

Onslow County Schools



Employee Benefits Guide

Plan Year: September 1, 2020 to August 31, 2021

www.benefits.ffga.com/onslowcountyschools

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Overview

Onslow County Schools and First Financial Group of America would like to take this opportunity to present to you the information for the upcoming plan year. This information has been created to bring forth a brief overview of your choices as well as offer you a reference guide when questions may arise regarding your insurance plans.

Please take the time to look over the information contained in this booklet to familiarize yourself with the benefits that are provided to you as an employee.

Benefits Enrollment will be March 18 - April 12. All employees must review plan options and make any necessary changes to your supplementary elections under the Cafeteria Plan. **This is the only time you can make changes to your supplemental insurance, unless there is a qualified family status change during the year.**

Your plan year is September 1 through August 31. Payroll deductions for your benefits will begin in September.



This guide contains a summary of the benefits offered by your employer. If there is a conflict between the terms of this outline of benefits and the actual contracts, the terms of the contracts will prevail. For a more detailed explanation of benefits you may contact First Financial Administrators at 1-800-523-8422 or visit the website listed below.

For detailed information your benefits website is:
<http://benefits.ffga.com/onslowcountyschools>

Section 125 Cafeteria Plan

First Financial Administrators, Inc.

As a district employee, you are eligible to participate in a Section 125 Flexible Plan. Enrollment opportunities are limited to the plan year dates for your district.

A Section 125 Flexible Plan allows you, the employee, to select from a list of available benefits that will meet your family's healthcare needs. Certain premiums are deducted from your gross earnings before federal withholding taxes are figured. The amount you elect to have deducted "pre-tax" actually lowers your taxable income. By implementing this plan, your employer is helping you reduce your taxes and increase your take home pay.

You cannot change your elections during the plan year except for certain specified changes in family status. Those changes include:

- Marriage
- Divorce
- Death of a spouse/child
- Birth or adoption of a child
- Termination of spouse's employment

You must notify your employer within 31 days of the qualifying event to make changes.

Section 125 Plan Sample Paycheck

The example below shows how a married employee claiming 1 exemption can reduce their taxable income

Without Section 125		With Section 125	
Monthly Salary	\$3,000.00	Monthly Salary	\$3,000.00
Less TRS	- \$195.00	Less TRS	\$195.00
		Less Insurance/Flex	\$250.00
Taxable Income	\$2,805.00	Taxable Income	\$2,555.00
Less Taxes	- \$252.00	Less Taxes	- \$180.00
Less Insurance/Flex	- \$250.00		
Take Home Pay	\$2,303.00	Take Home Pay	\$2,375.00

You saved \$72 per month in taxes by paying for your benefits on a pre-tax basis!

This means more spendable income at the end of the month to use for additional benefits or to increase your take home pay.

Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are tax-favored accounts that allow participants to set aside money pretax for eligible Medical and Dependent Care costs. FSAs allow an employee the opportunity to put some of his/her salary aside before taxes to pay for many common out-of-pocket expenses.

Use-it-or-lose-it-Rule: Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of 2.5 month grace period will be forfeited. Because of the use-it-or-lose-it rule, it is important for you to carefully estimate your out-of-pocket health and dependent care expenses for the upcoming plan year.

Your employer has chosen the 2.5 month grace period for your plan. This option gives you the opportunity to continue to incur eligible expenses if you have unused funds in your account on the plan year end date for an additional 2.5 months. If the money is not used during the 2.5 months it will be forfeited.

Medical FSA

Your Medical FSA may be used to reimburse you for expenses that you incur for treatment of yourself, spouse and dependent children during your plan year. Eligible medical expenses include deductibles and coinsurance amounts under a group health plan, charges that are in excess of the amount reimbursed under a group health plan, and charges that are not covered under a group health plan such as certain corrective surgeries, vision care, dental care and hearing aids.

Effective January 1, 2011, all over-the-counter medications eligible for reimbursement must be accompanied by a doctor's prescription.

Maximum contribution amount for 2019/2020 plan year is \$2,700 (\$225.00 per month).

Reminder – If you or your spouse participate in a Qualified High Deductible Health Plan and contribute to a Health Savings Account, you are not eligible to enroll in Medical Reimbursement.

Dependent Care Reimbursement

A Dependent Care FSA allows you to pay for daycare expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, or attending school as a full-time student for at least 4 months during the year.

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children or foster children. Under IRS regulations, eligible dependents are further defined as: under age 13 and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child, or elderly parents that live with you.

The IRS allows employees to contribute up to \$5,000 annually to a Dependent Care FSA.

Flex Benefits Card

The Flex Benefits Card is available to all employees that participate in Medical Reimbursement FSA. The Benefits Flex 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. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 60 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.

FF Flex Mobile App

The FF Flex Mobile App is available for Apple® or Android™ devices on the App StoreSM or the Google Play Store™.

With the FF Flex Mobile App you can:

- Submit Claims
- View Account Balance & History
- See Claim Status
- View Alerts
- Upload Receipts and Documentation

Download & register your app today!

You will need your Employer ID or your card # to register your app. Your Employer ID is: FFA254

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 Flexible Spending Account (FSA). Shop at FSA Store for eligible items from bandages to vitamins and thousands of products in between, browse or search for eligible products and services using the FSA Eligibility List, and visit the FSA Learning Center to help find answers to questions you may have about your FSA.

www.ffga.com/fsaextras

FF Flex Mobile App

First Financial Group Of America

Your Guide to Getting Started

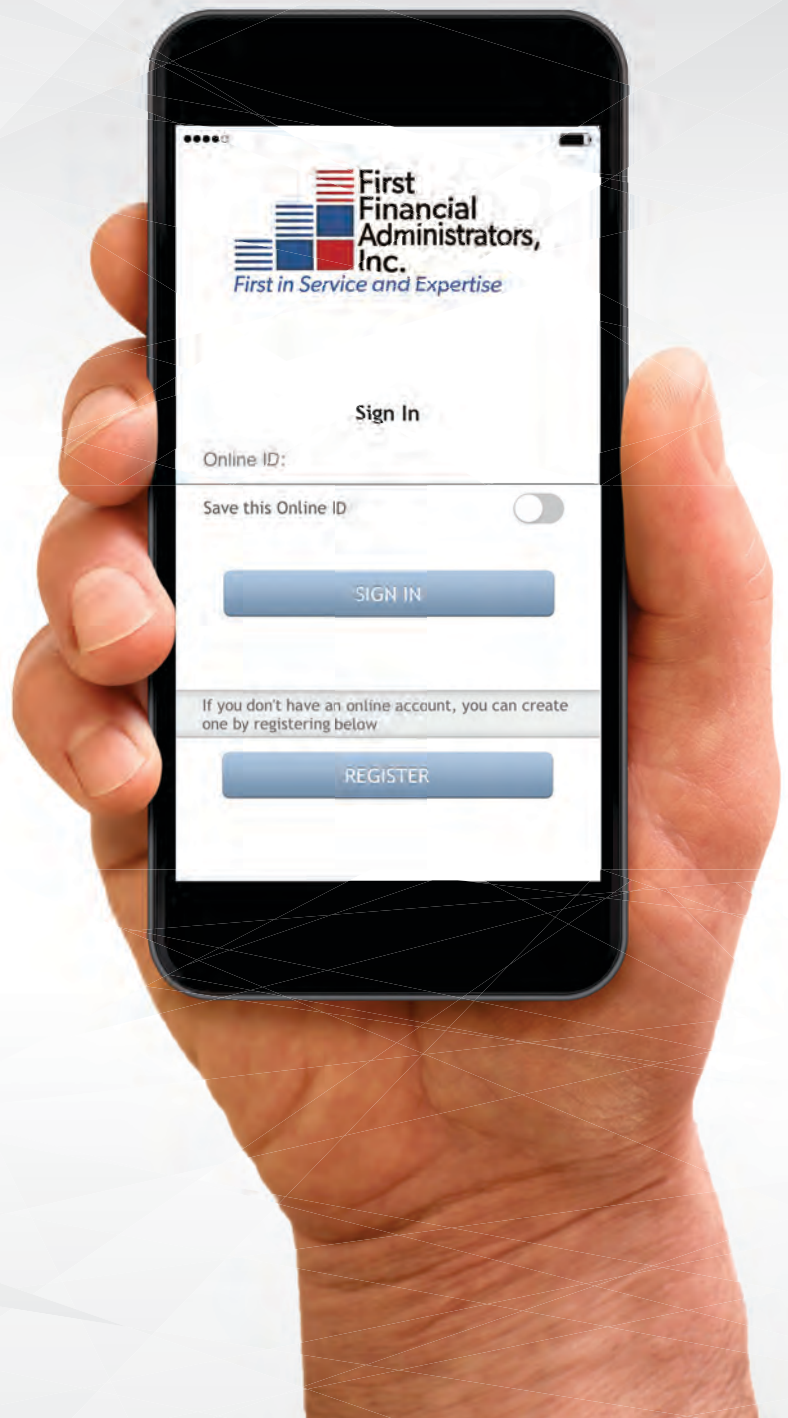
Easily manage your Flexible Spending Account (FSA) from your smart phone or tablet!

Managing your FSA on-the-go is easier than ever with the FF Flex Mobile App. This powerful, intuitive mobile app gives you access to view account balances, update your profile, submit claims, and much more – right from your Android or Apple mobile device.

This user guide introduces you to the mobile app in detail, including all the features you'll need to ensure you're fully engaged and effectively managing your FSA.

You will need your Employer ID or your card # to register your app.

Your Employer ID is: FFA254



Need Assistance?

Contact us by email at flex@ffga.com or by phone at 866-853-3539.

Disability Income Plus



Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Voluntary Benefit product at Disclosure.ManhattanLife.com Please review this information before applying for coverage.

The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8014

Underwritten by
ManhattanLife Assurance
Company of America*

*FL, NJ, and NY
Underwritten by
Manhattan Life
Insurance Company

Disability
Protection
for you





Protect Yourself Against Rising Health Costs

As health care costs continue to rise, the value of increasing your supplemental insurance coverage becomes more important. A Disability Income Plus policy helps address your concerns by offering supplemental coverage in the event you become disabled due to an unexpected accident or sickness. Supplementing your paycheck is a critical need while out of work.

- Pays in addition to any other coverage you may have already.
- Does not require any co-pays and there is no coordination of benefits for existing plans.
- Protection goes beyond your basic health coverage and helps cover deductibles and other services your standard health care coverage may not provide.

Your Disability Income Plus Policy Includes these Benefits:

- Coverage for a disability due to an accident or sickness.
- Monthly disability payments at a percentage of your monthly income.
- coverage paid for a selected duration, such as 3 months or 6 months.
- Partial Disability - Pays 50% of the total benefit when you cannot perform 20% to 80% of your normal work schedule for up to six consecutive months.

Additional Benefits include:

- Recurrent Disability - if you become disabled again within 180 days of returning to work, the elimination period is waived and benefits are immediately available for up to the remaining benefit from the previous disability.
- Portability - Prior to age 70 and after six months of continuous coverage, you can take your coverage with you if you leave employer as long as the master policy remains in effect (*not available in CT. NY has full portability*).
- Waiver of premium - Premium is waived if you are totally disabled for more than 90 days or the elimination period, whichever is longer.

Enroll in Disability Coverage Now to Help Protect You and your family

- When you enroll in Disability Income Plus coverage, you know that you will receive a monthly benefit for a covered disability. For example, if you become disabled and unable to work, you will receive a percentage of your monthly paycheck to cover you until you recover or for the duration of your benefit period.
- Enrollment is easy - Premiums are paid through payroll deduction helping to provide you and your family with the insurance protection you need.

There are 36 million people who have at least one disability, about 12 percent of the total U.S. population

-01/2019. <https://www.disabled-world.com/disability/statistics/census-figures.php>

Disability Income Plus

Presented by

North Carolina School Districts



Disability Income Plus provides a monthly disability income benefit as a result of a non-occupational “off-the-job” accident or sickness. If you’re totally disabled by an accident or illness, Disability Income Plus can be there to help, helping pay the bills that won’t go away just because you can’t work: housing costs, food, car payments, and additional medical costs. You can focus on a full recovery and successful return to the workplace.

