
ANTINAUSEA	$100 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	$7,000; lifetime maximum of $7,000 per covered person Donor Benefit: $100 for stem cell donation, or $750 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: $50 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: $175 per day, per covered person
SURGICAL/ANESTHESIA	$100-$3,400 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed $4,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: $35 Excision of lesion of skin without flap or graft: $170 Flap or graft without excision: $250 Excision of lesion of skin with flap or graft: $400 Maximum daily benefit will not exceed $400. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INVASIVE CANCER DIAGNOSIS)	$250 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: $200 Dependent Child: $250
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: $400 Dependent Child: $500

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	$200 per day, per covered person
EXTENDED-CARE FACILITY	$100 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	$100 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	$1,000 for first day; $50 per day thereafter; $12,000 (221 days) lifetime maximum per covered person
NURSING SERVICES	$100 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	$2,000; lifetime maximum of $4,000 per covered person
NONSURGICAL PROSTHESIS	$175 per occurrence, per covered person; lifetime maximum of $350 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: $2,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $500 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $220 Permanent Areola Repigmentation (on the diseased breast): $100 Maximum daily benefit will not exceed $2,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: $500 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed $500
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	$1,000 for a covered person to have oocytes extracted and harvested $200 for the storage of a covered person's oocyte(s) or sperm $200 for embryo transfer Lifetime maximum of $1,400 per covered person
AMBULANCE	$250 ground $2,000 air ambulance
TRANSPORTATION	$.40 cents per mile for transportation; payable up to a combined maximum of $1,200, per round trip
LODGING	$65 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes
OPTIONAL RIDERS:	**DESCRIPTION:**
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:

Initial diagnosis	Hospitalization	
$2,000	30 days or less; $400 per day	31 days or more; $800 per day

DEPENDENT CHILD RIDER	$10,000 when a covered dependent child is diagnosed as having invasive cancer; payable only once for each covered dependent child

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Aflac
Cancer Protection Assurance

CANCER INDEMNITY INSURANCE – OPTION 3

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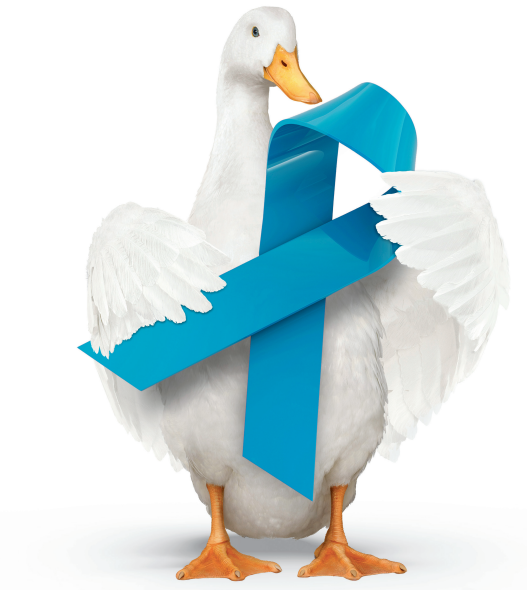

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B70375RCA IC(3/23)

Benefits overview Choose the Policy and Riders that Fit Your Needs

BENEFIT:	DESCRIPTION:
INITIAL DIAGNOSIS	Named Insured or Spouse: $7,500 Dependent Child: $15,000 Payable once per covered person, per lifetime
RADIATION THERAPY, CHEMOTHERAPY, IMMUNOTHERAPY OR EXPERIMENTAL CHEMOTHERAPY	Self-Administered: $600 per calendar month Physician Administered: $2,000 per calendar month This benefit is limited to one self-administered treatment and one physician-administered treatment per calendar month
ANNUAL CARE	$750 on the anniversary date of diagnosis; lifetime maximum of five annual $750 payments per covered person
CANCER SCREENING	One $100 benefit per calendar year, per covered person Benefit increases to three screenings per calendar year after the diagnosis for invasive cancer
PROPHYLACTIC SURGERY (DUE TO A POSITIVE GENETIC TEST RESULT)	$350 per covered person, per lifetime
ADDITIONAL OPINION	$400 per covered person, per lifetime
HORMONAL THERAPY	$40 once per calendar month
TOPICAL CHEMOTHERAPY	$200 once per calendar month
ANTINAUSEA	$150 once per calendar month
STEM CELL AND BONE MARROW TRANSPLANTATION	$10,000; lifetime maximum of $10,000 per covered person Donor Benefit: $150 for stem cell donation, or $1,000 for bone marrow donation Payable one time per covered person
BLOOD AND PLASMA	Inpatient: $75 times the number of days paid under the Hospital Confinement Benefit, per covered person Outpatient: $250 per day, per covered person
SURGICAL/ANESTHESIA	$140-$5,000 Anesthesia: additional 25% of the Surgery Benefit Maximum daily benefit will not exceed $6,250; no lifetime maximum on the number of operations
SKIN CANCER SURGERY	Laser or Cryosurgery: $50 Excision of lesion of skin without flap or graft: $250 Flap or graft without excision: $375 Excision of lesion of skin with flap or graft: $600 Maximum daily benefit will not exceed $600. No lifetime maximum on the number of operations
PROPHYLACTIC SURGERY (WITH CORRELATING INVASIVE CANCER DIAGNOSIS)	$350 per covered person, per lifetime
HOSPITALIZATION CONFINEMENT FOR 30 DAYS OR LESS	Named Insured or Spouse: $300 Dependent Child: $375
HOSPITALIZATION CONFINEMENT FOR 31 DAYS OR MORE	Named Insured or Spouse: $600 Dependent Child: $750

