

AFLAC GROUP DISABILITY FOR BMWED

INSURANCE PLAN

Policy Form C5A100MI



The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work.
- Premium payments are waived after 90 days of total disability.
- Coverage is 24 hour coverage which means you are covered 24 hours a day, 7 days a week, on and off-the-job.
- There is no coordination of benefits with this plan.
- No payback or offsets of benefits received.

Benefit:

For the 9 months of Total Disability following the 90-day Elimination Period, the Monthly Benefit is as follows:

Elimination Period: 90 Days

Monthly Benefit:

Class I \$300

Maximum Benefit Period: 9 Months

After 12 consecutive months of Total Disability, the Monthly Benefit is as follows:

Elimination Period 0 Days

Monthly Benefit:

Class I \$3,000

Maximum Benefit Period: 12 Months

Features:

- Benefits are paid directly to you unless otherwise assigned.
- Special arrangements for furloughed insureds.
- Fast claims payment.

Benefits Overview

TOTAL DISABILITY

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

WAIVER OF PREMIUM

Premiums are waived after 90 consecutive days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force.

Monthly Rates / Monthly premium payments are voluntarily made through the union dues process.

Ages 17-49: \$24.90

Ages 50-59: \$46.50

Ages 60-69: \$81.60

For more information, call 888-515-1904 or visit aflacgroupinsurance.com.

LIMITATIONS AND EXCLUSIONS

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

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

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

We will not pay benefits whenever fraud is committed in making a claim under this coverage or any prior claim under any other Aflac coverage for which you received benefits that were not lawfully due and that fraudulently induced payment.

We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of participation in a riot; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined. 7. The loss of a professional license, occupational license, or certification. 8. Having cosmetic surgery or other elective procedures that are not Medically Necessary.

PRE-EXISTING CONDITION LIMITATION

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

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

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

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

PREGNANCY LIMITATION

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

After this coverage has been in force for nine months from the Effective Date of coverage, Disability benefits for childbirth will be payable. The maximum Period of Disability allowed for Disability due to childbirth is six weeks for noncesarean delivery and eight weeks for cesarean delivery, less the Elimination Period, unless you furnish proof that your Disability continues beyond these time frames due to Complications of Pregnancy.

TERMS YOU NEED TO KNOW

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

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

Complications of Pregnancy refers to:

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

Further Complications of Pregnancy include:

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

Complications of Pregnancy do not include the following conditions:

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

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

Effective Date is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you return to an actively-at-work status.

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

Injury refers to a bodily injury not otherwise excluded that is directly caused by a covered accident, is not caused by Sickness, disease, bodily infirmity, or any other cause, and occurs while coverage is in force.

Sickness refers to a covered illness, disease, infection, or any other abnormal physical condition that is not caused by an Injury, first manifested and first treated after the Effective Date of coverage, and occurs while coverage is in force.

Total Disability refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Total Disability, you may not be working at any job.

You and Your refers to a member as defined in the Plan.

Termination Coverage

Your insurance will terminate on whichever occurs first: (1) the date the company terminates the plan, (2) the date on which you have been continuously and permanently disabled for 24 consecutive months, (3) the 31st day after the premium due date, if the premium has not been paid, (4) the date you no longer meet the plan's definition of a member, (5) the date you no longer belong to an eligible class, or (6) on the premium due date which falls on or first follows your 75th birthday.

On this date, all benefits – including the waiver of premium benefit – cease, and the company will terminate your coverage. If your coverage ends, we will provide coverage for claims that arise from short-term disability that was first diagnosed while your coverage was in force.

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. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. 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 Form Series C5A100MI.