



# ASHE COUNTY SCHOOLS EMPLOYEE BENEFITS GUIDE

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September 1, 2020 – August 31, 2021



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Ashe County Schools offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, [www.benefits.ffga.com/ashecountryschools](http://www.benefits.ffga.com/ashecountryschools).

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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Ashe County Schools Benefits Office  
320 South Street, Jefferson, NC 28640  
(336) 246-7175

## ELIGIBILITY

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

## BENEFITS ENROLLMENT

### EMPLOYEE BENEFITS CENTER

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit [www.benefits.ffga.com/ashecountryschools](http://www.benefits.ffga.com/ashecountryschools) today!

### NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections.

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be onsite to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

## MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

### QUALIFYING LIFE EVENTS INCLUDE:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption, or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual & student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

## DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." You must still complete the beneficiary information.

# Flexible Spending Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period option, which means you have 2.5 months to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2020 is \$2,750.

### HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

NOTE: The IRS requires proof that all expenses are eligible. Keep all receipts in case you need to substantiate a claim for tax purposes. Your receipt must include: Date of purchase or service, amount you were required to pay after insurance, description of the product or service, merchant or provider name, and the patient name.

## DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account, you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses like child care, babysitters and adult day care.

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services. If you are married and file a separate tax return, the limit is \$2,500.

### HIGHLIGHTS

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Contributions are not loaded upfront. Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

## FSA RESOURCES

### BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old.

- The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- Dependent Care FSA Contributions are not loaded upfront. Funds become available as contributions are made to your account.

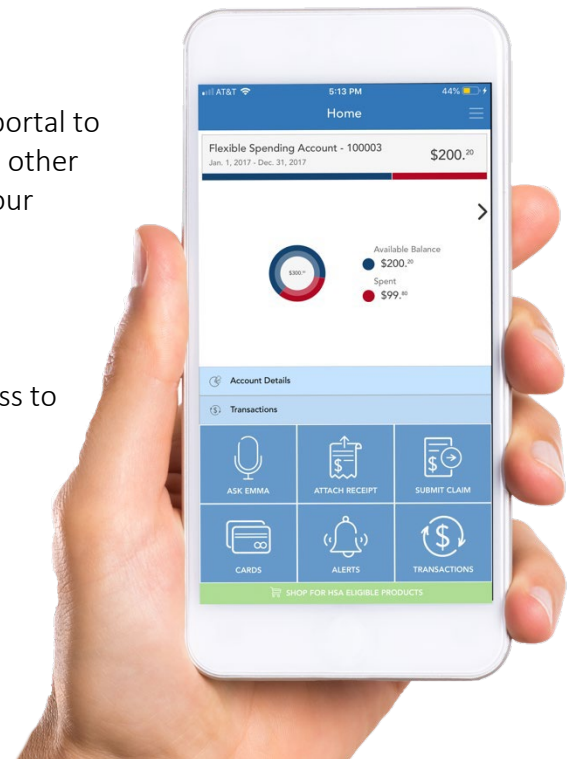
### ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

### FF FLEX MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Flex Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



### FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheelchairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have about your account.

insurance falls short.

# Clever RX



Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

## HIGHLIGHTS

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

**SAVE UP TO 80%** on prescription drugs at virtually all U.S. pharmacies!

**BIN: 610378**  
**PCN: SC1**  
**Group: 1062**  
**Member ID: 1000**

For even greater savings,  
download the app for **FREE!**

Download on the **App Store** **Google play**

**Pharmacist Help Line: 800-974-3135**  
**Customer Help Line: 800-873-1195**

**THIS CARD IS NOT INSURANCE**

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the **Clever RX App**.



# Short-Term Disability Income Insurance

NC Educators- Broker

 **First  
Financial  
Group  
of America**  
*First in Service and Expertise*

**AMERICAN FIDELITY**   
a different opinion<sup>®</sup>

*This brochure highlights important features of the policy.  
Please refer to your certificate for complete details.*

# Short-Term Disability Income Insurance

## Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**  
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**  
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**  
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.



## Choose the Right Plan for You

### Benefits Begin

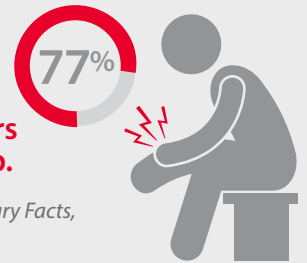
- Plan I -** On the 1st day of Disability due to a covered Injury and on the 8th day of Disability due to a covered Sickness.
- Plan II -** On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III -** On the 31st day of Disability due to a covered Injury or Sickness.

**Injury** means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is in force.

**Sickness** means a disease or illness. Sickness includes pregnancy and any complications of pregnancy, including but not limited to an emergency non-elective cesarean section. Disability must begin while your coverage is in force.

**Hospital**- the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



*National Safety Council, Injury Facts, 2017 Edition, p. 63.*

## Benefits Are Payable

Benefits are payable up to 14 months for a covered Injury or Sickness.



# Policy Provisions and Plan Features

## Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

## When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

## Physician Expense Benefit

Injury - \$250.00 per Injury  
Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit. This benefit will be limited to 6 payments per calendar year.

## Accidental Death and Dismemberment Benefit

A lump sum of \$25,000 will be paid if you die as the direct result of an injury within 90 days after the injury. If you lose one or more members which include hands, feet, and eyes you will receive a percentage of the benefit amount.

## Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 90 consecutive days. We will require proof annually that you remain disabled during that time.

## Donor Benefit

If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.

We reserve the right to estimate these Deductible Sources of Income that you may receive as defined in your Certificate.

## Minimum Disability Benefit

The Minimum Disability Benefit is 50% of the Monthly Disability Benefit or \$100.00, whichever is greater.

## If You Are Disabled Due to a Covered Disability and Not Working

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

**Disability** or disabled means that you are unable to perform the material and substantial duties of your regular occupation.

## Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Worksite Accommodation**

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

# Policy Benefit Limitations and Exclusions



## Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war (excluding terrorism), declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 45 days advance notice.

## Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

## Pre-Existing Condition Limitation

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 12 months. This provision will not apply if you have: gone treatment-free; taken no medication; and received no diagnosis or advice from a Physician, for 12 months for such condition(s).

This limitation will not apply to a disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months. In no event will disabilities be subject to Pre-Existing Condition Limitations after 24 months from your Effective Date of coverage. Any increase in benefits will be subject to this Pre-Existing Limitation, if the disability begins within 12 months of your Effective Date of coverage.

**Pre-existing condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; took medication; received care; or received a diagnosis or advice from a physician, during the 6-month period immediately before your effective date of coverage.

There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Monthly Premiums		
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
\$334.00 - \$499.99	\$200.00	\$25,000.00	\$6.68	\$5.52	\$4.04
\$500.00 - \$666.99	\$300.00	\$25,000.00	\$10.02	\$8.28	\$6.06
\$667.00 - \$833.99	\$400.00	\$25,000.00	\$13.36	\$11.04	\$8.08
\$834.00 - \$999.99	\$500.00	\$25,000.00	\$16.70	\$13.80	\$10.10
\$1,000.00 - \$1,166.99	\$600.00	\$25,000.00	\$20.04	\$16.56	\$12.12
\$1,167.00 - \$1,333.99	\$700.00	\$25,000.00	\$23.38	\$19.32	\$14.14
\$1,334.00 - \$1,499.99	\$800.00	\$25,000.00	\$26.72	\$22.08	\$16.16
\$1,500.00 - \$1,666.99	\$900.00	\$25,000.00	\$30.06	\$24.84	\$18.18
\$1,667.00 - \$1,833.99	\$1,000.00	\$25,000.00	\$33.40	\$27.60	\$20.20
\$1,834.00 - \$1,999.99	\$1,100.00	\$25,000.00	\$36.74	\$30.36	\$22.22
\$2,000.00 - \$2,166.99	\$1,200.00	\$25,000.00	\$40.08	\$33.12	\$24.24
\$2,167.00 - \$2,333.99	\$1,300.00	\$25,000.00	\$43.42	\$35.88	\$26.26
\$2,334.00 - \$2,499.99	\$1,400.00	\$25,000.00	\$46.76	\$38.64	\$28.28
\$2,500.00 - \$2,666.99	\$1,500.00	\$25,000.00	\$50.10	\$41.40	\$30.30
\$2,667.00 - \$2,833.99	\$1,600.00	\$25,000.00	\$53.44	\$44.16	\$32.32
\$2,834.00 - \$2,999.99	\$1,700.00	\$25,000.00	\$56.78	\$46.92	\$34.34
\$3,000.00 - \$3,166.99	\$1,800.00	\$25,000.00	\$60.12	\$49.68	\$36.36
\$3,167.00 - \$3,333.99	\$1,900.00	\$25,000.00	\$63.46	\$52.44	\$38.38
\$3,334.00 - \$3,499.99	\$2,000.00	\$25,000.00	\$66.80	\$55.20	\$40.40
\$3,500.00 - \$3,666.99	\$2,100.00	\$25,000.00	\$70.14	\$57.96	\$42.42
\$3,667.00 - \$3,833.99	\$2,200.00	\$25,000.00	\$73.48	\$60.72	\$44.44
\$3,834.00 - \$3,999.99	\$2,300.00	\$25,000.00	\$76.82	\$63.48	\$46.46
\$4,000.00 - \$4,166.99	\$2,400.00	\$25,000.00	\$80.16	\$66.24	\$48.48
\$4,167.00 - \$4,333.99	\$2,500.00	\$25,000.00	\$83.50	\$69.00	\$50.50
\$4,334.00 - \$4,499.99	\$2,600.00	\$25,000.00	\$86.84	\$71.76	\$52.52
\$4,500.00 - \$4,666.99	\$2,700.00	\$25,000.00	\$90.18	\$74.52	\$54.54
\$4,667.00 - \$4,833.99	\$2,800.00	\$25,000.00	\$93.52	\$77.28	\$56.56
\$4,834.00 - \$4,999.99	\$2,900.00	\$25,000.00	\$96.86	\$80.04	\$58.58
\$5,000.00 - \$5,166.99	\$3,000.00	\$25,000.00	\$100.20	\$82.80	\$60.60
\$5,167.00 - \$5,333.99	\$3,100.00	\$25,000.00	\$103.54	\$85.56	\$62.62
\$5,334.00 - \$5,499.99	\$3,200.00	\$25,000.00	\$106.88	\$88.32	\$64.64
\$5,500.00 - \$5,666.99	\$3,300.00	\$25,000.00	\$110.22	\$91.08	\$66.66
\$5,667.00 - \$5,833.99	\$3,400.00	\$25,000.00	\$113.56	\$93.84	\$68.68
\$5,834.00 - \$5,999.99	\$3,500.00	\$25,000.00	\$116.90	\$96.60	\$70.70
\$6,000.00 - \$6,166.99	\$3,600.00	\$25,000.00	\$120.24	\$99.36	\$72.72
\$6,167.00 - \$6,333.99	\$3,700.00	\$25,000.00	\$123.58	\$102.12	\$74.74
\$6,334.00 - \$6,499.99	\$3,800.00	\$25,000.00	\$126.92	\$104.88	\$76.76

# Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death & Dismemberment Benefit	Monthly Premiums		
			Plan I (1st/8th)	Plan II (15th)	Plan III (31st)
\$6,500.00 - \$6,666.99	\$3,900.00	\$25,000.00	\$130.26	\$107.64	\$78.78
\$6,667.00 - \$6,833.99	\$4,000.00	\$25,000.00	\$133.60	\$110.40	\$80.80
\$6,834.00 - \$6,999.99	\$4,100.00	\$25,000.00	\$136.94	\$113.16	\$82.82
\$7,000.00 - \$7,166.99	\$4,200.00	\$25,000.00	\$140.28	\$115.92	\$84.84
\$7,167.00 - \$7,333.99	\$4,300.00	\$25,000.00	\$143.62	\$118.68	\$86.86
\$7,334.00 - \$7,499.99	\$4,400.00	\$25,000.00	\$146.96	\$121.44	\$88.88
\$7,500.00 - \$7,666.99	\$4,500.00	\$25,000.00	\$150.30	\$124.20	\$90.90
\$7,667.00 - \$7,833.99	\$4,600.00	\$25,000.00	\$153.64	\$126.96	\$92.92
\$7,834.00 - \$7,999.99	\$4,700.00	\$25,000.00	\$156.98	\$129.72	\$94.94
\$8,000.00 - \$8,166.99	\$4,800.00	\$25,000.00	\$160.32	\$132.48	\$96.96
\$8,167.00 - \$8,333.99	\$4,900.00	\$25,000.00	\$163.66	\$135.24	\$98.98
\$8,334.00 - \$8,499.99	\$5,000.00	\$25,000.00	\$167.00	\$138.00	\$101.00
\$8,500.00 - \$8,666.99	\$5,100.00	\$25,000.00	\$170.34	\$140.76	\$103.02
\$8,667.00 - \$8,833.99	\$5,200.00	\$25,000.00	\$173.68	\$143.52	\$105.04
\$8,834.00 - \$8,999.99	\$5,300.00	\$25,000.00	\$177.02	\$146.28	\$107.06
\$9,000.00 - \$9,166.99	\$5,400.00	\$25,000.00	\$180.36	\$149.04	\$109.08
\$9,167.00 - \$9,333.99	\$5,500.00	\$25,000.00	\$183.70	\$151.80	\$111.10
\$9,334.00 - \$9,499.99	\$5,600.00	\$25,000.00	\$187.04	\$154.56	\$113.12
\$9,500.00 - \$9,666.99	\$5,700.00	\$25,000.00	\$190.38	\$157.32	\$115.14
\$9,667.00 - \$9,833.99	\$5,800.00	\$25,000.00	\$193.72	\$160.08	\$117.16
\$9,834.00 - \$9,999.99	\$5,900.00	\$25,000.00	\$197.06	\$162.84	\$119.18
\$10,000.00 - \$10,166.99	\$6,000.00	\$25,000.00	\$200.40	\$165.60	\$121.20
\$10,167.00 - \$10,332.99	\$6,100.00	\$25,000.00	\$203.74	\$168.36	\$123.22
\$10,333.00 - \$10,499.99	\$6,200.00	\$25,000.00	\$207.08	\$171.12	\$125.24
\$10,500.00 - \$10,666.99	\$6,300.00	\$25,000.00	\$210.42	\$173.88	\$127.26
\$10,667.00 - \$10,832.99	\$6,400.00	\$25,000.00	\$213.76	\$176.64	\$129.28
\$10,833.00 - \$10,999.99	\$6,500.00	\$25,000.00	\$217.10	\$179.40	\$131.30
\$11,000.00 - \$11,166.99	\$6,600.00	\$25,000.00	\$220.44	\$182.16	\$133.32
\$11,167.00 - \$11,332.99	\$6,700.00	\$25,000.00	\$223.78	\$184.92	\$135.34
\$11,333.00 - \$11,499.99	\$6,800.00	\$25,000.00	\$227.12	\$187.68	\$137.36
\$11,500.00 - \$11,666.99	\$6,900.00	\$25,000.00	\$230.46	\$190.44	\$139.38
\$11,667.00 - \$11,832.99	\$7,000.00	\$25,000.00	\$233.80	\$193.20	\$141.40
\$11,833.00 - \$11,999.99	\$7,100.00	\$25,000.00	\$237.14	\$195.96	\$143.42
\$12,000.00 - \$12,166.99	\$7,200.00	\$25,000.00	\$240.48	\$198.72	\$145.44
\$12,167.00 - \$12,332.99	\$7,300.00	\$25,000.00	\$243.82	\$201.48	\$147.46
\$12,333.00 - \$12,499.99	\$7,400.00	\$25,000.00	\$247.16	\$204.24	\$149.48
\$12,500.00 - And Over	\$7,500.00	\$25,000.00	\$250.50	\$207.00	\$151.50

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

### Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

## Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

### Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

## COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

### Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

## Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

### Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

## Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

### Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

## Benefit Rider Limitations and Exclusions

### Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

The term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

### Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) took prescription medication; (c) received care or services including diagnostic testing or related measures; or (d) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

### COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

### Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war (excluding terrorism), declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits

during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) An Occupational Injury or Sickness which is paid under the North Carolina Workers' Compensation Act according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. Regular Care and Appropriate Care of a Physician is not required if your Spouse has reached his or her maximum point of recovery yet is still Disabled as defined in this rider. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

### Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.



**View and print your policies plus file a claim at [americanfidelity.com](http://americanfidelity.com)**

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim.



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purelife-plus

Life insurance can be an ideal way to provide money for your family when they need it most. purelife-plus offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. purelife-plus is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**It's Affordable**  
You own it



**You can take it with you when you change jobs or retire**



**You pay for it through convenient payroll deductions**



**You can cover your spouse, children and grandchildren, too<sup>2</sup>**



**You can get a living benefit if you become terminally ill<sup>3</sup>**



**You can get cash to cover living expenses if you become chronically ill<sup>4</sup>**

## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

### DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

- 1** Been actively at work on a full time basis, performing usual duties?
- 2** Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
- 3** Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?