OUTPATIENT HOSPITAL SURGICAL ROOM CHARGE	$300 per day, per covered person
EXTENDED-CARE FACILITY	$150 per day; limited to 30 days in each calendar year, per covered person
HOME HEALTH CARE	$150 per day; limited to 10 days per hospitalization, per covered person; and 30 days per calendar year, per covered person
HOSPICE CARE	$1,000 for first day; $50 per day thereafter; $12,000 (221 days) lifetime maximum per covered person
NURSING SERVICES	$150 per day; payable for only the number of days the Hospital Confinement Benefit is payable
SURGICAL PROSTHESIS	$3,000; lifetime maximum of $6,000 per covered person
NONSURGICAL PROSTHESIS	$250 per occurrence, per covered person; lifetime maximum of $500 per covered person
BREAST RECONSTRUCTION	Breast Tissue/Muscle Reconstruction Flap Procedures: $3,000 Breast Reconstruction (occurring within 5 years of breast cancer diagnosis): $700 Breast Symmetry (on the nondiseased breast occurring within 5 years of breast reconstruction): $350 Permanent Areola Repigmentation (on the diseased breast): $150 Maximum daily benefit will not exceed $3,000
OTHER RECONSTRUCTIVE SURGERY	Facial Reconstruction: $700 Anesthesia: additional 25% of the Other Reconstructive Surgery Benefit Maximum daily benefit will not exceed $700
EGG HARVESTING, STORAGE (CRYOPRESERVATION) AND IMPLANTATION	$1,500 for a covered person to have oocytes extracted and harvested $250 for the storage of a covered person's oocyte(s) or sperm $250 for embryo transfer Lifetime maximum of $2,000 per covered person
AMBULANCE	$250 ground $2,000 air ambulance
TRANSPORTATION	$.50 cents per mile for transportation; payable up to a combined maximum of $1,500, per round trip
LODGING	$80 per day; limited to 90 days per calendar year
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE	Yes
OPTIONAL RIDERS:	**DESCRIPTION:**
INITIAL DIAGNOSIS BUILDING BENEFIT RIDER	This benefit will increase the amount of your Initial Diagnosis Benefit, as shown in the policy, by $100 for each unit purchased, up to five units, for each covered person on the anniversary date of coverage, while coverage remains in force.
SPECIFIED-DISEASE BENEFIT RIDER	When a covered person is diagnosed with any of the diseases listed in the Specified-Disease Rider:

Initial diagnosis	Hospitalization	
$2,000	30 days or less; $400 per day	31 days or more; $800 per day

DEPENDENT CHILD RIDER	$10,000 when a covered dependent child is diagnosed as having invasive cancer; payable only once for each covered dependent child

REFER TO THE FOLLOWING PAGES FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Aflac Short-Term Disability Insurance

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

THE INSURANCE POLICY DESCRIBED HEREIN PAYS BENEFITS FOR SHORT-TERM DISABILITY CAUSED BY SICKNESS OR OFF-THE-JOB INJURY. THE POLICY IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

A57675CA RC(6/22)

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Coverage Options

CHOOSE THE POLICY YOU NEED

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	$500 to $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
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.
OPTIONAL RIDERS	
AFLAC VALUE RIDER	Pays $1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or $100, whichever is greater.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

How it works

AFLAC SHORT-TERM DISABILITY INSURANCE

AFLAC SHORT-TERM DISABILITY COVERAGE IS SELECTED.

EMPLOYEE IS INJURED IN A COVERED ACCIDENT.

EMPLOYEE IS TOTALLY DISABLED AND CANNOT WORK FOR 6 WEEKS.

AFLAC SHORT-TERM DISABILITY INSURANCE POLICY WILL PAY

$1,120

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, $800 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.

Benefits and/or premiums may vary based on state and option selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 complete benefit details, definitions, limitations and exclusions.

Aflac
Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE – OPTION 2

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

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A74275CA RC(3/22)

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits directly to you, unless otherwise assigned. Aflac Critical Care Protection is designed to provide you with cash benefits if you experience a specified health event, such as sudden cardiac arrest or end-stage renal failure. This means that you will have added financial resources to help with expenses incurred due to a serious health event, to help with ongoing living expenses, or to help with any purpose you choose.