Coverage type	Disability Income Plus is a group disability income insurance policy that provides a monthly disability income benefit due to a non-occupational “off-the-job” accident or injury.
Benefit amount	Minimum benefit of \$300 and maximum benefit of \$3,000 per month (\$5,000 for Superintendents), not to exceed 65% of base monthly income.
Plan design	Accident & Sickness: Provides coverage for disabilities caused by either an accidental injury or sickness.
Benefit period	Twelve months
Elimination period	Provides non-occupational coverage for injuries after 0, 14 or 30 days and off-the job sicknesses after 7, 14 or 30 days of total disability (depending on your selection).
Definition of disability	<p>Total disability: for the first 24 months of a disability that the employee/member is unable to perform the substantial and material duties of his or her regular occupation, not working in any other occupation, and under the care of a physician for the disability.</p> <p>After 24 months of total disability, totally disabled means that the employee/member is unable to perform the duties of any occupation, and under the care of a physician for the disability.</p> <p>Partial disability: because of a covered sickness or injury, the employee/member is working more than 20% but not more than 80% of the normal pre-disability schedule, and under the regular care of a physician.</p> <p>The normal pre-disability schedule is as defined by the employee/member’s employer but does not include overtime.</p> <p>Recurrent disability: total and/or partial disability that is due to the same or related causes as a prior period of disability, follows a prior period for which a monthly benefit was paid, and occurs within 180 days after the end of a prior period for which a monthly benefit was paid.</p>

Bill Mode	Frequency	Action
Monthly	Semi-Monthly	Divide modal premium by 2
Monthly	Bi-Weekly	Multiply modal premium by 12, then divide by 26
Monthly	Weekly	Multiply modal premium by 12, then divide by 52
Thirteenthly (Billed every 28 days)	Bi-Weekly	Divide modal premium by 2
Thirteenthly (Billed every 28 days)	Weekly	Divide modal premium by 4
Tenthly	Monthly for 10 Months	Multiply modal premium by 12, then divide by 10
20 Pay	Semi-monthly for 10 Months	Multiply modal premium by 12, then divide by 20
9thly	Monthly for 9 Months	Multiply modal premium by 12, then divide by 9

Insured by ManhattanLife Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

Policy: 8014
Underwritten by ManhattanLife Insurance Company

1-855.448.6982 s ManhattanLife.COM



Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Ninthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$17.84	\$22.79	\$27.73	\$32.68	\$37.63	\$42.57	\$47.52	\$52.47	\$57.41	\$62.36
36-45	\$19.00	\$24.33	\$29.67	\$35.00	\$40.33	\$45.67	\$51.00	\$56.33	\$61.67	\$67.00
46-55	\$21.36	\$27.48	\$33.60	\$39.72	\$45.84	\$51.96	\$58.08	\$64.20	\$70.32	\$76.44
56-65	\$24.12	\$31.16	\$38.20	\$45.24	\$52.28	\$59.32	\$66.36	\$73.40	\$80.44	\$87.48
66+	\$31.88	\$41.51	\$51.13	\$60.76	\$70.39	\$80.01	\$89.64	\$99.27	\$108.89	\$118.52
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$67.31	\$72.25	\$77.20	\$82.15	\$87.09	\$92.04	\$96.99	\$101.93	\$106.88	\$111.83
36-45	\$72.33	\$77.67	\$83.00	\$88.33	\$93.67	\$99.00	\$104.33	\$109.67	\$115.00	\$120.33
46-55	\$82.56	\$88.68	\$94.80	\$100.92	\$107.04	\$113.16	\$119.28	\$125.40	\$131.52	\$137.64
56-65	\$94.52	\$101.56	\$108.60	\$115.64	\$122.68	\$129.72	\$136.76	\$143.80	\$150.84	\$157.88
66+	\$128.15	\$137.77	\$147.40	\$157.03	\$166.65	\$176.28	\$185.91	\$195.53	\$205.16	\$214.79
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$116.77	\$121.72	\$126.67	\$131.61	\$136.56	\$141.51	\$146.45	\$151.40	\$156.35	\$161.29
36-45	\$125.67	\$131.00	\$136.33	\$141.67	\$147.00	\$152.33	\$157.67	\$163.00	\$168.33	\$173.67
46-55	\$143.76	\$149.88	\$156.00	\$162.12	\$168.24	\$174.36	\$180.48	\$186.60	\$192.72	\$198.84
56-65	\$164.92	\$171.96	\$179.00	\$186.04	\$193.08	\$200.12	\$207.16	\$214.20	\$221.24	\$228.28
66+	\$224.41	\$234.04	\$243.67	\$253.29	\$262.92	\$272.55	\$282.17	\$291.80	\$301.43	\$311.05
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$166.24	\$171.19	\$176.13	\$181.08	\$186.03	\$190.97	\$195.92	\$200.87	\$205.81	\$210.76
36-45	\$179.00	\$184.33	\$189.67	\$195.00	\$200.33	\$205.67	\$211.00	\$216.33	\$221.67	\$227.00
46-55	\$204.96	\$211.08	\$217.20	\$223.32	\$229.44	\$235.56	\$241.68	\$247.80	\$253.92	\$260.04
56-65	\$235.32	\$242.36	\$249.40	\$256.44	\$263.48	\$270.52	\$277.56	\$284.60	\$291.64	\$298.68
66+	\$320.68	\$330.31	\$339.93	\$349.56	\$359.19	\$368.81	\$378.44	\$388.07	\$397.69	\$407.32
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$215.71	\$220.65	\$225.60	\$230.55	\$235.49	\$240.44	\$245.39	\$250.33		
36-45	\$232.33	\$237.67	\$243.00	\$248.33	\$253.67	\$259.00	\$264.33	\$269.67		
46-55	\$266.16	\$272.28	\$278.40	\$284.52	\$290.64	\$296.76	\$302.88	\$309.00		
56-65	\$305.72	\$312.76	\$319.80	\$326.84	\$333.88	\$340.92	\$347.96	\$355.00		
66+	\$416.95	\$426.57	\$436.20	\$445.83	\$455.45	\$465.08	\$474.71	\$484.33		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Ninthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$12.88	\$16.17	\$19.47	\$22.76	\$26.05	\$29.35	\$32.64	\$35.93	\$39.23	\$42.52
36-45	\$13.68	\$17.24	\$20.80	\$24.36	\$27.92	\$31.48	\$35.04	\$38.60	\$42.16	\$45.72
46-55	\$15.68	\$19.91	\$24.13	\$28.36	\$32.59	\$36.81	\$41.04	\$45.27	\$49.49	\$53.72
56-65	\$18.24	\$23.32	\$28.40	\$33.48	\$38.56	\$43.64	\$48.72	\$53.80	\$58.88	\$63.96
66+	\$24.08	\$31.11	\$38.13	\$45.16	\$52.19	\$59.21	\$66.24	\$73.27	\$80.29	\$87.32
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$45.81	\$49.11	\$52.40	\$55.69	\$58.99	\$62.28	\$65.57	\$68.87	\$72.16	\$75.45
36-45	\$49.28	\$52.84	\$56.40	\$59.96	\$63.52	\$67.08	\$70.64	\$74.20	\$77.76	\$81.32
46-55	\$57.95	\$62.17	\$66.40	\$70.63	\$74.85	\$79.08	\$83.31	\$87.53	\$91.76	\$95.99
56-65	\$69.04	\$74.12	\$79.20	\$84.28	\$89.36	\$94.44	\$99.52	\$104.60	\$109.68	\$114.76
66+	\$94.35	\$101.37	\$108.40	\$115.43	\$122.45	\$129.48	\$136.51	\$143.53	\$150.56	\$157.59
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$78.75	\$82.04	\$85.33	\$88.63	\$91.92	\$95.21	\$98.51	\$101.80	\$105.09	\$108.39
36-45	\$84.88	\$88.44	\$92.00	\$95.56	\$99.12	\$102.68	\$106.24	\$109.80	\$113.36	\$116.92
46-55	\$100.21	\$104.44	\$108.67	\$112.89	\$117.12	\$121.35	\$125.57	\$129.80	\$134.03	\$138.25
56-65	\$119.84	\$124.92	\$130.00	\$135.08	\$140.16	\$145.24	\$150.32	\$155.40	\$160.48	\$165.56
66+	\$164.61	\$171.64	\$178.67	\$185.69	\$192.72	\$199.75	\$206.77	\$213.80	\$220.83	\$227.85
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$111.68	\$114.97	\$118.27	\$121.56	\$124.85	\$128.15	\$131.44	\$134.73	\$138.03	\$141.32
36-45	\$120.48	\$124.04	\$127.60	\$131.16	\$134.72	\$138.28	\$141.84	\$145.40	\$148.96	\$152.52
46-55	\$142.48	\$146.71	\$150.93	\$155.16	\$159.39	\$163.61	\$167.84	\$172.07	\$176.29	\$180.52
56-65	\$170.64	\$175.72	\$180.80	\$185.88	\$190.96	\$196.04	\$201.12	\$206.20	\$211.28	\$216.36
66+	\$234.88	\$241.91	\$248.93	\$255.96	\$262.99	\$270.01	\$277.04	\$284.07	\$291.09	\$298.12
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$144.61	\$147.91	\$151.20	\$154.49	\$157.79	\$161.08	\$164.37	\$167.67		
36-45	\$156.08	\$159.64	\$163.20	\$166.76	\$170.32	\$173.88	\$177.44	\$181.00		
46-55	\$184.75	\$188.97	\$193.20	\$197.43	\$201.65	\$205.88	\$210.11	\$214.33		
56-65	\$221.44	\$226.52	\$231.60	\$236.68	\$241.76	\$246.84	\$251.92	\$257.00		
66+	\$305.15	\$312.17	\$319.20	\$326.23	\$333.25	\$340.28	\$347.31	\$354.33		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Ninthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$9.60	\$11.80	\$14.00	\$16.20	\$18.40	\$20.60	\$22.80	\$25.00	\$27.20	\$29.40
36-45	\$10.08	\$12.44	\$14.80	\$17.16	\$19.52	\$21.88	\$24.24	\$26.60	\$28.96	\$31.32
46-55	\$11.64	\$14.52	\$17.40	\$20.28	\$23.16	\$26.04	\$28.92	\$31.80	\$34.68	\$37.56
56-65	\$13.72	\$17.29	\$20.87	\$24.44	\$28.01	\$31.59	\$35.16	\$38.73	\$42.31	\$45.88
66+	\$18.24	\$23.32	\$28.40	\$33.48	\$38.56	\$43.64	\$48.72	\$53.80	\$58.88	\$63.96
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$31.60	\$33.80	\$36.00	\$38.20	\$40.40	\$42.60	\$44.80	\$47.00	\$49.20	\$51.40
36-45	\$33.68	\$36.04	\$38.40	\$40.76	\$43.12	\$45.48	\$47.84	\$50.20	\$52.56	\$54.92
46-55	\$40.44	\$43.32	\$46.20	\$49.08	\$51.96	\$54.84	\$57.72	\$60.60	\$63.48	\$66.36
56-65	\$49.45	\$53.03	\$56.60	\$60.17	\$63.75	\$67.32	\$70.89	\$74.47	\$78.04	\$81.61
66+	\$69.04	\$74.12	\$79.20	\$84.28	\$89.36	\$94.44	\$99.52	\$104.60	\$109.68	\$114.76
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$53.60	\$55.80	\$58.00	\$60.20	\$62.40	\$64.60	\$66.80	\$69.00	\$71.20	\$73.40
36-45	\$57.28	\$59.64	\$62.00	\$64.36	\$66.72	\$69.08	\$71.44	\$73.80	\$76.16	\$78.52
46-55	\$69.24	\$72.12	\$75.00	\$77.88	\$80.76	\$83.64	\$86.52	\$89.40	\$92.28	\$95.16
56-65	\$85.19	\$88.76	\$92.33	\$95.91	\$99.48	\$103.05	\$106.63	\$110.20	\$113.77	\$117.35
66+	\$119.84	\$124.92	\$130.00	\$135.08	\$140.16	\$145.24	\$150.32	\$155.40	\$160.48	\$165.56
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$75.60	\$77.80	\$80.00	\$82.20	\$84.40	\$86.60	\$88.80	\$91.00	\$93.20	\$95.40
36-45	\$80.88	\$83.24	\$85.60	\$87.96	\$90.32	\$92.68	\$95.04	\$97.40	\$99.76	\$102.12
46-55	\$98.04	\$100.92	\$103.80	\$106.68	\$109.56	\$112.44	\$115.32	\$118.20	\$121.08	\$123.96
56-65	\$120.92	\$124.49	\$128.07	\$131.64	\$135.21	\$138.79	\$142.36	\$145.93	\$149.51	\$153.08
66+	\$170.64	\$175.72	\$180.80	\$185.88	\$190.96	\$196.04	\$201.12	\$206.20	\$211.28	\$216.36
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$97.60	\$99.80	\$102.00	\$104.20	\$106.40	\$108.60	\$110.80	\$113.00		
36-45	\$104.48	\$106.84	\$109.20	\$111.56	\$113.92	\$116.28	\$118.64	\$121.00		
46-55	\$126.84	\$129.72	\$132.60	\$135.48	\$138.36	\$141.24	\$144.12	\$147.00		
56-65	\$156.65	\$160.23	\$163.80	\$167.37	\$170.95	\$174.52	\$178.09	\$181.67		
66+	\$221.44	\$226.52	\$231.60	\$236.68	\$241.76	\$246.84	\$251.92	\$257.00		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Tenthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$16.06	\$20.51	\$24.96	\$29.41	\$33.86	\$38.32	\$42.77	\$47.22	\$51.67	\$56.12
36-45	\$17.10	\$21.90	\$26.70	\$31.50	\$36.30	\$41.10	\$45.90	\$50.70	\$55.50	\$60.30
46-55	\$19.22	\$24.73	\$30.24	\$35.75	\$41.26	\$46.76	\$52.27	\$57.78	\$63.29	\$68.80
56-65	\$21.71	\$28.04	\$34.38	\$40.72	\$47.05	\$53.39	\$59.72	\$66.06	\$72.40	\$78.73
66+	\$28.69	\$37.36	\$46.02	\$54.68	\$63.35	\$72.01	\$80.68	\$89.34	\$98.00	\$106.67
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$60.58	\$65.03	\$69.48	\$73.93	\$78.38	\$82.84	\$87.29	\$91.74	\$96.19	\$100.64
36-45	\$65.10	\$69.90	\$74.70	\$79.50	\$84.30	\$89.10	\$93.90	\$98.70	\$103.50	\$108.30
46-55	\$74.30	\$79.81	\$85.32	\$90.83	\$96.34	\$101.84	\$107.35	\$112.86	\$118.37	\$123.88
56-65	\$85.07	\$91.40	\$97.74	\$104.08	\$110.41	\$116.75	\$123.08	\$129.42	\$135.76	\$142.09
66+	\$115.33	\$124.00	\$132.66	\$141.32	\$149.99	\$158.65	\$167.32	\$175.98	\$184.64	\$193.31
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$105.10	\$109.55	\$114.00	\$118.45	\$122.90	\$127.36	\$131.81	\$136.26	\$140.71	\$145.16
36-45	\$113.10	\$117.90	\$122.70	\$127.50	\$132.30	\$137.10	\$141.90	\$146.70	\$151.50	\$156.30
46-55	\$129.38	\$134.89	\$140.40	\$145.91	\$151.42	\$156.92	\$162.43	\$167.94	\$173.45	\$178.96
56-65	\$148.43	\$154.76	\$161.10	\$167.44	\$173.77	\$180.11	\$186.44	\$192.78	\$199.12	\$205.45
66+	\$201.97	\$210.64	\$219.30	\$227.96	\$236.63	\$245.29	\$253.96	\$262.62	\$271.28	\$279.95
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$149.62	\$154.07	\$158.52	\$162.97	\$167.42	\$171.88	\$176.33	\$180.78	\$185.23	\$189.68
36-45	\$161.10	\$165.90	\$170.70	\$175.50	\$180.30	\$185.10	\$189.90	\$194.70	\$199.50	\$204.30
46-55	\$184.46	\$189.97	\$195.48	\$200.99	\$206.50	\$212.00	\$217.51	\$223.02	\$228.53	\$234.04
56-65	\$211.79	\$218.12	\$224.46	\$230.80	\$237.13	\$243.47	\$249.80	\$256.14	\$262.48	\$268.81
66+	\$288.61	\$297.28	\$305.94	\$314.60	\$323.27	\$331.93	\$340.60	\$349.26	\$357.92	\$366.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$194.14	\$198.59	\$203.04	\$207.49	\$211.94	\$216.40	\$220.85	\$225.30		
36-45	\$209.10	\$213.90	\$218.70	\$223.50	\$228.30	\$233.10	\$237.90	\$242.70		
46-55	\$239.54	\$245.05	\$250.56	\$256.07	\$261.58	\$267.08	\$272.59	\$278.10		
56-65	\$275.15	\$281.48	\$287.82	\$294.16	\$300.49	\$306.83	\$313.16	\$319.50		
66+	\$375.25	\$383.92	\$392.58	\$401.24	\$409.91	\$418.57	\$427.24	\$435.90		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Tenthly deductions, Elimination Period: 14/14