1. After the guarantee period, premiums may go down, stay the same or go up.  
2. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.  
3. Conditions apply.  
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

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**You own it**



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**you when you change**  
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**You pay for it through**  
**convenient payroll deductions:**  
**no checks to write or links to click**



**You can cover your spouse, children**  
**and grandchildren, too<sup>1</sup>**



**You can get a living benefit if you**  
**become terminally ill<sup>2</sup>**



**You can get cash to cover**  
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1. Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.
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Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

 **First  
Financial  
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of America**  
*First in Service and Expertise*

**TEXASLIFE** INSURANCE  
COMPANY



PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73
23-25		11.95	21.65	31.35	41.05	60.45	79.85	99.25	118.65	71
26		12.23	22.20	32.18	42.15	62.10	82.05	102.00	121.95	72
27		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	72
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70
33		14.15	26.05	37.95	49.85	73.65	97.45	121.25	145.05	71
34		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	72
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74
39		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	75
40	9.21	19.65	37.05	54.45	71.85	106.65	141.45	176.25	211.05	76
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80
44	12.07	26.80	51.35	75.90	100.45	149.55	198.65	247.75	296.85	81
45	12.95	29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	82
46	13.83	31.20	60.15	89.10	118.05	175.95	233.85	291.75	349.65	83
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85
50	17.68	40.83	79.40	117.98	156.55					86
51	19.11	44.40	86.55	128.70	170.85					87
52	20.87	48.80	95.35	141.90	188.45					88
53	22.63	53.20	104.15	155.10	206.05					90
54	23.84	56.23	110.20	164.18	218.15					90
55	24.94	58.98	115.70	172.43	229.15					91
56	26.04	61.73	121.20	180.68	240.15					91
57	27.25	64.75	127.25	189.75	252.25					91
58	28.57	68.05	133.85	199.65	265.45					91
59	29.78	71.08	139.90	208.73	277.55					91
60	30.63	73.20	144.15	215.10	286.05					91
61	32.28	77.33	152.40	227.48	302.55					91
62	34.04	81.73	161.20	240.68	320.15					92
63	35.91	86.40	170.55	254.70	338.85					92
64	37.89	91.35	180.45	269.55	358.65					92
65	39.98	96.58	190.90	285.23	379.55					92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	70
21-22		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	70
23-25		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	69
26		17.73	33.20	48.68	64.15	95.10	126.05	157.00	187.95	69
27		18.00	33.75	49.50	65.25	96.75	128.25	159.75	191.25	68
28		18.28	34.30	50.33	66.35	98.40	130.45	162.50	194.55	68
29		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	68
30-31		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	69
32		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	69
33		21.58	40.90	60.23	79.55	118.20	156.85	195.50	234.15	69
34		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	68
35		23.23	44.20	65.18	86.15	128.10	170.05	212.00	253.95	69
36		24.05	45.85	67.65	89.45	133.05	176.65	220.25	263.85	69
37		25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	70
38		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	70
39		27.90	53.55	79.20	104.85	156.15	207.45	258.75	310.05	70
40	13.50	30.38	58.50	86.63	114.75	171.00	227.25	283.50	339.75	72
41	14.27	32.30	62.35	92.40	122.45	182.55	242.65	302.75	362.85	73
42	15.26	34.78	67.30	99.83	132.35	197.40	262.45	327.50	392.55	74
43	16.80	38.63	75.00	111.38	147.75	220.50	293.25	366.00	438.75	76
44	17.68	40.83	79.40	117.98	156.55	233.70	310.85	388.00	465.15	77
45	18.89	43.85	85.45	127.05	168.65	251.85	335.05	418.25	501.45	78
46	19.99	46.60	90.95	135.30	179.65	268.35	357.05	445.75	534.45	79
47	21.09	49.35	96.45	143.55	190.65	284.85	379.05	473.25	567.45	79
48	22.19	52.10	101.95	151.80	201.65	301.35	401.05	500.75	600.45	80
49	23.95	56.50	110.75	165.00	219.25	327.75	436.25	544.75	653.25	82
50	25.16	59.53	116.80	174.08	231.35					82
51	27.03	64.20	126.15	188.10	250.05					83
52	29.34	69.98	137.70	205.43	273.15					85
53	31.21	74.65	147.05	219.45	291.85					87
54	32.75	78.50	154.75	231.00	307.25					87
55	34.29	82.35	162.45	242.55	322.65					87
56	36.05	86.75	171.25	255.75	340.25					87
57	37.70	90.88	179.50	268.13	356.75					87
58	39.68	95.83	189.40	282.98	376.55					87
59	41.33	99.95	197.65	295.35	393.05					87
60	42.51	102.90	203.55	304.20	404.85					87
61	45.37	110.05	217.85	325.65	433.45					88
62	48.01	116.65	231.05	345.45	459.85					88
63	50.54	122.98	243.70	364.43	485.15					88
64	53.07	129.30	256.35	383.40	510.45					89
65	55.71	135.90	269.55	403.20	536.85					89
66	58.57									89
67	61.65									89
68	64.84									89
69	68.25									89
70	71.88									90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				8.00					13.75	83
2-3				8.25					14.25	83
4-10				8.50					14.75	79
11-16				8.75					15.25	75
17-20				10.75	12.45	14.15	15.85	17.55	19.25	73
21-22				11.00	12.75	14.50	16.25	18.00	19.75	73
23-25				11.25	13.05	14.85	16.65	18.45	20.25	71
26				11.50	13.35	15.20	17.05	18.90	20.75	72
27				11.75	13.65	15.55	17.45	19.35	21.25	72
28				11.75	13.65	15.55	17.45	19.35	21.25	71
29				12.00	13.95	15.90	17.85	19.80	21.75	71
30-31				12.25	14.25	16.25	18.25	20.25	22.25	70
32				12.75	14.85	16.95	19.05	21.15	23.25	70
33				13.25	15.45	17.65	19.85	22.05	24.25	71
34				13.75	16.05	18.35	20.65	22.95	25.25	72
35		9.60	12.05	14.50	16.95	19.40	21.85	24.30	26.75	73
36		9.90	12.45	15.00	17.55	20.10	22.65	25.20	27.75	73
37		10.20	12.85	15.50	18.15	20.80	23.45	26.10	28.75	73
38		10.65	13.45	16.25	19.05	21.85	24.65	27.45	30.25	74
39		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	75
40	8.65	11.85	15.05	18.25	21.45	24.65	27.85	31.05	34.25	76
41	9.15	12.60	16.05	19.50	22.95	26.40	29.85	33.30	36.75	77
42	9.85	13.65	17.45	21.25	25.05	28.85	32.65	36.45	40.25	78
43	10.55	14.70	18.85	23.00	27.15	31.30	35.45	39.60	43.75	80
44	11.25	15.75	20.25	24.75	29.25	33.75	38.25	42.75	47.25	81
45	12.05	16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	82
46	12.85	18.15	23.45	28.75	34.05	39.35	44.65	49.95	55.25	83
47	13.55	19.20	24.85	30.50	36.15	41.80	47.45	53.10	58.75	83
48	14.35	20.40	26.45	32.50	38.55	44.60	50.65	56.70	62.75	84
49	15.25	21.75	28.25	34.75	41.25	47.75	54.25	60.75	67.25	85
50	16.35	23.40	30.45	37.50						86
51	17.65	25.35	33.05	40.75						87
52	19.25	27.75	36.25	44.75						88
53	20.85	30.15	39.45	48.75						90
54	21.95	31.80	41.65	51.50						90
55	22.95	33.30	43.65	54.00						91
56	23.95	34.80	45.65	56.50						91
57	25.05	36.45	47.85	59.25						91
58	26.25	38.25	50.25	62.25						91
59	27.35	39.90	52.45	65.00						91
60	28.05	40.95	53.85	66.75						91
61										91
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69										93
70										93

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20				15.00	17.55	20.10	22.65	25.20	27.75	70
21-22				15.50	18.15	20.80	23.45	26.10	28.75	70
23-25				16.25	19.05	21.85	24.65	27.45	30.25	69
26				16.50	19.35	22.20	25.05	27.90	30.75	69
27				16.75	19.65	22.55	25.45	28.35	31.25	68
28				17.00	19.95	22.90	25.85	28.80	31.75	68
29				17.25	20.25	23.25	26.25	29.25	32.25	68
30-31				19.25	22.65	26.05	29.45	32.85	36.25	69
32				19.75	23.25	26.75	30.25	33.75	37.25	69
33				20.00	23.55	27.10	30.65	34.20	37.75	69
34				20.25	23.85	27.45	31.05	34.65	38.25	68
35		13.80	17.65	21.50	25.35	29.20	33.05	36.90	40.75	69
36		14.25	18.25	22.25	26.25	30.25	34.25	38.25	42.25	69
37		15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	70
38		15.45	19.85	24.25	28.65	33.05	37.45	41.85	46.25	70
39		16.35	21.05	25.75	30.45	35.15	39.85	44.55	49.25	70
40	12.55	17.70	22.85	28.00	33.15	38.30	43.45	48.60	53.75	72
41	13.25	18.75	24.25	29.75	35.25	40.75	46.25	51.75	57.25	73
42	14.15	20.10	26.05	32.00	37.95	43.90	49.85	55.80	61.75	74
43	15.55	22.20	28.85	35.50	42.15	48.80	55.45	62.10	68.75	76
44	16.35	23.40	30.45	37.50	44.55	51.60	58.65	65.70	72.75	77
45	17.45	25.05	32.65	40.25	47.85	55.45	63.05	70.65	78.25	78
46	18.45	26.55	34.65	42.75	50.85	58.95	67.05	75.15	83.25	79
47	19.45	28.05	36.65	45.25	53.85	62.45	71.05	79.65	88.25	79
48	20.45	29.55	38.65	47.75	56.85	65.95	75.05	84.15	93.25	80
49	22.05	31.95	41.85	51.75	61.65	71.55	81.45	91.35	101.25	82
50	23.15	33.60	44.05	54.50						82
51	24.85	36.15	47.45	58.75						83
52	26.95	39.30	51.65	64.00						85
53	28.65	41.85	55.05	68.25						87
54	30.05	43.95	57.85	71.75						87
55	31.45	46.05	60.65	75.25						87
56	33.05	48.45	63.85	79.25						87
57	34.55	50.70	66.85	83.00						87
58	36.35	53.40	70.45	87.50						87
59	37.85	55.65	73.45	91.25						87
60	38.85	57.15	75.45	93.75						87
61										88
62										88
63										88
64										89
65										89
66										89
67										89
68										89
69										89
70										90

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

# Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible



Easy Application Process • No Medical Exams • Excellent Customer Service • Learn More » »



Marketed by:  
First Financial Capital Corporation  
P.O. Box 670329 • Houston, TX 77267-0329  
Local (281) 847-8422 | Toll Free (800) 523-8422  
[ffga.com](http://ffga.com)

# Why Term Life Insurance

Life insurance is an important piece of a strong financial plan. While there is no complete replacement for the loss of a loved one, American Fidelity Assurance Company's Term Life Insurance can help protect your family in your absence. It provides short-term coverage at a competitive price. For those on a limited budget, Term Life Insurance can help fill temporary needs.



**62% of adults in the United States have no individual life insurance.<sup>1</sup>**



## Did You Know?

Almost **2 out of 3** people say the life insurance they receive from their employer is not enough.<sup>2</sup>

Life insurance provided by your employer is an important benefit. However, it may not be enough protection to provide for your loved ones.

A term life policy may help supplement your existing coverage and may assist in meeting financial demands, should you need it. Plus, this is an individual policy which means you own it and can take it with you to a different job or in retirement.

## Financial Protection for You

American Fidelity Assurance Company's Term Life Insurance is a great option for your working and earning years when expenses are usually at their highest.

With our Term Life Insurance, premiums will remain the same for the initial term period selected.<sup>3</sup> The death benefit will not change for the life of the policy, and death benefits are generally paid tax free.

## Why You Need Life Insurance

Consider the following expenses when choosing the right life insurance plan for you.



### Final Expenses

Funeral Costs  
Unpaid Medical Bills

### Self Time

Time to Grieve  
Housing Decision

### Income Replacement

Mortgage/Rent  
Other Loans

### Nest Egg

Estate Planning  
Income Replacement

## Three Easy Steps to Get Covered

**1**

### Select a Term Period

Choose from a 10, 20, or 30 year term.

**2**

### Answer Three Health Questions<sup>4</sup>

Only three health questions are required to issue coverage, and you don't have to participate in any invasive medical exams.

**3**

### Get Death Benefit Coverage Immediately<sup>5</sup>

Your death benefit coverage starts when you sign the application.

<sup>1</sup>LIMRA: 2015 Insurance Barometer Study; April 2015. <sup>2</sup>LIMRA: 2014 Insurance Barometer Study April 2014. <sup>3</sup>Premiums are subject to increase upon renewal. <sup>4</sup>Issuance of the policy may depend on the answer to these questions. <sup>5</sup>Interim coverage for death will be in force from the date your application is signed if on such date the proposed insured is insurable per our underwriting guidelines for the requested coverage in accordance with the terms of the policy. This interim coverage for death will remain in force until the earlier of: 1) the date a policy becomes effective; 2) the date we decline the application; or 3) the date we notify the proposed insured that they are ineligible for interim coverage. The employee and/or spouse must remain actively at work during the interim coverage period. If the death of the proposed insured occurs during the interim coverage period, the first month's premium will be subtracted from the policy proceeds. Interim coverage is only for death benefits under the base policy, Children's Term Rider and Spouse Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, or Accelerated Benefit Rider for Long Term Illness.

EMPLOYEE ISSUE AGES
10 Year Term: 17-65 20 Year Term: 17-60 30 Year Term: 17-50
EMPLOYEE ISSUE MAXIMUM
Ages 17-49: \$300,000 Ages 50-65: \$100,000
GUARANTEED LEVEL DEATH BENEFIT
You will receive the full face amount of your policy. (Provided no accelerated benefits are paid.)

SPOUSE ISSUE AGES AND MAXIMUMS
Ages 17-49: \$50,000 Ages 50-60: \$25,000
RATES BASED ON ISSUE AGE AND TOBACCO STATUS
Your premiums will be based on your age on the date your policy becomes effective. You can be eligible for reduced rates if you are a non-tobacco user.
RENEWABLE AND CONVERTIBLE <sup>6</sup>
You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

## Enhance Your Plan<sup>8</sup>

### Waiver of Premium Rider

This rider waives the premium if the base Insured becomes totally disabled, as defined in the rider, for at least six consecutive months. Premiums are waived for the base policy and any attached riders. Issue age is 17-60. The rider terminates at age 65.

### Accidental Death and Dismemberment Rider

This rider provides coverage upon death, dismemberment, or paralysis of the base Insured prior to age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seatbelt benefit, if the police accident report certifies the base Insured was wearing a properly fastened seatbelt at time of death. Benefits are payable once per Covered Accident.

### Spouse Term Rider

This rider provides level Term Life Insurance coverage on your spouse. The premiums for this rider are based on the spouse's age and tobacco usage. Coverage may be renewed for each additional renewal period up to the spouse's age 90, while the base policy is in force.<sup>6</sup> Premiums adjust upon renewal. Face amount must be equal to or less than the base policy.

### Children's Term Rider

This rider provides level Term Life Insurance protection for all your eligible children who are between the ages of one month through age 19. Coverage remains on each child until age 26 or marriage of the child prior to age 26. Your covered child may also convert this rider for up to five times the amount of coverage (subject to a \$100,000 limit overall) to any form of permanent insurance offered by American Fidelity for conversions. One premium covers all eligible children. Three benefit levels are available: \$10,000, \$20,000, and \$30,000).

### Accelerated Benefit Rider for Long Term Illness (Available with 30-Year Term Life Only)

This rider provides for two equal annual advances of a portion of the base policy's death benefit due to a Long Term Illness if we receive satisfactory proof of Long Term Illness prior to each annual payment. Coverage is available on the base Insured only.

SAMPLE 20-YEAR TERM NON- TOBACCO MONTHLY PREMIUM RATES <sup>7</sup>					
	\$25K*	\$50K*	\$100K	\$150K	\$300K
25	\$6.50	\$9.00	\$16.00	\$20.00	\$38.00
35	\$7.50	\$11.50	\$21.00	\$27.50	\$53.00
45	\$11.75	\$20.50	\$39.00	\$56.00	\$110.00
55	\$25.25	\$38.50	\$75.00	n/a	n/a

\*Shaded amounts available for spouse base policy purchases.

<sup>6</sup>Premiums remain level for the initial term period selected. If you choose the 10 or 20 Year Term Life Plan, the renewal date will be every 10 or 20 years until the policy anniversary following age 70 or 60 respectively. Thereafter, premiums are renewable annually. The 30 Year Term Life Plan is renewable annually after the initial term period. All term plans expire on the policy anniversary following age 90. Rates will be adjusted on each renewed term period; <sup>7</sup>Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. For specific ages, rates, term periods or face amounts, see your American Fidelity account manager. <sup>8</sup>Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

## Accelerated Benefit Summary and Disclosure Notice

THIS DOCUMENT SERVES ONLY AS A SUMMARY AND A DISCLOSURE NOTICE. PLEASE REFER TO YOUR POLICY OR RIDER FOR ACTUAL CONTRACT PROVISIONS.

THE POLICY/RIDER PROVIDES AN ACCELERATED BENEFIT OPTION. YOU SHOULD CONSULT WITH A PERSONAL TAX ADVISOR IF YOU ARE CONSIDERING ELECTING PAYMENT UNDER AN ACCELERATED BENEFIT PROVISION. BENEFITS AS SPECIFIED IN THE POLICY/RIDER WILL BE REDUCED UPON RECEIPT OF AN ACCELERATED BENEFIT PAYMENT. RECEIPT OF ACCELERATED BENEFIT PAYMENTS: 1) MAY BE TAXABLE; 2) MAY AFFECT YOUR ELIGIBILITY FOR BENEFITS UNDER STATE OR FEDERAL LAW; AND, 3) DO NOT AND ARE NOT INTENDED TO QUALIFY AS LONG-TERM CARE INSURANCE.

The policy and/or rider you are applying for has an Accelerated Benefit provision. The provision allows a portion of the death benefits to be advanced if certain conditions are met. Please see policy/rider for conditions and definitions, as applicable.

Prior to the payment of any Accelerated Benefit, the following conditions must be met:

- The minimum Accelerated Benefit available is \$5,000. The maximums vary by policy/rider (see specific information below) and shall not exceed the Benefit Amount for the policy shown on the Policy Schedule.
- Only one Accelerated Benefit election will be made under the policy and/or each rider even if the Owner does not elect the full acceleration amount.
- If two or more Accelerated Benefits are payable on behalf of the Insured/Covered Person under the policy or any attached riders for the same or related sickness, injury or loss, benefits will be paid in the following order:
  - 1) Accelerated Benefit for Critical Illness, if this optional rider is attached to the policy;
  - 2) Accelerated Benefit for Long Term Illness, if this optional rider is attached to the policy; and
  - 3) Accelerated Benefit for Terminal Condition.
- Additional limitations and exclusions may apply, please read your policy/rider carefully.

Upon request to accelerate the policy/rider proceeds,

and upon the payment of the accelerated benefit, the Owner and any irrevocable beneficiary shall be given a statement demonstrating the effect of the acceleration on the payment of policy proceeds, cash value, death benefit, premium, and policy loans, as applicable.

### Accelerated Benefit for Terminal Condition

Prior to the payment of any Accelerated Benefit, the Insured/Covered Person must have a Terminal Condition, defined as an imminent death expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of the Insured/Covered Person of 12 months or less. The maximum payable is the lesser of: 50% of the eligible proceeds as defined in the policy/rider, or \$100,000. There is no premium associated with this provision.

Payment of an Accelerated Benefit, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the policy/rider will remain in force. Any premiums due to keep the policy/rider in force will be paid by us, and will be deducted from the policy proceeds upon death, unless you are currently exercising the Automatic Premium Loan option. If you are currently exercising the Automatic Premium Loan option,

any premiums will continue to be paid under this option, until such time as this option is exhausted or discontinued.

- Policy proceeds which are payable on the death of the Insured/Covered Person will be reduced by the amount of the Accelerated Benefit, any outstanding policy loans, and any premiums paid by us on your behalf.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. Access to the policy cash value may be restricted to the excess of the cash value over the sum of the amount accelerated and any premiums paid by us and any other outstanding policy loans.
- Any outstanding loan, including interest will not be deducted from the Accelerated Benefit payment.
- This Accelerated Benefit will be treated as a lien against the death benefit and applied at time of death.

### Accelerated Benefit for Long Term Illness (optional rider)

Prior to the payment of any Accelerated Benefit, the Insured must have a Long Term Illness, which means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as permanently unable to perform, without Substantial Assistance from another individual, at least two out of five Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or requiring Substantial Supervision due to permanent Severe Cognitive Impairment. The maximum payable is the lesser of 50% of the Eligible Proceeds available at the time of claim payable in two equal annual payments up to a maximum of 25% of the eligible proceeds per year for two consecutive years; or \$100,000 payable in two equal annual payments up to a maximum of \$50,000 per year for two consecutive years. Premium is required to keep this rider in force.

Payment of an Accelerated Benefit for Long Term Illness, if elected and/or Critical Illness, if elected, will have the following effect on your contract:

- Upon payment of the Accelerated Benefit, the rider will terminate and no additional benefits will be due under the rider, even for recurrence. The policy will remain in force and premiums will continue to be billed and payable as due.
- Policy proceeds which are payable on the death of the Insured will be reduced by the amount of the Accelerated Benefit.
- Cash values, if any, will continue to accumulate as specified in your policy or rider. The cash values will be adjusted proportionally by the percent accelerated.
- Any outstanding policy loan, including interest, will be proportionally reduced by the percent accelerated and will be deducted from the Accelerated Benefit payment.
- The Accelerated Benefit will reduce the Benefit Amount and will be applied immediately upon acceleration.

ICC14 DN111

This brochure does not constitute the full policy and is intended to provide basic information about American Fidelity Assurance Company's Renewable and Convertible Term Life Insurance product, ICC14 RCTL14. For specific details, limitations and exclusions, please refer to your policy, riders. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125. Rider availability may vary by state.