An illness or injury can happen to anyone, anytime–and when it does, everyday expenses may suddenly seem overwhelming. Fortunately, Aflac's Critical Care Protection can help with those everyday expenses, so all you have to focus on is getting well.

Aflac Critical Care Protection offers more types of benefits compared to other critical illness coverage on the market:

- Pays $7,500 upon diagnosis of having had a specified health event, which increases to $10,000 for dependent children
- Pays $300 per day for covered hospital stays
- Daily benefits payable for covered hospital intensive care unit and step-down intensive care unit confinements
- Pays benefits for physical therapy, speech therapy, rehabilitation therapy, home health care, and many more
- Transportation and lodging benefits payable for travel to receive treatment
- Guaranteed-renewable for your lifetime with some benefits reduced at age 70–as long as premiums are paid, the policy cannot be canceled

Specified health events covered by the Critical Care Protection policy include:

- Heart Attack
- Stroke
- Coronary Artery Bypass Graft Surgery (CABG)
- Sudden Cardiac Arrest
- Third-Degree Burns
- Coma (where respiratory assistance is required)
- Paralysis
- Major Human Organ Transplant
- End-Stage Renal Failure
- Persistent Vegetative State

How it works

AFLAC CRITICAL CARE PROTECTION INSURANCE

AFLAC CRITICAL CARE PROTECTION – OPTION 2 COVERAGE IS SELECTED.

POLICYHOLDER SUFFERS A HEART ATTACK AND IS TRANSPORTED TO THE HOSPITAL BY AMBULANCE.

A CORONARY ANGIOPLASTY IS PERFORMED AND POLICYHOLDER IS HOSPITALIZED.

AFTER LEAVING THE HOSPITAL, POLICYHOLDER RECEIVES PHYSICAL THERAPY.

AFLAC CRITICAL CARE PROTECTION – OPTION 2 PAYS TOTAL BENEFITS OF

$16,100

The above example is based on a scenario for Aflac Critical Care Protection – Option 2 that includes the following benefit conditions: First-Occurrence Benefit (heart attack) of $7,500, Ambulance Benefit (ground ambulance transportation) of $250, Coronary Angioplasty Benefit of $1,000, Hospital Intensive Care Unit Benefit (3 days) of $2,400, Hospital Confinement Benefit (4 days) of $1,200, and Continuing Care Benefit (30 days) of $3,750.

Benefits and/or premiums may vary based on state and option level selected. The policy has limitations, exclusions and pre-existing conditions limitations that may affect benefits payable. Riders are available for an additional cost. 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 complete benefit details, definitions, limitations and exclusions.

Aflac Critical Care Protection – Option 2 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: $800 per day Days 8–15: $1,300 per day Limited to 15 days per period of confinement; no lifetime maximum Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	Days 1–15: $500 per day; limited to 15 days per period of confinement; no lifetime maximum Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of $2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date Benefits reduce by one-half after the policy anniversary date following 70th birthday of covered person
FIRST–OCCURRENCE BENEFIT: • NAMED INSURED/SPOUSE • DEPENDENT CHILDREN	 $7,500; lifetime maximum $7,500 per covered person $10,000; lifetime maximum $10,000 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	$3,500; subsequent occurrence limitations apply; no lifetime maximum
CORONARY ANGIOPLASTY BENEFIT	$1,000; payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	$125 each day when a covered person is charged for any of the following treatments: • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or coronary angioplasty. No lifetime maximum
AMBULANCE BENEFIT	$250 ground or $2,000 air; no lifetime maximum
TRANSPORTATION BENEFIT	$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss. Limited to $1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to $75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

REFER TO THE OUTLINE OF COVERAGE FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

Rate sheet prepared by Web User. California Payroll Premium rates are 10 Month for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	$40.20	$7.14	$0.00	$1.09	$48.43
18-64	INSURED/SPOUSE	$69.17	$16.86	$0.00	$1.09	$87.12
18-64	ONE-PARENT FAMILY	$40.20	$7.14	$1.09	$1.09	$49.52
18-64	TWO-PARENT FAMILY	$69.17	$16.86	$1.09	$1.09	$88.21

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

DCR = Optional Dependent Child Rider (Series B70051) premium 1 unit*

SDR = Optional Specified Disease Rider (Series B70052) premium*

CANCER PROTECTION ASSURANCE PLAN LEVEL 3 - Series B70300

		Premium	IDR* (5 units)	DCR*	SDR*	Total
18-64	INDIVIDUAL	$56.84	$7.14	$0.00	$1.09	$65.08
18-64	INSURED/SPOUSE	$97.03	$16.86	$0.00	$1.09	$114.98
18-64	ONE-PARENT FAMILY	$56.84	$7.14	$1.09	$1.09	$66.17
18-64	TWO-PARENT FAMILY	$97.03	$16.86	$1.09	$1.09	$116.08