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$11.59	\$14.56	\$17.52	\$20.48	\$23.45	\$26.41	\$29.38	\$32.34	\$35.30	\$38.27
36-45	\$12.31	\$15.52	\$18.72	\$21.92	\$25.13	\$28.33	\$31.54	\$34.74	\$37.94	\$41.15
46-55	\$14.11	\$17.92	\$21.72	\$25.52	\$29.33	\$33.13	\$36.94	\$40.74	\$44.54	\$48.35
56-65	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
66+	\$21.67	\$28.00	\$34.32	\$40.64	\$46.97	\$53.29	\$59.62	\$65.94	\$72.26	\$78.59
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$41.23	\$44.20	\$47.16	\$50.12	\$53.09	\$56.05	\$59.02	\$61.98	\$64.94	\$67.91
36-45	\$44.35	\$47.56	\$50.76	\$53.96	\$57.17	\$60.37	\$63.58	\$66.78	\$69.98	\$73.19
46-55	\$52.15	\$55.96	\$59.76	\$63.56	\$67.37	\$71.17	\$74.98	\$78.78	\$82.58	\$86.39
56-65	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
66+	\$84.91	\$91.24	\$97.56	\$103.88	\$110.21	\$116.53	\$122.86	\$129.18	\$135.50	\$141.83
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$70.87	\$73.84	\$76.80	\$79.76	\$82.73	\$85.69	\$88.66	\$91.62	\$94.58	\$97.55
36-45	\$76.39	\$79.60	\$82.80	\$86.00	\$89.21	\$92.41	\$95.62	\$98.82	\$102.02	\$105.23
46-55	\$90.19	\$94.00	\$97.80	\$101.60	\$105.41	\$109.21	\$113.02	\$116.82	\$120.62	\$124.43
56-65	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
66+	\$148.15	\$154.48	\$160.80	\$167.12	\$173.45	\$179.77	\$186.10	\$192.42	\$198.74	\$205.07
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$100.51	\$103.48	\$106.44	\$109.40	\$112.37	\$115.33	\$118.30	\$121.26	\$124.22	\$127.19
36-45	\$108.43	\$111.64	\$114.84	\$118.04	\$121.25	\$124.45	\$127.66	\$130.86	\$134.06	\$137.27
46-55	\$128.23	\$132.04	\$135.84	\$139.64	\$143.45	\$147.25	\$151.06	\$154.86	\$158.66	\$162.47
56-65	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
66+	\$211.39	\$217.72	\$224.04	\$230.36	\$236.69	\$243.01	\$249.34	\$255.66	\$261.98	\$268.31
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$130.15	\$133.12	\$136.08	\$139.04	\$142.01	\$144.97	\$147.94	\$150.90		
36-45	\$140.47	\$143.68	\$146.88	\$150.08	\$153.29	\$156.49	\$159.70	\$162.90		
46-55	\$166.27	\$170.08	\$173.88	\$177.68	\$181.49	\$185.29	\$189.10	\$192.90		
56-65	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		
66+	\$274.63	\$280.96	\$287.28	\$293.60	\$299.93	\$306.25	\$312.58	\$318.90		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Tenthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$8.64	\$10.62	\$12.60	\$14.58	\$16.56	\$18.54	\$20.52	\$22.50	\$24.48	\$26.46
36-45	\$9.07	\$11.20	\$13.32	\$15.44	\$17.57	\$19.69	\$21.82	\$23.94	\$26.06	\$28.19
46-55	\$10.48	\$13.07	\$15.66	\$18.25	\$20.84	\$23.44	\$26.03	\$28.62	\$31.21	\$33.80
56-65	\$12.35	\$15.56	\$18.78	\$22.00	\$25.21	\$28.43	\$31.64	\$34.86	\$38.08	\$41.29
66+	\$16.42	\$20.99	\$25.56	\$30.13	\$34.70	\$39.28	\$43.85	\$48.42	\$52.99	\$57.56
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$28.44	\$30.42	\$32.40	\$34.38	\$36.36	\$38.34	\$40.32	\$42.30	\$44.28	\$46.26
36-45	\$30.31	\$32.44	\$34.56	\$36.68	\$38.81	\$40.93	\$43.06	\$45.18	\$47.30	\$49.43
46-55	\$36.40	\$38.99	\$41.58	\$44.17	\$46.76	\$49.36	\$51.95	\$54.54	\$57.13	\$59.72
56-65	\$44.51	\$47.72	\$50.94	\$54.16	\$57.37	\$60.59	\$63.80	\$67.02	\$70.24	\$73.45
66+	\$62.14	\$66.71	\$71.28	\$75.85	\$80.42	\$85.00	\$89.57	\$94.14	\$98.71	\$103.28
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$48.24	\$50.22	\$52.20	\$54.18	\$56.16	\$58.14	\$60.12	\$62.10	\$64.08	\$66.06
36-45	\$51.55	\$53.68	\$55.80	\$57.92	\$60.05	\$62.17	\$64.30	\$66.42	\$68.54	\$70.67
46-55	\$62.32	\$64.91	\$67.50	\$70.09	\$72.68	\$75.28	\$77.87	\$80.46	\$83.05	\$85.64
56-65	\$76.67	\$79.88	\$83.10	\$86.32	\$89.53	\$92.75	\$95.96	\$99.18	\$102.40	\$105.61
66+	\$107.86	\$112.43	\$117.00	\$121.57	\$126.14	\$130.72	\$135.29	\$139.86	\$144.43	\$149.00
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$68.04	\$70.02	\$72.00	\$73.98	\$75.96	\$77.94	\$79.92	\$81.90	\$83.88	\$85.86
36-45	\$72.79	\$74.92	\$77.04	\$79.16	\$81.29	\$83.41	\$85.54	\$87.66	\$89.78	\$91.91
46-55	\$88.24	\$90.83	\$93.42	\$96.01	\$98.60	\$101.20	\$103.79	\$106.38	\$108.97	\$111.56
56-65	\$108.83	\$112.04	\$115.26	\$118.48	\$121.69	\$124.91	\$128.12	\$131.34	\$134.56	\$137.77
66+	\$153.58	\$158.15	\$162.72	\$167.29	\$171.86	\$176.44	\$181.01	\$185.58	\$190.15	\$194.72
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$87.84	\$89.82	\$91.80	\$93.78	\$95.76	\$97.74	\$99.72	\$101.70		
36-45	\$94.03	\$96.16	\$98.28	\$100.40	\$102.53	\$104.65	\$106.78	\$108.90		
46-55	\$114.16	\$116.75	\$119.34	\$121.93	\$124.52	\$127.12	\$129.71	\$132.30		
56-65	\$140.99	\$144.20	\$147.42	\$150.64	\$153.85	\$157.07	\$160.28	\$163.50		
66+	\$199.30	\$203.87	\$208.44	\$213.01	\$217.58	\$222.16	\$226.73	\$231.30		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Monthly deductions, Elimination Period: 0/7

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$13.38	\$17.09	\$20.80	\$24.51	\$28.22	\$31.93	\$35.64	\$39.35	\$43.06	\$46.77
36-45	\$14.25	\$18.25	\$22.25	\$26.25	\$30.25	\$34.25	\$38.25	\$42.25	\$46.25	\$50.25
46-55	\$16.02	\$20.61	\$25.20	\$29.79	\$34.38	\$38.97	\$43.56	\$48.15	\$52.74	\$57.33
56-65	\$18.09	\$23.37	\$28.65	\$33.93	\$39.21	\$44.49	\$49.77	\$55.05	\$60.33	\$65.61
66+	\$23.91	\$31.13	\$38.35	\$45.57	\$52.79	\$60.01	\$67.23	\$74.45	\$81.67	\$88.89
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$50.48	\$54.19	\$57.90	\$61.61	\$65.32	\$69.03	\$72.74	\$76.45	\$80.16	\$83.87
36-45	\$54.25	\$58.25	\$62.25	\$66.25	\$70.25	\$74.25	\$78.25	\$82.25	\$86.25	\$90.25
46-55	\$61.92	\$66.51	\$71.10	\$75.69	\$80.28	\$84.87	\$89.46	\$94.05	\$98.64	\$103.23
56-65	\$70.89	\$76.17	\$81.45	\$86.73	\$92.01	\$97.29	\$102.57	\$107.85	\$113.13	\$118.41
66+	\$96.11	\$103.33	\$110.55	\$117.77	\$124.99	\$132.21	\$139.43	\$146.65	\$153.87	\$161.09
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$87.58	\$91.29	\$95.00	\$98.71	\$102.42	\$106.13	\$109.84	\$113.55	\$117.26	\$120.97
36-45	\$94.25	\$98.25	\$102.25	\$106.25	\$110.25	\$114.25	\$118.25	\$122.25	\$126.25	\$130.25
46-55	\$107.82	\$112.41	\$117.00	\$121.59	\$126.18	\$130.77	\$135.36	\$139.95	\$144.54	\$149.13
56-65	\$123.69	\$128.97	\$134.25	\$139.53	\$144.81	\$150.09	\$155.37	\$160.65	\$165.93	\$171.21
66+	\$168.31	\$175.53	\$182.75	\$189.97	\$197.19	\$204.41	\$211.63	\$218.85	\$226.07	\$233.29
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$124.68	\$128.39	\$132.10	\$135.81	\$139.52	\$143.23	\$146.94	\$150.65	\$154.36	\$158.07
36-45	\$134.25	\$138.25	\$142.25	\$146.25	\$150.25	\$154.25	\$158.25	\$162.25	\$166.25	\$170.25
46-55	\$153.72	\$158.31	\$162.90	\$167.49	\$172.08	\$176.67	\$181.26	\$185.85	\$190.44	\$195.03
56-65	\$176.49	\$181.77	\$187.05	\$192.33	\$197.61	\$202.89	\$208.17	\$213.45	\$218.73	\$224.01
66+	\$240.51	\$247.73	\$254.95	\$262.17	\$269.39	\$276.61	\$283.83	\$291.05	\$298.27	\$305.49
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$161.78	\$165.49	\$169.20	\$172.91	\$176.62	\$180.33	\$184.04	\$187.75		
36-45	\$174.25	\$178.25	\$182.25	\$186.25	\$190.25	\$194.25	\$198.25	\$202.25		
46-55	\$199.62	\$204.21	\$208.80	\$213.39	\$217.98	\$222.57	\$227.16	\$231.75		
56-65	\$229.29	\$234.57	\$239.85	\$245.13	\$250.41	\$255.69	\$260.97	\$266.25		
66+	\$312.71	\$319.93	\$327.15	\$334.37	\$341.59	\$348.81	\$356.03	\$363.25		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Monthly deductions, Elimination Period: 14/14

Age	Benefit amount									
	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
Benefit										
18-35	\$9.66	\$12.13	\$14.60	\$17.07	\$19.54	\$22.01	\$24.48	\$26.95	\$29.42	\$31.89
36-45	\$10.26	\$12.93	\$15.60	\$18.27	\$20.94	\$23.61	\$26.28	\$28.95	\$31.62	\$34.29
46-55	\$11.76	\$14.93	\$18.10	\$21.27	\$24.44	\$27.61	\$30.78	\$33.95	\$37.12	\$40.29
56-65	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
66+	\$18.06	\$23.33	\$28.60	\$33.87	\$39.14	\$44.41	\$49.68	\$54.95	\$60.22	\$65.49
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$34.36	\$36.83	\$39.30	\$41.77	\$44.24	\$46.71	\$49.18	\$51.65	\$54.12	\$56.59
36-45	\$36.96	\$39.63	\$42.30	\$44.97	\$47.64	\$50.31	\$52.98	\$55.65	\$58.32	\$60.99
46-55	\$43.46	\$46.63	\$49.80	\$52.97	\$56.14	\$59.31	\$62.48	\$65.65	\$68.82	\$71.99
56-65	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
66+	\$70.76	\$76.03	\$81.30	\$86.57	\$91.84	\$97.11	\$102.38	\$107.65	\$112.92	\$118.19
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$59.06	\$61.53	\$64.00	\$66.47	\$68.94	\$71.41	\$73.88	\$76.35	\$78.82	\$81.29
36-45	\$63.66	\$66.33	\$69.00	\$71.67	\$74.34	\$77.01	\$79.68	\$82.35	\$85.02	\$87.69
46-55	\$75.16	\$78.33	\$81.50	\$84.67	\$87.84	\$91.01	\$94.18	\$97.35	\$100.52	\$103.69
56-65	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
66+	\$123.46	\$128.73	\$134.00	\$139.27	\$144.54	\$149.81	\$155.08	\$160.35	\$165.62	\$170.89
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$83.76	\$86.23	\$88.70	\$91.17	\$93.64	\$96.11	\$98.58	\$101.05	\$103.52	\$105.99
36-45	\$90.36	\$93.03	\$95.70	\$98.37	\$101.04	\$103.71	\$106.38	\$109.05	\$111.72	\$114.39
46-55	\$106.86	\$110.03	\$113.20	\$116.37	\$119.54	\$122.71	\$125.88	\$129.05	\$132.22	\$135.39
56-65	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
66+	\$176.16	\$181.43	\$186.70	\$191.97	\$197.24	\$202.51	\$207.78	\$213.05	\$218.32	\$223.59
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$108.46	\$110.93	\$113.40	\$115.87	\$118.34	\$120.81	\$123.28	\$125.75		
36-45	\$117.06	\$119.73	\$122.40	\$125.07	\$127.74	\$130.41	\$133.08	\$135.75		
46-55	\$138.56	\$141.73	\$144.90	\$148.07	\$151.24	\$154.41	\$157.58	\$160.75		
56-65	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		
66+	\$228.86	\$234.13	\$239.40	\$244.67	\$249.94	\$255.21	\$260.48	\$265.75		