We will not pay the policy proceeds if the insured commits suicide, while sane or insane for the period of time as described in the insured's policy, from the Effective date. Instead, we will return all premiums paid.

Underwritten and administered by:

**AMERICAN FIDELITY**  
a different opinion



American Fidelity Assurance Company  
9000 Cameron Parkway  
Oklahoma City, Oklahoma 73114  
800-654-8489

[americanfidelity.com](http://americanfidelity.com)

For Use In: AZ, LA, NM, NC, VA  
051-536, 051-537, 051-546,  
051-547, 051-556, 051-557



# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available<sup>1</sup>

**10 YEAR RATES Tobacco Users Rates**

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
18	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
19	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
20	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
21	8.25	9.50	12.50	17.75	23.00	24.50	29.00	33.50	38.00	47.00	56.00
22	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
23	8.25	9.50	13.00	18.50	24.00	24.50	29.00	33.50	38.00	47.00	56.00
24	8.25	9.50	13.50	19.25	25.00	24.50	29.00	33.50	38.00	47.00	56.00
25	8.25	9.50	14.00	20.00	26.00	24.50	29.00	33.50	38.00	47.00	56.00
26	8.25	9.50	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
27	8.50	9.80	14.50	20.75	27.00	24.50	29.00	33.50	38.00	47.00	56.00
28	8.50	9.80	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
29	8.75	10.10	15.00	21.50	28.00	25.75	30.50	35.25	40.00	49.50	59.00
30	8.75	10.10	15.50	22.25	29.00	25.75	30.50	35.25	40.00	49.50	59.00
31	9.00	10.40	16.00	23.00	30.00	27.00	32.00	37.00	42.00	52.00	62.00
32	9.50	11.00	17.00	24.50	32.00	28.25	33.50	38.75	44.00	54.50	65.00
33	9.75	11.30	17.50	25.25	33.00	29.50	35.00	40.50	46.00	57.00	68.00
34	10.00	11.60	18.00	26.00	34.00	32.00	38.00	44.00	50.00	62.00	74.00
35	10.50	12.20	19.00	27.50	36.00	33.25	39.50	45.75	52.00	64.50	77.00
36	11.25	13.10	20.00	29.00	38.00	37.00	44.00	51.00	58.00	72.00	86.00
37	12.00	14.00	21.50	31.25	41.00	40.75	48.50	56.25	64.00	79.50	95.00
38	12.75	14.90	23.00	33.50	44.00	44.50	53.00	61.50	70.00	87.00	104.00
39	13.50	15.80	24.50	35.75	47.00	49.50	59.00	68.50	78.00	97.00	116.00
40	14.50	17.00	26.00	38.00	50.00	54.50	65.00	75.50	86.00	107.00	128.00
41	15.75	18.50	28.50	41.75	55.00	57.00	68.00	79.00	90.00	112.00	134.00
42	17.00	20.00	31.00	45.50	60.00	60.75	72.50	84.25	96.00	119.50	143.00
43	18.25	21.50	34.00	50.00	66.00	63.25	75.50	87.75	100.00	124.50	149.00
44	19.75	23.30	37.50	55.25	73.00	67.00	80.00	93.00	106.00	132.00	158.00
45	21.50	25.40	41.00	60.50	80.00	70.75	84.50	98.25	112.00	139.50	167.00
46	24.00	28.40	42.50	62.75	83.00	73.25	87.50	101.75	116.00	144.50	173.00
47	27.00	32.00	44.00	65.00	86.00	77.00	92.00	107.00	122.00	152.00	182.00
48	30.50	36.20	45.50	67.25	89.00	80.75	96.50	112.25	128.00	159.50	191.00
49	34.25	40.70	47.00	69.50	92.00	84.50	101.00	117.50	134.00	167.00	200.00
50	38.50	45.80	48.50	71.75	95.00	--	--	--	--	--	--
51	40.50	48.20	53.00	78.50	104.00	--	--	--	--	--	--
52	42.75	50.90	58.00	86.00	114.00	--	--	--	--	--	--
53	45.25	53.90	63.00	93.50	124.00	--	--	--	--	--	--
54	47.50	56.60	69.00	102.50	136.00	--	--	--	--	--	--
55	50.25	59.90	75.50	112.25	149.00	--	--	--	--	--	--
56	56.50	67.40	84.00	125.00	166.00	--	--	--	--	--	--
57	63.50	75.80	93.00	138.50	184.00	--	--	--	--	--	--
58	71.25	85.10	103.50	154.25	205.00	--	--	--	--	--	--
59	80.25	95.90	115.50	172.25	229.00	--	--	--	--	--	--
60	90.50	108.20	128.50	191.75	255.00	--	--	--	--	--	--
61	90.75	108.50	137.50	205.25	273.00	--	--	--	--	--	--
62	91.25	109.10	147.50	220.25	293.00	--	--	--	--	--	--
63	91.50	109.40	158.50	236.75	315.00	--	--	--	--	--	--
64	92.00	110.00	170.00	254.00	338.00	--	--	--	--	--	--
65	92.25	110.30	182.50	272.75	363.00	--	--	--	--	--	--

*This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup> Maximum face amount available is \$50,000. 25*

**RIDER RATES (Monthly Premium)**

**SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

**CHILDREN'S TERM RIDER: \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40.** Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

**ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.

**WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

**TERM LIFE INSURANCE**  
*Renewable and Convertible*

Spouse Coverage Available<sup>1</sup>

**10 YEAR RATES** Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
24	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
25	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
26	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
27	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
28	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
29	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
30	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
31	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
32	6.50	7.40	8.50	11.75	15.00	15.75	18.50	21.25	24.00	29.50	35.00
33	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
34	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
35	6.75	7.70	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
36	7.00	8.00	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
37	7.25	8.30	10.00	14.00	18.00	19.50	23.00	26.50	30.00	37.00	44.00
38	7.50	8.60	10.50	14.75	19.00	20.75	24.50	28.25	32.00	39.50	47.00
39	7.75	8.90	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
40	8.00	9.20	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
41	8.25	9.50	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
42	8.75	10.10	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
43	9.00	10.40	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
44	9.25	10.70	14.00	20.00	26.00	29.50	35.00	40.50	46.00	57.00	68.00
45	9.75	11.30	15.00	21.50	28.00	32.00	38.00	44.00	50.00	62.00	74.00
46	10.50	12.20	16.00	23.00	30.00	34.50	41.00	47.50	54.00	67.00	80.00
47	11.50	13.40	17.50	25.25	33.00	37.00	44.00	51.00	58.00	72.00	86.00
48	12.50	14.60	18.50	26.75	35.00	40.75	48.50	56.25	64.00	79.50	95.00
49	13.50	15.80	20.00	29.00	38.00	44.50	53.00	61.50	70.00	87.00	104.00
50	14.75	17.30	21.50	31.25	41.00	--	--	--	--	--	--
51	15.50	18.20	23.00	33.50	44.00	--	--	--	--	--	--
52	16.50	19.40	24.00	35.00	46.00	--	--	--	--	--	--
53	17.50	20.60	25.50	37.25	49.00	--	--	--	--	--	--
54	18.50	21.80	27.50	40.25	53.00	--	--	--	--	--	--
55	19.50	23.00	29.00	42.50	56.00	--	--	--	--	--	--
56	21.25	25.10	32.00	47.00	62.00	--	--	--	--	--	--
57	23.00	27.20	35.00	51.50	68.00	--	--	--	--	--	--
58	25.00	29.60	38.50	56.75	75.00	--	--	--	--	--	--
59	27.25	32.30	42.50	62.75	83.00	--	--	--	--	--	--
60	29.75	35.30	46.50	68.75	91.00	--	--	--	--	--	--
61	31.00	36.80	50.50	74.75	99.00	--	--	--	--	--	--
62	32.00	38.00	54.50	80.75	107.00	--	--	--	--	--	--
63	33.25	39.50	59.00	87.50	116.00	--	--	--	--	--	--
64	34.75	41.30	64.00	95.00	126.00	--	--	--	--	--	--
65	36.00	42.80	69.50	103.25	137.00	--	--	--	--	--	--

*This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For additional details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup> Maximum face amount available is \$50,000. <sup>26</sup>*

# TERMLIFEINSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available<sup>1</sup>

20 YEAR RATES Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
18	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
19	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
20	8.75	10.10	12.50	17.75	23.00	25.75	30.50	35.25	40.00	49.50	59.00
21	8.75	10.10	13.00	18.50	24.00	25.75	30.50	35.25	40.00	49.50	59.00
22	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
23	8.75	10.10	13.50	19.25	25.00	27.00	32.00	37.00	42.00	52.00	62.00
24	8.75	10.10	14.00	20.00	26.00	28.25	33.50	38.75	44.00	54.50	65.00
25	8.75	10.10	14.50	20.75	27.00	28.25	33.50	38.75	44.00	54.50	65.00
26	9.00	10.40	15.00	21.50	28.00	29.50	35.00	40.50	46.00	57.00	68.00
27	9.25	10.70	15.50	22.25	29.00	30.75	36.50	42.25	48.00	59.50	71.00
28	9.25	10.70	16.00	23.00	30.00	30.75	36.50	42.25	48.00	59.50	71.00
29	9.50	11.00	16.50	23.75	31.00	32.00	38.00	44.00	50.00	62.00	74.00
30	9.75	11.30	17.00	24.50	32.00	33.25	39.50	45.75	52.00	64.50	77.00
31	10.25	11.90	18.00	26.00	34.00	34.50	41.00	47.50	54.00	67.00	80.00
32	11.00	12.80	19.50	28.25	37.00	37.00	44.00	51.00	58.00	72.00	86.00
33	11.50	13.40	20.50	29.75	39.00	39.50	47.00	54.50	62.00	77.00	92.00
34	12.25	14.30	22.00	32.00	42.00	40.75	48.50	56.25	64.00	79.50	95.00
35	13.00	15.20	23.50	34.25	45.00	43.25	51.50	59.75	68.00	84.50	101.00
36	14.00	16.40	25.50	37.25	49.00	47.00	56.00	65.00	74.00	92.00	110.00
37	15.00	17.60	27.50	40.25	53.00	52.00	62.00	72.00	82.00	102.00	122.00
38	16.25	19.10	30.00	44.00	58.00	55.75	66.50	77.25	88.00	109.50	131.00
39	17.50	20.60	32.50	47.75	63.00	60.75	72.50	84.25	96.00	119.50	143.00
40	18.75	22.10	35.50	52.25	69.00	67.00	80.00	93.00	106.00	132.00	158.00
41	20.25	23.90	38.50	56.75	75.00	74.50	89.00	103.50	118.00	147.00	176.00
42	22.00	26.00	42.00	62.00	82.00	84.50	101.00	117.50	134.00	167.00	200.00
43	24.00	28.40	46.00	68.00	90.00	94.50	113.00	131.50	150.00	187.00	224.00
44	26.25	31.10	50.00	74.00	98.00	105.75	126.50	147.25	168.00	209.50	251.00
45	28.50	33.80	54.50	80.75	107.00	118.25	141.50	164.75	188.00	234.50	281.00
46	31.50	37.40	57.00	84.50	112.00	124.50	149.00	173.50	198.00	247.00	296.00
47	34.75	41.30	59.50	88.25	117.00	130.75	156.50	182.25	208.00	259.50	311.00
48	38.25	45.50	62.50	92.75	123.00	138.25	165.50	192.75	220.00	274.50	329.00
49	42.25	50.30	65.50	97.25	129.00	145.75	174.50	203.25	232.00	289.50	347.00
50	46.75	55.70	68.50	101.75	135.00	--	--	--	--	--	--
51	50.25	59.90	74.00	110.00	146.00	--	--	--	--	--	--
52	53.75	64.10	80.00	119.00	158.00	--	--	--	--	--	--
53	57.75	68.90	86.00	128.00	170.00	--	--	--	--	--	--
54	62.00	74.00	93.00	138.50	184.00	--	--	--	--	--	--
55	66.50	79.40	100.50	149.75	199.00	--	--	--	--	--	--
56	73.50	87.80	108.50	161.75	215.00	--	--	--	--	--	--
57	81.25	97.10	117.50	175.25	233.00	--	--	--	--	--	--
58	89.75	107.30	127.00	189.50	252.00	--	--	--	--	--	--
59	99.25	118.70	137.50	205.25	273.00	--	--	--	--	--	--
60	110.00	131.60	149.00	222.50	296.00	--	--	--	--	--	--

**This insert must be used in conjunction with SB-30357 and any state specific deviations thereof.** Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/ rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup>Maximum face amount available is \$50,000.

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

**SPOUSE TERM RIDER:** Use the rate sheet to find the the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.

**CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.

**ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.

**WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.

Spouse Coverage Available<sup>1</sup>

# 20 YEAR RATES Non-Tobacco Users Rates

ISSUE AGE	DEATH BENEFIT										
	Monthly Premium Including Policy Fee										
	\$25,000	\$30,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$250,000	\$300,000
17	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
18	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
19	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
20	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
21	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
22	6.50	7.40	9.00	12.50	16.00	15.75	18.50	21.25	24.00	29.50	35.00
23	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
24	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
25	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
26	6.50	7.40	9.00	12.50	16.00	17.00	20.00	23.00	26.00	32.00	38.00
27	6.50	7.40	9.00	12.50	16.00	18.25	21.50	24.75	28.00	34.50	41.00
28	6.50	7.40	9.50	13.25	17.00	18.25	21.50	24.75	28.00	34.50	41.00
29	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
30	6.50	7.40	9.50	13.25	17.00	19.50	23.00	26.50	30.00	37.00	44.00
31	6.75	7.70	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
32	7.00	8.00	10.00	14.00	18.00	20.75	24.50	28.25	32.00	39.50	47.00
33	7.00	8.00	10.50	14.75	19.00	22.00	26.00	30.00	34.00	42.00	50.00
34	7.25	8.30	11.00	15.50	20.00	22.00	26.00	30.00	34.00	42.00	50.00
35	7.50	8.60	11.50	16.25	21.00	23.25	27.50	31.75	36.00	44.50	53.00
36	7.75	8.90	12.00	17.00	22.00	24.50	29.00	33.50	38.00	47.00	56.00
37	8.00	9.20	13.00	18.50	24.00	27.00	32.00	37.00	42.00	52.00	62.00
38	8.25	9.50	13.50	19.25	25.00	28.25	33.50	38.75	44.00	54.50	65.00
39	8.75	10.10	14.00	20.00	26.00	30.75	36.50	42.25	48.00	59.50	71.00
40	9.00	10.40	15.00	21.50	28.00	33.25	39.50	45.75	52.00	64.50	77.00
41	9.50	11.00	16.00	23.00	30.00	35.75	42.50	49.25	56.00	69.50	83.00
42	10.00	11.60	17.00	24.50	32.00	38.25	45.50	52.75	60.00	74.50	89.00
43	10.50	12.20	18.00	26.00	34.00	40.75	48.50	56.25	64.00	79.50	95.00
44	11.00	12.80	19.00	27.50	36.00	43.25	51.50	59.75	68.00	84.50	101.00
45	11.75	13.70	20.50	29.75	39.00	47.00	56.00	65.00	74.00	92.00	110.00
46	12.75	14.90	21.50	31.25	41.00	49.50	59.00	68.50	78.00	97.00	116.00
47	14.00	16.40	22.50	32.75	43.00	52.00	62.00	72.00	82.00	102.00	122.00
48	15.25	17.90	24.00	35.00	46.00	55.75	66.50	77.25	88.00	109.50	131.00
49	16.75	19.70	25.00	36.50	48.00	58.25	69.50	80.75	92.00	114.50	137.00
50	18.50	21.80	26.50	38.75	51.00	--	--	--	--	--	--
51	19.75	23.30	28.50	41.75	55.00	--	--	--	--	--	--
52	21.00	24.80	30.50	44.75	59.00	--	--	--	--	--	--
53	22.25	26.30	33.00	48.50	64.00	--	--	--	--	--	--
54	23.75	28.10	35.50	52.25	69.00	--	--	--	--	--	--
55	25.25	29.90	38.50	56.75	75.00	--	--	--	--	--	--
56	27.50	32.60	42.50	62.75	83.00	--	--	--	--	--	--
57	30.00	35.60	47.00	69.50	92.00	--	--	--	--	--	--
58	32.50	38.60	52.00	77.00	102.00	--	--	--	--	--	--
59	35.50	42.20	58.00	86.00	114.00	--	--	--	--	--	--
60	38.75	46.10	64.00	95.00	126.00	--	--	--	--	--	--

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# TERM LIFE INSURANCE

## Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

# 30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20	5.00	0.12	9.50	0.30	15.00	0.59	28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21	5.10	0.12	9.75	0.31	15.50	0.62	29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22	5.20	0.13	10.00	0.32	16.00	0.64	30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23	5.30	0.13	10.25	0.33	16.50	0.67	31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24	5.40	0.14	10.50	0.35	17.00	0.69	32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25	5.50	0.14	10.75	0.35	17.50	0.70	33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26	5.60	0.15	11.00	0.38	18.00	0.75	34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27	5.70	0.16	11.25	0.40	18.50	0.80	35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28	5.80	0.17	11.50	0.43	19.00	0.85	36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29	5.90	0.18	11.75	0.45	19.50	0.90	37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30	6.00	0.20	12.00	0.49	20.00	0.98	38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31	6.40	0.21	13.00	0.53	22.00	1.05	42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32	6.80	0.23	14.00	0.56	24.00	1.13	46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33	7.30	0.24	15.25	0.60	26.50	1.20	51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34	7.80	0.26	16.50	0.64	29.00	1.28	56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35	8.30	0.27	17.75	0.68	32.00	1.37	62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36	8.80	0.29	19.00	0.73	34.50	1.47	67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37	9.40	0.31	20.50	0.78	37.50	1.57	73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38	10.10	0.33	22.25	0.83	40.50	1.67	79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39	10.80	0.35	24.00	0.88	43.50	1.77	85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40	11.50	0.37	25.75	0.91	47.00	1.83	92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41	12.30	0.39	27.75	0.99	51.00	1.97	100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42	13.20	0.42	30.00	1.06	55.50	2.11	109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43	14.20	0.45	32.50	1.13	60.50	2.25	119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44	15.30	0.48	35.25	1.19	66.00	2.38	130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45	16.50	0.50	38.25	1.26	72.00	2.52	142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46	17.60	0.56	41.00	1.40	74.50	2.79	147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47	18.80	0.61	44.00	1.53	77.00	3.05	152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48	20.10	0.66	47.25	1.65	80.00	3.30	158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49	21.50	0.71	50.75	1.77	82.50	3.55	163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50	23.00	0.76	54.50	1.89	85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse Coverage Available<sup>1</sup>

**This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup> Maximum face amount available is \$50,000.**

# TERM LIFE INSURANCE

## Renewable and Convertible

### RIDER RATES (Monthly Premium)

- SPOUSE TERM RIDER:** Use the rates sheet to find the spouse's coordinating age, face amount, and tobacco use and deduct \$2.00.
- CHILDREN'S TERM RIDER:** \$10,000: \$4.80 / \$20,000: \$9.60 / \$30,000: \$14.40. Issue ages 1mo thru 19. Subject to the overall child maximum of \$50,000. Grandchildren are not eligible for this rider.
- ACCIDENTAL DEATH & DISMEMBERMENT RIDER:** For the monthly rate, multiply .08 per \$1,000 of coverage.
- WAIVER OF PREMIUM RIDER:** Add the base policy and all other riders and multiply by 7% to get the premium amount for the rider.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI):** Add the rate shown in the ABLTI column to the base rate.