IDR = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units*

DCR = Optional Dependent Child Rider (Series B70051) premium 1 unit*

SDR = Optional Specified Disease Rider (Series B70052) premium*

Accident Advantage - 24-Hour ACCIDENT INCLUDING WELLNESS BENEFIT OPTION 3 - Series A36000

		Premium	Total
18-64	INDIVIDUAL	$26.36	$26.36
18-64	NAMED INSURED/SPOUSE	$37.44	$37.44
18-64	ONE-PARENT FAMILY	$44.30	$44.30
18-64	TWO-PARENT FAMILY	$57.41	$57.41

Rate sheet prepared by Web User. California Payroll Premium rates are 10 Month for industry Class A.

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CRITICAL CARE PROTECTION POLICY - Series A74200

Individual

Age	Premium	FOBBR	SHERR	Total
18-35	$20.28	$2.81	$1.40	$24.49
36-45	$28.86	$5.15	$3.43	$37.44
46-55	$39.31	$6.08	$5.62	$51.01
56-64	$50.70	$6.71	$7.96	$65.36

One Parent Family

Age	Premium	FOBBR	SHERR	Total
18-35	$34.48	$2.96	$1.56	$39.00
36-45	$40.87	$5.46	$3.43	$49.76
46-55	$52.57	$6.24	$5.62	$64.43
56-64	$69.11	$7.02	$8.11	$84.24

Insured/Spouse

Age	Premium	FOBBR	SHERR	Total
18-35	$39.00	$5.62	$2.81	$47.42
36-45	$50.70	$10.30	$5.77	$66.77
46-55	$68.33	$12.17	$9.67	$90.17
56-64	$95.16	$13.42	$14.82	$123.40

Two Parent Family

Age	Premium	FOBBR	SHERR	Total
18-35	$44.30	$5.77	$2.96	$53.04
36-45	$56.32	$10.61	$6.24	$73.16
46-55	$75.19	$12.32	$10.45	$97.97
56-64	$103.27	$13.73	$15.60	$132.60

FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Rate sheet prepared by Web User. California Payroll Premium rates are 10 Month for industry Class A.

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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		$9,000	$12,000	$12,000	$16,000	$18,000	$20,000	$22,000	$24,000	$26,000	$28,000
Benefit Period	Age	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400
6 MONTHS	18-49	$28.08	$33.70	$39.31	$44.93	$50.54	$56.16	$61.78	$67.39	$73.01	$78.62
	50-64	$29.64	$35.57	$41.50	$47.42	$53.35	$59.28	$65.21	$71.14	$77.06	$82.99
12 MONTHS	18-49	$35.88	$43.06	$50.23	$57.41	$64.58	$71.76	$78.94	$86.11	$93.29	$100.46
	50-64	$41.34	$49.61	$57.88	$66.14	$74.41	$82.68	$90.95	$99.22	$107.48	$115.75

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$9,000	$12,000	$12,000	$16,000	$18,000	$20,000	$22,000	$24,000	$26,000	$28,000
Benefit Period	Age	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400
6 MONTHS	18-49	$16.38	$19.66	$22.93	$26.21	$29.48	$32.76	$36.04	$39.31	$42.59	$45.86
	50-64	$19.50	$23.40	$27.30	$31.20	$35.10	$39.00	$42.90	$46.80	$50.70	$54.60
12 MONTHS	18-49	$23.40	$28.08	$32.76	$37.44	$42.12	$46.80	$51.48	$56.16	$60.84	$65.52
	50-64	$28.08	$33.70	$39.31	$44.93	$50.54	$56.16	$61.78	$67.39	$73.01	$78.62

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		$9,000	$12,000	$12,000	$16,000	$18,000	$20,000	$22,000	$24,000	$26,000	$28,000
Benefit Period	Age	$500	$600	$700	$800	$900	$1,000	$1,100	$1,200	$1,300	$1,400
6 MONTHS	18-49	$11.70	$14.04	$16.38	$18.72	$21.06	$23.40	$25.74	$28.08	$30.42	$32.76
	50-64	$14.82	$17.78	$20.75	$23.71	$26.68	$29.64	$32.60	$35.57	$38.53	$41.50
12 MONTHS	18-49	$14.04	$16.85	$19.66	$22.46	$25.27	$28.08	$30.89	$33.70	$36.50	$39.31
	50-64	$18.72	$22.46	$26.21	$29.95	$33.70	$37.44	$41.18	$44.93	$48.67	$52.42

