

SOUTH PIEDMONT COMMUNITY COLLEGE

JANUARY 1 - DECEMBER 31, 2026

BENEFITS GUIDE



SCAN ME



ffbenefits.ffga.com/southpiedmontcc

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Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [FSA](#)
- [FSA RESOURCES](#)
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
 - [DENTAL](#)
 - [VISION](#)
 - [TEXAS LIFE](#)
 - [TERM LIFE](#)
 - [DISABILITY INSURANCE](#)
 - [CANCER INSURANCE](#)
 - [CRITICAL ILLNESS INSURANCE](#)
 - [ACCIDENT ONLY INSURANCE](#)
 - [IDENTITY THEFT PROTECTION](#)
 - [LEGAL PLAN](#)
 - [CLEVER RX](#)
 - [MEDICARE](#)
 - [MY FFGA BENEFITS + APP](#)
- [BENEFIT CONTACT INFORMATION](#)

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.

Employee Benefits Center

A guide to your benefits!

South Piedmont Community College and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

There's no need to register for site access. Simply type the URL below into your browser and you will be directed to your Employee Benefits Center.



Scan the QR code or click the link below to learn more about the plans that are available this year!

<https://ffbenefits.ffga.com/southpiedmontcc>



How to Enroll

Benefits Enrollment

On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

Online Enrollment

To begin online enrollment, visit <https://ffga.benselect.com/Enroll/login.aspx>.

Enroll Now

Login & PIN

- Login
 - The login is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Enrollment Assistance Center Instructions

Call 855-765-4473 and follow the prompts to be connected to your local FFGA branch office. Hours of operation are 8 a.m. to 5 p.m. (local time) Monday through Friday. There is an option to leave a voice message for a representative to call you back. Phone calls will be returned as soon as possible or the next business day if it is after hours.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

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

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

Existing Employees

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

Mid-year Benefit Changes

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

Qualifying Life Events Include:

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

Declining Coverage

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

Section 125 Plans

Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
 - Change in number of dependents
 - Termination or commencement of employment
 - Dependent satisfies or ceases to satisfy dependent eligibility requirements
 - Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!

**The figures in the sample paycheck above are for illustrative purposes only.*

Flexible Spending Accounts

First Financial Administrators, Inc. | www.ffga.com
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

Medical FSA

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

Your maximum contribution amount for 2026 is \$3,400.

Medical FSA Highlights

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

Dependent Care FSA

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

You may allocate up to \$7,500 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$3,750.

Dependent Care FSA Highlights

- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim for tax purposes.
- Balances will be forfeited at the end of the runoff or grace period.

FSA Resources

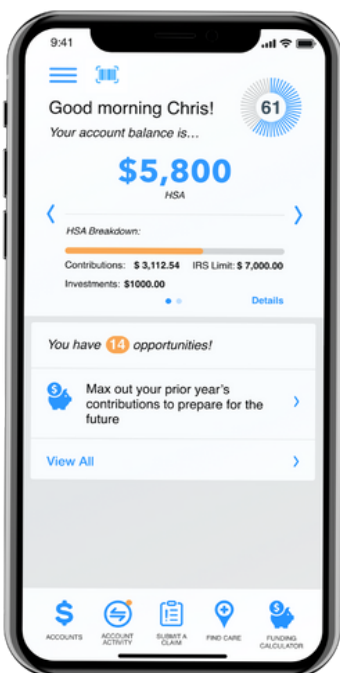
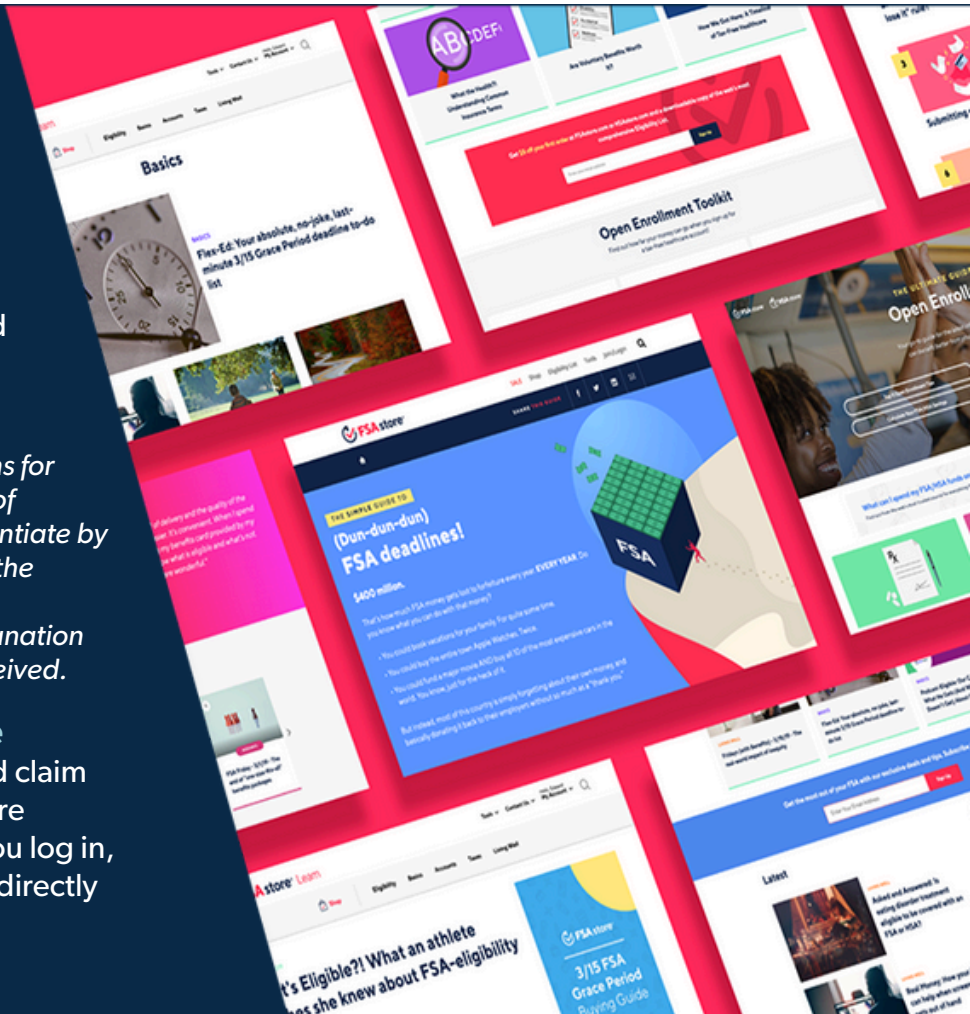
Benefits Card

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

The IRS requires validation of most transactions for FSAs. You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to FFGA 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.

