WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

Employee premiums directly to the company.

employer's payroll deduction process. They must remit

Class II insureds cannot continue coverage through the

under age 26.

issue age shown on the master application are eligible for Class

Eligibility under our wing.

Myocardial Infarction (Heart Attack)

is covered, provided it is not caused by a traumatic event,

least weekly); or which results in kidney transplantation. Renal

failure is covered, provided it is not caused by a traumatic event,

Renal Failure (Kidney Failure)

will be accepted as evidence that cancer exists, provided

diagnosis, we will accept a clinical diagnosis if a pathological

must be diagnosed

or normal place, confined to the site of origin without having

Carcinoma in Situ

invaded neighboring tissue.

Carcinoma in Situ

Cancer that is in the natural or

Cancer in the natural or

invasive); (4) Basal cell carcinoma and squamous cell carcinoma

are non-invasive, such as: (1) Pre-malignant tumors or polyps;

in situ, or skin cancer whose cells have become invasive

metastasized) to other tissues, stage 1 Hodgkin's Disease and

skin cancers (non-invasive)

(2) Carcinoma in situ (non-invasive); (3) Skin cancers (non-

any type of medically appropriate diagnosis of cancer

diagnosis cannot be made because it is medically inappropriate.

diagnosis, we will accept a clinical diagnosis if a pathological

on a microscopic study of fixed tissue or preparations from the

on a microscopic study of fixed tissue or preparations from the

may terminate when the plan is terminated; the

on the date you no longer belong to an eligible class.

you coverage terminates, we will provide benefits for said

American Family Life Assurance Company of New York is

A doctor, physician, or pathologist does not include an insured

The heart is a muscular organ about the size of a fist that

Atrial Fibrillation

caused by a Myocardial Infarction is not a Heart Attack.

The diagnosis must include all of the following criteria.

1. New and serial electrocardiographic (EKG) findings consistent with

2. Evidence of cardiac enzymes above generally accepted laboratory levels of normal

3. Confirmation imaging studies such as thallium scans, MDCT, stress, or stress echocardiograms.

Stroke means aopplexy due to rupture or acute occlusion of a cerebral artery, or of a central vascular lesion or incident which begins on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar occlusion.

We’ll got you under our wing.

afiacgroupinsurance.com 1-800.433.3086

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 intended to supplement a major medical program.

Peace of Mind and Real Cash Benefits

This is a limited plan. It provides benefits for cancer, carcinoma in situ, skin cancer, heart attack, stroke, and end-stage renal failure only. Read the plan carefully with the required disclosure statement. This coverage does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

Notice: Any applicant who does not have at least major medical insurance or at least basic hospital and basic medical insurance is not eligible for this coverage and will not be covered by the group policy.


d of your insurance will be the date shown in

Effective Date

We’ve got you under our wing.

AFLAC®

American Family Life

Your coverage may be continued with certain stipulations. See certificate for details.

You may continue your coverage

Your coverage may be continued with certain stipulations. See certificate for details.

You may continue your coverage

Your coverage may be continued with certain stipulations. See certificate for details.

You may continue your coverage

The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.

The certificate to which this sales material pertains is written only in English; the certificate prevails if interpretation of this material varies.
You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the additional costs they might have to handle. With this plan, our goal is to help you and your family cope with and recover from the battle.

Your recovery doesn’t have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the added costs. Unfortunately, as the recovery process begins, people become aware of the additional costs they might have to handle. With this plan, our goal is to help you and your family cope with and recover from the battle.

SPECIFIED CRITICAL ILLNESS BENEFITS

After the waiting period, we will pay benefits if an insured is diagnosed with one of the specified critical illnesses shown as long as the date of diagnosis is while the plan and the insured’s coverage is in force and as long as the illness is not excluded by name or specific description in the plan. If an insured receives a benefit for cancerous status or death under the plan, subject to the lifetime maximum benefit. An insured’s lifetime maximum benefit amount will be shown in the benefit schedule in each certificate. We will calculate benefits for a specified critical illness according to the benefit amount in effect when the diagnosis is made. That amount will be multiplied by the percentage payable shown in the benefit schedule for the applicable specified critical illness, minus any partial benefits paid.