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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		$30,000	$32,000	$34,000	$36,000	$38,000	$40,000	$42,000	$44,000	$46,000	$48,000
Benefit Period	**Age**	**$1,500**	**$1,600**	**$1,700**	**$1,800**	**$1,900**	**$2,000**	**$2,100**	**$2,200**	**$2,300**	**$2,400**
6 MONTHS	18-49	$84.24	$89.86	$95.47	$101.09	$106.70	$112.32	$117.94	$123.55	$129.17	$134.78
	50-64	$88.92	$94.85	$100.78	$106.70	$112.63	$118.56	$124.49	$130.42	$136.34	$142.27
12 MONTHS	18-49	$107.64	$114.82	$121.99	$129.17	$136.34	$143.52	$150.70	$157.87	$165.05	$172.22
	50-64	$124.02	$132.29	$140.56	$148.82	$157.09	$165.36	$173.63	$181.90	$190.16	$198.43

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$30,000	$32,000	$34,000	$36,000	$38,000	$40,000	$42,000	$44,000	$46,000	$48,000
Benefit Period	**Age**	**$1,500**	**$1,600**	**$1,700**	**$1,800**	**$1,900**	**$2,000**	**$2,100**	**$2,200**	**$2,300**	**$2,400**
6 MONTHS	18-49	$49.14	$52.42	$55.69	$58.97	$62.24	$65.52	$68.80	$72.07	$75.35	$78.62
	50-64	$58.50	$62.40	$66.30	$70.20	$74.10	$78.00	$81.90	$85.80	$89.70	$93.60
12 MONTHS	18-49	$70.20	$74.88	$79.56	$84.24	$88.92	$93.60	$98.28	$102.96	$107.64	$112.32
	50-64	$84.24	$89.86	$95.47	$101.09	$106.70	$112.32	$117.94	$123.55	$129.17	$134.78

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		$30,000	$32,000	$34,000	$36,000	$38,000	$40,000	$42,000	$44,000	$46,000	$48,000
Benefit Period	**Age**	**$1,500**	**$1,600**	**$1,700**	**$1,800**	**$1,900**	**$2,000**	**$2,100**	**$2,200**	**$2,300**	**$2,400**
6 MONTHS	18-49	$35.10	$37.44	$39.78	$42.12	$44.46	$46.80	$49.14	$51.48	$53.82	$56.16
	50-64	$44.46	$47.42	$50.39	$53.35	$56.32	$59.28	$62.24	$65.21	$68.17	$71.14
12 MONTHS	18-49	$42.12	$44.93	$47.74	$50.54	$53.35	$56.16	$58.97	$61.78	$64.58	$67.39
	50-64	$56.16	$59.90	$63.65	$67.39	$71.14	$74.88	$78.62	$82.37	$86.11	$89.86

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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		$50,000	$52,000	$54,000	$56,000	$58,000	$60,000	$61,000	$63,000	$68,000	$73,000
Benefit Period	**Age**	**$2,500**	**$2,600**	**$2,700**	**$2,800**	**$2,900**	**$3,000**	**$3,100**	**$3,200**	**$3,300**	**$3,400**
6 MONTHS	18-49	$140.40	$146.02	$151.63	$157.25	$162.86	$168.48	$174.10	$179.71	$185.33	$190.94
	50-64	$148.20	$154.13	$160.06	$165.98	$171.91	$177.84	$183.77	$189.70	$195.62	$201.55
12 MONTHS	18-49	$179.40	$186.58	$193.75	$200.93	$208.10	$215.28	$222.46	$229.63	$236.81	$243.98
	50-64	$206.70	$214.97	$223.24	$231.50	$239.77	$248.04	$256.31	$264.58	$272.84	$281.11

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$50,000	$52,000	$54,000	$56,000	$58,000	$60,000	$61,000	$63,000	$68,000	$73,000
Benefit Period	**Age**	**$2,500**	**$2,600**	**$2,700**	**$2,800**	**$2,900**	**$3,000**	**$3,100**	**$3,200**	**$3,300**	**$3,400**
6 MONTHS	18-49	$81.90	$85.18	$88.45	$91.73	$95.00	$98.28	$101.56	$104.83	$108.11	$111.38
	50-64	$97.50	$101.40	$105.30	$109.20	$113.10	$117.00	$120.90	$124.80	$128.70	$132.60
12 MONTHS	18-49	$117.00	$121.68	$126.36	$131.04	$135.72	$140.40	$145.08	$149.76	$154.44	$159.12
	50-64	$140.40	$146.02	$151.63	$157.25	$162.86	$168.48	$174.10	$179.71	$185.33	$190.94

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		$50,000	$52,000	$54,000	$56,000	$58,000	$60,000	$61,000	$63,000	$68,000	$73,000
Benefit Period	**Age**	**$2,500**	**$2,600**	**$2,700**	**$2,800**	**$2,900**	**$3,000**	**$3,100**	**$3,200**	**$3,300**	**$3,400**
6 MONTHS	18-49	$58.50	$60.84	$63.18	$65.52	$67.86	$70.20	$72.54	$74.88	$77.22	$79.56
	50-64	$74.10	$77.06	$80.03	$82.99	$85.96	$88.92	$91.88	$94.85	$97.81	$100.78
12 MONTHS	18-49	$70.20	$73.01	$75.82	$78.62	$81.43	$84.24	$87.05	$89.86	$92.66	$95.47
	50-64	$93.60	$97.34	$101.09	$104.83	$108.58	$112.32	$116.06	$119.81	$123.55	$127.30