Disability Income Plus

North Carolina School Districts

Disability Income Plus rates

Monthly deductions, Elimination Period: 30/30

Age	Benefit amount									
Benefit	\$300	\$400	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200
18-35	\$7.20	\$8.85	\$10.50	\$12.15	\$13.80	\$15.45	\$17.10	\$18.75	\$20.40	\$22.05
36-45	\$7.56	\$9.33	\$11.10	\$12.87	\$14.64	\$16.41	\$18.18	\$19.95	\$21.72	\$23.49
46-55	\$8.73	\$10.89	\$13.05	\$15.21	\$17.37	\$19.53	\$21.69	\$23.85	\$26.01	\$28.17
56-65	\$10.29	\$12.97	\$15.65	\$18.33	\$21.01	\$23.69	\$26.37	\$29.05	\$31.73	\$34.41
66+	\$13.68	\$17.49	\$21.30	\$25.11	\$28.92	\$32.73	\$36.54	\$40.35	\$44.16	\$47.97
Benefit	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200
18-35	\$23.70	\$25.35	\$27.00	\$28.65	\$30.30	\$31.95	\$33.60	\$35.25	\$36.90	\$38.55
36-45	\$25.26	\$27.03	\$28.80	\$30.57	\$32.34	\$34.11	\$35.88	\$37.65	\$39.42	\$41.19
46-55	\$30.33	\$32.49	\$34.65	\$36.81	\$38.97	\$41.13	\$43.29	\$45.45	\$47.61	\$49.77
56-65	\$37.09	\$39.77	\$42.45	\$45.13	\$47.81	\$50.49	\$53.17	\$55.85	\$58.53	\$61.21
66+	\$51.78	\$55.59	\$59.40	\$63.21	\$67.02	\$70.83	\$74.64	\$78.45	\$82.26	\$86.07
Benefit	\$2,300	\$2,400	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200
18-35	\$40.20	\$41.85	\$43.50	\$45.15	\$46.80	\$48.45	\$50.10	\$51.75	\$53.40	\$55.05
36-45	\$42.96	\$44.73	\$46.50	\$48.27	\$50.04	\$51.81	\$53.58	\$55.35	\$57.12	\$58.89
46-55	\$51.93	\$54.09	\$56.25	\$58.41	\$60.57	\$62.73	\$64.89	\$67.05	\$69.21	\$71.37
56-65	\$63.89	\$66.57	\$69.25	\$71.93	\$74.61	\$77.29	\$79.97	\$82.65	\$85.33	\$88.01
66+	\$89.88	\$93.69	\$97.50	\$101.31	\$105.12	\$108.93	\$112.74	\$116.55	\$120.36	\$124.17
Benefit	\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200
18-35	\$56.70	\$58.35	\$60.00	\$61.65	\$63.30	\$64.95	\$66.60	\$68.25	\$69.90	\$71.55
36-45	\$60.66	\$62.43	\$64.20	\$65.97	\$67.74	\$69.51	\$71.28	\$73.05	\$74.82	\$76.59
46-55	\$73.53	\$75.69	\$77.85	\$80.01	\$82.17	\$84.33	\$86.49	\$88.65	\$90.81	\$92.97
56-65	\$90.69	\$93.37	\$96.05	\$98.73	\$101.41	\$104.09	\$106.77	\$109.45	\$112.13	\$114.81
66+	\$127.98	\$131.79	\$135.60	\$139.41	\$143.22	\$147.03	\$150.84	\$154.65	\$158.46	\$162.27
Benefit	\$4,300	\$4,400	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000		
18-35	\$73.20	\$74.85	\$76.50	\$78.15	\$79.80	\$81.45	\$83.10	\$84.75		
36-45	\$78.36	\$80.13	\$81.90	\$83.67	\$85.44	\$87.21	\$88.98	\$90.75		
46-55	\$95.13	\$97.29	\$99.45	\$101.61	\$103.77	\$105.93	\$108.09	\$110.25		
56-65	\$117.49	\$120.17	\$122.85	\$125.53	\$128.21	\$130.89	\$133.57	\$136.25		
66+	\$166.08	\$169.89	\$173.70	\$177.51	\$181.32	\$185.13	\$188.94	\$192.75		

Whole Life Insurance

Underwritten by: American Fidelity Assurance Company



Easy Application Process · Flexibility · Excellent Customer Service · Learn More » »

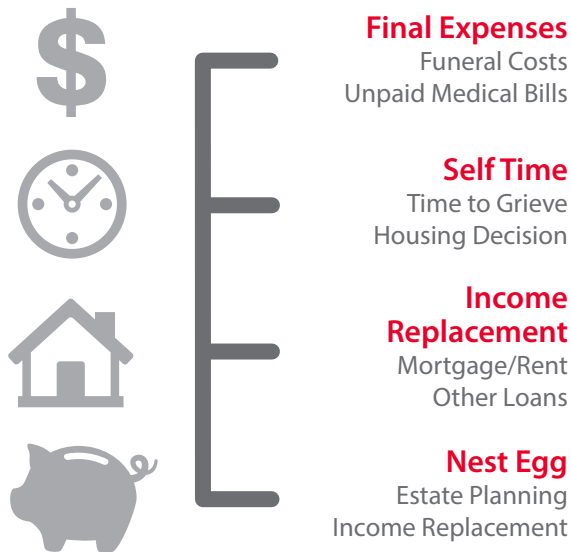


Marketed by:
First Financial Capital Corporation
P.O. Box 670329 • Houston, TX 77267-0329
Local (281) 847-8422 | Toll Free (800) 523-8422
ffga.com

Why You Need Individual Whole Life Insurance

It's important to prepare for the unexpected and help ensure your loved ones will be financially protected in the event of a tragedy. Your life insurance benefit can help replace your income and help your family meet important financial needs like funeral expenses, everyday living costs, and college.

American Fidelity Assurance Company's Whole Life Insurance provides protection for your entire life. It's an individual policy, which means you own it and can take it with you when you leave employment or when you retire to age 121. The premium and amount of protection stay the same as long as the policy is in force, provided premiums are paid as required.



Flexibility When You Need It

By choosing a Whole Life Policy, you have flexibility to adjust your benefits when needed. Cash value flexibility features include:

- **Take a Cash Surrender** and terminate your Policy. With this option, you will receive a check equal to your plan's current available cash value. In many situations, cash surrenders may be paid tax free.¹
- **Partial Surrender:** You can withdraw a small portion of the policy's cash value in the form of cash, in exchange for a proportional reduction to the policy's available cash value and the face amount.
- **Loans:** You can borrow against your cash value at a competitive 8% loan interest rate.

Discontinue Your Premium While Keeping Your Coverage Active

- **Same Amount of Coverage - Shorter Length of Time:** Under the **Extended Term Insurance** provision, your policy's original face amount (minus outstanding loans or accelerated benefit payments) will now only be guaranteed for a specific term of time. In addition, your premium is "paid in full" until your new extended term period expires, terminating your policy.
- **Coverage to Age 121 - Smaller Guaranteed Benefit Amount.** You may rest easy knowing you are covered for your entire life by utilizing the **Reduced Paid-Up Provision** and reducing your original death benefit to a smaller amount. Enjoy being premium-free while having the security of guaranteed lifetime coverage, just at a reduced benefit amount. Plus your cash value will continue to accumulate.

Three Easy Steps to Get Covered

- 1 Select a Whole Life Plan**
Add riders to cover you and your family!
- 2 Answer Three Health Questions²**
There's no worry of participating in any medical exams.
- 3 Get Death Benefit Coverage Immediately³**
Your death benefit coverage starts when you sign the application.

¹As long as the cash surrender does not exceed the total premiums received under the policy since inception. Please consult your tax consultant for your specific situation. ²Issuance of the policy may depend on the answer to these questions. ³Interim 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 and Children's Term Rider. No interim coverage benefits are available under any Waiver of Premium Rider, Accidental Death and Dismemberment Rider, Accelerated Benefit Rider for Critical Illness or Accelerated Benefit Rider for Long Term Illness.

EMPLOYEE ISSUE AGE AND MAXIMUM ⁴
Ages 17-49: \$300,000 Ages 50-65: \$100,000 Ages 66-70: \$10,000
CHILD/GRANDCHILD ISSUE AGE AND MAXIMUM
Ages 1 month - 26: \$50,000
RATES BASED ON ISSUE AGE AND TOBACCO STATUS
Your premiums will be based on your age on the date your policy becomes effective. You may be eligible for reduced rates if you are a non-tobacco user.

SPOUSE ISSUE AGE AND MAXIMUM ⁴
Ages 17-49: \$50,000 Ages 50-60: \$25,000
ACCELERATED BENEFIT FOR TERMINAL CONDITION
You can receive a portion of the chosen death benefit if you are diagnosed with a Terminal Condition, as defined in the policy.
LEVEL PREMIUM AND DEATH BENEFIT ⁵
Premiums and the death benefit are guaranteed to remain level for the life of the policy to age 121. Death benefits are generally paid tax free ⁸ .

Enhance Your Plan⁶

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.

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 for Long Term Illness Rider

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.

Accelerated Benefit for Critical Illness Rider

This rider provides for an advance of a portion of the base policy's death benefit due to a Critical Illness, defined as a Heart Attack, Permanent Damage Due To Stroke, Invasive Cancer, Major Organ Failure or End Stage Renal Disease. The rider is designed to provide for only one acceleration for one of the Critical Illnesses shown. Rider terminates upon acceleration.

SAMPLE NON-TOBACCO PREMIUM MONTHLY RATES FOR BASE WHOLE LIFE PLAN ⁷					
	\$10K*	\$50K*	\$100K	\$150K	\$300K
25	\$9.00	\$32.00	\$61.00	\$88.50	\$174.00
35	\$12.00	\$47.00	\$91.00	\$133.50	\$264.00
45	\$17.10	\$72.50	\$142.00	\$210.00	\$417.00
55	\$25.80	\$116.00	\$229.00	n/a	n/a

*Shaded amounts available for spouse base policy purchases.

⁴Face amounts vary based on issue age. Issuance of coverage may be subject to responses received to a few medical questions. ⁵Provided no partial surrenders or accelerated benefits are taken. ⁶Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability varies by state. ⁷Example is based on monthly non-tobacco rates for a WL14 base plan only. For specific ages, rates or face amounts, contact your American Fidelity account manager. ⁸Please consult your tax advisor for your specific situation.

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 Death Benefit for Critical Illness (optional rider) Prior to the payment of any Accelerated Benefit, the Insured must have a Critical Illness, which means a Heart Attack, Permanent Damage Due To A Stroke, Invasive Cancer, Major Organ Failure, or End State Renal Failure for which an Occurrence Date is confirmed by a Physician. The maximum payable is the lesser of 25% of the Eligible Proceeds, or \$50,000 if you are under age 65; or 15% of the eligible proceeds, or \$25,000 if you are age 65 or older. Premium is required to keep this rider in force.

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 Whole Life Insurance product, ICC14 WL14/ WL14 series. For specific details, limitations and exclusions, please consult a complete policy, riders, and its provisions. Please consult your tax advisor for your specific situation. This policy is not eligible under Section 125.