# 30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT															
	Monthly Premium Including Policy Fee															
	\$10,000		\$25,000		\$50,000		\$100,000		\$150,000		\$200,000		\$250,000		\$300,000	
	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI	Base	ABLTI
17	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20	4.00	0.08	7.00	0.20	10.50	0.39	19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21	4.00	0.08	7.00	0.20	10.50	0.40	19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22	4.00	0.08	7.00	0.21	10.50	0.42	19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23	4.10	0.09	7.25	0.21	11.00	0.43	20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24	4.10	0.09	7.25	0.22	11.00	0.44	20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25	4.10	0.09	7.25	0.23	11.00	0.47	20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26	4.10	0.10	7.25	0.25	11.00	0.50	20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27	4.20	0.11	7.50	0.27	11.50	0.54	21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28	4.20	0.12	7.50	0.29	11.50	0.58	21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29	4.30	0.12	7.75	0.31	12.00	0.62	22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30	4.30	0.13	7.75	0.33	12.00	0.65	22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31	4.40	0.14	8.00	0.35	12.50	0.70	23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32	4.50	0.15	8.25	0.38	13.00	0.75	24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33	4.50	0.16	8.25	0.40	13.00	0.80	24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34	4.60	0.17	8.50	0.43	13.50	0.85	25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35	4.70	0.18	8.75	0.45	14.00	0.90	26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36	4.90	0.19	9.25	0.48	15.00	0.97	28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37	5.10	0.21	9.75	0.51	16.00	1.03	30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38	5.30	0.22	10.25	0.55	17.00	1.09	32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39	5.50	0.23	10.75	0.58	18.00	1.15	34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40	5.80	0.24	11.50	0.60	19.50	1.20	37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41	6.10	0.26	12.25	0.64	21.00	1.28	40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42	6.50	0.27	13.25	0.68	23.00	1.36	44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43	6.90	0.29	14.25	0.72	24.50	1.43	47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44	7.30	0.30	15.25	0.75	27.00	1.51	52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45	7.80	0.32	16.50	0.79	29.00	1.58	56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46	8.30	0.35	17.75	0.86	31.50	1.73	61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47	8.80	0.37	19.00	0.93	34.00	1.87	66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48	9.30	0.40	20.25	1.00	37.00	2.00	72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49	9.90	0.43	21.75	1.07	40.50	2.14	79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50	10.60	0.45	23.50	1.13	44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse Coverage Available<sup>1</sup>

**This insert must be used in conjunction with SB-30357 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. <sup>1</sup>Maximum face amount available is \$50,000.**

# Plan Highlights

## Voluntary Group Term Life Insurance

New Hires Only



### Educational School System

#### ELIGIBILITY

Any active, full-time employee who works 20 or more hours per week is eligible for this group life insurance plan. There are no medical questions to answer.

**Dependents:** You must be insured in order for your spouse to be covered. Your spouse is:

- Your legal spouse not legally separated or divorced from you, or your Civil Union Partner

You must be insured in order for dependent children to be covered. Dependent children are:

- Unmarried financially dependent children\*  
\*natural and adopted children; stepchildren and foster children in your custody.  
Upper age limits do not apply to handicapped children
- A person may not have coverage as both an Employee and Dependent
- Only one insured spouse may cover Dependent Children

#### BENEFIT AMOUNT

##### Voluntary Life

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments. Guaranteed issue amount is \$150,000. Any amounts over the guaranteed issue amount require evidence of insurability.

##### Dependent Life

Spouse or Civil Union Partner - \$50,000 (under age 60)  
Dependent Child(ren) - \$10,000 or 5,000 units

##### Additional Spouse Coverage

Coverage from a minimum of \$10,000 to a maximum of \$150,000 in \$10,000 increments. Guaranteed issue amount is \$50,000. Any amounts over the guaranteed issue amount require evidence of insurability.

Spouse coverage terminates at age 75

#### CONTRIBUTION REQUIREMENTS

**Employee:** Coverage is 100% employee paid

**Spouse:** Coverage is 100% employee paid

**Dependent Child(ren):** Coverage is 100% employee paid

#### BENEFIT REDUCTION DUE TO AGE

AGE	Original Benefit Reduced To
75	60%
80	35%
85	27.5%
90	20%
95	7.5%
100	5%

#### FEATURES

- Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- Conversion Privilege
- Waiver of Premium
- Portability

#### EXCLUSIONS

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

#### EMPLOYEE AND SPOUSE MONTHLY PREMIUMS

Benefit Amount	Premium
\$10,000	\$2.30
\$20,000	\$4.60
\$30,000	\$6.90
\$40,000	\$9.20
\$50,000	\$11.50
\$60,000	\$13.80
\$70,000	\$16.10
\$80,000	\$18.40

Benefit Amount	Premium
\$90,000	\$20.70
\$100,000	\$23.00
\$110,000	\$25.30
\$120,000	\$27.60
\$130,000	\$29.90
\$140,000	\$32.20
\$150,000	\$34.50

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6422, et al.



# Cancer Insurance

**AMERICAN FIDELITY**  
a different opinion



*A Limited Benefit Cancer Expense Insurance Policy*

SB-30641(NC)-0817



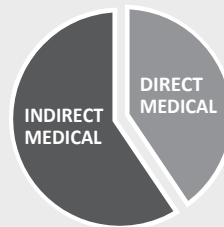
## Cancer can be a costly disease.

A cancer diagnosis may be both a physical and emotional drain. Thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

The financial impact of a cancer diagnosis can affect anyone's financial situation. American Fidelity Assurance Company's Limited Benefit Cancer Insurance may offer a solution to help you and your family focus on fighting the disease. This plan may assist with the expenses that may not be covered by other medical insurance.



**Over 1.6 million new cases of cancer will be diagnosed this year.\***



### Did You Know?

Non-medical expenses, such as travel, lodging, and meals, may not be covered by medical policies. Only 40% of the overall medical cost of cancer is for direct

expenses, while 60% of cancer treatment costs are indirect medical costs.\*\* It is essential to have a plan set in place that could help if you were diagnosed.

## How It Works

This plan is designed to help cover expenses should you be diagnosed with cancer. With more than 25 built-in plan benefits, this plan provides benefits for the treatment of cancer, transportation, hospitalization, and more.

In addition, this is a portable plan, so you own the policy. You can take the coverage with you if you choose to leave your current job, and your premiums will not increase because you left your employment.

American Fidelity's Limited Benefit Cancer Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- Policy is guaranteed renewable for as long as premiums are paid as required.
- The company has the right to change premium rates by class.
- Employee, Single Parent, and Family plans are available.

### SCREENING BENEFIT<sup>+</sup>

Receive a benefit for your annual internal cancer screening test, including but not limited to Mammogram, PAP, PSA, and Colonoscopy.

### DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)

**Basic**  
\$60

**Enhanced**  
\$75

## Plan Options

You can take advantage of the following options to extend coverage to your family:

- **Individual Plan**  
The Insured, age 18 through 70, at the date of policy issue, is the only Covered Person.
- **Single Parent Family Plan**  
The Insured, age 18 through 70, at the date of policy issue, and each Eligible Child, as defined in the policy.
- **Family Plan**  
The Insured and spouse, age 18 through 70, at the date of policy issue, and Eligible Child, as defined in the policy.

\*American Cancer Society: Cancer Facts and Figures 2016, pg. 1. \*\*American Cancer Society: Cancer Facts and Figures 2014, pg. 3.  
\*The premium and amount of benefits vary based upon the plan selected.

# Schedule of Benefits by Plan<sup>+</sup>

	Basic	Enhanced
<b>SCREENING BENEFITS</b>		
Diagnostic and Prevention Benefit <i>(one per calendar year)</i>	\$60	\$75
Cancer Screening Follow-Up Benefit <i>(one per calendar year)</i>	\$60	\$75
<b>TREATMENT BENEFITS</b>		
Radiation Therapy/Chemotherapy/Immunotherapy Benefit <i>(per 12-month period) (Actual Charges)</i>	up to \$15,000	up to \$20,000
Medical Imaging Benefit <i>(per image - max 2 per calendar year)</i>	\$200	\$300
Hormone Therapy Benefit <i>(per treatment - max 12 treatments/calendar year)</i>	\$50	\$50
Administrative/Lab Work Benefit <i>(per calendar month)</i>	\$75	\$100
Blood, Plasma, and Platelets Benefit <i>(actual charges) (per day)</i> <i>(per calendar year max)</i>	\$150 \$7,500	\$200 \$10,000
Bone Marrow/Stem Cell Transplant Benefit Autologous <i>(Patient provided) (per calendar year)</i> Non-autologous <i>(Donor provided) (per calendar year)</i>	\$1,000 \$3,000	\$1,500 \$4,500
<b>HOSPITALIZATION BENEFITS</b>		
Hospital Confinement Benefit*** <i>(per day for the first 30 days)</i> <i>(per day after the first 30 days of Hospital Confinement)</i>	\$200 \$400	\$300 \$600
Drugs & Medicine Benefit Hospital Confinement <i>(per Confinement)</i> Outpatient <i>(per prescription - \$100 monthly max for Basic; \$150 for Enhanced)</i>	\$200 \$50	\$300 \$50
Attending Physician <i>(per day while Hospital Confined)</i>	\$40	\$50
U.S. Government/Charity Hospital or HMO <i>(per day in lieu of most benefits)</i> Hospital Confinement Outpatient Services	\$200 \$200	\$300 \$300
<b>AMBULANCE, TRANSPORTATION, &amp; LODGING BENEFITS</b>		
Ambulance Benefit <i>(per trip - max 2 trips any combination per confinement)</i> Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation & Lodging Benefit (Patient and/or Family) Transportation <i>(\$1,500 max per round trip; max 12 trips/calendar year)</i> Outpatient Lodging <i>(per day up to 90 days per calendar year)</i>	Coach fare or \$.50/mile by car \$60	Coach fare or \$.50/mile by car \$80
<b>SURGICAL TREATMENT BENEFITS</b>		
Surgical Benefit <i>(per surgical unit - \$3,000 max for Basic; \$4,000 max for Enhanced)</i>	\$30	\$40
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Cancer Benefit <i>(per day)</i>	\$400	\$600
Second & Third Surgical Opinion Benefit <i>(per diagnosis)</i> <i>(Additional \$300 for 3rd)</i>	\$300	\$300

## Schedule of Benefits by Plan<sup>+</sup> (continued)

	Basic	Enhanced
<b>CONTINUING CARE BENEFITS</b>		
<b>Prosthesis Benefit</b>		
<b>Non-Surgical</b> (per device - 1 per site, lifetime max of 3)	\$150	\$200
<b>Surgical Implantation</b> (per device, includes surgical fee - 1 per site, lifetime max of 2)	\$1,500	\$2,000
<b>Hair Prosthesis</b> (once per life)	\$150	\$200
<b>Extended Care Facility Benefit</b> (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100
<b>Physical or Speech Therapy Benefit</b> (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$25	\$25
<b>Hospice Care Benefit</b> (per day - \$13,500 lifetime max for Basic; \$18,000 lifetime max for Enhanced)	\$75	\$100
<b>Home Health Care Benefit</b> (per day for up to the same number of days of paid Hospital Confinement)	\$75	\$100

Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

## Enhance your plan<sup>++</sup>

### Critical Illness Rider

Thanks to medical technology, more people are surviving critical illnesses. This rider is designed to help with the cost associated with surviving these types of illnesses.

Schedule of Benefits	
<b>Cancer Benefit</b> (per unit - maximum \$10,000)	\$2,500
<b>Heart Attack/Stroke Benefit</b> (per unit - maximum \$10,000)	\$2,500

#### Summary of Critical Illness Rider Benefits:

- Pays when diagnosed after 30-day Critical Illness Waiting Period with Internal Cancer or Heart Attack/Stroke depending upon the Critical Illness coverage elected at time of application.
- Pays the specified Maximum Benefit Amount per Covered Critical Illness, as defined under this rider.
- Each benefit is a one-time paid benefit.
- All Critical Illness amounts reduce by 50% at age 70.

### Hospital Intensive Care Unit Rider

This rider can provide a benefit to help by paying for each day a Covered Person is confined in an Intensive Care Unit (ICU), as defined in the rider.

Schedule of Benefits	
<b>ICU Confinement Benefit</b> (per day up to 30 days)	\$600
<b>Ambulance Benefit</b> (per admission in an ICU)	\$100

#### Summary of Hospital ICU Rider Benefits:

- Confinement must be due to an accident or sickness and begin after the effective date of coverage under this rider.
- A day is defined as a 24-hour period.
- If confined to an ICU for a portion of a day, a pro rata share of the daily benefit will be paid.
- Under age 70, pays \$100 per admission for ambulance charges, or age 70 or older, \$50 for transportation to a Hospital where the Covered Person is admitted to an ICU within 24 hours of arrival.
- All ICU amounts reduce by 50% at age 70.

<sup>+</sup>The premium and amount of benefits provided vary based upon the plan selected.

<sup>++</sup>Availability of riders may vary by state and employer. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed.

# Plan Benefit Highlights

## **Diagnostic and Prevention and Cancer Screening Follow-Up Benefits**

Pays the indemnity amount for one generally medically recognized internal Cancer screening test per Covered Person per Calendar Year. Tests include but are not limited to Mammogram, ThinPrep Pap test, prostate-specific antigen blood test, Colonoscopy, and Chest X-ray. Refer to the policy for a complete listing. Screening tests payable under this benefit will ONLY be paid under this benefit and does not include any test payable under the Medical Imaging Benefit. Benefits will only be paid for tests performed after the 30-day period following the Covered Person's effective date of coverage.

**Cancer Screening Follow-Up Benefit** pays the indemnity amount for a Covered Person to receive one invasive follow-up test needed due to an abnormal covered cancer screening result. Diagnostic surgeries which result in a positive diagnosis of Cancer will be paid under the Surgical Benefit.

## **Radiation/Chemotherapy/Immunotherapy Benefit**

Pays the Actual Charges up to the maximum amount shown when a Covered Person receives Radiation Therapy, Chemotherapy, or Immunotherapy as defined in the policy, per 12-month period. The 12-month period begins on the first day the Covered Person receives covered Radiation Therapy, Chemotherapy, or Immunotherapy. This benefit does not cover other procedures related to Radiation/Chemotherapy/Immunotherapy. Anti-nausea drugs are not covered under this benefit. This benefit does not include any drugs/medicines covered under the Drugs and Medicine Benefit or the Hormone Therapy Benefit. Actual Charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

## **Medical Imaging Benefit**

Pays the indemnity amount for a Covered Person who has been diagnosed with Cancer who receives either an MRI; CT scan; CAT scan; or PET scan when performed at the request of a Physician due to Cancer or the treatment of Cancer.

## **Hormone Therapy Benefit**

Pays the indemnity amount for hormone therapy treatments as defined in the policy, prescribed by a Physician. This benefit covers drugs and medicines only and does not include associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Drugs and Medicine Benefit.

## **Administrative/Lab Work Benefit**

Pays the indemnity amount once per calendar month, when the Covered Person is receiving Radiation/Chemotherapy/Immunotherapy Benefit that month, for related procedures such as treatment planning, treatment management, etc.

## **Blood, Plasma and Platelets Benefit**

Pays the amount shown in the schedule of benefits for blood, plasma and platelets, including fees for administering such blood, plasma and platelets. Colony stimulating factors are not covered under this benefit. Benefits for Blood, Plasma and Platelets are ONLY provided under this benefit. This does not include any other laboratory processes. Actual charges means the amount actually paid by or on behalf of the insured person and accepted by the provider for services provided.

## **Bone Marrow Benefit/Stem Cell Transplant Benefit**

Pays the indemnity amount when a bone marrow transplant or peripheral blood stem cell transplant is performed on a Covered Person as treatment for a diagnosed Cancer. This benefit will not be paid for the harvest of bone marrow or stem cells from a donor.

## **Hospital Confinement Benefit**

Pays the indemnity amount for a Covered Person while confined to a Hospital for at least 18 continuous hours for the treatment of Cancer. \*\*\*A Hospital is not an institution, or part thereof, used as a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

## **Drugs and Medicines Benefit**

Pays the indemnity amount for anti-nausea and pain medication prescribed by a Physician for a Covered Person for treatment of Cancer, who is also receiving Radiation Therapy/Chemotherapy/Immunotherapy, a covered surgery, or a Bone Marrow/Stem Cell Transplant. This benefit does not cover associated administrative processes. This benefit does not include drugs/medicines covered under the Radiation/Chemotherapy/Immunotherapy Benefit or the Hormone Therapy Benefit.

## **Attending Physician Benefit**

Pays the indemnity amount for one Physician's visit per day when a Covered Person requires the services of a Physician, other than a surgeon while Hospital Confined for the treatment of Cancer.

## **U.S. Government/Charity Hospital /HMO Benefit**

If an itemized list of services is not available because a Covered Person is: confined in a charity Hospital or U.S. Government owned Hospital; or covered under a Health Maintenance Organization (H.M.O.) or Diagnostic Related Group (D.R.G.) where no charges are made to the Covered Person, the Primary Insured may convert benefits under the policy to pay the indemnity amount shown in schedule of benefits. This benefit will be paid in lieu of most benefits under the policy.

## **Ambulance Benefit**

Pays the indemnity amount per day for either licensed air or ground ambulance transportation of a Covered Person to a Hospital or from one medical facility to another where the Covered Person is admitted as an Inpatient and Hospital Confined for at least 18 consecutive hours for treatment of Cancer.

## **Transportation and Lodging Benefits**

These benefits pay for the transportation of a Covered Person and/or one adult family member when the Covered Person has been diagnosed with Cancer and receives covered Radiation Therapy, Chemotherapy, Immunotherapy, Bone Marrow/Stem Cell Transplant, or surgery due to Cancer in the nearest Physician prescribed Hospital providing such treatment that is at least 50 miles away from the Covered Person's residence, using the most direct route. Travel must be by scheduled bus, plane or train, or by car and be within the United States or its Territories. Benefits will be provided for only one mode of transportation per round trip and will be paid for up to 12 round trips per Calendar Year.

# Plan Benefit Highlights (continued)

## Transportation and Lodging Benefits (continued)

Benefits for travel of the Covered Person and/or family member will be paid: once per Hospital Confinement; or only on days of the Covered Person's outpatient specialized Treatment Benefits for lodging of the Covered Person's and/or family member will be paid: once per Covered Person's Hospital Confinement; or only on days of the Covered Person's outpatient specialized treatment. If the family member and the Covered Person travel in the same car or lodge in the same room, benefits for travel and lodging will only be paid under the Transportation and Lodging Benefit for the patient.

## Surgical Benefit

Pays an indemnity benefit up to the Maximum Per Operation amount shown in the Schedule of Benefits in the policy when a surgical operation is performed on a Covered Person for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits will be calculated by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the Unit Dollar Amount shown in the Schedule of Benefits. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Any diagnostic surgery covered under the Diagnostic and Prevention Benefit will not be covered under this benefit. Bone marrow surgeries are paid under the Bone Marrow Transplant Benefit. Surgeries required to implant a permanent prosthetic device are covered under the Prosthesis Benefit.

## Anesthesia Benefit

Pays 25% of the amount paid for a covered surgery for the services of an anesthesiologist. Services of an anesthesiologist for bone marrow transplants, Skin Cancer, or surgical prosthesis implantation are not covered under this benefit.

