

# Aflac Group Disability

INSURANCE PLAN — 24-HOUR

A disabling illness or injury  
may be unpredictable.

We'll help make sure they don't  
affect your financial plans, too.



Aflac<sup>®</sup>

# AFLAC GROUP LONG-TERM DISABILITY

## INSURANCE PLAN

Policy Series C40000

No one plans on becoming disabled. It's just not something we typically think about. And yet, it is something that can happen to anyone. If you get sick or hurt and couldn't work, how would you pay the mortgage? Buy groceries? Make your car payment? And all of the other bills that won't go away, just because your paycheck is gone?

**That's where Aflac's group long-term disability insurance plan can help make the difference.**

The difference that means you will have a portion of your income to help take care of your bills while you're taking care of yourself.

### Plan Features:

- Benefits are paid directly to you unless otherwise assigned.
- Premiums are paid through convenient payroll deduction.
- Pregnancy is a covered sickness (provided all plan terms have been met).

### Evidence of Insurability Requirements:

Evidence of insurability is required if:

- You enroll late for coverage (more than 31 days after the date you are eligible for coverage).
- You voluntarily cancel your coverage and are reapplying.
- You are increasing your buy-up benefit from \$2,500 to \$6,000.
- You are applying for a coverage amount greater than the maximum benefit allowed without evidence of insurability.

## Plan Details

<b>Employee buy-up option</b>	Class 2 60% with a monthly maximum of \$2,500 Class 3 60% with a monthly maximum of \$6,000
<b>Minimum Benefit</b>	\$100 or 10% of employee salary (whichever is greater)
<b>Elimination Period</b>	90 days or to the end of accumulated sick leave, whichever is greater.
<b>Accumulation of Elimination Period</b>	Two times the elimination period
<b>Maximum Benefit Duration</b>	Social Security Normal Retirement Age (See SSNRA chart for details.)
<b>Vocational Rehabilitation Benefit</b> If you are a receiving a benefit under the plan, you may be eligible to receive an additional benefit while participating in a Vocational Rehabilitation Program. This benefit is not subject to plan provisions which would otherwise increase or reduce the benefit amount such as Deductible Sources of Income.	5% of your gross monthly benefit payment up to \$500 per month

### Family Care Expense Benefit

Provides an additional benefit if you are participating in a vocational rehabilitation plan and are incurring expenses to provide care for a family member who requires personal care assistance.

Family Member means an individual who can be claimed as a dependent by you for federal income tax purposes.

Personal Care Assistance means care or supervision of your family member provided by a licensed child or adult-care center or a licensed caregiver who is not related to you by blood or marriage.

\$350

### Waiver of Premium Benefit

Premium payments are not required for the claimant's coverage while they are receiving long term disability benefit payments.

### Work Incentive Period

Allows for a period of 12 months in which you are able to earn up to 100% of your pre-disability earnings while working part-time. See certificate for complete details.

### Survivor Benefit

Provides a lump sum benefit to an eligible survivor if you die while receiving a disability benefit. See certificate for complete details.

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

#### PRE-EXISTING CONDITION LIMITATION

Benefits will not be paid if your disability begins in the first 12 months following the effective date of coverage and your disability is caused by, contributed to by, or the result of a Pre-existing Condition.

Pre-existing Condition means any condition for which you have done, or for which an ordinarily prudent person would ordinarily have done, any of the following at any time during the 3 months just prior to the effective date of coverage, whether or not that condition is diagnosed at all or is misdiagnosed:

- Received medical treatment, advice, consultation, or diagnostic testing; or
- Taken or were prescribed drugs or medicine

#### EXCLUSIONS AND LIMITATIONS

Mental Illness, Alcoholism or Drug Abuse Limitation

Subject to the applicable law in the state where the policy is delivered or issued for delivery, the lifetime cumulative Maximum Period of Payment for all disabilities due to Mental Illness, alcoholism or drug abuse is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities:

- Are not continuous; and/or
- Are not related.

We will continue to send you payments beyond the 24 month period if you meet one or both of these conditions:

1. If you are confined to a hospital, health facility or institution at the end of the 24 month period, we will continue to send you payment(s) during your confinement.  
If you are still disabled when you are discharged, we will send you payment(s) for a recovery period of up to 90 days.  
If you become reconfined at any time during the recovery period and remain confined for at least 14 days in a row, we will send payment(s) during that additional confinement and for one additional recovery period up to 90 more days.
2. In addition to Item 1, if you continue to be disabled after the 24 month period, and subsequently become confined to a hospital, health facility or institution for at least 14 days in a row, We will send payment(s) during the length of the reconfinement.

We will not make payments beyond the limited pay period as indicated above, or the Maximum Period of Payment, whichever occurs first.