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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		$78,000	$82,000	$87,000	$92,000	$97,000	$102,000	$106,000	$111,000	$116,000	$121,000
Benefit Period	**Age**	**$3,500**	**$3,600**	**$3,700**	**$3,800**	**$3,900**	**$4,000**	**$4,100**	**$4,200**	**$4,300**	**$4,400**
6 MONTHS	18-49	$196.56	$202.18	$207.79	$213.41	$219.02	$224.64	$230.26	$235.87	$241.49	$247.10
	50-64	$207.48	$213.41	$219.34	$225.26	$231.19	$237.12	$243.05	$248.98	$254.90	$260.83
12 MONTHS	18-49	$251.16	$258.34	$265.51	$272.69	$279.86	$287.04	$294.22	$301.39	$308.57	$315.74
	50-64	$289.38	$297.65	$305.92	$314.18	$322.45	$330.72	$338.99	$347.26	$355.52	$363.79

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$78,000	$82,000	$87,000	$92,000	$97,000	$102,000	$106,000	$111,000	$116,000	$121,000
Benefit Period	**Age**	**$3,500**	**$3,600**	**$3,700**	**$3,800**	**$3,900**	**$4,000**	**$4,100**	**$4,200**	**$4,300**	**$4,400**
6 MONTHS	18-49	$114.66	$117.94	$121.21	$124.49	$127.76	$131.04	$134.32	$137.59	$140.87	$144.14
	50-64	$136.50	$140.40	$144.30	$148.20	$152.10	$156.00	$159.90	$163.80	$167.70	$171.60
12 MONTHS	18-49	$163.80	$168.48	$173.16	$177.84	$182.52	$187.20	$191.88	$196.56	$201.24	$205.92
	50-64	$196.56	$202.18	$207.79	$213.41	$219.02	$224.64	$230.26	$235.87	$241.49	$247.10

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		$78,000	$82,000	$87,000	$92,000	$97,000	$102,000	$106,000	$111,000	$116,000	$121,000
Benefit Period	**Age**	**$3,500**	**$3,600**	**$3,700**	**$3,800**	**$3,900**	**$4,000**	**$4,100**	**$4,200**	**$4,300**	**$4,400**
6 MONTHS	18-49	$81.90	$84.24	$86.58	$88.92	$91.26	$93.60	$95.94	$98.28	$100.62	$102.96
	50-64	$103.74	$106.70	$109.67	$112.63	$115.60	$118.56	$121.52	$124.49	$127.45	$130.42
12 MONTHS	18-49	$98.28	$101.09	$103.90	$106.70	$109.51	$112.32	$115.13	$117.94	$120.74	$123.55
	50-64	$131.04	$134.78	$138.53	$142.27	$146.02	$149.76	$153.50	$157.25	$160.99	$164.74

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AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 7/7 DAYS

Annual Income		$121,000	$126,000	$130,000	$135,000	$140,000	$145,000	$149,000	$153,000	$156,000	$159,000
Benefit Period	Age	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000	$5,100	$5,200	$5,300
6 MONTHS	18-49	$247.10	$252.72	$258.34	$263.95	$269.57	$275.18	$280.80	$286.42	$292.03	$297.65
	50-64	$260.83	$266.76	$272.69	$278.62	$284.54	$290.47	$296.40	$302.33	$308.26	$314.18
12 MONTHS	18-49	$315.74	$322.92	$330.10	$337.27	$344.45	$351.62	$358.80	$365.98	$373.15	$380.33
	50-64	$363.79	$372.06	$380.33	$388.60	$396.86	$405.13	$413.40	$421.67	$429.94	$438.20

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		$121,000	$126,000	$130,000	$135,000	$140,000	$145,000	$149,000	$153,000	$156,000	$159,000
Benefit Period	Age	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000	$5,100	$5,200	$5,300
6 MONTHS	18-49	$144.14	$147.42	$150.70	$153.97	$157.25	$160.52	$163.80	$167.08	$170.35	$173.63
	50-64	$171.60	$175.50	$179.40	$183.30	$187.20	$191.10	$195.00	$198.90	$202.80	$206.70
12 MONTHS	18-49	$205.92	$210.60	$215.28	$219.96	$224.64	$229.32	$234.00	$238.68	$243.36	$248.04
	50-64	$247.10	$252.72	$258.34	$263.95	$269.57	$275.18	$280.80	$286.42	$292.03	$297.65