View Your Account Details Online

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account.



FF Mobile Account App

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App Store or Google Play Store.

FSA Store

FFGA has partnered with the FSA Store to bring you an easy-to-use online store to better understand and manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



Dental Insurance

Plan Choices



Delta Dental | www.deltadentalinc.com | 800-587-9514

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family's dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crown
- Root Canals

Delta Dental of North Carolina
Dental Benefit Highlights for
South Piedmont Community College #10018



Delta Dental PPO plus Premier™

Coverage effective **January 1, 2026**

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Bitewing Radiographs - bitewing X-rays	100%	100%	100%
Basic Services			
All Other Radiographs - other X-rays	90%	80%	80%
Minor Restorative Services - fillings and crown repair	90%	80%	80%
Periodontic Services - to treat gum disease	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Relines and Repairs - to bridges, implants, and dentures	90%	80%	80%
Major Services			
Endodontic Services - root canals	60%	50%	50%
Major Restorative Services - crowns	60%	50%	50%
Prosthodontic Services - bridges, implants, dentures, and crowns over implants	60%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

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

Maximum Payment - \$1,000 per Member total per Benefit Year on all services, except diagnostic and preventive services, emergency palliative treatment, bitewing X-rays, brush biopsy, sealants, and orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

Deductible - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, bitewing X-rays, sealants, and orthodontic services.

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

Monthly Premiums

Employee Only	\$38.44
Employee + Spouse	\$76.09
Employee + Child(ren)	\$105.77
Employee + Family	\$144.61

Welcome to North Carolina's largest dental benefits family!

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

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

Quality Dental Program

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

Online Access

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

A Healthy Smile

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

Questions?

If you have questions, please call our Customer Service team at 800-662-8856 (TTY users call 711) or look online at <https://www.DeltaDentalNC.com>.

Vision Insurance

Community Eye Care | www.cecvision.com | 888-254-4290

Proper vision care is essential to your overall well-being. Regular eye exams at any age will help prevent eye disease and keep your vision strong for years to come.

Your employer provides you with a vision plan to take care of you and your family's needs. You must enroll in the vision plan each plan year and premiums are typically paid through payroll deduction. Here are just a few of the areas where you will save money with your plan:

- Eye Exams
- Eyeglasses
- Contact lenses
- Eye surgeries
- Vision correction





Vision Benefits Summary

South Piedmont Community College



A Vision Plan for Everyone

All members enrolled in the CEC vision plan can take advantage of our simple and flexible benefits. Each plan year, you'll receive an eye exam, a flexible eyewear allowance, and a contact lens fitting.

Plan Features



Flexible Eyewear Allowance

Purchase exactly what you want—frames, lenses, contact lenses, sunglasses, special lens options, and any combination of these items. If the eyewear you want is sold in an optical shop, it's covered!



Don't Need Prescription Glasses?

Non-prescription eyewear, including blue-light blocking glasses, sunglasses, safety glasses, and readers, is covered by your CEC vision plan. Don't need prescription lenses? This is a great way to use your annual eyewear allowance!



Expansive Provider Network

CEC's network includes optometrists, ophthalmologists, and national retail optical chains, ensuring you can easily find a provider that meets your needs. Visit cecvision.com/search to find an in-network provider near you.



Vision Care is Important

Even if you have perfect vision, your annual eye exam is critical to your overall health and wellness. Common diseases, including glaucoma, diabetes, cardiovascular disease, and cancer, can be identified during an eye exam. Your exam is covered-in-full. You just cover the copay.



Member Portal

Our Member Portal gives you 24/7 access to find a provider, view your benefit information, check your current eligibility, print a temporary ID card, and more! Log in at:

cecvision.com/members/login



Prefer to Shop Online?

Eyeconic offers CEC members special discounts when using the promo code **CECMEMBERS**. To save online, visit:

cecvision.com/members/special-offers/eyeconic

Your CEC Vision Benefits Summary

Company: South Piedmont Community College



150 PLAN

Frequency: All benefits renew every 12 months.

BENEFIT	DESCRIPTION	COPAY	OUT-OF-NETWORK REIMBURSEMENT
Exam	An annual routine eye exam.	\$15	100% minus the copay
Retinal Screening	An enhancement to the annual eye exam where high-resolution images are taken of the inside of the eye to detect and monitor conditions like diabetes.	\$39	None
Eyewear	An annual \$150 flexible allowance for prescription and non-prescription eyewear. 20% discount on glasses/10% discount on contacts for any overages.	\$0	Up to 100% minus the copay
Contact Lens Fitting	An annual fitting or evaluation.	\$25	100% minus the copay

MONTHLY RATES	
Employee Only	\$7.98
Employee + Spouse	\$16.76
Employee + Child(ren)	\$12.77
Employee + Family	\$23.54

ADDITIONAL SAVINGS

Additional Pairs of Glasses	Members receive a 20% savings on additional pairs of prescription and non-prescription glasses from most CEC in-network providers within 12 months of their last eye exam.
LASIK Discounts	Members are eligible for discounts from participating providers, including QualSight LASIK, TLC Laser Eye Center, LasikPlus, and the LASIK Vision Institute.
Special Offers	A variety of special offers are available to CEC members. Visit cecvision.com/members/special-offers for additional information!

Benefits may vary by location.

CEC Community Eye Care is a registered trademark of VSP Vision.

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Rev. 09/2023

Questions about your benefits?

Visit us online at cecvision.com or call **888-254-4290**.

Texas Life

Permanent Life



Texas Life | www.texaslife.com | 800-283-9233

Texas Life Insurance - Permanent, Portable Life Insurance

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

Texas Life - Permanent Life Highlights

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 if you pay the necessary premium on time.
- It is a permanent, universal life policy which means you can rest easy knowing your loved ones will be well taken care of when you're gone.

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.