## Outpatient Hospital or Ambulatory Surgical Center Benefit

We will pay the indemnity amount shown towards the facility fee charges of an Ambulatory Surgical Center or Hospital for an outpatient surgical procedure of a diagnosed Cancer. Surgical procedures for Skin Cancer are not covered under this benefit.

## Second and Third Surgical Opinion Benefit

Pays the indemnity amount once per diagnosis for a Covered Person's second surgical opinion and if the second disagrees with the first, a third opinion, when the attending Physician recommends surgery for the treatment of Cancer. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered under this benefit.

## Prosthesis Benefits

Pays the indemnity amount for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date, and its surgical implantation if required as a direct result of surgery for Cancer. This benefit does not cover prosthetic related supplies. Temporary prosthetic devices used as tissue expanders are covered under the Surgical Benefit. **Hair Prosthesis** benefit pays the indemnity amount for a Covered Person's hair prosthesis needed as a direct result of Cancer or the treatment of Cancer. This benefit is payable once per Covered Person per lifetime.

## Extended Care Facility Benefit

Pays the indemnity amount for each day room and board charges are incurred while a Covered Person is confined in an Extended Care Facility due to Cancer at the direction of a Physician that begins within 14 days after a covered Hospital Confinement. Paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement.

## Physical or Speech Therapy Benefit

Pays the indemnity amount if a Physician advises a Covered Person to seek physical therapy or speech therapy. Physical or speech therapy must be performed by a caregiver licensed in physical or speech therapy and be needed as a result of Cancer or the treatment of Cancer. We will pay for one treatment per day up to four treatments per calendar month per Covered Person for any combination of physical or speech therapy treatments up to a lifetime maximum of \$1,000.

## Hospice Care Benefit

Pays the indemnity amount for Hospice Care directed by a licensed Hospice organization, as defined in the policy, of a Covered Person expected to live six months or less due to Cancer. This benefit does not include: well baby care; volunteer services; meals; housekeeping services; or family support after the death of the Covered Person.

## Home Health Care Benefit

Pays the indemnity amount for a Covered Person's Home Health Care, as described in the policy, required due to Cancer when prescribed by a Physician in lieu of Hospital Confinement beginning within 14 days after a Hospital Confinement. This benefit does not include: nutrition counseling; medical social services; medical supplies; prosthesis or orthopedic appliances; rental or purchase of durable medical equipment; drugs or medicines; child care; meals or housekeeping services. This benefit does not include physical or speech therapy. This benefit will be paid for up to the same number of days benefits were paid for the Covered Person's preceding Hospital Confinement. If the Covered Person qualifies for coverage under the Hospice Care Benefit, the Hospice Care Benefit will be paid in lieu of this benefit.

## Waiver of Premium

If the Primary Insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums due after the 90th day so long as the Primary Insured remains disabled. "Disabled" means the Primary Insured's inability because of Cancer: to work at any job for which (s)he is qualified by education, training or experience; not working at any job for pay or benefits; and under the care of a Physician for the treatment of Cancer. This policy must be in force at the time disability begins and the Primary Insured must be under age 65.

## Other Benefits include:

- Donor Benefit
- Dread Disease Benefit
- Experimental Treatment Benefit
- Inpatient Special Nursing Benefit

*See your policy for more information regarding the benefits listed above.*

## Eligibility

This policy will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. The Hospital Intensive Care Unit Rider will not cover heart conditions for a period of two years following the Effective Date of coverage for anyone who has been diagnosed or treated for any heart related condition prior to the 30th day following the Covered Person's Effective Date of coverage.

Cancer means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gamopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

**This product is inappropriate for those people who are eligible for Medicaid Coverage.**

## Base Policy

All diagnosis of Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. This policy pays only for loss resulting from definitive cancer treatment including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. This policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. This policy does not cover any other disease, sickness or incapacity even though after contracting cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically stated in the Dread Disease Benefit.

No benefits are payable for any Covered Person for any loss incurred during the first year of this policy as a result of a related Pre-Existing Condition. Benefits will be provided for unrelated Cancer diagnosed after the Effective Date of coverage. Conditions revealed in the application will be covered unless specifically excluded by the rider. A Pre-Existing Condition means a Specified Disease for which, within 12 months prior to the Effective Date of coverage, medical advice, consultation or treatment, including prescribed medications, was recommended by or received from a member of the medical profession. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered.

This policy contains a 30-day waiting period during which no benefits will be paid under this policy. If any Covered Person has a Specified Disease diagnosed before the end of the 30-day period immediately following the Covered Person's Effective Date, coverage for that person will apply only to loss that is incurred after one year from the Effective Date of such person's coverage. If any Covered Person is diagnosed as having a Specified Disease during the 30-day period immediately following the Effective Date, you may elect to void the policy from the beginning and receive a full refund of premium. All benefits are payable only up to the maximum amount listed in the Schedule of Benefits in the policy.

## Critical Illness Rider

Benefits will only be paid for a Covered Critical Illness as shown on the Policy Schedule page in the policy. No benefits will be provided for any loss caused by or resulting from: intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane; or intentional self-injury; or alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war; or a Pre-Existing Condition (An unrelated Internal Cancer diagnosed after the 30th day following the Covered Person's effective date of coverage will be covered.); or a Covered Critical Illness when the Date of Diagnosis occurs during the waiting period, if applicable; or active participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.). Internal Cancer does not include: other conditions that may be considered pre-cancerous or having malignant potential such as: acquired immune deficiency syndrome (AIDS); or actinic keratosis; or myelodysplastic and non-malignant myeloproliferative disorders; or aplastic anemia; or atypia; or non-malignant monoclonal gamopathy; or pre-malignant lesions, benign tumors or polyps; or Leukoplakia; or Hyperplasia; or Carcinoid; or Polycythemia; or cancer in situ or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

## Hospital Intensive Care Unit Rider

No benefits will be provided during the first two years of this rider for Hospital Intensive Care Unit confinement caused by any heart condition when any heart condition was diagnosed or treated prior to the 30th day following the Covered Person's Effective Date of this rider (The heart condition causing the confinement need not be the same condition diagnosed or treated prior to the Effective Date.). No benefits will be provided if the loss results from: attempted suicide whether sane or insane; intentional self-injury; alcoholism or drug addiction; or any act of war, declared or undeclared, or any act related to war; or military service for any country at war. No benefits will be paid for confinements in units such as: Surgical Recovery Rooms, Progressive Care, Burn Units, Intermediate Care, Private Monitored Rooms, Observation Units, Telemetry Units or Psychiatric Units not involving intensive medical care; or other facilities which do not meet the standards for Intensive Care Unit as defined in the Rider. For a newborn child born within the ten-month period following the effective date of this rider, no benefits will be provided for Hospital Intensive Care Unit Confinement that begins within the first 30 days following the birth of such child.

## Termination of Insurance

This policy/rider(s) will terminate and coverage will end for all Covered Persons on the earliest of: the end of the grace period if the premium remains unpaid; or the end of the Policy/Rider(s) Month in which we receive a written request from you to terminate this policy/rider(s); or the date of your death, if this is an Individual Plan; or the date insurance has ceased on all persons covered under this policy/rider(s).

## Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. We have the right to increase premiums by class.

# Cancer Insurance Premiums

## Base Plan Monthly Premiums\*

	Basic Plan			Enhanced Plan		
	Individual	One Parent Family	Two Parent Family	Individual	One Parent Family	Two Parent Family
18-40	16.30	24.40	31.80	21.00	31.40	40.80
41-50	23.60	35.20	45.70	30.80	45.80	59.50
51-60	32.60	48.70	63.30	42.40	63.30	82.30
61+	44.20	65.90	85.80	57.30	85.60	111.30

## Optional Benefit Rider Monthly Premiums\*

### Critical Illness Rider Monthly Premiums

	Cancer Only											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	1.50	2.20	2.90	3.00	4.40	5.80	4.50	6.60	8.70	6.00	8.80	11.60
41-50	3.00	4.50	5.80	6.00	9.00	11.60	9.00	13.50	17.40	12.00	18.00	23.20
51-60	4.90	7.30	9.40	9.80	14.60	18.80	14.70	21.90	28.20	19.60	29.20	37.60
61+	7.10	10.60	13.80	14.20	21.20	27.60	21.30	31.80	41.40	28.40	42.40	55.20

	Heart attack/Stroke Only											
	\$2,500			\$5,000			\$7,500			\$10,000		
	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family	Ind	1 Parent Family	2 Parent Family
18-40	0.80	1.20	1.50	1.60	2.40	3.00	2.40	3.60	4.50	3.20	4.80	6.00
41-50	2.10	3.10	4.10	4.20	6.20	8.20	6.30	9.30	12.30	8.40	12.40	16.40
51-60	3.10	4.60	6.00	6.20	9.20	12.00	9.30	13.80	18.00	12.40	18.40	24.00
61+	4.60	6.90	8.90	9.20	13.80	17.80	13.80	20.70	26.70	18.40	27.60	35.60

### Hospital Intensive Care Unit Rider Monthly Premiums

	ICU rIdEr		
	Individual	One Parent Family	Two Parent Family
18-40	3.40	5.10	6.60
41-50	4.20	6.30	8.20
51-60	5.50	8.20	10.70
61+	7.10	10.60	13.80

\*The premium and amount of benefits provided vary based upon the plan selected.



View and print your policies or file a claim at [americanfidelity.com](http://americanfidelity.com)

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy and riders. This coverage does not replace Workers' Compensation Insurance. **These products are inappropriate for people who are eligible for Medicaid Coverage.**

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# LIMITED BENEFIT ACCIDENT ONLY *Insurance Plan*

*Underwritten by American Fidelity Assurance Company*



**Wellness Benefit • Benefits Paid Directly to You • Excellent Customer Service • Learn More » »**



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# Accident Only Insurance

## Life Provides the Accidents, *First Financial Offers a Solution!*

Whether you're a weekend warrior with an active lifestyle or just a busy family, accidents can happen to you anytime, anywhere without warning. First Financial is pleased to offer American Fidelity Assurance Company's Limited Benefit Accident Only Insurance. Accident Only Insurance can offer a solution to help you and your family prepare for those rising medical costs if you have to receive medical treatment for an Accidental injury.

*Think It Couldn't Happen to You? Consider this...*

### **Know The Facts:**

Total costs of accidental injuries averaged  
\$20,707 per injury in 2013.

*National Safety Council, Injury Facts, 2015 Edition, p. 2-6.*

**\$20,707**

## How Would You Cover Your Out-of-Pocket Costs?

*Just going for a walk around the block or heading to your driveway could lead to a twisted knee and torn meniscus, one of the more common claims submitted under this plan.*



### **EMERGENCY ACCIDENT - Hypothetical Example<sup>1</sup>**

Twisted knee in the parking lot resulting in a torn meniscus and treatment is received within 72 hours.

#### ENHANCED PLAN BENEFITS

Accident Emergency Treatment	\$300
Accident Follow-Up Treatment (4 visits)	\$200
Physical Therapy (8 treatments)	\$200
Medical Imaging	\$200
X-Ray	\$150
Appliances	\$100
Surgical Facility	\$250
Torn Knee Cartilage Repair	\$500
Anesthesia	\$200

**Paid Directly  
To You!**

**Total**

**\$2,100**

<sup>1</sup>Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258.

## Solutions For Life's Accidents...

The Accident Only Plan is the insurance policy that provides payments direct to you protecting you and your family from some of the expenses brought about by injuries suffered in an Accident, regardless of any additional coverage you may have. It's guaranteed renewable for as long as you pay your premiums.

### Accident Only Insurance Features:

- » No medical questions.
- » Benefits paid directly to you, to be used however you see fit.
- » Benefits regardless of other coverage.
- » Coverage for you and each covered family member 24 hours a day, 7 days a week.
- » Available conveniently through your employer with payroll deduction.
- » Policy is guaranteed renewable at the option of the primary insured for life as long as premiums are paid as required. Any additional insureds must meet eligibility as outlined in the policy. The company has the right to change premium rates by class.



**Currently participating in, or possibly moving to a High Deductible Health Plan?** Enrollment in health savings accounts (HSA) linked to high-deductible health plans increased by more than 13 percent in 2015.<sup>2</sup>

### The Choice is Yours:

Be prepared with either of American Fidelity's two plan options (Basic and Enhanced) that provide the benefit amounts you require. Plus, American Fidelity supplies the coverage you need with four choices of coverage including individual, individual and spouse, individual and child(ren), and family.

## Ready To Learn More?

Contact your First Financial Account Representative for more details or to schedule an one-on-one appointment.



First Financial Group of America  
11811 N. Freeway, Suite 900 Houston, TX 77060  
**Local: (281) 847-8422 / Toll Free: (800) 523-8422**  
[www.ffga.com](http://www.ffga.com)

# Schedule of Benefits<sup>3</sup>

## Emergency Accident Benefits

Basic

Enhanced

Emergency Accident Treatment		
Emergency Accident Treatment	\$200	\$300
Emergency Accident Follow-up Treatment <i>(up to four visits)</i>	\$50	\$50

## Accident Injury Benefits

Benefit amounts for the following Benefits are the same for Basic and Enhanced Plans for all Persons: Primary, Spouse, and Child(ren).

Basic / Enhanced

Injury Treatment	
Fractures Benefit <i>(Depending on open or closed reduction, bone involved, or chip fracture).</i>	\$25 to \$3,000
Lacerations Benefit	
Not requiring sutures	\$25
Sutured lacerations up to two inches	\$100
Sutured lacerations totaling two to six inches	\$200
Sutured lacerations totaling over six inches	\$400
Appliances Benefit <i>(crutches, leg braces, etc.)</i>	\$100
Torn Knee Cartilage or Ruptured Disc Benefit	\$500
Eye Injury Benefit	
Injury with surgical repair, for one or both eyes.	\$250
Removal of foreign body by a Physician, for one or both eyes.	\$50
Dislocations Benefit <i>Depending on open or closed reduction, with or without anesthesia and joint involved. No other amount will be paid under this benefit.</i>	\$25 to \$3,000
Concussion Benefit	\$200
2nd & 3rd Degree Burns <i>(Skin grafts are 25% of benefit)</i>	\$100 to \$10,000
Internal Injuries Benefit <i>Resulting in open abdominal or thoracic surgery</i>	\$1,000
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000
Tendons, Ligaments and Rotator Cuff Benefit	
One Tendon, Ligament or Rotator Cuff	\$500
More than One Tendon, Ligament or Rotator Cuff	\$750
Blood, Plasma and Platelets	\$250
Exploratory Surgery without Surgical Repair	\$250
Physical Therapy <i>(per treatment up to eight treatments)</i>	\$25
Prosthesis	\$500
Emergency Dental Work	
Broken teeth repaired with crown	\$150
Extraction of broken teeth <i>(regardless of number)</i>	\$50

## A Highlight of Benefits Available Under The Plan

### Wellness Benefit

**Basic**

**Enhanced**

Wellness		
Annual Routine Physical Exam <i>(Requires a 12-month waiting period before use and one exam per policy per calendar year.)</i>	\$50	\$75

### Accidental Death & Dismemberment Benefit

Accidental Death & Dismemberment			
Basic	Primary	Spouse	Child
Common Carrier	\$50,000	\$50,000	\$25,000
Other Accident	\$15,000	\$15,000	\$7,500
Dismemberment	\$1,000 to \$15,000	\$1,000 to \$15,000	\$500 to \$7,500
Enhanced	Primary	Spouse	Child
Common Carrier	\$100,000	\$100,000	\$50,000
Other Accident	\$30,000	\$30,000	\$15,000
Dismemberment	\$1,500 to \$30,000	\$1,500 to \$30,000	\$750 to \$15,000

### Additional Accident Benefits

**Basic**

**Enhanced**

Non-Emergency Accident Treatment		
Non-Emergency Accident Treatment	\$100	\$150
Non-Emergency Follow-up Treatment <i>(up to two visits)</i>	\$50	\$50
Hospital Confinement		
Hospital Admission	\$500	\$1,000
Intensive Care Unit <i>(up to 15 days)</i>	\$300	\$600
Hospital Confinement <i>(up to 365 days)</i>	\$100	\$200
Medical Imaging		
MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$100	\$150
Ambulance		
Ground	\$300	\$300
Air	\$1,500	\$1,500
Treatment		
Outpatient Hospital or Ambulatory Surgical Center	\$150	\$250
Anesthesia	\$150	\$200
Transportation Benefits		
Transportation (Patient Only) <i>(per round trip for up to three round trips per calendar year)</i>	\$300	\$300
Family Member Lodging and Meals <i>(per day per Accident; up to 30 days per confinement)</i>	\$100	\$100

# Plan Benefit Highlights

A Covered Person (hereafter referred to as "Person") under American Fidelity's Limited Benefit Accident Only Policy can expect the following benefits when a Covered Accident (hereafter referred to as "Accident") happens. All benefits are paid once per Person per Accident unless otherwise specified. All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. These references are not intended to change or modify any definitions in the AO-03 policy series.

## ***Accident Emergency Treatment Benefit***

Payable for receiving emergency treatment in a Physician's office or emergency room within 72 hours, including physician fees and emergency services.

## ***Accident Follow-up Treatment Benefit***

Payable for necessary follow-up treatment of Injuries in addition to the emergency treatment administered within 72 hours for up to four treatments. Not payable for a visit in which a Physical Therapy Benefit or Non-Emergency Follow-Up Benefit is paid.

## ***Accidental Death and Dismemberment Benefit***

The applicable benefits apply when an Accidental Death or Dismemberment occurs within 90 days of an Accident. In the event that Accidental Death and Dismemberment result from the same Accident, only the Accidental Death Benefit will be paid.

## ***Ambulance Benefit***

If air and ground transportation is required for the same Accident, only the highest benefit will be paid.

## ***Anesthesia Benefit***

Pays the amount shown in the Schedule of Benefits for the services of an anesthesiologist for a surgery performed due to an Accident. Hospital Confinement is not required to receive this benefit. We will only pay one Anesthesia Benefit per Person in a 24-hour period even if more than one surgical procedure is performed. This benefit is not payable for local anesthesia.

## ***Appliances Benefit***

Payable for one of the following: crutches, leg braces, back braces, walkers, or wheel chairs. Not payable for Prosthetic Devices.

## ***Blood, Plasma and Platelets Benefit***

Payable for blood, plasma and platelets. This benefit does not provide benefits for immunoglobulins.

## ***Burns Benefit***

Payable for burns when treated by a Physician within 72 hours.

## ***Concussion Benefit***

Payable for a Person who sustains a concussion and is diagnosed by a Physician within 72 hours using any type of medical imaging.

## ***Dislocations Benefit***

Amount payable varies by the joint involved, type of treatment, and type of anesthesia. If a Person receives more than one Dislocation in an Accident, we will pay for all Dislocations up to two times the amount shown in the Schedule of Benefits for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit. Benefits are payable only for the first dislocation of a joint which occurs while this policy is in force.

## ***Emergency Dental Work Benefit***

Payable for repair to natural teeth when treated by a Physician or dentist. Initial dental treatment must be received within 72 hours.

## ***Exploratory Surgery Benefit***

Payable when an exploratory surgical operation without surgical repair is performed.

## ***Eye Injury Benefit***

Payable for one or both eyes requiring treatment.

## ***Family Member Lodging and Meals Benefit***

Payable for lodging and meals for a family member to be near a Person who is Confined in a non-local Hospital. The Hospital must be at least 50 miles one way from the Person's residence or site of the Accident.

## ***Fractures Benefit***

Varies based on the bone involved, type of fracture and type of treatment. If the Person fractures more than one bone, payment is made for all fractures up to two times the amount for the bone involved that has the highest benefit amount.