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 30/30 DAYS

Annual Income		$121,000	$126,000	$130,000	$135,000	$140,000	$145,000	$149,000	$153,000	$156,000	$159,000
Benefit Period	Age	$4,400	$4,500	$4,600	$4,700	$4,800	$4,900	$5,000	$5,100	$5,200	$5,300
6 MONTHS	18-49	$102.96	$105.30	$107.64	$109.98	$112.32	$114.66	$117.00	$119.34	$121.68	$124.02
	50-64	$130.42	$133.38	$136.34	$139.31	$142.27	$145.24	$148.20	$151.16	$154.13	$157.09
12 MONTHS	18-49	$123.55	$126.36	$129.17	$131.98	$134.78	$137.59	$140.40	$143.21	$146.02	$148.82
	50-64	$164.74	$168.48	$172.22	$175.97	$179.71	$183.46	$187.20	$190.94	$194.69	$198.43

Employer Information:

Employee Full Name:		
DOB:_____SS#_____		
Mailing Address:	City:	Zip:
Email address:		
Mobile or cellular phone:		
Spouse Full Name:	DOB:	
Mailing Address:		
Mobile or cellular phone:		
State you were born in:	Date of Hire:	
Job Title/Duties:		
Primary Beneficiary: Contingent Beneficiary: Please include address, DOB, and relation		

Dependent Information

Name:	DOB:	
Mailing Address:	City:	ZIP:
Name:	DOB:	
Mailing Address:	City:	ZIP:
Name:	DOB:	
Mailing Address:	City:	ZIP:
Name:	DOB:	
Mailing Address:	City:	ZIP:

Cancer Protection Assurance Option 2

Has anyone to be covered been diagnosed with Cancer?	◯yes ◯ no	If yes ,please see agent	
◯ Employee	◯ Employee & Spouse	◯ Employee & Deps	◯ Employee& Family
OPTION 3:			
◯ Employee	◯ Employee & Spouse	◯ Employee & Deps	◯ Employee& Family

Accident

◯ Employee	◯ Employee & Spouse	◯ Employee & Deps	◯ Employee& Family

Short-Term Disability (employee only)

◯ Employee only

1. Are you currently disabled due to sickness or injury; or have you been out of work or disabled due to sickness or injury more than five consecutive days within the last 12 months, excluding colds, influenza, routine childbirth, appendectomy, tonsillectomy, cholecystectomy (gall bladder removal), or hysterectomy? □Yes □No

2. Do you have any condition for which any medical procedure (including but not limited to surgery, child delivery, or organ or bone marrow transplant) has been planned or the possibility of which has been discussed with medical personnel? □Yes □No

3. Within the last five years, have you been convicted of a felony, charged two or more times with operating a vehicle while under the influence of alcohol or drugs, charged three or more times with a moving violation; or are you currently on parole or incarcerated in a correctional institution? □Yes □No

4. In the last six months, have you been diagnosed by a member of the medical profession with any medical or mental health condition to include any form of depression or anxiety disorder; received any medical or mental health treatment, including injections or chiropractic adjustments; or been prescribed or taken prescription medications (other than prescription contraceptives)?

If Yes, please provide descriptive information below.

Defibrillator placement Pacemaker placement Heart valve surgery□ Yes □ No

Critial Care

◯ Employee ◯ Employee & Spouse ◯ Employee & Deps ◯ Employee& Family

1. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession at a health facility for any of the following?

Heart Attack,Stroke or transient ischemic attack (TIA) Kidney disease (excluding stones)

□ Yes □ No

2. Within the last five years, has anyone to be covered had or been diagnosed or treated by a member of the medical profession for a condition which resulted in the scheduling of any of the following?

Major organ transplant Coronary artery bypass surgery Angioplasty or stent placement

□ Yes □ No

3. Within the last five years, has anyone to be covered been placed on an Organ Donor Registry

due to the need to have a major organ transplant?

□ Yes □ No

4 .If any one of Questions 1 through 3 is answered yes for any applicant; the policy will be denied for that applicant.

5.Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? □ Yes □ No

6. Has anyone to be covered ever been diagnosed with or received medical treatment for any of the following by a member of the medical profession?Cerebral vascular insufficiency Angina Congenital heart disease Congestive heart failure (excluding surgically corrected atrial septal defect) Cystic fibrosis? Treatment by a member of the medical profession for diabetes requiring the use of insulin in the past 5 years?

Acquired immune deficiency syndrome (AIDS) Systemic lupus□ Yes □ No

Hospital Choice

◯ Employee ◯ Employee & Spouse ◯ Employee & Deps ◯ Employee& Family

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? □ Yes □ No

2. Is anyone to be covered currently confined in a Hospital or nursing home, or within the last 12 months, has a member of the medical profession recommended hospitalization or nursing home confinement? □ Yes □ No

3. Within the last 12 months, has anyone to be covered been diagnosed with a condition by a member of the medical profession for which treatment includes a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement)? □Yes □ No

4. Within the last six months, has anyone to be covered had any medical tests conducted for which results are pending or is anyone undergoing medical evaluation due to test results received? □ Yes □ No

5. Has anyone to be covered been diagnosed by a member of the medical profession with diabetes before the age of 30 (except for gestational diabetes)? □ Yes □ No

6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following?