TEXASLIFE INSURANCE COMPANY

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



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS



You can take it with you when you change jobs or retire, as long as premiums are paid



You can cover your spouse, children and grandchildren, too¹



You pay for it through convenient payroll deductions: No checks to write or links to click



You can get a living benefit if you become terminally ill²



You can qualify by answering just 3 questions - no exam or needles (see inside for more details)



You can get cash to cover living expenses if you become chronically ill³



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

1 Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

2 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

3 Chronic Illness Rider included in the life contract for employees and their spouses at an additional cost. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

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) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider Grandchild coverage available through age 18.			
Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-M FFGA-NT 1012 (exp0325)

Indicates Spouse Coverage Available

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

CHILDREN AND GRANDCHILDREN (TOBACCO)
with Accidental Death Rider
 Grandchild coverage available through age 18.

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".

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18

Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

23M014-C-M FFGA-T 1012 (exp0325)

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

Indicates Spouse Coverage Available

Term Life

Employer Voluntary

American Fidelity | www.americanfidelity.com | 800-662-1113

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



Term Life Insurance

Underwritten by: American Fidelity Assurance Company

10, 20 & 30 Year Renewable and Convertible
Term Life Insurance



Easy Application Process • No Medical Exams • Excellent Customer Service • [Learn More » »](#)



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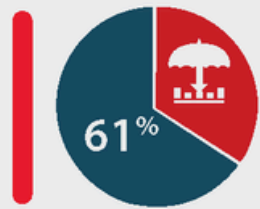
P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422 | Toll Free (800) 523-8422

ffga.com

Strengthen Your Family's Financial Plan

Life insurance is an essential piece of a robust financial plan. While there is no replacement for losing a loved one, **Term Life Insurance** can help protect your family in your absence. It supplies short-term coverage at a competitive price. Term Life Insurance can help fill temporary needs for those on a limited budget.



61% of adults in the United States have no individual life insurance.¹

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

A term life policy can help supplement your existing coverage. Plus, you own this policy, meaning you can take it to a different job or retirement.



More than **100 million** individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.²

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



Income Replacement

Mortgage/Rent • Other Loans



Nest Egg

Estate Planning • Retirement Goals

¹LIMRA: Study Finds COVID-19 Spurs Greater Interest in Life Insurance; March 23, 2021; ²According to the 2023 Insurance Barometer Study by LIMRA and Life Happens LIMRA: 2023 Insurance Barometer Study; May 5, 2023; P7.

Term Life Insurance is a great option for your working and earning years when costs are usually at their highest.

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.

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. You do not have to take part in any invasive medical exams.

3

Get Death Benefit Coverage Immediately⁵

Your death benefit coverage starts when you sign the application.

³Rates will be adjusted on each renewed term period. 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 per 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. ⁶Example is based on a 20-year term, monthly, non-tobacco, base policy with no attached riders. See your American Fidelity account manager for specific ages, rates, term periods or face amounts. ⁷Premiums 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. ⁸In the states of AK, AR, CO, IA, KS, MN, MO, ND, NH, OR, PA, RI, SC, TN and WI, the minimum issue age for younger employees is 18. ⁹In the states of MO and PA, the minimum issue age for younger spouses is 18.

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

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

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.

RENEWABLE AND CONVERTIBLE⁷

Renew your coverage to age 90. You may convert to a whole life policy before age 70.

Enhance Your Plan

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. The 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 before age 70 if such death, dismemberment, or paralysis results from accidental causes, as defined in the rider. This rider also provides an additional 10% seat belt benefit if the police accident report certifies the base insured was wearing a properly fastened seat belt at the time of death. Benefits are payable once per covered accident.

Spouse Term Rider

This rider provides Term Life Insurance coverage for 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 of 90 while the base policy is active. Premiums are guaranteed to remain the same during the initial term period.⁷ Premiums adjust upon renewal. The face amount must be equal to or less than the base policy.

Children's Term Rider

This rider provides Term Life Insurance protection for all eligible children between the ages of one month through 19 (in MI and PA, age 17; MA and WA, age 14). Three benefit levels are available: \$10,000, \$20,000, and \$30,000 (\$15,000 in WA). Coverage remains on each child until age 26 or the child's marriage before 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) to any form of permanent insurance offered by American Fidelity. One premium covers all eligible children.

Accelerated Benefit Rider for Long Term Illness

(Available with 30-Year Term Life Only)

This rider provides for two equal 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 before each annual payment. Coverage is available on the base insured only.

SAMPLE 20-YEAR TERM NON-TOBACCO MONTHLY PREMIUM RATES⁶

	\$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.

Premium and amount of benefits vary dependent upon level selected at time of application.

Social Security numbers are required at the time of application for spouses and dependents.

Additional riders are subject to our general underwriting criteria and coverage is not guaranteed. Rider availability may vary by state.

Third Party Notice: The owner has the right to designate a third party to receive notice of lapse or termination of an individual life insurance policy due to nonpayment of premium. Such notice will be sent to the policy owner and the third party at least 30 calendar days before cancellation. This designation may be done at this time, or at any time the policy is in force. Please contact us to request a form to designate, change or update this information at a later date. M3437.R118

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 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 Long Term Illness, if this optional rider is attached to the policy; and
 - 2) 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, 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. ICC18 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 / RCTL14 Series. 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
800-662-1113
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 AF-2726 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.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

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

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

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

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

Spouse
Coverage
Available¹

10 YEAR RATES Non-Tobacco Users Rates

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

This insert must be used in conjunction with AF-2726 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. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

Spouse
Coverage
Available¹

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

20 YEAR RATES Tobacco Users Rates

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹ Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER: Use the rate sheet to find the 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	--	--	--	--	--	--

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, and exclusions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

Marketed by:



Underwritten by American Fidelity Assurance Company

30 YEAR RATES *Non-Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$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
17					19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
18					19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
19					19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
20					19.00	0.78	24.50	1.17	32.00	1.56	39.50	1.95	47.00	2.34
21					19.00	0.80	24.50	1.20	32.00	1.60	39.50	2.00	47.00	2.40
22					19.00	0.83	24.50	1.25	32.00	1.66	39.50	2.08	47.00	2.49
23					20.00	0.85	26.00	1.28	34.00	1.70	42.00	2.13	50.00	2.55
24					20.00	0.88	26.00	1.32	34.00	1.76	42.00	2.20	50.00	2.64
25					20.00	0.93	26.00	1.40	34.00	1.86	42.00	2.33	50.00	2.79
26					20.00	1.00	27.50	1.50	36.00	2.00	44.50	2.50	53.00	3.00
27					21.00	1.08	27.50	1.62	36.00	2.16	44.50	2.70	53.00	3.24
28					21.00	1.15	29.00	1.73	38.00	2.30	47.00	2.88	56.00	3.45
29					22.00	1.23	29.00	1.85	38.00	2.46	47.00	3.08	56.00	3.69
30					22.00	1.30	30.50	1.95	40.00	2.60	49.50	3.25	59.00	3.90
31					23.00	1.40	32.00	2.10	42.00	2.80	52.00	3.50	62.00	4.20
32					24.00	1.50	32.00	2.25	42.00	3.00	52.00	3.75	62.00	4.50
33					24.00	1.60	33.50	2.40	44.00	3.20	54.50	4.00	65.00	4.80
34					25.00	1.70	33.50	2.55	44.00	3.40	54.50	4.25	65.00	5.10
35					26.00	1.80	35.00	2.70	46.00	3.60	57.00	4.50	68.00	5.40
36					28.00	1.93	38.00	2.90	50.00	3.86	62.00	4.83	74.00	5.79
37					30.00	2.05	41.00	3.08	54.00	4.10	67.00	5.13	80.00	6.15
38					32.00	2.18	44.00	3.27	58.00	4.36	72.00	5.45	86.00	6.54
39					34.00	2.30	47.00	3.45	62.00	4.60	77.00	5.75	92.00	6.90
40					37.00	2.39	51.50	3.59	68.00	4.78	84.50	5.98	101.00	7.17
41					40.00	2.56	56.00	3.84	74.00	5.12	92.00	6.40	110.00	7.68
42					44.00	2.71	62.00	4.07	82.00	5.42	102.00	6.78	122.00	8.13
43					47.00	2.86	66.50	4.29	88.00	5.72	109.50	7.15	131.00	8.58
44					52.00	3.01	72.50	4.52	96.00	6.02	119.50	7.53	143.00	9.03
45					56.00	3.15	80.00	4.73	106.00	6.30	132.00	7.88	158.00	9.45
46					61.00	3.45	87.50	5.18	116.00	6.90	144.50	8.63	173.00	10.35
47					66.00	3.73	95.00	5.60	126.00	7.46	157.00	9.33	188.00	11.19
48					72.00	4.00	104.00	6.00	138.00	8.00	172.00	10.00	206.00	12.00
49					79.00	4.27	114.50	6.41	152.00	8.54	189.50	10.68	227.00	12.81
50			44.00	2.25	86.00	4.50	--	--	--	--	--	--	--	--

Spouse
Coverage
Available¹

This insert must be used in conjunction with AF-2726 and any state specific deviations thereof. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. This is a brief description of the coverage and does not constitute the complete policy. For specific details, limitations, exclusions and other provisions, please refer to the policy/rider. Rider availability may vary by state. Not eligible under section 125. ¹Maximum face amount available is \$50,000.

TERM LIFE INSURANCE

Renewable and Convertible

RIDER RATES (Monthly Premium)

SPOUSE TERM RIDER:	Use the rate sheet to find the 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 ABLT column to the base rate.

30 YEAR RATES *Tobacco Users Rates*

ISSUE AGE	Death Benefit Monthly Premium Including Policy Fee													
	\$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
17					28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
18					28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
19					28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
20					28.00	1.18	38.00	1.77	50.00	2.36	62.00	2.95	74.00	3.54
21					29.00	1.23	39.50	1.85	52.00	2.46	64.50	3.08	77.00	3.69
22					30.00	1.28	41.00	1.92	54.00	2.56	67.00	3.20	80.00	3.84
23					31.00	1.33	42.50	2.00	56.00	2.66	69.50	3.33	83.00	3.99
24					32.00	1.38	44.00	2.07	58.00	2.76	72.00	3.45	86.00	4.14
25					33.00	1.40	45.50	2.10	60.00	2.80	74.50	3.50	89.00	4.20
26					34.00	1.50	47.00	2.25	62.00	3.00	77.00	3.75	92.00	4.50
27					35.00	1.60	48.50	2.40	64.00	3.20	79.50	4.00	95.00	4.80
28					36.00	1.70	50.00	2.55	66.00	3.40	82.00	4.25	98.00	5.10
29					37.00	1.80	51.50	2.70	68.00	3.60	84.50	4.50	101.00	5.40
30					38.00	1.95	53.00	2.93	70.00	3.90	87.00	4.88	104.00	5.85
31					42.00	2.10	57.50	3.15	76.00	4.20	94.50	5.25	113.00	6.30
32					46.00	2.25	62.00	3.38	82.00	4.50	102.00	5.63	122.00	6.75
33					51.00	2.40	66.50	3.60	88.00	4.80	109.50	6.00	131.00	7.20
34					56.00	2.55	72.50	3.83	96.00	5.10	119.50	6.38	143.00	7.65
35					62.00	2.73	78.50	4.10	104.00	5.46	129.50	6.83	155.00	8.19
36					67.00	2.93	84.50	4.40	112.00	5.86	139.50	7.33	167.00	8.79
37					73.00	3.13	90.50	4.70	120.00	6.26	149.50	7.83	179.00	9.39
38					79.00	3.33	98.00	5.00	130.00	6.66	162.00	8.33	194.00	9.99
39					85.00	3.53	105.50	5.30	140.00	7.06	174.50	8.83	209.00	10.59
40					92.00	3.65	113.00	5.48	150.00	7.30	187.00	9.13	224.00	10.95
41					100.00	3.94	122.00	5.91	162.00	7.88	202.00	9.85	242.00	11.82
42					109.00	4.22	131.00	6.33	174.00	8.44	217.00	10.55	260.00	12.66
43					119.00	4.50	141.50	6.75	188.00	9.00	234.50	11.25	281.00	13.50
44					130.00	4.76	153.50	7.14	204.00	9.52	254.50	11.90	305.00	14.28
45					142.00	5.04	165.50	7.56	220.00	10.08	274.50	12.60	329.00	15.12
46					147.00	5.58	173.00	8.37	230.00	11.16	287.00	13.95	344.00	16.74
47					152.00	6.10	179.00	9.15	238.00	12.20	297.00	15.25	356.00	18.30
48					158.00	6.60	188.00	9.90	250.00	13.20	312.00	16.50	374.00	19.80
49					163.00	7.09	197.00	10.64	262.00	14.18	327.00	17.73	392.00	21.27
50			85.50	3.79	169.00	7.57	--	--	--	--	--	--	--	--

Spouse Coverage Available¹

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Plan Highlights

Voluntary Group Term Life



South Piedmont Community College

ELIGIBILITY

Employees: All Active Full-Time Employees working 20 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered.