We will not apply the Mental Illness Limitation to a disability due to dementia if it is a result of:

- Stroke;
- Trauma;
- Viral infection; or
- Alzheimer's disease

#### Disabilities Not Covered under the Plan

The plan does not cover any disabilities caused by, contributed to by, or resulting from you:

- Commission or attempt to commit a felony;
- Intentionally self-inflicted harm;
- Attempted suicide, regardless of mental capacity;
- Subject to the applicable law in the state where the policy is delivered or issued for delivery, operating a motor vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit as defined by the state law where the disability occurs;
- Subject to the applicable law in the state where the policy is delivered or issued for delivery, being under the influence of any narcotic, unless the narcotic is being taken on the advice of a Doctor;
- Voluntary intake of poison, drugs or fumes, unless a direct result of an occupational accident;
- Participation in a war, declared or undeclared, or any act of war; an act of war is military activity by one or more national governments and does not include terrorist acts, other random acts of violence not perpetrated by You, or civil war or community faction;
- Active duty in the military or the National Guard or similar government organizations;
- Active Participation in a Riot, insurrection or terrorist activity;
- Engaging in any illegal occupation, work, or employment;
- Commission of or attempt to commit a felony;
- Cosmetic surgery except when required for Your Appropriate Care as a result of Your Injury or Sickness; cosmetic surgery shall not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect;
- Traveling in any aircraft other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline;
- Traveling in any aircraft or device operated by or under authority of military or any aircraft being used for experimental purposes or to travel beyond the earth's atmosphere.

We will not pay a benefit for any period of disability during which you are legally incarcerated in a penal or correctional institution.

Employees must be actively at work on the effective date of the plan for coverage to

be effective. For employees not actively at work on the effective date, coverage will be effective when the employee returns to active employment.

## DEFINITIONS

Elimination Period means the period of continuous disability you must satisfy before you are eligible to receive benefits under the plan.

Accumulation of Elimination Period means if you return to work while satisfying your elimination period, you may satisfy your elimination period within the accumulation period. The days that you are not disabled will not count toward your elimination period. If you do not satisfy the elimination period within the accumulation period, a new period of disability will begin. The elimination period and the accumulation period begin on the first day of your disability.

Regular Occupation means the occupation you are routinely performing when your disability begins. We will look at your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific employer or at a specific location.

Recurrent Disability means a disability which is:

- Caused by a worsening in your condition; and
- Due to the same cause(s) as your prior disability for which we made a monthly payment.

If you have a recurrent disability, and after your prior disability ended, you returned to work for your employer for the specified number of consecutive months or less (as outlined in your certificate), we will treat your disability as part of your prior claim and you do not have to complete another elimination period.

Your disability will be treated as a new claim if your current disability:

- Is unrelated to your prior disability; or
- After your prior disability ended, you returned to work for your employer for more than 6 consecutive months.

The new claim will be subject to all of the provisions of the policy and you will be required to satisfy a new elimination period.

Sickness means illness, disease or disability resulting from complications due to pregnancy. Disability resulting from the sickness must begin while you are covered under the plan.

Deductible Sources of Income means income from other sources as listed in the certificate which you receive or are eligible to receive while you are disabled. This income will be subtracted from your gross monthly payment.

### Definition of Disability

You are considered disabled when we review your claim and determine that, due to your sickness or injury:

- You are unable to perform all the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in your indexed monthly earnings.

After the Regular Occupation Period, you are considered disabled when we review your claim and determine that, due to your sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably qualified based on your training, education and experience.

The loss of a professional or an occupational license or certification does not, in itself, constitute disability.

### Social Security Normal Retirement Age duration (SSNRA)

For a disability which begins before you reach age 60, the maximum period of payment will be until the Social Security Normal Retirement Age (SSNRA) as shown in the following table:

Year of Birth \*Social Security Normal Retirement Age

Before 1938 65 years

1938 65 years and 2 months

1939 65 years and 4 months

1940 65 years and 6 months

1941 65 years and 8 months

1942 65 years and 10 months

1943-1954 66 years

1955 66 years and 2 months

1956 66 years and 4 months

1957 66 years and 6 months

1958 66 years and 8 months

1959 66 years and 10 months

1960 and after 67 years

\* Age at which you are entitled to unreduced Social Security benefits based on the

Social Security Amendments of 1983.

For a disability which starts on or after you reach age 60, the maximum period of payment will be determined according to the following table:

Your Age When Disability Begins Maximum Period of Payment Less than age 60 To Social Security Normal Retirement Age (SSNRA)\*

Age 60 60 months or to SSNRA\*, whichever is greater

Age 61 48 months or to SSNRA\*, whichever is greater

Age 62 42 months or to SSNRA\*, whichever is greater

Age 63 36 months or to SSNRA\*, whichever is greater

Age 64 30 months or to SSNRA\*, whichever is greater

Age 65 24 months

Age 66 21 months

Age 67 18 months

Age 68 15 months

Age 69 and over 12 months

When Vocational Rehabilitation Benefits End

Vocational Rehabilitation Benefits will end on the earliest of the following dates:

- The date we determine that you are no longer eligible to participate in a vocational rehabilitation plan;
- The date you are no longer participating in a vocational rehabilitation plan; or
- Any other date on which monthly payments would stop in accordance with the plan.

The Family Member Care Expense Benefit will end on the earliest of the following dates:

- The date you are no longer incurring family member care expenses;
- The date you are no longer participating in a vocational rehabilitation plan; or
- After 24 months of Family Member Care Expense Benefits have been paid for each family member; or
- Any other date on which monthly payments would stop in accordance with the plan.

When Your Coverage Ends

Your coverage under the plan ends on the earliest of:

- The date the policy is canceled;
- The date you are no longer in an eligible class;
- The date your eligible class is no longer covered;
- The end of the period for which you paid premiums, if you stop making a required premium contribution;
- The end of the certificate holder's grace period if the certificate holder does not remit premium to us by the end of such period; or
- The last day you are in active employment, except as provided under a covered leave of absence.

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Continental American Insurance Company • Columbia, South Carolina

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This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. This brochure is subject to the terms, conditions, and limitations of Policy Form Series C40000.