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

9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

For States: AZ, LA, NM, NC, VA

WHOLE LIFE INSURANCE *Non-Tobacco User Rates*

Underwritten by American Fidelity Assurance Company

ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$75,000			\$100,000			\$125,000			
	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	Base	ABLTI	ABC1	
1 mo	6.50	0.19	0.31	11.75	0.47	0.77	19.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
1	6.50	0.19	0.31	11.75	0.47	0.77	19.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
2	6.60	0.19	0.31	12.00	0.47	0.77	20.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
3	6.60	0.19	0.31	12.00	0.47	0.77	20.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
4	6.70	0.19	0.31	12.25	0.47	0.77	20.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
5	6.70	0.19	0.31	12.25	0.47	0.77	20.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
6	6.80	0.19	0.31	12.50	0.47	0.77	21.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
7	7.00	0.19	0.31	13.00	0.47	0.77	21.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
8	7.10	0.19	0.31	13.25	0.47	0.77	22.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
9	7.30	0.19	0.31	13.75	0.47	0.77	23.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
10	7.40	0.19	0.31	14.00	0.47	0.77	23.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
11	7.50	0.19	0.31	14.25	0.47	0.77	24.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
12	7.60	0.19	0.31	14.50	0.47	0.77	24.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
13	7.70	0.19	0.31	14.75	0.47	0.77	25.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
14	7.80	0.19	0.31	15.00	0.47	0.77	26.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
15	7.90	0.19	0.31	15.25	0.47	0.77	26.50	0.94	1.54	--	--	--	--	--	--	--	--	--	
16	8.00	0.19	0.31	15.50	0.47	0.77	27.00	0.94	1.54	--	--	--	--	--	--	--	--	--	
17	8.10	0.19	0.31	15.75	0.47	0.77	27.50	0.94	1.54	39.75	1.41	2.31	52.00	1.88	3.08	63.00	2.35	3.85	
18	8.10	0.19	0.31	15.75	0.47	0.77	27.50	0.94	1.54	39.75	1.41	2.31	52.00	1.88	3.08	63.00	2.35	3.85	
19	8.20	0.19	0.31	16.00	0.47	0.77	28.00	0.94	1.54	40.50	1.41	2.31	53.00	1.88	3.08	64.25	2.35	3.85	
20	8.30	0.19	0.31	16.25	0.47	0.77	28.50	0.94	1.54	41.25	1.41	2.31	54.00	1.88	3.08	65.50	2.35	3.85	
21	8.40	0.20	0.33	16.50	0.51	0.83	29.00	1.02	1.67	42.00	1.52	2.50	55.00	2.03	3.33	66.75	2.54	4.16	
22	8.60	0.22	0.36	17.00	0.55	0.90	30.00	1.09	1.79	43.50	1.64	2.69	57.00	2.18	3.58	69.25	2.73	4.48	
23	8.70	0.23	0.38	17.25	0.57	0.96	30.50	1.15	1.92	44.25	1.72	2.87	58.00	2.29	3.83	70.50	2.86	4.79	
24	8.90	0.24	0.41	17.75	0.60	1.02	31.50	1.21	2.04	45.75	1.81	3.06	60.00	2.41	4.08	73.00	3.01	5.10	
25	9.00	0.25	0.43	18.00	0.62	1.09	32.00	1.24	2.17	46.50	1.85	3.26	61.00	2.47	4.34	74.25	3.09	5.43	
26	9.20	0.27	0.47	18.50	0.67	1.18	33.00	1.34	2.35	48.00	2.00	3.53	63.00	2.67	4.70	76.75	3.34	5.88	
27	9.50	0.29	0.51	19.25	0.72	1.27	34.50	1.44	2.53	50.25	2.15	3.80	66.00	2.87	5.06	80.50	3.59	6.33	
28	9.70	0.31	0.54	19.75	0.77	1.36	35.50	1.53	2.71	51.75	2.30	4.07	68.00	3.06	5.42	83.00	3.83	6.78	
29	10.00	0.32	0.58	20.50	0.81	1.45	37.00	1.62	2.89	54.00	2.43	4.34	71.00	3.24	5.78	86.75	4.05	7.23	
30	10.30	0.34	0.62	21.25	0.86	1.54	38.50	1.71	3.08	56.25	2.57	4.61	74.00	3.42	6.15	90.50	4.28	7.69	
31	10.60	0.34	0.64	22.00	0.86	1.61	40.00	1.72	3.22	58.50	2.57	4.83	77.00	3.43	6.44	94.25	4.29	8.05	
32	10.90	0.35	0.67	22.75	0.86	1.68	41.50	1.73	3.37	60.75	2.59	5.05	80.00	3.45	6.73	98.00	4.31	8.41	
33	11.30	0.35	0.70	23.75	0.87	1.76	43.50	1.73	3.51	63.75	2.60	5.27	84.00	3.46	7.02	103.00	4.33	8.78	
34	11.60	0.35	0.73	24.50	0.87	1.83	45.00	1.74	3.66	66.00	2.60	5.48	87.00	3.47	7.31	106.75	4.34	9.14	
35	12.00	0.35	0.76	25.50	0.87	1.91	47.00	1.75	3.81	69.00	2.62	5.72	91.00	3.49	7.62	111.75	4.36	9.53	
36	12.40	0.39	0.83	26.50	0.98	2.07	49.00	1.96	4.14	72.00	2.94	6.21	95.00	3.92	8.28	116.75	4.90	10.35	
37	12.80	0.43	0.89	27.50	1.09	2.24	51.00	2.17	4.47	75.00	3.26	6.71	99.00	4.34	8.94	121.75	5.43	11.18	
38	13.30	0.47	0.96	28.75	1.19	2.40	53.50	2.37	4.80	78.75	3.56	7.20	104.00	4.74	9.60	128.00	5.93	12.00	
39	13.70	0.51	1.03	29.75	1.28	2.57	55.50	2.56	5.13	81.75	3.84	7.70	108.00	5.12	10.26	133.00	6.40	12.83	
40	14.20	0.55	1.09	31.00	1.38	2.73	58.00	2.76	5.46	85.50	4.13	8.19	113.00	5.51	10.92	139.25	6.89	13.65	
41	14.70	0.57	1.14	32.25	1.43	2.86	60.50	2.86	5.72	89.25	4.28	8.58	118.00	5.71	11.44	145.50	7.14	14.30	
42	15.30	0.59	1.20	33.75	1.48	2.99	63.50	2.95	5.98	93.75	4.43	8.97	124.00	5.90	11.96	153.00	7.38	14.95	
43	15.90	0.61	1.25	35.25	1.52	3.12	66.50	3.04	6.24	98.25	4.56	9.36	130.00	6.08	12.48	160.50	7.60	15.60	
44	16.50	0.63	1.30	36.75	1.56	3.25	69.50	3.13	6.50	102.75	4.69	9.75	136.00	6.25	13.00	168.00	7.81	16.25	
45	17.10	0.64	1.35	38.25	1.60	3.38	72.50	3.21	6.77	107.25	4.81	10.15	142.00	6.41	13.53	175.50	8.01	16.91	
46	17.70	0.68	1.43	39.75	1.71	3.56	75.50	3.42	7.13	111.75	5.12	10.69	148.00	6.83	14.25	183.00	8.54	17.81	
47	18.40	0.72	1.50	41.50	1.81	3.74	79.00	3.62	7.49	117.00	5.42	11.23	155.00	7.23	14.97	191.75	9.04	18.71	
48	19.10	0.76	1.57	43.25	1.90	3.92	82.50	3.81	7.85	122.25	5.71	11.77	162.00	7.61	15.69	200.50	9.51	19.61	
49	19.80	0.80	1.64	45.00	1.99	4.10	86.00	3.99	8.21	127.50	5.98	12.31	169.00	7.97	16.41	209.25	9.96	20.51	
50	20.60	0.83	1.71	47.00	2.07	4.28	90.00	4.15	8.56	133.50	6.22	12.84	177.00	8.29	17.12	--	--	--	
51	21.50	0.89	1.77	49.25	2.22	4.44	94.50	4.43	8.87	140.25	6.65	13.31	186.00	8.86	17.74	--	--	--	
52	22.50	0.94	1.84	51.75	2.35	4.59	99.50	4.71	9.18	147.75	7.06	13.77	196.00	9.41	18.36	--	--	--	
53	23.60	0.99	1.90	54.50	2.48	4.75	105.00	4.96	9.49	156.00	7.43	14.24	207.00	9.91	18.98	--	--	--	
54	24.60	1.04	1.96	57.00	2.60	4.90	110.00	5.20	9.80	163.50	7.79	14.70	217.00	10.39	19.60	--	--	--	
55	25.80	1.09	2.02	60.00	2.72	5.06	116.00	5.43	10.12	172.50	8.15	15.17	229.00	10.86	20.23	--	--	--	
56	27.00	1.18	2.07	63.00	2.95	5.17	122.00	5.90	10.34	181.50	8.84	15.50	241.00	11.79	20.67	--	--	--	
57	28.20	1.27	2.11	66.00	3.17	5.28	128.00	6.34	10.56	190.50	9.50	15.83	253.00	12.67	21.11	--	--	--	
58	29.50	1.35	2.16	69.25	3.37	5.39	134.50	6.74	10.78	200.25	10.11	16.16	266.00	13.48	21.55	--	--	--	
59	30.90	1.42	2.20	72.75	3.56	5.50	141.50	7.12	11.00	210.75	10.68	16.49	280.00	14.24	21.99	--	--	--	
60	32.30	1.49	2.24	76.25	3.74	5.61	148.50	7.47	11.22	221.25	11.21	16.82	294.00	14.94	22.43	--	--	--	
61	33.70	1.62	2.25	79.75	4.04	5.62	155.50	8.08	11.24	231.75	12.11	16.86	308.00	16.15	22.48	--	--	--	
62	35.20	1.73	2.25	83.50	4.32	5.63	163.00	8.64	11.27	243.00	12.96	16.90	323.00	17.28	22.53	--	--	--	
63	36.70	1.83	2.26	87.25	4.58	5.65	170.50	9.16	11.29	254.25	13.73	16.94	338.00	18.31	22.58	--	--	--	
64	38.30	1.93	2.26	91.25	4.82	5.66	178.50	9.63	11.32	266.25	14.45	16.97	354.00	19.26	22.63	--	--	--	
65	40.00	2.01	2.27	95.50	5.03	5.67	187.00	10.05	11.35	279.00	15.08	17.02	371.00	20.10	22.69	--	--	--	
66	42.00	2.20	2.36	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	44.10	2.37	2.44	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	46.30	2.62	2.53	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	48.60	2.86	2.62	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	51.10	3.10	2.70	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

Child/Grandchild Coverage Available^{1,2}

For Use In: AZ, LA, NM, NC, TX, SC, VA

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WHOLE LIFE INSURANCE *Non-Tobacco User Rates*

Underwritten by American Fidelity Assurance Company

ISSUE AGE	Death Benefit														
	Monthly Premium Including Policy Fee														
	\$150,000			\$175,000			\$200,000			\$250,000			\$300,000		
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI
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17	75.00	2.82	4.62	87.00	3.29	5.39	99.00	3.76	6.16	123.00	4.70	7.70	147.00	5.64	9.24
18	75.00	2.82	4.62	87.00	3.29	5.39	99.00	3.76	6.16	123.00	4.70	7.70	147.00	5.64	9.24
19	76.50	2.82	4.62	88.75	3.29	5.39	101.00	3.76	6.16	125.50	4.70	7.70	150.00	5.64	9.24
20	78.00	2.82	4.62	90.50	3.29	5.39	103.00	3.76	6.16	128.00	4.70	7.70	153.00	5.64	9.24
21	79.50	3.05	5.00	92.25	3.55	5.83	105.00	4.06	6.66	130.50	5.08	8.33	156.00	6.09	9.99
22	82.50	3.27	5.37	95.75	3.82	6.27	109.00	4.36	7.16	135.50	5.45	8.95	162.00	6.54	10.74
23	84.00	3.44	5.75	97.50	4.01	6.70	111.00	4.58	7.66	138.00	5.73	9.58	165.00	6.87	11.49
24	87.00	3.62	6.12	101.00	4.22	7.14	115.00	4.82	8.16	143.00	6.03	10.20	171.00	7.23	12.24
25	88.50	3.71	6.51	102.75	4.32	7.60	117.00	4.94	8.68	145.50	6.18	10.85	174.00	7.41	13.02
26	91.50	4.01	7.05	106.25	4.67	8.23	121.00	5.34	9.40	150.50	6.68	11.75	180.00	8.01	14.10
27	96.00	4.31	7.59	111.50	5.02	8.86	127.00	5.74	10.12	158.00	7.18	12.65	189.00	8.61	15.18
28	99.00	4.59	8.13	115.00	5.36	9.49	131.00	6.12	10.84	163.00	7.65	13.55	195.00	9.18	16.26
29	103.50	4.86	8.67	120.25	5.67	10.12	137.00	6.48	11.56	170.50	8.10	14.45	204.00	9.72	17.34
30	108.00	5.13	9.23	125.50	5.99	10.76	143.00	6.84	12.30	178.00	8.55	15.38	213.00	10.26	18.45
31	112.50	5.15	9.66	130.75	6.00	11.27	149.00	6.86	12.88	185.50	8.58	16.10	222.00	10.29	19.32
32	117.00	5.18	10.10	136.00	6.04	11.78	155.00	6.90	13.46	193.00	8.63	16.83	231.00	10.35	20.19
33	123.00	5.19	10.53	143.00	6.06	12.29	163.00	6.92	14.04	203.00	8.65	17.55	243.00	10.38	21.06
34	127.50	5.21	10.97	148.25	6.07	12.79	169.00	6.94	14.62	210.50	8.68	18.28	252.00	10.41	21.93
35	133.50	5.24	11.43	155.25	6.11	13.34	177.00	6.98	15.24	220.50	8.73	19.05	264.00	10.47	22.86
36	139.50	5.88	12.42	162.25	6.86	14.49	185.00	7.84	16.56	230.50	9.80	20.70	276.00	11.76	24.84
37	145.50	6.51	13.41	169.25	7.60	15.65	193.00	8.68	17.88	240.50	10.85	22.35	288.00	13.02	26.82
38	153.00	7.11	14.40	178.00	8.30	16.80	203.00	9.48	19.20	253.00	11.85	24.00	303.00	14.22	28.80
39	159.00	7.68	15.39	185.00	8.96	17.96	211.00	10.24	20.52	263.00	12.80	25.65	315.00	15.36	30.78
40	166.50	8.27	16.38	193.75	9.64	19.11	221.00	11.02	21.84	275.50	13.78	27.30	330.00	16.53	32.76
41	174.00	8.57	17.16	202.50	9.99	20.02	231.00	11.42	22.88	288.00	14.28	28.60	345.00	17.13	34.32
42	183.00	8.85	17.94	213.00	10.33	20.93	243.00	11.80	23.92	303.00	14.75	29.90	363.00	17.70	35.88
43	192.00	9.12	18.72	223.50	10.64	21.84	255.00	12.16	24.96	318.00	15.20	31.20	381.00	18.24	37.44
44	201.00	9.38	19.50	234.00	10.94	22.75	267.00	12.50	26.00	333.00	15.63	32.50	399.00	18.75	39.00
45	210.00	9.62	20.30	244.50	11.22	23.68	279.00	12.82	27.06	348.00	16.03	33.83	417.00	19.23	40.59
46	219.00	10.25	21.38	255.00	11.95	24.94	291.00	13.66	28.50	363.00	17.08	35.63	435.00	20.49	42.75
47	229.50	10.85	22.46	267.25	12.65	26.20	305.00	14.46	29.94	380.50	18.08	37.43	456.00	21.69	44.91
48	240.00	11.42	23.54	279.50	13.32	27.46	319.00	15.22	31.38	398.00	19.03	39.23	477.00	22.83	47.07
49	250.50	11.96	24.62	291.75	13.95	28.72	333.00	15.94	32.82	415.50	19.93	41.03	498.00	23.91	49.23
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RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.

ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.

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.