## ***Hospital Admission Benefit***

Pays per admission for confinement to a Hospital. This benefit does not pay for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

## ***Hospital Confinement Benefit***

Payable for a one-time Hospital Admission Benefit due to accidental Injuries (does not include emergency room and outpatient treatment). You will also receive a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 days and an additional daily benefit for Confinement in an Intensive Care Unit up to 15 days.

## ***Intensive Care Unit Benefit***

Payable for each day of confinement in an Intensive Care Unit, as defined in the policy, up to 15 days. This benefit is paid in addition to the Hospital Confinement Benefit amount.

## ***Internal Injuries Benefit***

Payable for an open abdominal or thoracic surgery performed within 72 hours.

## ***Lacerations Benefit***

This benefit varies based on the severity of the laceration.

## ***Medical Imaging Benefit***

Payable for a Magnetic Resonance Imaging (MRI), a Computed Tomography (CT) scan, a Computed Axial Tomography (CAT) scan, a Positron Emission Tomography (PET) scan or an ultrasound.

### **Non-Emergency Accident Initial Treatment Benefit**

Payable for initial medical treatment when treatment is received more than 72 hours after the Accident. Initial medical treatment must: (1) be received in a Physician's office or emergency room; and (2) be the first treatment; and (3) occur within 30 days.

### **Non-Emergency Accident Follow-up Treatment Benefit**

Payable only if the Non-Emergency Accident Initial Treatment Benefit is payable and later requires additional treatment: we will pay over and above the initial medical treatment administered. We will pay for up to two treatments. Not payable for the same visit that the Physical Therapy Benefit or the Accident Follow-Up Benefit is paid.

### **Outpatient Hospital or Ambulatory Surgical Center Benefit**

When a surgical procedure is performed on an outpatient basis in a Hospital or at an Ambulatory Surgical Center, we will pay the indemnity amount shown in the Schedule of Benefits for the facility fee charged by such Hospital or Ambulatory Surgical Center. We will only pay one Outpatient Hospital or Ambulatory Surgical Center Benefit in a 24-hour period even if more than one surgical procedure is performed. This benefit will not be paid for surgery performed in a Hospital emergency room or in a Physician's office.

### **Paralysis Benefit**

The duration of the Paralysis must be a minimum of 3 consecutive months. Paid once per lifetime per Person.

### **Physical Therapy Benefit**

Payable for one treatment per day for up to eight treatments by a caregiver licensed in physical therapy. This benefit is not payable for the same visit that the Accident Follow-up Treatment Benefit or Non-Emergency Follow-Up Benefit.

### **Prosthesis Benefit**

Payable for the use of a Prosthesis. This benefit is not payable for hearing aids; dental aids; eyeglasses; false teeth; or for cosmetic aids such as wigs.

### **Tendons, Ligaments and Rotator Cuff Benefit**

Payable for the repair of one or more tendons, ligaments, or rotator cuffs. The tendons, ligaments, or rotator cuff must be repaired through surgery.

### **Torn Knee Cartilage or Ruptured Disc Benefit**

Payable for surgical repair.

### **Transportation Benefit**

Payable for the transportation when specialized treatment and Hospital Confinement in a non-local Hospital is required. A non-local Hospital must be at least 50 miles away, one way, using the most direct route, from the closer of the Person's residence or site of the Accident. Travel must be by scheduled bus, plane, train, or by car. Ambulance service does not qualify for this benefit. The treatment must be prescribed by a Physician and not be available locally.

### **Wellness Benefit**

After coverage is in force for the waiting period shown, you can receive a benefit for an annual routine physical exam, including immunizations and preventive testing. Services must be supervised by a Physician and a charge must be incurred for the service. The benefit does not apply to dental or eye exams and is payable once per policy per calendar year.

## **Limitations and Exclusions**

### **Base Policy**

No benefits will be provided for an Accident that is caused by or occurs as a result of:

- (1) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (2) participation in any form of flight aviation other than as a fare-paying passenger in a fully licensed/passenger-carrying aircraft;
- (3) any act that was caused by war, declared or undeclared, or service in any of the armed forces;
- (4) participation in any activity or event while under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions;
- (5) active participation in, or attempting to participate in, a felony, riot or insurrection. (A felony is as defined by the law of the jurisdiction in which the activity takes place.)
- (6) participation in any sport for pay or profit;
- (7) participation in any contest of speed in a power driven vehicle for pay or profit;
- (8) participation in parachuting, bungee jumping, rappelling, mountain climbing or hang gliding.

Benefits will not be provided for medical treatment for an Accident received outside the United States or its territories. Benefits will not be paid for services rendered by a member of the immediate family of a Person.

**An Accident is defined as** a sudden, unexpected and unintended event, which results in bodily injury, which is independent of disease or bodily infirmity or any other cause. The policy will not pay benefits for injuries received prior to the Effective Date of coverage that are aggravated or re-injured by any event that occurs after the Effective Date.

**A hospital is not** an institution, or part thereof, used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

You cannot be singled out for a rate increase for any reason. The Insurer has the right to increase premium rates only if rates for all policies in this class change.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 Series. **This coverage does NOT replace Workers' Compensation Insurance. This product is inappropriate for people who are eligible for Medicaid coverage.**

# Accident Only Insurance Premiums

## Monthly Premiums

	Basic	Enhanced
Individual	\$14.60	\$20.40
Individual & Spouse	\$21.60	\$27.50
Individual & Child(ren)	\$24.80	\$32.80
Family	\$31.80	\$39.90

<sup>3</sup>The premium and amount of benefits provided vary based upon the plan selected.

## Plan Options

- » **Individual Plan**  
The Insured, age 18 through 64, at the date of policy issue, is the only Person.
- » **Individual and Lawful Spouse Plan**  
Covers you and your Lawful Spouse (ages 18 to 64 at Policy Issue).
- » **Individual and Child(ren) Plan**  
Covers you (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.
- » **Family Plan**  
Covers you, your Lawful Spouse (ages 18 to 64 at Policy Issue) and each Eligible Child, as defined in the policy.

Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489 • [www.americanfidelity.com](http://www.americanfidelity.com)

# Aflac

# Group Critical Illness Advantage

**INSURANCE – PLAN INCLUDES BENEFITS  
FOR CANCER AND HEALTH SCREENING**

We help take care of your  
expenses while you take  
care of yourself.



THIS IS NOT A MEDICARE SUPPLEMENT PLAN.  
If you are eligible for Medicare, review the Guide to Health  
Insurance for People with Medicare, which is available from  
the company.



We've got you under our wing.®



## Aflac can help ease the financial stress of surviving a critical illness.

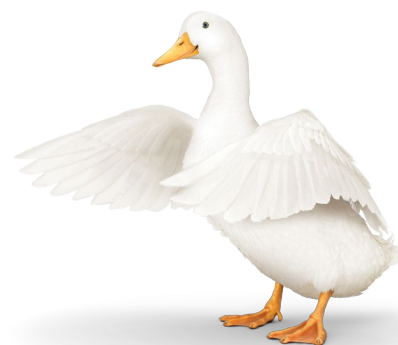
Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

### That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.



### Understanding the facts can help you decide if the Aflac group Critical Illness plan makes sense for you.

#### FACT NO. 1

AN ESTIMATED **83.6** MILLION

AMERICAN ADULTS—GREATER THAN 1 IN 3—HAVE ONE OR MORE TYPES OF CARDIOVASCULAR DISEASE (CVD).<sup>1</sup>

#### FACT NO. 2

**\$108.9** BILLION

THE AMOUNT OF MONEY CORONARY HEART DISEASE COST THE UNITED STATES. THIS TOTAL INCLUDES THE COST OF HEALTH CARE SERVICES, MEDICATIONS AND LOST PRODUCTIVITY.<sup>2</sup>

<sup>1</sup> American Heart Association/American Stroke Association 2013 Statistical Fact Sheet

<sup>2</sup> Centers for Disease Control and Prevention Heart Disease Fact Sheet 2015

## Here's why the Aflac Group Critical Illness plan may be right for you.

For over 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. The Aflac Group Critical Illness plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

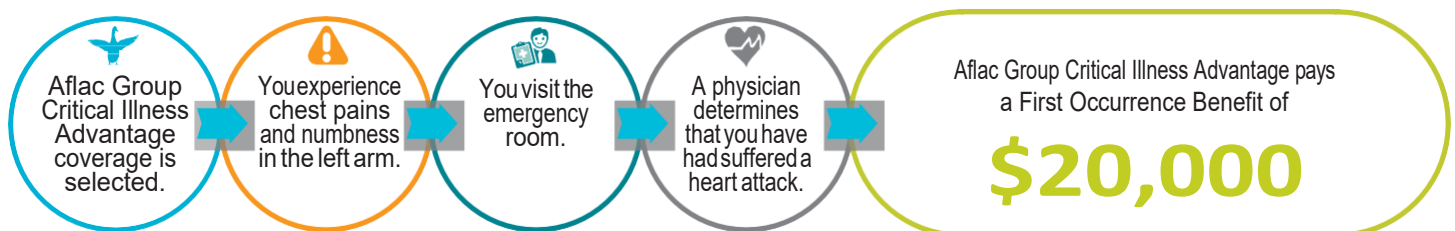
### The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
  - Cancer
  - Heart Attack (Myocardial Infarction)
  - Stroke
  - Kidney Failure (End-Stage Renal Failure)
  - Major Organ Transplant
  - Bone Marrow Transplant (Stem Cell Transplant)
  - Sudden Cardiac Arrest
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
- Health Screening Benefit

### Features:

- Benefits are paid directly to you, unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.
- Fast claims payment. Most claims are processed in about four days.

### How it works



Amount payable based on \$20,000 First Occurrence Benefit.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).

## Benefits Overview

### COVERED CRITICAL ILLNESSES:

<b>CANCER</b> (Internal or Invasive)	100%
<b>HEART ATTACK</b> (Myocardial Infarction)	100%
<b>STROKE</b> (Ischemic or Hemorrhagic)	100%
<b>MAJOR ORGAN TRANSPLANT</b>	100%
<b>KIDNEY FAILURE</b> (End-Stage Renal Failure)	100%
<b>BONE MARROW TRANSPLANT</b> (Stem Cell Transplant)	100%
<b>SUDDEN CARDIAC ARREST</b>	100%
<b>BURNS*</b>	100%
<b>COMA**</b>	100%
<b>PARALYSIS**</b>	100%
<b>LOSS OF SIGHT / HEARING / SPEECH**</b>	100%
<b>NON-INVASIVE CANCER</b>	25%
<b>CORONARY ARTERY BYPASS SURGERY</b>	25%

#### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Employee benefit amount available is \$20,000. Spouse coverage is also available in a benefit amount of \$10,000. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

#### ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months, and the new critical illness is not contributed to or caused by a critical illness for which benefits have been paid. Cancer diagnoses are subject to the cancer diagnosis limitation.

#### CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

#### SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

\*This benefit is only payable for burns due to, caused by, and attributed to, a covered accident.

\*\*These benefits are payable for loss due to a covered underlying disease or a covered accident.

### WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

### SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

### HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$150 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

**This benefit is not paid for dependent children.**

#### COVERED HEALTH SCREENING TESTS INCLUDE:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• Blood test for triglycerides</li><li>• Bone marrow testing</li><li>• Breast ultrasound</li><li>• CA 15-3 (blood test for breast cancer)</li><li>• CA 125 (blood test for ovarian cancer)</li><li>• CEA (blood test for colon cancer)</li><li>• Chest X-ray</li><li>• Colonoscopy</li><li>• DNA stool analysis</li><li>• Fasting blood glucose test</li><li>• Flexible sigmoidoscopy</li></ul> | <ul style="list-style-type: none"><li>• Hemocult stool analysis</li><li>• Mammography</li><li>• Pap smear</li><li>• PSA (blood test for prostate cancer)</li><li>• Serum cholesterol test to determine level of HDL and LDL</li><li>• Serum protein electrophoresis (blood test for myeloma)</li><li>• Spiral CT screening for lung cancer</li><li>• Stress test on a bicycle or treadmill</li><li>• Thermography</li></ul> |
|---|---|

#### PROGRESSIVE DISEASES RIDER

<b>AMYOTROPHIC LATERAL SCLEROSIS</b> (ALS or Lou Gehrig's Disease)	100%
<b>SUSTAINED MULTIPLE SCLEROSIS</b>	100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

#### OPTIONAL BENEFITS RIDER

<b>BENIGN BRAIN TUMOR</b>	100%
<b>ADVANCED ALZHEIMER'S DISEASE</b>	25%
<b>ADVANCED PARKINSON'S DISEASE</b>	25%

These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis. We will pay the optional benefit if the insured is diagnosed with one of the conditions listed in the rider schedule if the date of diagnosis is while the rider is in force.

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# **CRITICAL ILLNESS ADVANTAGE INSURANCE**

**LIMITATIONS AND EXCLUSIONS,  
TERMS YOU NEED TO KNOW, AND NOTICES**

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## LIMITATIONS AND EXCLUSIONS

**Cancer Diagnosis Limitation** Benefits are payable for cancer and/or non-invasive cancer as long as the insured:

- Is treatment-free from cancer for at least 12 months before the diagnosis date; and
- Is in complete remission prior to the date of a subsequent diagnosis, as evidenced by the absence of all clinical, radiological, biological, and biochemical proof of the presence of the cancer.

### EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** – committing or attempting to commit suicide, while sane or insane
- **Illegal Acts** – participating or attempting to participate in an illegal

activity, or working at an illegal job

- **Participation in Aggressive Conflict:**

- War (declared or undeclared) or military conflicts; this does not include terrorism
- Insurrection or riot
- Civil commotion or civil state of belligerence

- **Illegal Substance Abuse:**

- Abuse of legally-obtained prescription medication
- Illegal use of non-prescription drugs

Diagnosis, treatment, testing, and confinement must be in the United States or its territories.

All benefits under the plan, including benefits for diagnoses, treatment, confinement and covered tests, are payable only while coverage is in force.

## TERMS YOU NEED TO KNOW

Bone Marrow Transplant (Stem Cell Transplant) means a procedure to replace damaged or destroyed bone marrow with healthy bone marrow stem cells. For a benefit to be payable, a Bone Marrow Transplant (Stem Cell Transplant) must be caused by at least one of the following diseases:

- Aplastic anemia
- Congenital neutropenia
- Severe immunodeficiency syndromes
- Sickle cell anemia
- Thalassemia
- Fanconi anemia
- Leukemia
- Lymphoma
- Multiple myeloma

The Bone Marrow Transplant (Stem Cell Transplant) benefit is not payable if the transplant results from a covered critical illness for which a benefit has been paid under this plan.

Cancer (internal or invasive) is a disease that meets either of the following definitions:

A malignant tumor characterized by:

- The uncontrolled growth and spread of malignant cells, and
- The invasion of distant tissue.

A disease meeting the diagnostic criteria of malignancy, as established by the American Board of Pathology.

Cancer (internal or invasive) also includes:

- Melanoma that is Clark's Level III or higher or Breslow depth equal to or greater than 0.77mm,
- Myelodysplastic syndrome – RCMD (refractory cytopenia with multilineage dysplasia),
- Myelodysplastic syndrome – RAEB (refractory anemia with excess blasts),
- Myelodysplastic syndrome – RAEB-T (refractory anemia with excess blasts in transformation), or
- Myelodysplastic syndrome – CMML (chronic myelomonocytic leukemia).

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin

- Melanoma in Situ
- Melanoma that is diagnosed as – Clark's Level I or II,
- Breslow depth less than 0.77mm, or
- Stage 1A melanomas under TNM Staging

Non-Invasive Cancer is a cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

For the purposes of the plan, a Non-Invasive Cancer is:

- Internal Carcinoma in Situ
- Myelodysplastic Syndrome – RA (refractory anemia)
- Myelodysplastic Syndrome – RARS (refractory anemia with ring sideroblasts)

Skin Cancer, as defined in this plan, is not payable under the Non-Invasive Cancer Benefit.

Skin Cancer is a cancer that forms in the tissues of the skin. The following are considered skin cancers:

- Basal cell carcinoma
- Squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as – Clark's Level I or II,
- Breslow depth less than 0.77mm, or
- Stage 1A melanomas under TNM Staging

These conditions are not payable under the Cancer (internal or invasive) Benefit.

Cancer, non-invasive cancer, or skin cancer must be diagnosed in one of two ways:

1. Pathological Diagnosis is a diagnosis based on a microscopic study of fixed tissue or preparations from the hemic (blood) system.
2. Clinical Diagnosis is based only on the study of symptoms. A clinical diagnosis will be accepted only if:

- A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
- Medical evidence exists to support the diagnosis,
- A doctor is treating you for cancer or carcinoma in situ, or

- A positive diagnosis cannot otherwise be made by a doctor without jeopardizing the life of the claimant.

If a pathological or clinical diagnosis can only be made postmortem, liability shall be assumed retroactively beginning with the date of the terminal admission to the hospital for not less than 45 days before the date of death.

Complete Remission is defined as having no symptoms and no signs that can be identified to indicate the presence of cancer.

Coma means a state of continuous, profound unconsciousness, lasting at least seven consecutive days, and characterized by the absence of:

- Spontaneous eye movements,
- Response to painful stimuli, and
- Vocalization.

Coma does not include a medically-induced coma.

To be payable as an Accident benefit, the coma must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, the coma must be caused solely by or be solely attributed to one of the following diseases:

- Brain Aneurysm
- Diabetes
- Encephalitis
- Epilepsy
- Hyperglycemia
- Hypoglycemia
- Meningitis

Coronary Artery Bypass Surgery means open heart surgery to correct the narrowing or blockage of one or more coronary arteries with bypass grafts and where such narrowing or blockage is attributed to coronary artery disease or acute coronary syndrome. This excludes any non-surgical procedure, such as, but not limited to, balloon angioplasty, laser relief, or stents.

Critical Illness is a disease or a sickness as defined in the plan that first manifests while your coverage is in force.

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens.)
- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a

- doctor to be total and irreversible.
- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, biopsy, culture, blood samples, or titer(s) are taken upon which the positive medical diagnosis is the date the diagnosis is communicated to the insured. (Diagnosis of cancer and/or carcinoma in situ is based on such specimens.)
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis

is based on clinical and/or laboratory findings as supported by the insured's medical records.

- Severe Burn: The date the burn takes place.
- Skin Cancer: The date the skin biopsy samples are taken for microscopic examination.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

Dependent means your spouse or your dependent child. Spouse is your legal wife or husband, who is listed on your application. Dependent children are your or your spouse's natural children, foster children, step-children, legally adopted children, or children placed for adoption, who are younger than age 26. Newborn, adopted and foster children are equally considered under this plan. A newborn child will be covered from the moment of birth, if the birth occurs while the plan is in force. Foster children and adopted children will be treated the same as newborn infants and are eligible for coverage on the same basis upon placement in the foster home or placement for adoption.

There is an exception to the age-26 limit listed above. This limit will not apply to any dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is dependent on a parent for support. The employee or the employee's spouse must provide the company with proof of this incapacity and dependency to the company within 31 days following the dependent child's 26th birthday, but not more frequently than annually.

If a parent is required by a court or administrative order to provide insurance for a child, and the parent is eligible for family insurance coverage, we:

- Will allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions.
- Will enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child.
- Will not disenroll or eliminate coverage of the child unless we are provided satisfactory written evidence that: a. The court or administrative order is no longer in effect; or b. The child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect no later than the effective date of disenrollment.