Dependents are:

- ▶ Your legal spouse who is not legally separated or divorced from you
- ▶ Your unmarried financially dependent children age 14 days to 0 years (to 26 years if full-time student).
- ▶ A person may not have coverage as both an Employee and Dependent.
- ▶ Only one insured spouse may cover Dependent children.

GUARANTEED ISSUE

Initial eligibility period only

Employee:

Under age 60: \$155,000

Age 60 but less than age 70: \$150,000

Age 70 and over: \$50,000

Spouse:

Under age 60: \$40,000

Age 60 but less than age 70: none

Age 70 and over: none

Child: none

BENEFIT AMOUNT

Voluntary Life:

Choose from a minimum of \$10,000 to a maximum of \$500,000 in \$10,000 increments; subject to a salary cap of 10 times base annual earnings.

Dependent Spouse: Choose from a minimum of \$10,000, a maximum of \$500,000 in \$10,000 increments

Dependent Child(ren):

14 days but less than 6 months: \$1,000.

6 months through age 20: \$10,000.

(up to age 26 if a full-time student)

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

(Applicable to employee / spouse coverage)

At Age	Face Amount Reduces To
75-79	60% of available or in force amount at age 74
80-84	35% of available or in force amount at age 74
85-89	27.5% of available or in force amount at age 74
90-94	20% of available or in force amount at age 74
95-99	7.5% of available or in force amount at age 74
100 +	5% of available or in force amount at age 74

RATES

See attached Rate Sheet

FEATURES

- ▶ Conversion Privilege
- ▶ FMLA/MSLA Extension
- ▶ Portability

EXCLUSIONS

LIMITATIONS:

If you or your insured dependent die by suicide, while sane or insane, within two (2) years of your effective date for Voluntary Life, Dependent Spouse, and/or Dependent Child(ren) insurance coverage, our payment will be limited to a refund of all life insurance premiums paid prior to the date of death.

For a comprehensive list of exclusions and specific limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and 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-6422, et al.

Disability Insurance

Aflac | www.aflacgroupinsurance.com | 800-433-3036

Why Do I Need Disability Insurance?

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period you are unable to work due to those reasons. You can choose the benefit amount, which is the amount of your income to replace, and the waiting period that you begin receiving payments.

How do you decide if you need disability insurance? Consider these questions when making your decision:

- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?



Aflac Group Disability Advantage

INSURANCE PLAN — NONOCCUPATIONAL

A disabling illness or injury
may be unpredictable.

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



THIS IS NOT A MEDICARE SUPPLEMENT POLICY. THIS IS A LEGAL CONTRACT. PLEASE READ YOUR CONTRACT CAREFULLY. THIS POLICY CONTAINS A PREEXISTING CONDITION LIMITATION.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the company. Insureds may be subject to a waiting period for certain covered services.

Important Cancellation Information — Please Read The Provision Entitled Plan Termination



We've got you under our wing.®

AFLAC GROUP DISABILITY INSURANCE PLAN

Policy Form C50000NC



Aflac can help you protect one of your most important assets. Your income.

All too often when we hear the words disability and insurance together, it conjures up an image of a catastrophic condition that has left an individual in an incapacitated state. Be it an accident or a sickness, that's the stereotype of a disabling injury that most of us have come to expect.

What most of us don't realize is that in addition to accidental injuries, conditions such as arthritis, heart disease, diabetes, and even pregnancy are some of the leading causes of disability that can keep you out of work and affect your income.

That's where Aflac group disability insurance can help.

Our Aflac group disability plan can help protect your income by offering disability benefits to help you make ends meet when you are out of work. Our plan was created with you in mind and includes:

- Off-job only coverage.
- Benefits that help you maintain your standard of living.



Understanding the facts can help you decide if the
Aflac group Disability Plan makes sense for you.

FACT NO. 1

DISABILITIES
ACCOUNT FOR **\$400**
BILLION
PER YEAR IN HEALTHCARE EXPENDITURES.¹

FACT NO. 2

22%
OF ADULTS IN THE UNITED STATES HAVE SOME TYPE OF DISABILITY.²

¹Disability Impacts ALL of US., Centers for Disease Control and Prevention, 2015

²"Prevalence of Disability and Disability Type Among Adults," Morbidity and Mortality Weekly Report, CDC, 2015.

Here's why the Aflac group disability plan is right for you.

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

But it doesn't stop there, having group short-term disability insurance from Aflac means that you will have added financial resources to help with medical costs or ongoing living expenses such as rent, mortgage or car payments.

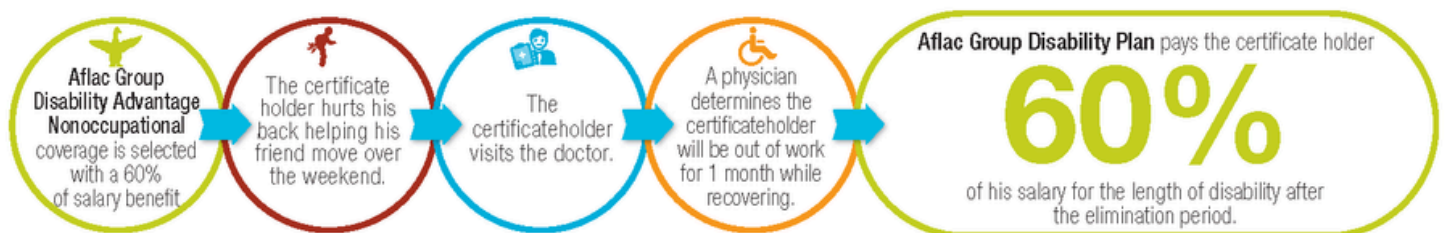
The Aflac group disability plan benefits:

- Benefits are paid when you are sick or hurt and unable to work, up to 60 percent of your salary (up to 40% in states with state disability).
- Minimum and Maximum Total Monthly Benefit – \$300 to \$6,000.
- Premium payments are waived after 90 days of total disability (not available on 3 month benefit period).
- Partial Disability Benefit.

Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is portable. That means you can take it with you if you change jobs (with certain stipulations).
- Payroll Deduction – Premiums are paid through convenient payroll deduction.
- Fast claims payment. Most claims are processed in about four days.

How it works



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.

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

Benefits Overview

TOTAL DISABILITY

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

PARTIAL DISABILITY

The Partial Disability Benefit helps you transition back into full-time work after suffering a disability. If you remain partially disabled and are only able to work earning less than 80 percent of your pre-disability income at any job, this plan will still pay you 50 percent of your selected monthly benefit for up to the maximum partial disability benefit period of 3 months after the elimination period. You do not have to have received the Total Disability benefit to receive the Partial Disability benefit.

WAIVER OF PREMIUM

Premiums are waived after 90 days of Total Disability. After Total Disability benefits end, any premiums which become due must be paid in order to keep your insurance in force. This benefit is not available on plans with a 3-month benefit period.

PORTABILITY

If you cease employment with your employer, you may elect to continue your coverage. In order to continue your coverage you must meet all of the requirements listed below.

- You must work full-time for another employer.
- You must make a written application and pay the required premium to us within 31 days after the date your insurance would otherwise terminate.
- You must continue to pay any required premiums.

The coverage you may continue is that which you had on the date your employment terminated. If you qualify for this portability privilege as described, then the same benefits, plan provisions, and premium rate shown in your certificate as previously issued will apply. Coverage may not be continued if you fail to pay any required premium or if the master policy terminates. Instructions for continuing coverage will be provided within your certificate of coverage.

Care and attendance may not require the insured to be under the care of a physician on a regular basis if it can be shown that the insured has reached his maximum point of recovery yet is still disabled under the terms of this contract. This does not restrict the right of the insurer, at its own expense, to periodically examine or cause to have examined the insured according to the terms of this contract.

What you need, when you need it.

Group disability insurance pays cash benefits that you can use any way you see fit when you are unable to work due to an accident or sickness.



LIMITATIONS AND EXCLUSIONS

DISABILITY INSURANCE

WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW

LIMITATIONS AND EXCLUSIONS

LIMITATIONS AND EXCLUSIONS

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

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

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

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

A. We will not pay benefits for a Disability that is caused by or occurs as a result of: 1. Any act of war, declared or undeclared; insurrection; rebellion; or act of active participation in a riot; this does not include terrorism; 2. Actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserve; 3. An intentionally self-inflicted Injury; 4. A commission of a crime for which the Insured has been convicted; we will not pay a benefit for any Period of Disability during which the Insured is incarcerated; 5. Travel in, or jumping or descent from any aircraft, except when a fare-paying passenger in a licensed passenger aircraft; 6. Mental Illness as defined; 7. Alcoholism or drug addiction; 8. An Injury that arises from any employment; 9. Services or supplies for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services or supplies are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' Compensation Act.

PRE-EXISTING CONDITION LIMITATION

Pre-existing Condition is a condition for which medical advice, diagnosis, care, or treatment was received or recommended within the 12-month period immediately preceding the effective date of coverage. We will not pay benefits for any disability resulting from or affected by a Pre-existing Condition if the Disability was diagnosed within the 12-month period after the Insured's Effective Date.

We will not reduce or deny a claim for benefits for any disability that was diagnosed more than 12 months after the insured's effective date.

If the prospective insured's medical history is not obtained in the application process, the insurer may not deny a claim for disabilities that commence more than 24 months after the effective date of coverage on the grounds the disability is caused by a pre-existing condition.

PREGNANCY LIMITATION

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

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

TERMS YOU NEED TO KNOW

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

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

Complications of Pregnancy refers to:

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

Further Complications of Pregnancy include:

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

Complications of Pregnancy do not include the following conditions:

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

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

Effective Date is the date shown on the Certificate Schedule, provided you are actively at work, or if not, it is the date you are actively at work as an eligible employee

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

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

Mental Illness is defined as a Total Disability resulting from psychiatric or psychological conditions, regardless of cause. Mental Illnesses and Emotional Disorders includes but are not limited to the following: bipolar affective disorder (manic-depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, personality disorders and adjustment disorders or other condition usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions.

Partial Disability refers to your being under the care and attendance of a Doctor due to a condition that causes your inability to perform the material and substantial duties of your Full-Time Job. To qualify as Partial Disability, you are able to work at any job earning less than 80 percent of the Annual Income of your Full-Time Job at the time you became disabled.

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

Termination Coverage will terminate on the earliest of: (1) the date the master policy is terminated, (2) the 31st day after the premium due date if the required premium has not been paid, (3) the date you cease to meet the definition of an employee as defined in the master policy, (4) the date you no longer belong to an eligible class, (5) age 75.

Plan Termination The plan may terminate for any of the following reasons the premium is not paid before the end of the grace period, we cancel the plan any time after the end of the first policy year. To do this, we must give 45 days' written notice, or the number of participating employees is less than the number that was agreed upon between us and the policyholder in the signed master application. The policyholder has the sole responsibility to notify you of the termination of the plan. If the plan terminates, it — as well as all certificates and riders issued under the plan — will end on the stated termination date. The termination occurs as of 12:01 a.m. at the policyholder's address.

If the Plan ends, we will provide coverage for claims arising from disabilities that were first diagnosed while the plan was in force.

Reinstatement If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the plan, we may accept the late premium and reinstate the plan without requiring a new application.

However, if we do require an application for reinstatement and issues a conditional receipt for the premium tendered, the plan will be reinstated upon our approval or lacking such approval or upon the 45th day following the date of the conditional receipt (unless we have previously notified the policyholder in writing of our disapproval of the application).

The reinstated plan covers only loss resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after such date. In all other respects, the policyholder and we will have the same rights they had under the plan immediately before the due date of the defaulted premium (subject to any provisions endorsed with or attached to the reinstatement).

Any premium accepted with a reinstatement will be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.

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

You and Your refers to an employee as defined in the Plan.