For Use In: AZ, LA, NM, NC, TX, SC, VA

SB-30544(Rate Insert)-1116

WHOLE LIFE INSURANCE *Tobacco User Rates*

Underwritten by American Fidelity Assurance Company



ISSUE AGE	Death Benefit																		
	Monthly Premium Including Policy Fee																		
	\$10,000			\$25,000			\$50,000			\$75,000			\$100,000			\$125,000			
	Base	ABLTI	ABC	Base	ABLTI	ABC	Base	ABLTI	ABC	Base	ABLTI	ABC	Base	ABLTI	ABC	Base	ABLTI	ABC	
17	10.20	0.28	0.47	21.00	0.71	1.18	38.00	1.42	2.36	55.50	2.12	3.53	73.00	2.83	4.71	89.25	3.54	5.89	
18	10.20	0.28	0.47	21.00	0.71	1.18	38.00	1.42	2.36	55.50	2.12	3.53	73.00	2.83	4.71	89.25	3.54	5.89	
19	10.30	0.28	0.47	21.25	0.71	1.18	38.50	1.42	2.36	56.25	2.12	3.53	74.00	2.83	4.71	90.50	3.54	5.89	
20	10.30	0.28	0.47	21.25	0.71	1.18	38.50	1.42	2.36	56.25	2.12	3.53	74.00	2.83	4.71	90.50	3.54	5.89	
21	10.60	0.30	0.51	22.00	0.76	1.28	40.00	1.52	2.56	58.50	2.27	3.84	77.00	3.03	5.12	94.25	3.79	6.40	
22	10.90	0.32	0.55	22.75	0.81	1.38	41.50	1.62	2.77	60.75	2.42	4.15	80.00	3.23	5.53	96.75	4.04	6.91	
23	11.20	0.34	0.59	23.50	0.85	1.49	43.00	1.69	2.97	63.00	2.54	4.46	83.00	3.38	5.94	100.50	4.23	7.43	
24	11.50	0.35	0.64	24.25	0.88	1.59	44.50	1.77	3.18	65.25	2.65	4.76	86.00	3.53	6.35	104.25	4.41	7.94	
25	11.80	0.36	0.68	25.00	0.91	1.70	46.00	1.81	3.39	67.50	2.72	5.09	89.00	3.62	6.78	108.00	4.53	8.48	
26	12.10	0.39	0.74	25.75	0.98	1.86	47.50	1.97	3.71	69.75	2.95	5.57	92.00	3.93	7.42	111.75	4.91	9.28	
27	12.40	0.42	0.81	26.50	1.06	2.02	49.00	2.11	4.03	72.00	3.17	6.05	95.00	4.22	8.06	115.50	5.28	10.08	
28	12.70	0.45	0.87	27.25	1.13	2.18	50.50	2.26	4.35	74.25	3.38	6.53	98.00	4.51	8.70	120.50	5.64	10.88	
29	13.10	0.48	0.93	28.25	1.20	2.34	52.50	2.39	4.67	77.25	3.59	7.01	102.00	4.78	9.34	124.25	5.98	11.68	
30	13.40	0.50	1.00	29.00	1.25	2.49	54.00	2.50	4.98	79.50	3.75	7.47	105.00	5.00	9.96	129.25	6.25	12.45	
31	13.90	0.51	1.05	30.25	1.27	2.63	56.00	2.53	5.25	82.50	3.80	7.88	109.00	5.06	10.50	134.25	6.33	13.13	
32	14.30	0.51	1.10	31.25	1.28	2.76	58.50	2.56	5.52	86.25	3.83	8.28	114.00	5.11	11.04	140.50	6.39	13.80	
33	14.80	0.52	1.16	32.50	1.29	2.90	61.00	2.58	5.79	90.00	3.87	8.69	119.00	5.16	11.58	146.75	6.45	14.48	
34	15.40	0.52	1.21	34.00	1.30	3.03	63.50	2.61	6.06	93.75	3.91	9.09	124.00	5.21	12.12	153.00	6.51	15.15	
35	15.90	0.52	1.27	35.25	1.30	3.16	66.00	2.61	6.33	97.50	3.91	9.49	129.00	5.21	12.65	159.25	6.51	15.81	
36	16.50	0.59	1.40	36.75	1.47	3.50	69.00	2.93	7.00	102.00	4.40	10.50	135.00	5.86	14.00	166.75	7.33	17.50	
37	17.00	0.65	1.54	38.00	1.62	3.84	72.00	3.24	7.68	106.50	4.86	11.51	141.00	6.48	15.35	174.25	8.10	19.19	
38	17.60	0.71	1.67	39.50	1.77	4.18	75.00	3.54	8.35	111.00	5.31	12.53	147.00	7.08	16.70	181.75	8.85	20.88	
39	18.20	0.77	1.81	41.00	1.92	4.51	78.00	3.83	9.03	115.50	5.75	13.54	153.00	7.66	18.05	189.25	9.58	22.56	
40	18.90	0.82	1.94	42.75	2.04	4.86	81.50	4.09	9.71	120.75	6.13	14.57	160.00	8.17	19.42	198.00	10.21	24.28	
41	19.70	0.85	2.06	44.75	2.13	5.15	85.50	4.26	10.30	126.75	6.38	15.45	168.00	8.51	20.60	208.00	10.64	25.75	
42	20.60	0.88	2.18	47.00	2.21	5.45	90.00	4.42	10.89	133.50	6.63	16.34	177.00	8.84	21.78	219.25	11.05	27.23	
43	21.50	0.91	2.30	49.25	2.29	5.74	94.50	4.57	11.48	140.25	6.86	17.22	186.00	9.14	22.96	230.50	11.43	28.70	
44	22.40	0.94	2.41	51.50	2.36	6.04	99.00	4.72	12.07	147.00	7.07	18.11	195.00	9.43	24.14	241.75	11.79	30.18	
45	23.40	0.97	2.53	54.00	2.42	6.33	104.00	4.85	12.66	154.50	7.27	18.99	205.00	9.69	25.32	254.25	12.11	31.65	
46	24.30	1.04	2.72	56.25	2.60	6.80	108.50	5.20	13.61	161.25	7.80	20.41	214.00	10.40	27.21	265.50	13.00	34.01	
47	25.30	1.11	2.91	58.75	2.77	7.28	113.00	5.54	14.55	168.00	8.31	21.83	223.00	11.08	29.10	276.75	13.85	36.38	
48	26.30	1.17	3.10	61.25	2.93	7.75	118.00	5.87	15.50	175.50	8.80	23.24	233.00	11.73	30.99	289.25	14.66	38.74	
49	27.30	1.23	3.29	63.75	3.09	8.22	123.00	6.17	16.44	183.00	9.26	24.66	243.00	12.34	32.88	301.75	15.43	41.10	
50	28.40	1.29	3.48	66.50	3.22	8.69	128.50	6.45	17.39	191.25	9.67	26.08	254.00	12.89	34.77	--	--	--	
51	29.80	1.40	3.68	70.00	3.49	9.20	135.50	6.98	18.41	201.75	10.46	27.61	268.00	13.95	36.81	--	--	--	
52	31.30	1.50	3.89	73.75	3.74	9.71	143.00	7.48	19.43	213.00	11.22	29.14	283.00	14.96	38.85	--	--	--	
53	32.80	1.59	4.09	77.50	3.98	10.22	151.00	7.95	20.45	225.00	11.93	30.67	299.00	15.90	40.89	--	--	--	
54	34.50	1.68	4.29	81.75	4.20	10.73	159.00	8.39	21.47	237.00	12.59	32.20	315.00	16.78	42.93	--	--	--	
55	36.20	1.76	4.50	86.00	4.41	11.25	168.00	8.82	22.49	250.50	13.22	33.74	333.00	17.63	44.98	--	--	--	
56	38.10	1.94	4.70	90.75	4.84	11.74	177.50	9.69	23.48	264.75	14.53	35.22	352.00	19.37	46.96	--	--	--	
57	40.10	2.10	4.89	95.75	5.25	12.24	187.50	10.50	24.47	279.75	15.75	36.71	372.00	21.00	48.94	--	--	--	
58	42.20	2.25	5.09	101.00	5.63	12.73	198.00	11.27	25.46	295.50	16.90	38.19	393.00	22.53	50.92	--	--	--	
59	44.50	2.40	5.29	106.75	5.99	13.23	209.50	11.98	26.45	312.75	17.96	39.68	416.00	23.95	52.90	--	--	--	
60	46.90	2.53	5.49	112.75	6.32	13.73	221.50	12.64	27.45	330.75	18.96	41.18	440.00	25.28	54.90	--	--	--	
61	48.00	2.77	5.59	115.50	6.91	13.97	227.50	13.83	27.93	339.75	20.74	41.90	452.00	27.65	55.86	--	--	--	
62	49.20	2.98	5.68	118.50	7.46	14.21	233.00	14.92	28.41	348.00	22.38	42.62	463.00	29.84	56.82	--	--	--	
63	50.40	3.19	5.78	121.50	7.97	14.45	239.50	15.94	28.89	357.75	23.90	43.34	476.00	31.87	57.78	--	--	--	
64	51.70	3.37	5.87	124.75	8.43	14.69	245.50	16.87	29.37	366.75	25.30	44.06	488.00	33.73	58.74	--	--	--	
65	53.00	3.54	5.97	128.00	8.85	14.93	252.00	17.70	29.86	376.50	26.55	44.79	501.00	35.40	59.72	--	--	--	
66	55.60	3.97	6.27	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
67	58.30	4.36	6.56	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
68	61.20	4.89	6.86	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
69	64.30	5.41	7.16	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
70	67.50	5.93	7.45	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

Child/Grandchild Coverage Available^{1,2}

This insert must be used in conjunction with SB-30544 and any state specific deviations thereof. This is a brief description of the coverage and does not constitute the actual policy. For complete benefits, limitations, exclusions and other provisions, please refer to the policy. Not generally qualified Benefits under Section 125 plans. ¹Maximum face amount available is \$50,000. ²Child/grandchild coverage may be purchased through age 26 for base Whole Life coverage.

ISSUE AGE	Death Benefit														
	Monthly Premium Including Policy Fee														
	\$150,000			\$175,000			\$200,000			\$250,000			\$300,000		
	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI	Base	ABLTI	ABCI
17	106.50	4.25	7.07	123.75	4.95	8.24	141.00	5.66	9.42	175.50	7.08	11.78	210.00	8.49	14.13
18	106.50	4.25	7.07	123.75	4.95	8.24	141.00	5.66	9.42	175.50	7.08	11.78	210.00	8.49	14.13
19	108.00	4.25	7.07	125.50	4.95	8.24	143.00	5.66	9.42	178.00	7.08	11.78	213.00	8.49	14.13
20	108.00	4.25	7.07	125.50	4.95	8.24	143.00	5.66	9.42	178.00	7.08	11.78	213.00	8.49	14.13
21	112.50	4.55	7.68	130.75	5.30	8.96	149.00	6.06	10.24	185.50	7.58	12.80	222.00	9.09	15.36
22	115.50	4.85	8.30	134.25	5.65	9.68	153.00	6.46	11.06	190.50	8.08	13.83	228.00	9.69	16.59
23	120.00	5.07	8.91	139.50	5.92	10.40	159.00	6.76	11.88	198.00	8.45	14.85	237.00	10.14	17.82
24	124.50	5.30	9.53	144.75	6.18	11.11	165.00	7.06	12.70	205.50	8.83	15.88	246.00	10.59	19.05
25	129.00	5.43	10.17	150.00	6.34	11.87	171.00	7.24	13.56	213.00	9.05	16.95	255.00	10.86	20.34
26	133.50	5.90	11.13	155.25	6.88	12.99	177.00	7.86	14.84	220.50	9.83	18.55	264.00	11.79	22.26
27	138.00	6.33	12.09	160.50	7.39	14.11	183.00	8.44	16.12	228.00	10.55	20.15	273.00	12.66	24.18
28	144.00	6.77	13.05	167.50	7.89	15.23	191.00	9.02	17.40	238.00	11.28	21.75	285.00	13.53	26.10
29	148.50	7.17	14.01	172.75	8.37	16.35	197.00	9.56	18.68	245.50	11.95	23.35	294.00	14.34	28.02
30	154.50	7.50	14.94	179.75	8.75	17.43	205.00	10.00	19.92	255.50	12.50	24.90	306.00	15.00	29.88
31	160.50	7.59	15.75	186.75	8.86	18.38	213.00	10.12	21.00	265.50	12.65	26.25	318.00	15.18	31.50
32	168.00	7.67	16.56	195.50	8.94	19.32	223.00	10.22	22.08	278.00	12.78	27.60	333.00	15.33	33.12
33	175.50	7.74	17.37	204.25	9.03	20.27	233.00	10.32	23.16	290.50	12.90	28.95	348.00	15.48	34.74
34	183.00	7.82	18.18	213.00	9.12	21.21	243.00	10.42	24.24	303.00	13.03	30.30	363.00	15.63	36.36
35	190.50	7.82	18.98	221.75	9.12	22.14	253.00	10.42	25.30	315.50	13.03	31.63	378.00	15.63	37.95
36	199.50	8.79	21.00	232.25	10.26	24.50	265.00	11.72	28.00	330.50	14.65	35.00	396.00	17.58	42.00
37	208.50	9.72	23.03	242.75	11.34	26.86	277.00	12.96	30.70	345.50	16.20	38.38	414.00	19.44	46.05
38	217.50	10.62	25.05	253.25	12.39	29.23	289.00	14.16	33.40	360.50	17.70	41.75	432.00	21.24	50.10
39	226.50	11.49	27.08	263.75	13.41	31.59	301.00	15.32	36.10	375.50	19.15	45.13	450.00	22.98	54.15
40	237.00	12.26	29.13	276.00	14.30	33.99	315.00	16.34	38.84	393.00	20.43	48.55	471.00	24.51	58.26
41	249.00	12.77	30.90	290.00	14.89	36.05	331.00	17.02	41.20	413.00	21.28	51.50	495.00	25.53	61.80
42	262.50	13.26	32.67	305.75	15.47	38.12	349.00	17.68	43.56	435.50	22.10	54.45	522.00	26.52	65.34
43	276.00	13.71	34.44	321.50	16.00	40.18	367.00	18.28	45.92	458.00	22.85	57.40	549.00	27.42	68.88
44	289.50	14.15	36.21	337.25	16.50	42.25	385.00	18.86	48.28	480.50	23.58	60.35	576.00	28.29	72.42
45	304.50	14.54	37.98	354.75	16.96	44.31	405.00	19.38	50.64	505.50	24.23	63.30	606.00	29.07	75.96
46	318.00	15.60	40.82	370.50	18.20	47.62	423.00	20.80	54.42	528.00	26.00	68.03	633.00	31.20	81.63
47	331.50	16.62	43.65	386.25	19.39	50.93	441.00	22.16	58.20	550.50	27.70	72.75	660.00	33.24	87.30
48	346.50	17.60	46.49	403.75	20.53	54.23	461.00	23.46	61.98	575.50	29.33	77.48	690.00	35.19	92.97
49	361.50	18.51	49.32	421.25	21.60	57.54	481.00	24.68	65.76	600.50	30.85	82.20	720.00	37.02	98.64
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RIDER RATES

ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLTI): Add the rate shown in the ABLTI column to the base rate.
 ACCELERATED BENEFIT FOR CRITICAL ILLNESS RIDER (ABCI): Add the rate shown in the ABCI column to the base rate.
 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.

