

► **Peace of Mind *and***
Cash Benefits



LUMP SUM
SPECIFIED-DISEASE COVERAGE

LS



We've got you under our wing.®

LUMP SUM

SPECIFIED-DISEASE COVERAGE

Policy NY72100

LS

The Need

Getting the best out of life: It's something that everyone strives for. And the assurance of knowing you're safe and sound plays a large part in being able to enjoy it to the fullest. With heart disease being the leading cause of death in the United States and strokes affecting about 795,000 people each year,* Aflac's Lump Sum plan can help with the treatment costs of these illnesses and health events.

More importantly, the policy helps you focus on recuperation instead of the distraction and stress over the costs of medical and personal bills. With Aflac's Lump Sum plan, you receive cash benefits directly—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



THE LUMP SUM INSURANCE POLICY:

- Pays benefits directly to the insured.
- Is completely portable.
- Is Guaranteed-Renewable for your lifetime.

CONSIDER THESE FACTS:

- In 2012, an estimated 1.25 million people will experience a heart attack.*
- About every 34 seconds, someone suffers a heart attack.*
- Every 40 seconds, someone suffers a stroke. About 795,000 strokes occur in the United States each year.*

No one wants to think that a serious illness could occur, but shouldn't you consider how you and your family would manage if you were unable to work due to an illness? An Aflac Lump Sum policy could make a difference to your well-being, your family, and your future.

*Heart Disease and Stroke Statistics, American Heart Association, 2012 Update.

Aflac herein means American Family Life Assurance Company of New York.

WHAT IS NOT COVERED

LIMITATIONS AND EXCLUSIONS: Aflac will not pay benefits for any Loss that is caused by a Pre-Existing Condition unless the Onset Date is more than six months after the Effective Date of coverage. Benefits are payable for only one covered Loss at a time per Covered Person.

Aflac will not pay benefits for a Loss that is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

For any benefit to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force.

The policy does not cover Loss caused by or resulting from: (1) using any drug, narcotic, hallucinogen, or chemical substance (unless administered by a Physician and taken according to the Physician's instructions) or voluntarily taking any kind of poison or inhaling any kind of gas or fumes; (2) participating 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); (3) intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; (4) being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto [If you are a member of a reserve component of the armed forces of the United States, including the National Guard, you may continue or suspend the policy during a period of active duty that does not exceed more than five years. When you notify us to suspend the policy, we will refund any premium paid for coverage after the date we receive the notice. If the policy is currently in force, we will reinstate the policy without evidence of insurability when your active duty ends when we receive (a) your written request to reinstate the policy, and (b) the premium for the period from the date your active service ends to the next premium due date. The reinstated policy will contain no new exclusions or waiting periods and will be effective as of the date your active duty ends. If we do not receive both your written request and the required premium within 60 days after your active duty ends, you may still apply for reinstatement. In this case you must comply with the reinstatement provision].

PRE-EXISTING CONDITION LIMITATIONS: A *Pre-Existing Condition* is an illness, disease, infection, disorder, or injury for which, within the six-month period before the Effective Date of coverage, medical advice or treatment was recommended by a Physician or received from a Physician. Benefits for a Loss that is caused by a Pre-Existing Condition will not be covered unless the Onset Date is more than six months after the Effective Date of coverage.

TERMS YOU NEED TO KNOW

END-STAGE RENAL FAILURE: permanent and irreversible kidney failure requiring dialysis or a kidney transplant to maintain life.

HEART ATTACK: a myocardial infarction, coronary thrombosis, or coronary occlusion. The attack must be positively diagnosed by a Physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. *Heart Attack* will not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system. Sudden Cardiac Arrest is not a Heart Attack.

MAJOR HUMAN ORGAN TRANSPLANT: a surgery that was first recommended by a member of the medical profession after the Effective Date of coverage in which a Covered Person receives, as a result of a surgical transplant, one or more of the following human organs: heart, kidney, liver, lung, or pancreas. It does not include transplants involving mechanical or nonhuman organs.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The Stroke must be positively diagnosed by a Physician based upon documented neurological deficits and confirmatory neuroimaging studies. *Stroke* does not mean head injury, transient ischemic attack (TIA), or cerebrovascular insufficiency.

ADDITIONAL TERMS

ANNUAL MAXIMUM BENEFIT: the maximum total of benefits payable under the policy per Covered Person, per calendar year.

CORONARY ARTERY BYPASS GRAFT SURGERY: open-heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the coverage type that you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26. A Dependent Child [including persons incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap] must be under age 26 at the time of application to be eligible for coverage.

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

GUARANTEED-RENEWABLE: the right to renew your policy by payment of the premium due on or before the renewal date. The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

LOSS: a Specified-Disease Event.

ONSET DATE: the date of the occurrence for a Heart Attack or Stroke, the date of diagnosis for End-Stage Renal Failure, or the date of surgery for a Major Human Organ Transplant or Coronary Artery Bypass Graft Surgery. A clinical diagnosis will be accepted in lieu of a pathological diagnosis if a pathological diagnosis is medically inappropriate.

ABOUT EVERY

34 seconds
someone suffers a heart attack.

Heart Disease and Stroke Statistics, American Heart Association, 2012 Update.

PHYSICIAN: a person legally qualified to practice the healing arts, other than a member of your immediate family, who is acting within the scope of his or her license.



PEACE *of* MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.

WHAT WE WILL PAY

For benefits to be payable, the Onset Date of the Loss must occur on or after the Effective Date of coverage and while coverage is in force. Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your beneficiary, if any. If no beneficiary, any benefits due at your death will be paid to your estate.

SPECIFIED-DISEASE EVENT MAJOR BENEFIT: Aflac will pay the Specified-Disease Event Major Benefit amount shown in the Policy Schedule upon a Covered Person's Onset Date of any of the following Specified-Disease Events:

- Heart Attack
- End-Stage Renal Failure
- Stroke
- Major Human Organ Transplant

This benefit is payable only once for each of the Specified-Disease Events listed above, per Covered Person. Only one Specified-Disease Event is payable per Covered Person, per calendar year.

SPECIFIED-DISEASE EVENT BENEFIT: Aflac will pay 25 percent of the Specified-Disease Event Major Benefit amount shown in the Policy Schedule upon a Covered Person's Onset Date of any of the following Specified-Disease Events:

- Heart Attack
- Stroke
- Major Human Organ Transplant
- End-Stage Renal Failure

This benefit is payable once per Covered Person, per calendar year.

CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT: Aflac will pay 15 percent of the Specified-Disease Event Major Benefit amount shown in the Policy Schedule when a Covered Person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per Covered Person, per lifetime. This benefit is not subject to the Annual Maximum Benefit amount.

**We've got you
under our wing.®**

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