Benefit and Premium Rates

Monthly Rates per \$100 of monthly benefit			
Age Band	18-49	50-64	65-74
Premium Rate	\$2.00	\$2.29	\$2.93

Annual Salary Range	Monthly Benefit	AGE 18-49	AGE 50-64	AGE 65-74
\$9,000 to \$9,999	\$400	\$7.98	\$9.17	\$11.71
\$10,000 to \$11,999	\$500	\$9.98	\$11.46	\$14.64
\$12,000 to \$13,999	\$600	\$11.98	\$13.75	\$17.57
\$14,000 to \$15,999	\$700	\$13.97	\$16.04	\$20.50
\$16,000 to \$17,999	\$800	\$15.97	\$18.33	\$23.43
\$18,000 to \$19,999	\$900	\$17.96	\$20.62	\$26.35
\$20,000 to \$21,999	\$1,000	\$19.96	\$22.91	\$29.28
\$22,000 to \$23,999	\$1,100	\$21.95	\$25.21	\$32.21
\$24,000 to \$25,999	\$1,200	\$23.95	\$27.50	\$35.14
\$26,000 to \$27,999	\$1,300	\$25.95	\$29.79	\$38.07
\$28,000 to \$29,999	\$1,400	\$27.94	\$32.08	\$41.00
\$30,000 to \$31,999	\$1,500	\$29.94	\$34.37	\$43.92
\$32,000 to \$33,999	\$1,600	\$31.93	\$36.66	\$46.85
\$34,000 to \$35,999	\$1,700	\$33.93	\$38.95	\$49.78
\$36,000 to \$37,999	\$1,800	\$35.93	\$41.25	\$52.71
\$38,000 to \$39,999	\$1,900	\$37.92	\$43.54	\$55.64
\$40,000 to \$41,999	\$2,000	\$39.92	\$45.83	\$58.57
\$42,000 to \$43,999	\$2,100	\$41.91	\$48.12	\$61.49
\$44,000 to \$45,999	\$2,200	\$43.91	\$50.41	\$64.42
\$46,000 to \$47,999	\$2,300	\$45.91	\$52.70	\$67.35
\$48,000 to \$49,999	\$2,400	\$47.90	\$54.99	\$70.28
\$50,000 to \$51,999	\$2,500	\$49.90	\$57.29	\$73.21
\$52,000 to \$53,999	\$2,600	\$51.89	\$59.58	\$76.14
\$54,000 to \$55,999	\$2,700	\$53.89	\$61.87	\$79.06
\$56,000 to \$57,999	\$2,800	\$55.88	\$64.16	\$81.99
\$58,000 to \$59,999	\$2,900	\$57.88	\$66.45	\$84.92
\$60,000 or more	\$3,000	\$59.88	\$68.74	\$87.85

Cancer Insurance

Plan Options



American Fidelity | www.americanfidelity.com | 800-662-1113

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



Cancer Insurance

Focus on the fight.

A Cancer diagnosis may be both a physical and emotional drain. But 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 comes the continuous rise of Cancer treatment costs.

Limited Benefit Individual Cancer Insurance offers a solution to help you and your family focus on fighting the disease.

Plan Highlights

- **Helps cover expenses**
for the treatment of Cancer, transportation, hospitalization and more.
- **Benefits paid directly to you**
to be used however you see fit.
- **Portable to take with you**
even if you leave employment.
- **Coverage options available**
for you, your spouse and your children under age 26.

Benefits

With over 25 benefits specifically designed to help you with the financial impact of being diagnosed, Cancer Insurance may help pay for expenses not covered by your major medical insurance.

Benefits include:



Experimental Treatment

This benefit may help pay for experimental treatment to give you alternatives in your healing. These treatment types may not be covered by major medical plans.



Transportation and Lodging

This benefit may help pay for qualified transportation and lodging for the patient and family.

Marketed By:



First Financial Capital Corporation

P.O. Box 670329 • Houston, TX 77267-0329

Local (281) 847-8422

Toll Free (800) 523-8422

www.ffga.com

SCREENING BENEFIT

Receive a benefit for your annual internal Cancer screening test, including but not limited to mammogram, pap, prostate-specific antigen blood test (PSA), chest x-ray, flexible sigmoidoscopy, thinprep pap test and colonoscopy.

DIAGNOSTIC AND PREVENTION BENEFIT (per calendar year)	
BASIC	ENHANCED
\$60	\$75

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

Diagnostic and Prevention Benefit not available in all states.

Benefits

BENEFITS	BASIC	ENHANCED
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SCREENING

Diagnostic and Prevention Benefit (one per calendar year)	\$60	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$60	\$75

TREATMENT

Radiation Therapy/Chemotherapy/Immunotherapy Benefit (per 12-month period) (actual charges)	up to \$15,000	up to \$20,000
Medical Imaging Benefit (per image - max two per calendar year)	\$200	\$300
Hormone Therapy Benefit (per treatment - max 12 treatments per calendar year)	\$50	\$50
Administrative/Lab Work Benefit (per calendar month)	\$75	\$100
Blood, Plasma, and Platelets Benefit (actual charges up to max shown per day) (per calendar year max)	\$150 \$7,500	\$200 \$10,000
Experimental Treatment Benefit	Paid as any non-experimental benefit	
Bone Marrow/Stem Cell Transplant Benefit		
Autologous (patient-provided) (per calendar year)	\$1,000	\$1,500
Non-autologous (donor-provided) (per calendar year)	\$3,000	\$4,500
Donor Benefit	\$1,000 per donation	
Inpatient Special Nursing Services Benefit (per day)	\$150	\$150
Dread Disease Benefit (per day for the first 30 days, per Hospital confinement) (per day thereafter)	\$200 \$400	\$300 \$600

HOSPITALIZATION

Hospital Confinement Benefit (per day for the first 30 days) (per day thereafter)	\$200 \$400	\$300 \$600
Drugs and Medicine Benefit	\$200	\$300
Hospital Confinement (per confinement)		
Outpatient (per prescription - \$100 monthly max for basic; \$150 for enhanced)	\$50	\$50
Attending Physician Benefit (per day)	\$40	\$50
U.S. Government/Charity Hospital or HMO Benefit (per day in lieu of most benefits)		
Hospital Confinement	\$200	\$300
Outpatient Services	\$200	\$300

BENEFITS	BASIC	ENHANCED
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AMBULANCE, TRANSPORTATION AND LODGING

Ambulance Benefit (per trip - max two trips any combination, per confinement) Ground Air	\$200 \$2,000	\$200 \$2,000
Transportation and Lodging Benefit (Patient and/or Family)	Coach fare or \$.50/ mile by car	
Transportation (\$1,500 max per round trip - max 12 trips per calendar year)		
Outpatient/Family Lodging (per day up to 90 days, per calendar year)	\$60	\$80

SURGICAL TREATMENT

Surgical Benefit (unit dollar amount, per surgical unit) (max per operation)	\$30 \$3,000	\$40 \$4,000
Anesthesia Benefit	25% of the amount paid for covered surgery	
Outpatient Hospital or Ambulatory Surgical Center Benefit (per day)	\$400	\$600
Second and Third Surgical Opinion Benefit (per diagnosis)	\$300	\$300

CONTINUING CARE

Prosthesis Benefit		
Non-Surgical (per device - one per site, lifetime max of three)	\$150	\$200
Surgical Implantation (per device, includes surgical fee - one per site, lifetime max of two)	\$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 any combination, up to four 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
Waiver of Premium (as long as the primary insured remains disabled)	after 90 continuous days of disability	

Refer to Plan Benefit Highlights for complete benefit descriptions and limits on the plan.