LIFE INSURANCE YOU CAN KEEP!

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 guarantees¹ 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, TOO²**



**YOU CAN GET A LIVING
BENEFIT IF YOU BECOME
TERMINALLY ILL³**



**YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU
BECOME CHRONICALLY ILL⁴**

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.

19M016-C FFGA 1092 (exp0321)



TEXASLIFE INSURANCE COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

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									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		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	\$25,000	\$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	19.25						73
21-22		11.00	19.75						73
23-25		11.25	20.25						71
26		11.50	20.75						72
27		11.75	21.25						72
28		11.75	21.25						71
29		12.00	21.75						71
30-31		12.25	22.25						70
32		12.75	23.25						70
33		13.25	24.25						71
34		13.75	25.25						72
35		14.50	26.75						73
36		15.00	27.75						73
37		15.50	28.75						73
38		16.25	30.25						74
39		17.25	32.25						75
40	8.65	18.25	34.25						76
41	9.15	19.50	36.75						77
42	9.85	21.25	40.25						78
43	10.55	23.00	43.75						80
44	11.25	24.75	47.25						81
45	12.05	26.75	51.25						82
46	12.85	28.75	55.25						83
47	13.55	30.50	58.75						83
48	14.35	32.50	62.75						84
49	15.25	34.75	67.25						85
50	16.35	37.50							86
51	17.65	40.75							87
52	19.25	44.75							88
53	20.85	48.75							90
54	21.95	51.50							90
55	22.95	54.00							91
56	23.95	56.50							91
57	25.05	59.25							91
58	26.25	62.25							91
59	27.35	65.00							91
60	28.05	66.75							91
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									

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	\$25,000	\$50,000							
15D-1 2-3 4-10										
11-16 17-20 21-22		15.00 15.50	27.75 28.75							70 70
23-25 26 27		16.25 16.50 16.75	30.25 30.75 31.25							69 69 68
28 29 30-31		17.00 17.25 19.25	31.75 32.25 36.25							68 68 69
32 33 34		19.75 20.00 20.25	37.25 37.75 38.25							69 69 68
35 36 37		21.50 22.25 23.50	40.75 42.25 44.75							69 69 70
38 39 40		24.25 25.75 28.00	46.25 49.25 53.75							70 70 72
41 42 43	12.55 13.25 14.15 15.55	29.75 32.00 35.50	57.25 61.75 68.75							73 74 76
44 45 46	16.35 17.45 18.45	37.50 40.25 42.75	72.75 78.25 83.25							77 78 79
47 48 49	19.45 20.45 22.05	45.25 47.75 51.75	88.25 93.25 101.25							79 80 82
50 51 52	23.15 24.85 26.95	54.50 58.75 64.00								82 83 85
53 54 55	28.65 30.05 31.45	68.25 71.75 75.25								87 87 87
56 57 58	33.05 34.55 36.35	79.25 83.00 87.50								87 87 87
59 60 61	37.85 38.85	91.25 93.75								87 87
62 63 64										
65 66 67										
68 69 70										

Tobacco

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

3904 Oleander Dr, Suite 200

Wilmington, NC 28405

Local (910) 792-1422 | Toll Free (800) 924-3539

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.¹



Did You Know?

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

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.³ 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 Questions⁴

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 Immediately⁵

Your death benefit coverage starts when you sign the application.

¹LIMRA: 2015 Insurance Barometer Study; April 2015. ²LIMRA: 2014 Insurance Barometer Study April 2014. ³Premiums are subject to increase upon renewal. ⁴Issuance of the policy may depend on the answer to these questions. ⁵Interim 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 ⁶
You may renew your coverage to age 90. You may convert to a whole life policy prior to age 70.

Enhance Your Plan⁸

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.⁶ 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 ⁷					
	\$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.

⁶Premiums 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; ⁷Example 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. ⁸Additional 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

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 Available¹

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. ¹ Maximum face amount available is \$50,000.

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 Available¹

10 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	DEATH BENEFIT <i>Monthly Premium Including Policy Fee</i>										
	\$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	--	--	--	--	--	--

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TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse Coverage Available¹

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	--	--	--	--	--	--

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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 Available¹

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 Available¹

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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.
- ACCELERATED BENEFIT FOR LONG TERM ILLNESS RIDER (ABLT):** 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	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT	Base	ABLT
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 Available¹

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Cancer Insurance

AMERICAN FIDELITY

a different opinion



A Limited Benefit Cancer Expense Insurance Policy

SB-30641(NC)-0817

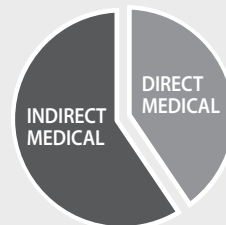
Cancer can be a costly disease.

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⁺

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⁺

	Basic	Enhanced
SCREENING BENEFITS		
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
TREATMENT BENEFITS		
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
HOSPITALIZATION BENEFITS		
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
AMBULANCE, TRANSPORTATION, & LODGING BENEFITS		
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
SURGICAL TREATMENT BENEFITS		
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+ (continued)

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

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	
Cancer Benefit (per unit - maximum \$10,000)	\$2,500
Heart Attack/Stroke Benefit (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	
ICU Confinement Benefit (per day up to 30 days)	\$600
Ambulance Benefit (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.

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

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

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

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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a different opinion



9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
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Plan Highlights

Voluntary Group Critical Illness Insurance



Onslow County Schools

COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Employees: All eligible employees.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments.

Spouse: Choose from a benefit of \$5,000 to a maximum of \$50,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$12,500.

GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$30,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
70	50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RELIANCE STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

FEATURES

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	25%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Motor Neuron Disease (ALS)	100%
Multiple Sclerosis	100%
Paralysis	100%
Parkinson's Disease	25%
Skin Cancer	100%
Stroke	100%
DIAGNOSIS CHILD	BENEFIT
Cerebral Palsy	100%
Cleft Lip or Palate	100%
Cystic Fibrosis	100%
Downs' Syndrome	100%
Muscular Dystrophy	100%
Spina Bifida	100%
Type 1 Diabetes	100%

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 6 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Transfer of Coverage
- ▶ Portability to employee age 70
- ▶ **Wellness (Health Screening) Benefit – \$150**

Benefit Waiting Period = 30 days

Exclusions

A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

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

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-9537-0118, et al.

Reliance Standard Voluntary Plans Critical Illness Insurance Premium Table

Plan Holder: Onslow County School

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at your last birthday.
 - Spouse age = your age at your last birthday.
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee and Spouse Monthly Premiums

Tobacco User Rate

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$5,000	\$3.50	\$6.25	\$10.35	\$19.50	\$32.80	\$60.00
\$6,000	\$4.20	\$7.50	\$12.42	\$23.40	\$39.36	\$72.00
\$7,000	\$4.90	\$8.75	\$14.49	\$27.30	\$45.92	\$84.00
\$8,000	\$5.60	\$10.00	\$16.56	\$31.20	\$52.48	\$96.00
\$9,000	\$6.30	\$11.25	\$18.63	\$35.10	\$59.04	\$108.00
\$10,000	\$7.00	\$12.50	\$20.70	\$39.00	\$65.60	\$120.00
\$11,000	\$7.70	\$13.75	\$22.77	\$42.90	\$72.16	\$132.00
\$12,000	\$8.40	\$15.00	\$24.84	\$46.80	\$78.72	\$144.00
\$13,000	\$9.10	\$16.25	\$26.91	\$50.70	\$85.28	\$156.00
\$14,000	\$9.80	\$17.50	\$28.98	\$54.60	\$91.84	\$168.00
\$15,000	\$10.50	\$18.75	\$31.05	\$58.50	\$98.40	\$180.00
\$16,000	\$11.20	\$20.00	\$33.12	\$62.40	\$104.96	\$192.00
\$17,000	\$11.90	\$21.25	\$35.19	\$66.30	\$111.52	\$204.00
\$18,000	\$12.60	\$22.50	\$37.26	\$70.20	\$118.08	\$216.00
\$19,000	\$13.30	\$23.75	\$39.33	\$74.10	\$124.64	\$228.00
\$20,000	\$14.00	\$25.00	\$41.40	\$78.00	\$131.20	\$240.00
\$21,000	\$14.70	\$26.25	\$43.47	\$81.90	\$137.76	\$252.00
\$22,000	\$15.40	\$27.50	\$45.54	\$85.80	\$144.32	\$264.00
\$23,000	\$16.10	\$28.75	\$47.61	\$89.70	\$150.88	\$276.00
\$24,000	\$16.80	\$30.00	\$49.68	\$93.60	\$157.44	\$288.00
\$25,000	\$17.50	\$31.25	\$51.75	\$97.50	\$164.00	\$300.00
\$26,000	\$18.20	\$32.50	\$53.82	\$101.40	\$170.56	\$312.00
\$27,000	\$18.90	\$33.75	\$55.89	\$105.30	\$177.12	\$324.00
\$28,000	\$19.60	\$35.00	\$57.96	\$109.20	\$183.68	\$336.00
\$29,000	\$20.30	\$36.25	\$60.03	\$113.10	\$190.24	\$348.00

\$30,000	\$21.00	\$37.50	\$62.10	\$117.00	\$196.80	\$360.00
\$31,000	\$21.70	\$38.75	\$64.17	\$120.90	\$203.36	\$372.00
\$32,000	\$22.40	\$40.00	\$66.24	\$124.80	\$209.92	\$384.00
\$33,000	\$23.10	\$41.25	\$68.31	\$128.70	\$216.48	\$396.00
\$34,000	\$23.80	\$42.50	\$70.38	\$132.60	\$223.04	\$408.00
\$35,000	\$24.50	\$43.75	\$72.45	\$136.50	\$229.60	\$420.00
\$36,000	\$25.20	\$45.00	\$74.52	\$140.40	\$236.16	\$432.00
\$37,000	\$25.90	\$46.25	\$76.59	\$144.30	\$242.72	\$444.00
\$38,000	\$26.60	\$47.50	\$78.66	\$148.20	\$249.28	\$456.00
\$39,000	\$27.30	\$48.75	\$80.73	\$152.10	\$255.84	\$468.00
\$40,000	\$28.00	\$50.00	\$82.80	\$156.00	\$262.40	\$480.00
\$41,000	\$28.70	\$51.25	\$84.87	\$159.90	\$268.96	\$492.00
\$42,000	\$29.40	\$52.50	\$86.94	\$163.80	\$275.52	\$504.00
\$43,000	\$30.10	\$53.75	\$89.01	\$167.70	\$282.08	\$516.00
\$44,000	\$30.80	\$55.00	\$91.08	\$171.60	\$288.64	\$528.00
\$45,000	\$31.50	\$56.25	\$93.15	\$175.50	\$295.20	\$540.00
\$46,000	\$32.20	\$57.50	\$95.22	\$179.40	\$301.76	\$552.00
\$47,000	\$32.90	\$58.75	\$97.29	\$183.30	\$308.32	\$564.00
\$48,000	\$33.60	\$60.00	\$99.36	\$187.20	\$314.88	\$576.00
\$49,000	\$34.30	\$61.25	\$101.43	\$191.10	\$321.44	\$588.00
\$50,000	\$35.00	\$62.50	\$103.50	\$195.00	\$328.00	\$600.00

Non-Tobacco User Rate

Benefit Amount	Age 0-29	Age 30-39	Age 40-49	Age 50-59	Age 60-69	Age 70+
\$5,000	\$2.75	\$4.25	\$7.00	\$12.75	\$22.25	\$44.20
\$6,000	\$3.30	\$5.10	\$8.40	\$15.30	\$26.70	\$53.04
\$7,000	\$3.85	\$5.95	\$9.80	\$17.85	\$31.15	\$61.88
\$8,000	\$4.40	\$6.80	\$11.20	\$20.40	\$35.60	\$70.72
\$9,000	\$4.95	\$7.65	\$12.60	\$22.95	\$40.05	\$79.56
\$10,000	\$5.50	\$8.50	\$14.00	\$25.50	\$44.50	\$88.40
\$11,000	\$6.05	\$9.35	\$15.40	\$28.05	\$48.95	\$97.24
\$12,000	\$6.60	\$10.20	\$16.80	\$30.60	\$53.40	\$106.08
\$13,000	\$7.15	\$11.05	\$18.20	\$33.15	\$57.85	\$114.92
\$14,000	\$7.70	\$11.90	\$19.60	\$35.70	\$62.30	\$123.76
\$15,000	\$8.25	\$12.75	\$21.00	\$38.25	\$66.75	\$132.60
\$16,000	\$8.80	\$13.60	\$22.40	\$40.80	\$71.20	\$141.44
\$17,000	\$9.35	\$14.45	\$23.80	\$43.35	\$75.65	\$150.28
\$18,000	\$9.90	\$15.30	\$25.20	\$45.90	\$80.10	\$159.12
\$19,000	\$10.45	\$16.15	\$26.60	\$48.45	\$84.55	\$167.96
\$20,000	\$11.00	\$17.00	\$28.00	\$51.00	\$89.00	\$176.80
\$21,000	\$11.55	\$17.85	\$29.40	\$53.55	\$93.45	\$185.64
\$22,000	\$12.10	\$18.70	\$30.80	\$56.10	\$97.90	\$194.48
\$23,000	\$12.65	\$19.55	\$32.20	\$58.65	\$102.35	\$203.32
\$24,000	\$13.20	\$20.40	\$33.60	\$61.20	\$106.80	\$212.16
\$25,000	\$13.75	\$21.25	\$35.00	\$63.75	\$111.25	\$221.00
\$26,000	\$14.30	\$22.10	\$36.40	\$66.30	\$115.70	\$229.84
\$27,000	\$14.85	\$22.95	\$37.80	\$68.85	\$120.15	\$238.68
\$28,000	\$15.40	\$23.80	\$39.20	\$71.40	\$124.60	\$247.52
\$29,000	\$15.95	\$24.65	\$40.60	\$73.95	\$129.05	\$256.36
\$30,000	\$16.50	\$25.50	\$42.00	\$76.50	\$133.50	\$265.20