LIFETIME MAXIMUM BENEFITS

<table>
<thead>
<tr>
<th>Insured: Percentage of Initial Benefit</th>
<th>200%</th>
<th>200%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child(ren): 200%*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: The child benefit amount is 50% of the employee’s initial benefit amount. This 200% represents 200% of this 50%—not 200% of the employee’s initial benefit amount.

When we have paid the lifetime maximum benefit shown in the insured’s certificate benefit schedule, the coverage for that insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered specified critical illness for which we have paid benefits. When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for each insured, the certificate terminates. We will pay benefits for a specified critical illness in the order the events occur.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

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 certificate. This plan contains a 10-day waiting period. This means no benefits are payable for any insured who has been diagnosed before that coverage has been in force 30 days from their effective date. If a specified critical illness is diagnosed during the initial 30 days of coverage (the waiting period), no benefit will be payable for that specified critical illness until 12 months after the insured’s effective date; or, at the employee’s option, may elect to void coverage for that insured from the beginning and receive a full refund of any applicable premium.

When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for an insured, the coverage for that insured terminates. No additional benefits are payable for a surgical procedure performed as a result of a covered specified critical illness for which we have paid benefits. When we have paid the lifetime maximum benefit shown in the certificate benefit schedule for each insured, the certificate terminates. We will pay benefits for a specified critical illness in the order the events occur.

EXCLUSIONS

We will not pay for loss due to: (1) War — War or act of war (whether declared or undeclared), or service in the Armed Forces or units auxiliary thereto; (2) Suicide/Self-Inflicted injuries — Suicide, attempted suicide, or intentionally self-inflicted injury; (3) Illegal Acts — Participation in a felony, riot, or insurrection.

Diagnosis must be made and treatment received in the United States, its possessions, or the countries of Mexico or Canada.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for any specified critical illness starting within six months of the insured’s effective date that is caused by, contributed to by, or resulting from a pre-existing condition. A claim for benefits for loss starting after six months from the insured’s effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A specified critical illness will no longer be considered pre-existing after the end of six consecutive months starting and ending after the insured’s effective date.

COVERAGE WORK SHEET

Employee Benefit: $ ____________

Spouse Benefit: $ ____________

Child Benefit: 50 percent of the primary insured amount $ ____________

Total Deduction: $ ____________

This work sheet is for illustration purposes only. It does not imply coverage.

BENEFITS

COVERED CRITICAL ILLNESSES:

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANCER (Internal or Invasive)</td>
<td>100%</td>
</tr>
<tr>
<td>HEART ATTACK (Myocardial Infarction)</td>
<td>100%</td>
</tr>
<tr>
<td>STROKE (Appoplexy or Cerebral Vascular Accident)</td>
<td>100%</td>
</tr>
<tr>
<td>RENAL FAILURE (End-Stage)</td>
<td>100%</td>
</tr>
<tr>
<td>CANCER (Internal or Invasive)</td>
<td>25%</td>
</tr>
<tr>
<td>SKIN CANCER</td>
<td>10%</td>
</tr>
</tbody>
</table>

$500 HEALTH SCREENING BENEFIT

This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

COVERAGE HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow test
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of LDL and HDL

Children are excluded from this benefit.

CANCER (Internal or Invasive) | 100% |

$100 HEALTH SCREENING BENEFIT

This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

COVERAGE HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow test
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of LDL and HDL

CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 50 percent of the primary insured amount at no additional charge.

$500 HEALTH SCREENING BENEFIT

This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

COVERAGE HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone marrow test
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- PSA (blood test for prostate cancer)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Serum cholesterol test to determine level of LDL and HDL

Children are excluded from this benefit.

CANCER (Internal or Invasive) | 100% |