- Pulmonary fibrosis
- Cystic fibrosis
- Stroke or transient ischemic attack (TIA)
- Heart bypass surgery, stent placement, or angioplasty
- Cardiomyopathy
- Cancer, other than nonmelanoma skin cancer
- Muscular dystrophy
- Psoriatic arthritis
- Liver disease or disorder
- Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy
- Kidney disease or disorder (except kidney

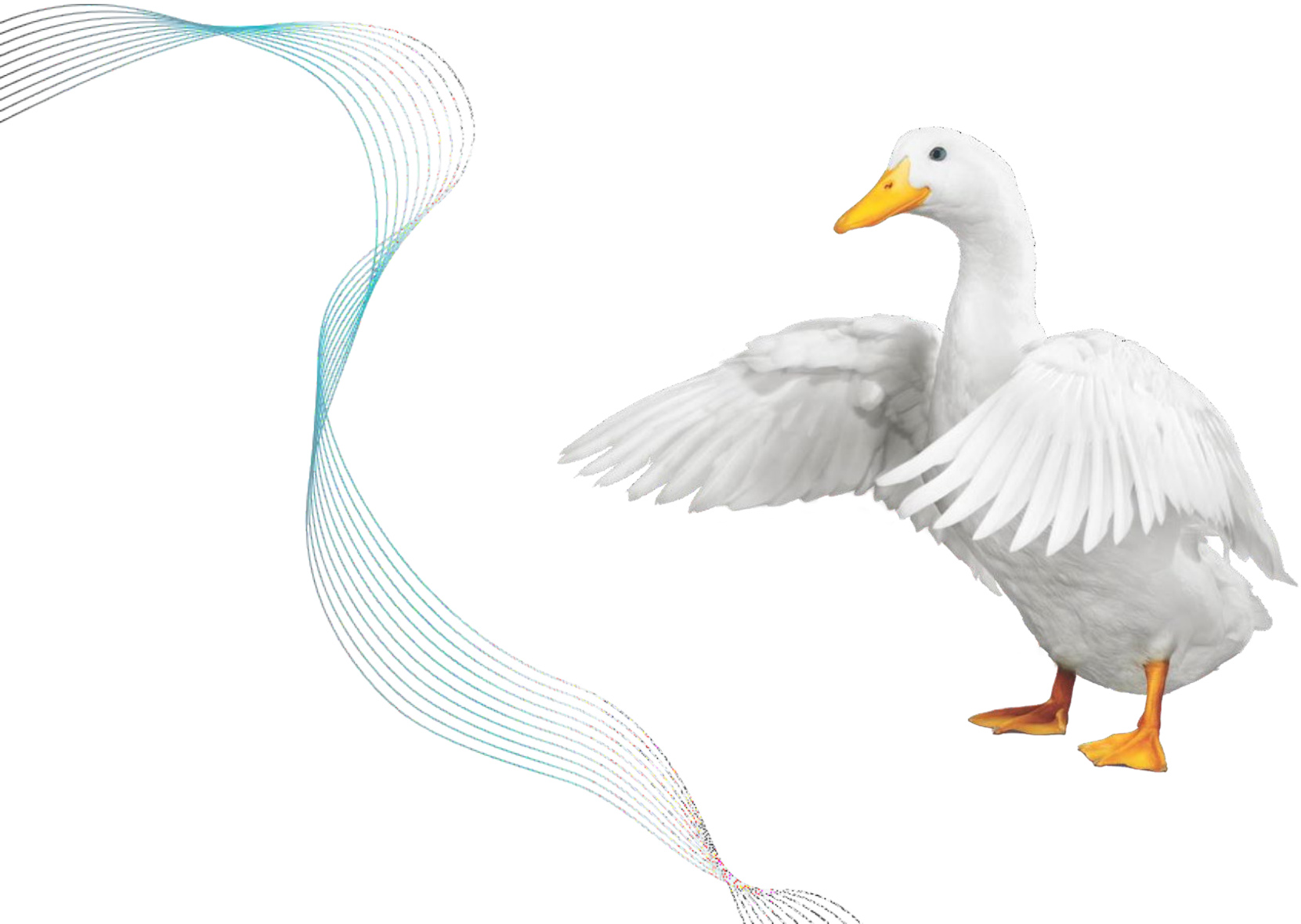
7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) or AIDS-related conditions (ARC) by a member of the medical profession? Yes □ No

8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? □ Yes □ No

X

Employee Signature

I understand my information will be transferred to Everwell program, This signed application will serve as a legal document.



NOTICE:

All Aflac policies will remain the same and roll over to 2025/2026 if you have no changes. If you have any changes please contact our office or see us during your open enrollment.

Email: jacqueline@cssins.com
Phone: 760-344-1700 Jackie