\$31,000	\$17.05	\$26.35	\$43.40	\$79.05	\$137.95	\$274.04
\$32,000	\$17.60	\$27.20	\$44.80	\$81.60	\$142.40	\$282.88
\$33,000	\$18.15	\$28.05	\$46.20	\$84.15	\$146.85	\$291.72
\$34,000	\$18.70	\$28.90	\$47.60	\$86.70	\$151.30	\$300.56
\$35,000	\$19.25	\$29.75	\$49.00	\$89.25	\$155.75	\$309.40
\$36,000	\$19.80	\$30.60	\$50.40	\$91.80	\$160.20	\$318.24
\$37,000	\$20.35	\$31.45	\$51.80	\$94.35	\$164.65	\$327.08
\$38,000	\$20.90	\$32.30	\$53.20	\$96.90	\$169.10	\$335.92
\$39,000	\$21.45	\$33.15	\$54.60	\$99.45	\$173.55	\$344.76
\$40,000	\$22.00	\$34.00	\$56.00	\$102.00	\$178.00	\$353.60
\$41,000	\$22.55	\$34.85	\$57.40	\$104.55	\$182.45	\$362.44
\$42,000	\$23.10	\$35.70	\$58.80	\$107.10	\$186.90	\$371.28
\$43,000	\$23.65	\$36.55	\$60.20	\$109.65	\$191.35	\$380.12
\$44,000	\$24.20	\$37.40	\$61.60	\$112.20	\$195.80	\$388.96
\$45,000	\$24.75	\$38.25	\$63.00	\$114.75	\$200.25	\$397.80
\$46,000	\$25.30	\$39.10	\$64.40	\$117.30	\$204.70	\$406.64
\$47,000	\$25.85	\$39.95	\$65.80	\$119.85	\$209.15	\$415.48
\$48,000	\$26.40	\$40.80	\$67.20	\$122.40	\$213.60	\$424.32
\$49,000	\$26.95	\$41.65	\$68.60	\$124.95	\$218.05	\$433.16
\$50,000	\$27.50	\$42.50	\$70.00	\$127.50	\$222.50	\$442.00

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$12,500

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Semi-monthly Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.89

Please Note: One rate and benefit amount for all eligible children in family, regardless of number.

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.

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.

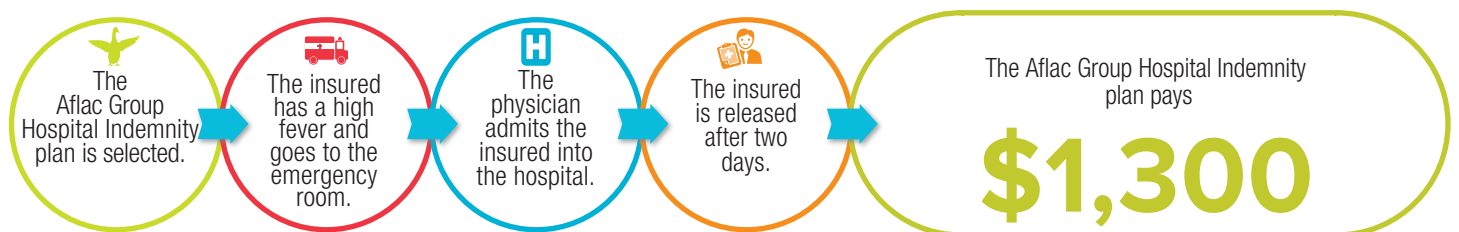
It provides financial assistance to enhance your current coverage. So you may be able to avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time 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>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured)</p> <p>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>HOSPITAL CONFINEMENT per day (maximum of 31 days per confinement for each covered sickness or accident for each insured)</p> <p>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>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>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.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	<p>\$150</p>
<p>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>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.</p> <p>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.</p> <p>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.

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.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit aflacgroupinsurance.com.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. This brochure is a brief description of coverage and is not a contract. Benefits, terms, and conditions may vary by state.

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



HEALTH SCREENING BENEFIT / \$50 PER CALENDAR YEAR

The Health Screening Benefit is payable once per calendar year 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 each insured.

COVERED HEALTH SCREENING TESTS INCLUDE, BUT ARE NOT LIMITED TO:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Non-diagnostic vascular screening
- Immunization
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography
- Urinalysis
- Vision screening

Residents of Massachusetts are not eligible for the Health Screening Benefit.

In Wyoming, the plan does not contain comprehensive adult wellness benefits as defined by law.

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



INPATIENT AND OUTPATIENT SURGICAL BENEFITS

	BENEFIT AMOUNT
INPATIENT SURGERY AND ANESTHESIA (performed in hospital or ambulatory surgical center) Payable for each day that, due to a covered accidental injury or sickness, an insured has an inpatient surgical procedure performed by a doctor. The surgery must be performed while the insured is confined to a hospital as an inpatient.	\$500
OUTPATIENT SURGERY AND ANESTHESIA (performed in hospital or ambulatory surgical center) Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a hospital on an outpatient basis or ambulatory surgical center.	\$250
FACILITIES FEE FOR OUTPATIENT SURGERY (performed in hospital or ambulatory surgical center) Payable if due to a covered accidental injury or sickness: <ul style="list-style-type: none">· An insured has an outpatient surgical procedure performed in an ambulatory surgical center or in a hospital on an outpatient basis, and· The insured receives an Outpatient Surgery and Anesthesia Benefit under this plan.	\$75
OUTPATIENT SURGERY AND ANESTHESIA (performed in a doctor's office, urgent care facility or emergency room; maximum of 4 procedures per calendar year for each insured) Payable for each day that, due to a covered accidental injury or sickness, an insured has an outpatient surgical procedure performed by a doctor in a doctor's office or urgent care facility.	\$50

Residents of Massachusetts are not eligible for these benefits.

TERMS YOU NEED TO KNOW

Ambulatory Surgical Center is defined as a licensed surgical center consisting of an operating room; facilities for the administration of general anesthesia; and a post-surgery recovery room in which the patient is admitted and discharged within a period of less than 24 hours.

Urgent Care is a walk-in clinic that delivers ambulatory, outpatient care in a dedicated medical facility for illnesses or injuries that require immediate care but that are not serious enough to require a visit to an emergency room.

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

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Group Hospital Indemnity

Onslow County Schools - Monthly (12pp/yr)

Coverage	Rates
Employee	\$31.64
Employee & Dependent Spouse	\$63.34
Employee & Dependent Child(ren)	\$48.56
Family	\$80.26

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75
Health Screening Benefit	\$50

Surgery Category:

Inpatient Surgery/Anes.	\$500
OP Surgery/Anes.: Hospital/ASC	\$250
Facilities Fee for Outpatient Surgery	\$75
OP Surgery/Anes.: Doctor Office/ER	\$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
 Group Size: 2,000

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

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Product Code: HI161219-082648

Group Hospital Indemnity

Onslow County Schools - 10 pp/yr

Coverage	Rates
Employee	\$37.97
Employee & Dependent Spouse	\$76.01
Employee & Dependent Child(ren)	\$58.27
Family	\$96.31

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$150
Hospital Intensive Care Unit	\$150
Intermediate I.C. Step-Down Unit	\$75
Health Screening Benefit	\$50

Surgery Category:

Inpatient Surgery/Anes.	\$500
OP Surgery/Anes.: Hospital/ASC	\$250
Facilities Fee for Outpatient Surgery	\$75
OP Surgery/Anes.: Doctor Office/ER	\$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
 Group Size: 2,000

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

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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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www.ffga.com

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 Example¹

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

¹Hypothetical 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 2015.²

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

²AHIP: 2015 Census of Health Savings Account - High Deductible Health Plans; November 2015

Schedule of Benefits³

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

Refer to Plan Benefit Highlights for complete Benefit Descriptions and limits on the Accident Only Insurance Plan.

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

³The 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

Effective Date: 9/1/2020

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	85th U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	None

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Ameritas RewardsSM Lifetime (per person)	\$100
Waiting Period	New Treatment Plan and Services Only 12 months New Enrollees Only

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Space Maintainers 	<ul style="list-style-type: none"> Sealants (age 16 and under) Restorative Amalgams Restorative Composites Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

	12 PAY RATES	10 PAY RATES
Employee Only (EE)	\$36.23	\$43.48
EE + Spouse	\$73.60	\$88.32
EE + Children	\$87.65	\$105.18
EE + Spouse & Children	\$125.09	\$150.11

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Onslow County Schools**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Ameritas RewardsSM

Ameritas Rewards is an enhanced product that offers an increased maximum for hearing, LASIK, orthodontia and vision as well as dental. It allows members to utilize unused dental maximum carryover amounts from previous years towards dental benefits or other lines of coverage included in a plan. Employees and their covered dependents may accumulate dental rewards with an unlimited maximum carryover amount. These rewards can be used to increase the maximum for the other lines of coverage which can then be used for certain covered services or materials subject to applicable deductible, coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. A member is eligible to earn rewards again the next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Ameritas Rewards amount is added to the following year's maximum
Maximum Carryover	Unlimited	Maximum possible accumulation for Dental Rewards

Orthodontia Waiting Period - new enrollees only

The group of initial employees who enroll in this plan have no waiting period for orthodontia benefits. Anyone hired after the initial plan enrollment will have a 12-month waiting period, after they enroll in this dental plan, before they are eligible to receive orthodontia benefits.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



Onslow County Schools

Vision Plan

Enjoy the Simplicity of CEC!

Enrolling in CEC gives you the vision services you need and the ability to select the eyewear you want. With CEC, there's never any confusion about what's covered. It's that simple!

Why enroll in CEC? Here are a few simple reasons:



Simplicity

The CEC benefit is the simplest vision plan ever designed. It's easy-to-understand and easy-to-use.



Savings

CEC's vision benefits can save you up to 70% on routine eye care.



Network

CEC's national provider network includes private practices and major retail chains.

	The Benefit	12-Month Rates	10-Month Rates
165 Plan	<ul style="list-style-type: none"> An eye exam annually (\$15 co-pay) A \$165 allowance for eyewear annually (\$15 co-pay) A contact lens fitting, re-fit, or evaluation annually (\$25 co-pay) 	Employee Only \$9.70 Employee + Family \$23.76	Employee Only \$11.64 Employee + Family \$28.51

Plan Features

Your Allowance. Your Decision.

Your eyewear allowance is completely flexible. That means you can get frames, lenses, contact lenses and/or special lens options. You can even purchase non-prescription eyewear!

Eyewear Discounts

Members who exceed their allowance are eligible for discounts on the overage when seeing a network provider — a 20% discount for glasses and a 10% discount for contact lenses.

Members Portal

CEC's website, cecvision.com, gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card and more.



Questions about your benefits?

Our customer service team is available at 888-254-4290, Monday through Friday, 8:30 AM-7:00 PM, and Saturday, 10:00 AM-4:00 PM.

Additional Plan Features

Out-of-Network Benefit

Members who obtain exams and eyewear from a non-credentialed provider still receive their full covered benefit. The member simply submits a claim to CEC and is reimbursed for the cost of their exam (minus the co-pay) and for the cost of their eyewear, up to the amount of their eyewear allowance (minus the co-pay).

Portability Benefit

Existing CEC members who terminate employment will be able to enroll in the portability plan within 60 days of their termination date. Coverage will commence on the first day of the month following receipt of the member's completed form. New membership cards will be mailed to the member prior to their new effective date.

LASIK Discount

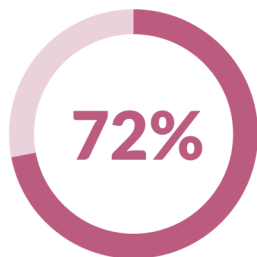
Members receive up to a 50%* discount on LASIK from participating providers.

Coverage for Fittings & Evaluations

Maximum coverage for contact lens fittings is \$100, and maximum coverage for contact lens evaluations is \$80.

The Importance of Vision

Routine eye care is more than just reading a chart on the wall. At your visit, your doctor will check the health of your eyes, which is important to your overall health and well-being. Undiagnosed diseases, such as diabetes, high blood pressure and glaucoma, can be detected during an annual eye exam. And as a CEC member, you can even purchase non-prescription sunglasses to protect your eyes from the sun.



of Americans need
glasses or contact lenses



Studies show that eye strain and other
bothersome visual symptoms occur in
50-90% of computer workers

Visit [CECVision.com](https://www.cecvision.com) to find a provider

**Relative to national averages*

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
iLOCK360	\$8.95	\$18.95
LegalShield	\$18.95	\$18.95
Combined	\$27.90	\$33.90

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.

Benefit Information & Forms Available at:

www.benefits.ffga.com/onslowcountyschools

Customer Service:
(800) 924-3539

FSA Customer Support:
(855) 752-3027



First Financial Administrators, Inc.
Supplemental and Retirement Benefits

Tyler Webster, Account Manager
tyler.webster@ffga.com
3904 Oleander Drive, Suite 200
Wilmington, NC 28403

easternregion@ffga.com