We will not decline enrollment of a child on the grounds the child was born out of wedlock, the child was not claimed as dependent on the parent's federal tax return, or the child does not reside with the parent or in the insurer's service area.

Diagnosis (Diagnosed) refers to the definitive and certain identification of

an illness or disease that:

- Is made by a doctor and
- Is based on clinical or laboratory investigations, as supported by your medical records.

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed to treat the type of condition for which a claim is made.
- Licensed as a doctor by the state where treatment is received, and

A doctor does not include you or any of your family members.

For the purposes of this definition, family member includes your spouse as well as the following members of your immediate family:

- Son
- Father
- Daughter
- Sister
- Mother
- Brother

This includes step-family members and family-members-in-law.

Employee is a person who meets eligibility requirements and who is covered under the plan. The employee is the primary insured under the plan.

Heart Attack (Myocardial Infarction) is the death of a portion of the heart muscle (myocardium) caused by a blockage of one or more coronary arteries due to coronary artery disease or acute coronary syndrome.

Heart Attack (Myocardial Infarction) does not include:

- Any other disease or injury involving the cardiovascular system.
- Cardiac arrest not caused by a heart attack (myocardial infarction).

Diagnosis of a Heart Attack (Myocardial Infarction) must include the following:

- New and serial electrocardiographic (ECG) findings consistent with heart attack (myocardial infarction), and
- Elevation of cardiac enzymes above generally accepted laboratory levels of normal. (In the case of creatine phosphokinase (CPK) a CPK-MB measurement must be used.)

Confirmatory imaging studies, such as thallium scans, MUGA scans, or stress echocardiograms may also be used.

Kidney Failure (End-Stage Renal Failure) means end-stage renal failure caused by end-stage renal disease, which results in the chronic, irreversible failure of both kidneys to function.

Kidney Failure (End-Stage Renal Failure) is covered only under the following conditions:

- A doctor advises that regular renal dialysis, hemo-dialysis, or peritoneal dialysis (at least weekly) is necessary to treat the kidney failure (end-stage renal failure); or
- The kidney failure (end-stage renal failure) results in kidney transplantation.

Loss of Sight means the total and irreversible loss of all sight in both eyes. To be payable as an Accident benefit, loss of sight must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of sight must be caused solely by or be solely attributed to one of the following diseases:

- Retinal disease
- Optic nerve disease

- Hypoxia

Loss of Speech means the total and permanent loss of the ability to speak. To be payable as an Accident benefit, loss of speech must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, loss of speech must be caused solely by or be solely attributable to one of the following diseases:

- Alzheimer's disease
- Arteriovenous malformation

Loss of Hearing means the total and irreversible loss of hearing in both ears. Loss of hearing does not include hearing loss that can be corrected by the use of a hearing aid or device. To be payable as an Accident benefit, loss of hearing must be caused solely by or be solely attributed to a covered accident.

To be considered a critical illness, loss of hearing must be caused solely by or be solely attributed to one of the following diseases:

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox, which is an acute contagious disease that is cause
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

Maintenance Drug Therapy is a course of systemic medication given to a patient after a cancer goes into complete remission because of primary treatment. Maintenance Drug Therapy includes ongoing hormonal therapy, immunotherapy, or chemo-prevention therapy. Maintenance Drug Therapy is meant to decrease the risk of cancer recurrence; it is not meant to treat a cancer that is still present.

Major Organ Transplant means undergoing surgery as a recipient of a covered transplant of a human heart, lung, liver, kidney, or pancreas. A transplant must be caused by one or more of the following diseases:

- Bronchiectasis
- Hepatitis
- Cardiomyopathy
- Interstitial lung disease
- Cirrhosis
- Lymphangioleiomyomatosis.
- Chronic obstructive pulmonary disease
- Polycystic liver disease
- Congenital Heart Disease
- Pulmonary fibrosis
- Coronary Artery Disease
- Pulmonary hypertension
- Cystic fibrosis
- Sarcoidosis
- Valvular heart disease

A Major Organ Transplant benefit is not payable if the major organ transplant results from a covered critical illness for which a benefit has been paid.

Paralysis or Paralyzed means the permanent, total, and irreversible loss of muscle function to the whole of at least two limbs. To be payable as an Accident benefit, the paralysis must be caused solely by or be solely attributed to a covered accident. To be considered a critical illness, paralysis must be caused solely by or be solely attributed to one or more of the following diseases:

- Amyotrophic lateral sclerosis
- Cerebral palsy



- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

Signs and/or symptoms are the evidence of disease or physical disturbance observed by a doctor or other medical professional. The doctor (or other medical professional) must observe these signs while acting within the scope of his license.

Severe Burn or Severely Burned means a burn resulting from fire, heat, caustics, electricity, or radiation. The burn must:

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues).

This results in loss of fluid and sometimes shock.

- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

Stroke means 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. Stroke must be either:

- Ischemic: Due to advanced arteriosclerosis or arteriosclerosis of the arteries of the neck or brain, or vascular embolism, or
- Hemorrhagic: Due to uncontrolled hypertension, malignant hypertension, brain aneurysm, or arteriovenous malformation.

The stroke must be positively diagnosed by a doctor based upon documented neurological deficits and confirmatory neuroimaging studies.

Stroke does not include:

- Transient Ischemic Attacks (TIAs)
- Head injury
- Chronic cerebrovascular insufficiency
- Reversible ischemic neurological deficits unless brain tissue damage is confirmed by neurological imaging

Stroke will be covered only if the Insured submits evidence of the neurological damage by providing:

- Computed Axial Tomography (CAT • Magnetic Resonance Imaging scan) images, or (MRI).

Sudden Cardiac Arrest is the sudden, unexpected loss of heart function in which the heart, abruptly and without warning, stops working as a result of an internal electrical system heart malfunction due to coronary artery disease, cardiomyopathy, or hypertension.

Sudden Cardiac Arrest is not a heart attack (myocardial infarction). A sudden cardiac arrest benefit is not payable if the sudden cardiac arrest is caused by or contributed to by a heart attack (myocardial infarction).

Total Disability or Totally Disabled means you are:

- Not working at any job for pay or benefits,
- Under the care of a doctor for the treatment of a covered critical illness, and
- Unable to Work, which means either:
  - During the first 365 days of total disability, you are unable to work at the occupation you were performing when your total disability began; or
  - After the first 365 days of total disability, you are unable to work at any gainful occupation for which you are suited by education,

training, or experience.

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.

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines.

Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

## REINSTATEMENT

If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the plan, the company (or an agent who is authorized by the company) may accept the late premium and reinstate the plan without requiring a new application. If the company (or authorized agent) does require an application for reinstatement and issues a conditional receipt for the premium tendered, the plan will be reinstated upon the company's approval, or lacking such approval, upon the 45th day following the date of the conditional receipt (unless the company has previously notified the policyholder in writing of its disapproval of such application). Reinstatement is subject to the terms of the plan.

## PROGRESSIVE DISEASES RIDER

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Date of Diagnosis is defined for each specified critical illness as follows:

- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease): The date a Doctor Diagnoses an Insured as having ALS and where such Diagnosis is supported by medical records.
- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) means a chronic, progressive motor neuron disease occurring when nerve cells in the brain and spinal cord that control voluntary movement degenerate, causing muscle weakness and atrophy, eventually leading to paralysis.

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple

Sclerosis results in one of the following symptoms for at least 90 consecutive days:

- Muscular weakness,
- Loss of coordination,
- Speech disturbances, or
- Visual disturbances.

## OPTIONAL BENEFITS RIDER

All limitations and exclusions that apply to the critical illness plan also apply to the rider unless amended by the rider.

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor

is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Optional Benefit is one of the illnesses defined below and shown in the rider schedule:

Advanced Alzheimer's Disease means Alzheimer's Disease that causes the insured to be incapacitated. Alzheimer's Disease is a progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's Disease.

To be incapacitated due to Alzheimer's Disease, the insured must:

- Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Advanced Parkinson's Disease means Parkinson's Disease that causes the insured to be incapacitated. Parkinson's Disease is a brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's Disease. To be incapacitated due to Parkinson's Disease, the insured must:

- Exhibit at least two of the following clinical manifestations:
  - Muscle rigidity
  - Tremor
  - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), and
- Require substantial physical assistance from another adult to perform at least three ADLs.

Benign Brain Tumor is a mass or growth of abnormal, noncancerous cells in the brain. The tumor is composed of similar cells that do not follow normal cell division and growth patterns and develop into a mass of cells that microscopically do not have the characteristic appearance of a Cancer. Benign Brain Tumor must be caused by Multiple Endocrine

Neoplasia, Neurofibromatosis, or Von Hippel-Lindau Syndrome.

- Multiple Endocrine Neoplasia is a genetic disease in which one or more of the endocrine glands are overactive or form a tumor.
- Neurofibromatosis is a genetic disease in which the nerve tissue grows tumors that may be benign and may cause serious damage by compressing nerves and other tissue.
- Von Hippel-Lindau Syndrome is a genetic disease that predisposes a person to have benign or malignant tumors.

Activities of Daily Living (ADLs) are activities used in measuring levels of

personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

- Bathing – the ability to wash oneself in a tub, shower, or by sponge bath. This includes the ability to get into and out of the tub or shower with or without the assistance of equipment;
- Dressing – the ability to put on, take off, and secure all necessary and appropriate items of clothing and any necessary braces or artificial limbs;
- Toileting – the ability to get to and from the toilet, get on and off the toilet, and perform associated personal hygiene with or without the assistance of equipment;
- Transferring – the ability to move in and out of a bed, chair, or wheelchair with or without the assistance of equipment;
- Mobility – the ability to walk or wheel on a level surface from one room to another with or without the assistance of equipment;
- Eating – the ability to get nourishment into the body by any means once it has been prepared and made available with or without the assistance of equipment; and
- Continence – the ability to voluntarily maintain control of bowel and/or bladder function. In the event of incontinence, the ability to maintain a reasonable level of personal hygiene.

#### YOU MAY CONTINUE YOUR COVERAGE

When coverage would otherwise terminate because employment ends with the employer, coverage may be continued. You may continue the coverage that is in force on the date employment ends, including dependent coverage in effect. Coverage may not be continued if you fail to pay any required premium or the group master policy terminates. If you qualify, the same benefits, plan provisions, and premium rate will be applied.

#### TERMINATION OF COVERAGE

Coverage will terminate on the earliest of: (1) the date the plan is terminated; (2) the 31st day after the premium due date if the required premium has not been paid; or (3) the date you are no longer a member of an eligible class.

Coverage for an insured spouse or dependent child will terminate the premium due date following the earliest of: (1) the date the spouse or dependent child no longer qualifies as a dependent; (2) the date your written request to terminate spouse/dependent child coverage is received. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was active.

## NOTICES

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.

**Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.**

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

**We've got you  
under our wing.®**

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Continental American Insurance Company • 2801 Devine Street • Columbia, South Carolina 29205

The certificate to which this sales material pertains is 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 Series C21000.



## Group Critical Illness Advantage

### Ashe County Schools - Monthly (12pp/yr) Rates

NONTOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 7.14	\$ 9.77	\$ 12.39	\$ 15.02	\$ 17.64	\$ 20.26	\$ 22.89	\$ 25.51	\$ 28.14	\$ 30.76
30-39	\$ 8.80	\$ 13.09	\$ 17.37	\$ 21.65	\$ 25.93	\$ 30.22	\$ 34.50	\$ 38.78	\$ 43.06	\$ 47.35
40-49	\$ 12.88	\$ 21.24	\$ 29.61	\$ 37.97	\$ 46.33	\$ 54.69	\$ 63.05	\$ 71.42	\$ 79.78	\$ 88.14
50-59	\$ 20.84	\$ 37.16	\$ 53.48	\$ 69.80	\$ 86.12	\$ 102.44	\$ 118.76	\$ 135.08	\$ 151.40	\$ 167.72
60+	\$ 35.80	\$ 67.08	\$ 98.36	\$ 129.64	\$ 160.92	\$ 192.20	\$ 223.48	\$ 254.76	\$ 286.04	\$ 317.32

NONTOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 7.14	\$ 8.46	\$ 9.77	\$ 11.08	\$ 12.39	\$ 13.70	\$ 15.02	\$ 16.33	\$ 17.64
30-39	\$ 8.80	\$ 10.94	\$ 13.09	\$ 15.23	\$ 17.37	\$ 19.51	\$ 21.65	\$ 23.79	\$ 25.93
40-49	\$ 12.88	\$ 17.06	\$ 21.24	\$ 25.43	\$ 29.61	\$ 33.79	\$ 37.97	\$ 42.15	\$ 46.33
50-59	\$ 20.84	\$ 29.00	\$ 37.16	\$ 45.32	\$ 53.48	\$ 61.64	\$ 69.80	\$ 77.96	\$ 86.12
60+	\$ 35.80	\$ 51.44	\$ 67.08	\$ 82.72	\$ 98.36	\$ 114.00	\$ 129.64	\$ 145.28	\$ 160.92

TOBACCO - Employee										
Issue Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 8.21	\$ 11.91	\$ 15.60	\$ 19.30	\$ 22.99	\$ 26.68	\$ 30.38	\$ 34.07	\$ 37.76	\$ 41.46
30-39	\$ 11.21	\$ 17.90	\$ 24.58	\$ 31.27	\$ 37.96	\$ 44.65	\$ 51.33	\$ 58.02	\$ 64.71	\$ 71.40
40-49	\$ 17.68	\$ 30.83	\$ 43.99	\$ 57.15	\$ 70.30	\$ 83.46	\$ 96.62	\$ 109.77	\$ 122.93	\$ 136.09
50-59	\$ 30.87	\$ 57.23	\$ 83.58	\$ 109.93	\$ 136.29	\$ 162.64	\$ 188.99	\$ 215.35	\$ 241.70	\$ 268.05
60+	\$ 53.34	\$ 102.16	\$ 150.98	\$ 199.79	\$ 248.61	\$ 297.43	\$ 346.25	\$ 395.07	\$ 443.89	\$ 492.70

TOBACCO - Spouse									
Issue Age	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 8.21	\$ 10.06	\$ 11.91	\$ 13.75	\$ 15.60	\$ 17.45	\$ 19.30	\$ 21.14	\$ 22.99
30-39	\$ 11.21	\$ 14.55	\$ 17.90	\$ 21.24	\$ 24.58	\$ 27.93	\$ 31.27	\$ 34.61	\$ 37.96
40-49	\$ 17.68	\$ 24.25	\$ 30.83	\$ 37.41	\$ 43.99	\$ 50.57	\$ 57.15	\$ 63.72	\$ 70.30
50-59	\$ 30.87	\$ 44.05	\$ 57.23	\$ 70.40	\$ 83.58	\$ 96.76	\$ 109.93	\$ 123.11	\$ 136.29
60+	\$ 53.34	\$ 77.75	\$ 102.16	\$ 126.57	\$ 150.98	\$ 175.38	\$ 199.79	\$ 224.20	\$ 248.61

**Base Plan:**

- With Cancer Benefit
- \$150 Health Screening Benefit
- \$250 Skin Cancer Benefit
- With Additional Benefits  
(Loss of Sight, Speech, Hearing)  
(Coma, Burns, Paralysis)

**Riders:**

- Optional Benefits Rider (BTAP)
- Progressive Diseases Rider

**Provisions:**

- No Pre-Existing Condition Limitation
- Add'l Separation Waiting Period: 6 Months
- Re-Separation Waiting Period: 6 Months
- Standard Portability
- Rate Guarantee: 2 Years

**Group Attributes:**

- Situs State: NC
- Eligible Lives: 505

Please Note: Premiums shown are accurate as of publication. They are subject to change.

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# Aflac

# Group Hospital Indemnity

## INSURANCE

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



We've got you under our wing.®

# AFLAC GROUP HOSPITAL INDEMNITY

Policy Series C80000



## The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

**That's how the Aflac Group Hospital Indemnity plan can help.**

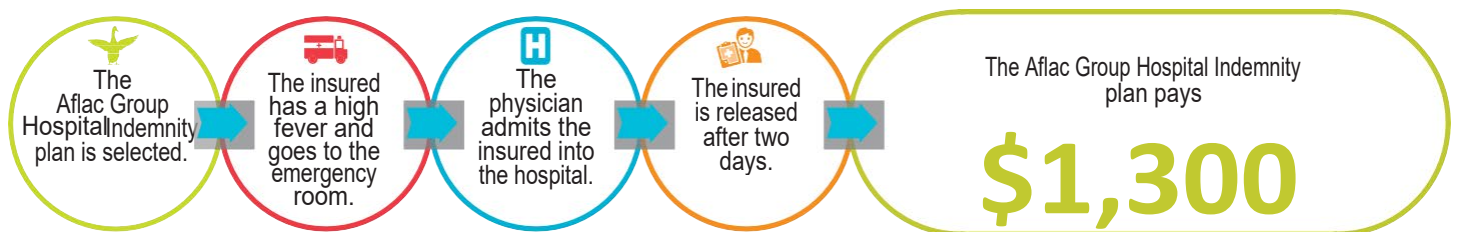
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit
- Intermediate Intensive Care Step-Down Unit



### How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$150 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

## Benefits Overview

### BENEFIT AMOUNT

<p><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (once per covered sickness or accident per calendar year for each insured)          Payable when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	<p>\$1,000</p>
<p><b>HOSPITAL CONFINEMENT per day</b> (maximum of 31 days per confinement for each covered sickness or accident for each insured)          Payable for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	<p>\$150</p>
<p><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)          Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.          This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$150</p>
<p><b>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)          Payable for each day when an insured is confined in an Intermediate Intensive Care Step-Down Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in an Intermediate Intensive Care Step-Down Unit at a time.          Once benefits are paid, if an insured becomes confined to a Hospital's Intermediate Intensive Care Step-Down Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.          This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$75</p>

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

## LIMITATIONS AND EXCLUSIONS

### EXCLUSIONS (in Montana: LIMITATIONS)

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
  - In Connecticut: a riot is not excluded.
  - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
  - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
  - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
  - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
  - In Vermont: injuring or attempting to injure oneself intentionally, while sane.
- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
  - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
  - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
  - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.

- In South Dakota: voluntarily committing a felony.
- Sports—participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care—this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
  - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
  - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion—an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
  - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
  - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
  - Congenital defects in newborns.

## TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children, or children placed for adoption. Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (and in Louisiana, unmarried), however this limit will not apply to any insured dependent child who is incapable of self-sustaining employment due to mental or physical handicap and is chiefly dependent on a parent for support and maintenance.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only

doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

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

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

## NOTICES

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.

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**For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit [aflacgroupinsurance.com](http://aflacgroupinsurance.com).**

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Continental American Insurance Company • Columbia, South Carolina

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This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.



# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



## TREATMENT BENEFITS

	BENEFIT AMOUNT
<p><b>OUTPATIENT DOCTOR'S OFFICE VISIT</b> (maximum of 6 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a doctor's office.</p>	\$25
<p><b>TELEMEDICINE SERVICES</b> (maximum of 6 per calendar year for each insured) We will pay the benefit amount shown for each day that, because of a covered accidental injury or covered sickness, an insured seeks medical advice from a doctor via telemedicine services. The telemedicine services must be provided in lieu of an outpatient doctor's office visit.</p>	\$15
<p><b>MAJOR DIAGNOSTIC EXAMS</b> (once per covered sickness or accident per calendar year) We will pay the amount shown for each day that, due to a covered accidental injury or covered sickness, an insured requires one of the following exams:</p> <ul style="list-style-type: none"> <li>· Computerized Tomography (CT/CAT scan)</li> <li>· Magnetic Resonance Imaging (MRI)</li> <li>· Electroencephalography (EEG)</li> </ul>	\$150
<p><b>OUT OF HOSPITAL PRESCRIPTION DRUG</b> (maximum of \$100 per calendar year for each insured) We will pay the amount shown for each day an insured has a prescription filled. Prescription drugs must meet three criteria: (1) be ordered by a doctor; (2) be dispensed by a licensed pharmacist; and (3) be medically necessary for the care and treatment of the insured.</p> <p>This benefit does not include benefits for: (a) therapeutic devices or appliances; (b) experimental drugs; (c) drugs, medicines or insulin used by or administered to a person while he is confined to a hospital, rest home, extended-care facility, convalescent home, nursing home or similar institution; (d) immunization agents, biological sera, blood or blood plasma; or (e) contraceptive materials, devices or medications or infertility medication, except where required by law.</p>	\$20
<p><b>HOSPITAL EMERGENCY ROOM VISIT</b> (maximum of 5 visits per calendar year for each insured) We will pay the amount shown for each day that an insured visits a hospital emergency room due to a covered accidental injury or for treatment due to a covered sickness.</p>	\$100
<p><b>EMERGENCY ROOM OBSERVATION</b> (1 visit for each covered sickness or accident per calendar year, maximum of 5 total visits per calendar year for each insured) We will pay the amount shown for each period of observation that, because of a covered accidental injury or covered sickness, an insured:</p> <ul style="list-style-type: none"> <li>· Receives treatment in a hospital emergency room, and</li> <li>· Is held in a hospital for observation without being admitted as an inpatient.</li> </ul>	\$50 Minimum 4 hours \$100 More than 24 hours
<p><b>REHABILITATION FACILITY per day</b> (maximum of 15 days per confinement, no more than 30 days total per calendar year for each insured) We will pay the amount shown for each day that, due to a covered accidental injury or a covered sickness, an insured receives treatment as an inpatient at a rehabilitation facility. For this benefit to be payable, the insured must be transferred to the rehabilitation facility for treatment following an inpatient hospital confinement. We will not pay the rehabilitation facility benefit for the same days that the hospital confinement benefit is paid.</p>	\$75



Residents of Massachusetts are not eligible for these benefits.

**TERMS YOU NEED TO KNOW**

Chiropractor means a person, other than the insured or the insured's family member, who

- Is licensed as a chiropractor in the state in which treatment is received, and
- While working under the scope of his license, uses manual or mechanical means to detect or correct disorders of structural imbalance, distortion, or subluxation of the musculoskeletal system and the nervous system for the purpose of removing nerve interference and related effects. The interference must result from or relate to distortion, misalignment, or subluxation of or in the vertebral column.

Rehabilitation Facility is a unit or facility providing coordinated multidisciplinary physical restorative services. These services must be provided to inpatients under a doctor's direction. The doctor must be knowledgeable and experienced in rehabilitative medicine. Beds must be set up in a unit or facility specifically designated and staffed for this service. This is not a facility for the treatment of alcoholism or drug addiction.

Telemedicine Service means a medical inquiry with a doctor via audio or video communication that assists with a patient's assessment, diagnosis, and consultation.

**For a complete list of limitations and exclusions please refer to the brochure.**

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# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

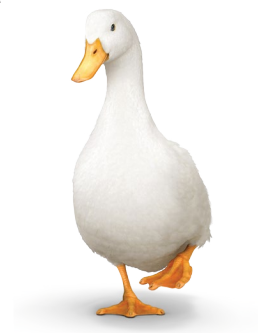
Policy Series C80000



## BUILDING BENEFIT RIDER SUMMARY

10% increase to Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits

Hospital Confinement, Hospital Intensive Care and Intermediate Intensive Care Step-Down Unit Benefits increase by 10% each year for the first 5 years of coverage. This increase is automatic and requires no medical evidence of insurability. Premiums do not increase each year as the benefit increases.



**For a complete list of limitations and exclusions please refer to the brochure.**

**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.



# Group Hospital Indemnity

Ashe County Schools - 10 pp/yr

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$43.75	\$3.00	\$46.75
Employee & Dependent Spouse	\$86.33	\$5.86	\$92.19
Employee & Dependent Child(ren)	\$74.28	\$5.16	\$79.44
Family	\$116.86	\$8.02	\$124.88

**Hospitalization Category:**

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75

**Treatment Category:**

Hospital Emergency Room Visit	\$100
ER Observation: 4 to 24 hours	\$50
ER Observation: over 24 hours	\$100
Outpatient Doctor's Office Visit	\$25
Telemedicine Services	\$15
Rehabilitation Facility	\$75
Major Diagnostic Exams	\$150
Out-of-Hospital Prescription Drug	\$20

**Building Benefit Rider:**

**Additional benefit per year for 5 years**

Hospital Confinement	\$15
Hospital Intensive Care Unit	\$15
Intermediate I.C. Step-Down Unit	\$7.50

**Provisions:**

Waiver of Pre-existing Conditions Exclusion  
 Waiver of Pregnancy Exclusion  
 Waiver of Mental and Emotional Disorders Exclusion  
 No Issue Age or Termination Age Limitations  
 Rate Guarantee: 2 years  
 Portability: Standard

**Group Attributes:**

Situs State: NC

Please note: Premiums shown are accurate as of publication. They are subject to change.

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Product Code: HI170301-172659

# Group Hospital Indemnity

## Ashe County Schools - Monthly (12pp/yr)

Coverage	Plan Rates	Rider Rates	Total Premium
Employee	\$36.46	\$2.50	\$38.96
Employee & Dependent Spouse	\$71.94	\$4.88	\$76.82
Employee & Dependent Child(ren)	\$61.90	\$4.30	\$66.20
Family	\$97.38	\$6.68	\$104.06

**Hospitalization Category:**

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75

**Treatment Category:**

Hospital Emergency Room Visit	\$100
ER Observation: 4 to 24 hours	\$50
ER Observation: over 24 hours	\$100
Outpatient Doctor's Office Visit	\$25
Telemedicine Services	\$15
Rehabilitation Facility	\$75
Major Diagnostic Exams	\$150
Out-of-Hospital Prescription Drug	\$20

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**Additional benefit per year for 5 years**

Hospital Confinement	\$15
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Intermediate I.C. Step-Down Unit	\$7.50

**Provisions:**

Waiver of Pre-existing Conditions Exclusion  
 Waiver of Pregnancy Exclusion  
 Waiver of Mental and Emotional Disorders Exclusion  
 No Issue Age or Termination Age Limitations  
 Rate Guarantee: 2 years  
 Portability: Standard

**Group Attributes:**

Situs State: NC

Please note: Premiums shown are accurate as of publication. They are subject to change.

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**Product Code: HI170301-172426**

# Your Benefits, at Your Fingertips!

The Delta Dental Mobile App helps you get the most out of your dental benefits anytime, anywhere. Use the dentist search or toothbrush timer without logging in, or enter your username and password to securely access your personal benefit information or estimate your dental care costs.

## » Coverage and claims information

See your plan type, benefit levels, deductibles, maximums and more. Check the status of recent dental claims. Add your dependents to your account to be able to access the whole family's coverage in one spot.

## » Dental Care Cost Estimator

This easy-to-use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

## » Dentist search

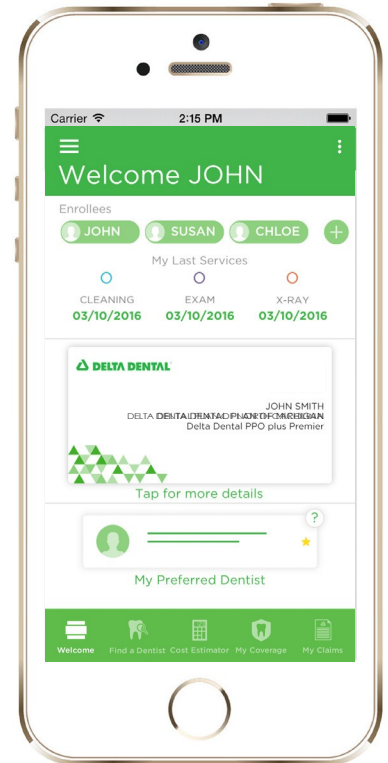
It's easy to find a participating dentist near you! Search and compare dental offices to find one that suits your needs. Narrow the list with criteria like 'language spoken' and 'specialty.' After you choose a dentist, you can save the contact information and get directions.

## » Mobile ID card

There's no longer a need to carry a paper ID card. Simply show the dentist's office your mobile ID card right on your screen. Easily save it to your device for quick access using Apple Passbook or Google Wallet.

## » Toothbrush timer

Keep up with your oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.



## Get started

Delta Dental's free app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right.



SCAN TO  
DOWNLOAD APP

## Log in for secure access

Delta Dental subscribers can log in using the username and password used to log in to [www.deltadental.com](http://www.deltadental.com). If you haven't registered for an account yet, you can do so within the app. If you've forgotten your username or password, you can also retrieve these within the app. You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device.

**Delta Dental of North Carolina  
Dental Benefit Highlights for  
Ashe County Schools #1426**



Delta Dental PPO<sup>SM</sup> plus Premier  
Coverage effective July 1, 2019

	Delta Dental PPO Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Sealants</b> – to prevent decay of permanent teeth	80%	80%	80%
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	80%	80%	80%
<b>Major Services</b>			
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Prosthodontic Services</b> – includes bridges, dentures, and implants	50%	50%	50%
<b>Orthodontics</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	No Age Limit		

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

**Maximum Payment** – \$1,000 per person total per calendar year on Basic Services and Major Services. Diagnostic & Preventative Services are excluded from the annual maximum. \$1,000 per person total per lifetime on Orthodontics.

**Deductible** – \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except Diagnostic and Preventive Services, Emergency Palliative Treatment, Brush Biopsy, X-rays, and Orthodontic Services.

**Waiting Period** – Orthodontic services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months. For the initial enrollment only, the waiting periods(s) can be waived for all services if the enrollee was covered for at least 12 months under the immediately preceding dental plan.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**MONTHLY RATES**

Coverage Tier	Pay Period Premium
Employee Only	\$39.74
Employee and Spouse	\$80.78
Employee and Child(ren)	\$96.43
Family	\$137.42

**Welcome to North Carolina's largest dental benefits family!**

As a member of Delta Dental of North Carolina, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists - there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our Benchmark Portal Certified Center of Excellence call center.

**Online Access**

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, call our Customer Service team at (800) 662-8856 or visit our website at [www.DeltaDentalNC.com](http://www.DeltaDentalNC.com).

See yourself healthy.

## Vision Plan Benefits for Ashe County Schools

Co-Pays	
Exam	\$20
Materials <sup>1</sup>	\$0
Contact Lens Fitting	\$25

Premiums		
	1: month	10 Month
Emp. only	\$10.56	\$12.67
Emp. + family	\$26.52	\$31.82

Services/Frequency	
Exam	12 months
Frame	24 months
Contact Lens Fitting	12 months
Lenses	12 months
Contact Lenses	12 months

(Based on date of service)

### Benefits through Superior National Network

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam (Ophthalmologist)	Covered in full	Up to \$44 retail
Exam (Optometrist)	Covered in full	Up to \$39 retail
Frames	\$120 retail allowance	Up to \$48 retail
Contact Lens Fitting (standard <sup>2</sup> )	Covered in full	Not covered
Contact Lens Fitting (specialty <sup>2</sup> )	\$50 retail allowance	Not covered
Lenses (standard) per pair		
Single Vision	Covered in full	Up to \$34 retail
Bifocal	Covered in full	Up to \$48 retail
Trifocal	Covered in full	Up to \$64 retail
Progressive lens upgrade	See description <sup>2</sup>	Up to \$64 retail
Contact Lenses <sup>3</sup>	\$120 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses

<sup>2</sup> Standard Contact Lens Fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

<sup>3</sup> Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay.

<sup>4</sup> Contact lenses are in lieu of eyeglass lenses and frames benefit

### Discount Features

Look for providers in the Provider Directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

#### Discounts on Covered Materials

Frames:	20% off amount over allowance
Lens options:	20% off retail
Progressives:	20% off amount over retail lined trifocal lens, including lens options

The following options have out-of-pocket maximums<sup>5</sup> on standard (not premium, brand, or progressive) lenses.

	Maximum Member Out-of-Pocket	
	Single Vision	Bifocal & Trifocal
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High index 1.6	\$55	20% off retail
Photochromics	\$80	20% off retail

#### Discounts on Non-Covered Exam and Materials

Exams, frames, and prescription lenses:	30% off retail
Lens options, contacts, other prescription materials:	20% off retail
Disposable contact lenses:	10% off retail

<sup>5</sup> Discounts and maximums may vary by lens type. Please check with your provider.

## SuperiorVision.com

## Customer Service

# 800.507.3800

### Refractive Surgery

Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 15%-50%, and are the best possible discounts available to Superior Vision.

*The Plan discount features are not insurance.*

*All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.*

*Discounts are subject to change without notice.*

*Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.*





## HAVE YOU EVER?












- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support
- Worried about being a victim of identity theft
- Been concerned about your child's identity
- Lost your wallet
- Worried about entering personal information online
- Feared the security of your medical information
- Been pursued by a collection agency

## WHAT ARE LEGALSHIELD & iLOCK360?





LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

### THE LEGALSHIELD MEMBERSHIP INCLUDES

-  ✓ Personal Legal Advice on unlimited issues
-  ✓ Letters/calls made on your behalf
-  ✓ Contracts & documents reviewed (up to 15 pages)
-  ✓ Residential Loan Document Assistance
-  ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
-  ✓ Moving Traffic Violations (available 15 days after enrollment)
-  ✓ IRS Audit Assistance
-  ✓ Trial Defense (if named defendant/respondent in a covered civil action suit)
-  ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
-  ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
-  ✓ 24/7 Emergency Access for covered situations

### THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**  
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**  
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**  
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**  
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**  
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

Monthly Payroll Deduction	Individual	Family
<b>iLOCK360</b>	<b>\$8.95</b>	<b>\$18.95</b>
<b>LegalShield</b>	<b>\$18.95</b>	<b>\$18.95</b>
<b>Combined</b>	<b>\$27.90</b>	<b>\$33.90</b>

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

# Patriot Select 457(b)

## How does a 457(b) plan work?

You decide how much of your salary you want to contribute and complete a Deferred Compensation Agreement with your employer. The amounts contributed and earnings will not be subject to federal and state income taxes (in most states) until distributed.

## When can you take a distribution?

The IRS limits distributions from a 457(b) plan to the following events:

- Severance of employment with the plan sponsor
- Death or disability (as defined by the plan)
- In-service distributions are only available in the case of an unforeseeable emergency or the participant's attainment of age 70½

## Investing in a 457(b) deferred compensation plan:

- Contribution limits are not reduced by employee elective deferrals to other retirement plans.
- Contributions are made on a pre-tax basis and earnings are tax-deferred.
- There is no 10 percent IRS tax penalty on distributions at any age, including termination of service or unforeseeable emergency distributions.
- Upon distribution, withdrawal of both contributions and earnings will be subject to ordinary income tax.
- Social Security benefits are not affected by participating.
- There are multiple distribution options at retirement or termination of service.
- Contribution limits:
  - Are the lesser of 100 percent of income, or
  - Under the age of 50: \$18,000
  - Age 50+: \$24,000

**Note:** Additional deferral amount for participants 50 years and older are available through a "catch up" election. Check with your employer to see if your plan allows "catch up" elections.

## Patriot Select 457(b)

AUL 457 plans are funded with group variable annuity contracts. While a contract owner may benefit from tax deferral under a 457 plan without the use of a variable annuity contract, variable annuities may provide additional investment flexibility and annuity related benefits to contract owners.

- No surrender charge assessed against lump-sum plan benefit payments for termination of employment, retirement, disability, death, unforeseen emergency or required IRS minimum distributions.
- Comprehensive educational materials are provided to help you select investment options.
- Easy-to-read quarterly statements to keep you connected to the latest retirement information.
- 24-hour access to account information and transactions via an interactive Web-site ([www.accountservices.aul.com](http://www.accountservices.aul.com)) or OneAmerica Teleserve® voice response system (1-800-249-6269).

For more information about  
457 plans, please contact  
your local representative.



### Investment options

AUL has included a broad range of investment management companies in order to provide access to a quality portfolio.

Investors do not invest in mutual funds. The money is invested in an AUL separate account. The separate account purchases fund shares as the underlying investments for the corresponding investment option.

### We offer more than 325 investment options from the following investment companies:

- Alger
- Alliance Bernstein
- Allianz Funds
- American Century
- American Funds
- Ariel
- BlackRock
- BMO
- Calvert
- Columbia
- Dimensional Fund Advisors
- DWS Investments
- Fidelity Investments
- Franklin Templeton
- Goldman Sachs
- Henssler
- Invesco
- Ivy Funds
- Janus
- Legg Mason
- Lord Abbett
- Managers Funds
- Manning & Napier
- MFS
- Neuberger Berman
- Nuveen
- OneAmerica Funds
- Oppenheimer
- Parnassus
- Pax World
- Payden & Rygel
- PIMCO
- Pioneer
- Prudential
- RidgeWorth
- Russell Investments
- SSgA
- State Street
- T. Rowe Price
- Thornburg
- TIAA-CREF
- Touchstone
- Vanguard
- Victory
- Wilmington Trust

### A trusted provider

At the very foundation of a quality retirement plan is a provider you can depend on—someone who understands your needs and delivers flexible solutions that can help you plan for your retirement future. As an experienced and trusted provider of retirement products and services, AUL can help you reach your retirement goals.

**Note:** A variable annuity contract is a long-term, tax deferred investment designed for retirement that will fluctuate in value. Any investment involves risk and there is no assurance that the investment objective of any investment option will be achieved. Before investing, understand that variable annuities are subject to market risk, including possible loss of principal.

Investments made into the plan are tax deferred. The tax deferral is a result of the tax treatment of the plan itself and not the group annuity. The group annuity adds no additional tax benefit. Participants should carefully consider their risk tolerance, investing time horizon, needs, and objectives as well as the specific risks and limitations associated with each of the investment options before investing. It is important to note that there are costs associated with the group annuity including investment costs associated with each of the investment options, as well as expense fees and contract charges. Withdrawals from the plan are taxed as ordinary income.

Non-registered group variable annuity contracts are issued by American United Life Insurance Company® (AUL), One American Square, P.O. Box 368, Indianapolis, IN 46206-0368, 1-800-249-6269.

**Variable products are sold by prospectus. Both the product prospectus and underlying fund prospectuses can be obtained from your investment professional or by writing to 433 N. Capitol Ave., Indianapolis, IN 46204, 1-800-249-6269. Before investing, carefully consider the fund's investment objectives, risks, charges and expenses. The product prospectus and underlying fund prospectus contain this and other important information. Read the prospectuses carefully before investing.**

The mutual fund families in the underlying investment options are not affiliated with AUL and are not OneAmerica companies.

# CONTACT INFORMATION

Ashe County Schools Benefits Office  
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(336) 246-7175  
[www.asheschools.org](http://www.asheschools.org)



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FFGA – Eastern Region	<a href="http://www.ffga.com">www.ffga.com</a>	(800)924-3539
Flexible Spending Accounts	<a href="https://ffa.wealthcareportal.com/Page/Home">https://ffa.wealthcareportal.com/Page/Home</a>	(866)853-3539

EMPLOYEE BENEFITS CENTER – <https://benefits.ffga.com/ashecountryschools>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://benefits.ffga.com/ashecountryschools> today!