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

Plan Benefit Highlights

MONTHLY PREMIUMS

BASIC	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$16.30	\$23.60	\$32.60	\$44.20
Single Parent Family	\$24.40	\$35.20	\$48.70	\$65.90
Family	\$31.80	\$45.70	\$63.30	\$85.80

ENHANCED	Age 18-40	Age 41-50	Age 51-60	Age 61-70
Individual	\$21.00	\$30.80	\$42.40	\$57.30
Single Parent Family	\$31.40	\$45.80	\$63.30	\$85.60
Family	\$40.80	\$59.50	\$82.30	\$111.30

Plan Benefit Highlights

Only Loss for Cancer: Pays only for loss resulting from definitive Cancer treatment, including direct extension, metastatic spread or recurrence. Proof must be submitted to support each claim. The policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The 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 provided in the dread disease benefit.

Cancer: 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; polycythemia; actinic keratosis; myelodysplastic and non-malignant myeloproliferative disorders; aplastic anemia; atypia; non-malignant monoclonal gammopathy; carcinoid; or pre-malignant lesions, benign tumors or polyps.

All diagnoses 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. **Benefits under this policy pay the benefit amount shown per covered person due to a covered Cancer unless otherwise specified.**

Diagnostic, Prevention and Cancer Screening Benefit: Pays for a generally medically recognized internal Cancer screening test when a charge is incurred for the test. Tests include but are not limited to mammogram, thinprep pap test, prostate-specific antigen blood test (PSA), colonoscopy and chest x-ray. Refer to the policy for more examples. 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. This benefit is available without a diagnosis of Cancer.

Cancer Screening Follow-Up Benefit: Payable for one invasive follow-up screening test needed due to an abnormal result from a covered screening test. 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 radiation therapy, chemotherapy or immunotherapy is received as defined in the policy, per 12-month period. The 12-month period begins on the first day the covered radiation therapy, chemotherapy or immunotherapy is received. This benefit does not cover other procedures related to radiation/chemotherapy/immunotherapy.

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 either an MRI, CT scan, CAT scan or PET scan when performed at the request of a physician.

Hormone Therapy Benefit: Drugs and medicines covered under the drugs and medicine benefit or the radiation/chemotherapy/immunotherapy benefit are not included. This benefit does not cover associated administrative processes.

Administrative/Lab Work Benefit: Pays when procedures related to radiation therapy/chemotherapy/immunotherapy treatment occur and benefits are payable during the same calendar month as the radiation therapy/chemotherapy/immunotherapy benefit.

Blood, Plasma and Platelets Benefit: Pays the actual charges up to the maximum amount shown for blood, plasma and platelets including fees for administering such and are only provided under this benefit. Other laboratory processes and colony stimulating factors are not covered. 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/Stem Cell Transplant Benefit: Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Hospital Confinement Benefit: Payable while confined to a Hospital for at least 18 continuous hours. 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 care, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. This benefit is not payable for outpatient treatment.

Drugs and Medicine Benefit: Pays for anti-nausea and pain medication prescribed by a physician and administered while also receiving radiation therapy/chemotherapy/immunotherapy, a covered surgery or a bone marrow/stem cell transplant. It does not include associated administrative processes or drugs or medicines covered under the radiation therapy/chemotherapy/immunotherapy benefit or the hormone therapy benefit.

Attending Physician Benefit: Pays for one physician's visit per day when the services of a physician, other than a surgeon, are required while confined in a Hospital.

U.S. Government/Charity Hospital/HMO Benefit: Payable when an itemized list of services is not available due to confinement in a charity Hospital or a Hospital owned or operated by the U.S. government or covered under an HMO or diagnostic-related group where no charges are made for treatment of Cancer or a covered dread disease. This benefit will be paid in lieu of most benefits covered under this policy.

Ambulance Benefit: If air and ground ambulance services are both required on the same day, we will only pay the higher benefit amount. The covered person must be admitted as an inpatient and Hospital-confined for at least 18 consecutive hours.

Transportation and Lodging Benefits: Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient/family lodging to receive radiation therapy, chemotherapy or immunotherapy treatment, bone marrow or stem cell transplant, or surgery in a Hospital not available locally and at least 50 miles from the covered person's residence. Payable for the covered person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the covered person. If covered person receives treatment while hospital confined lodging and travel paid once per confinement. Travel must be within the United States or its territories. Pays for one mode of transportation per round trip.

Surgical Benefit: Payable when a surgical operation is performed for covered diagnosed Cancer, skin Cancer or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit 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 policy. 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. Bone marrow surgeries and surgeries to implant a permanent prosthetic device are not covered under this benefit.

Anesthesia Benefit: Services of an anesthesiologist for bone marrow transplants, skin Cancer or surgical prosthesis implantation are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit: Surgical procedures for skin Cancer are not covered.

Plan Benefit Highlights (cont.)

Second and Third Surgical Opinion Benefit: Payable once per diagnosis of Cancer for a second surgical opinion and a third if the second disagrees with the first. Surgical opinions for reconstructive, skin Cancer or prosthesis surgeries are not covered.

Prosthesis Benefit: Payable for a prosthetic device received due to Cancer that manifested after the 30th day following the Effective Date and, if surgery is required, its surgical implantation. Prosthetic-related supplies, such as special bras or ostomy pouches and supplies, or hair prosthesis are not covered.

Hair Prosthesis Benefit: Payable once per covered person, per lifetime when a hair prosthesis is needed.

Extended Care Facility Benefit: Pays for physician-authorized confinement that begins within 14 days after a Hospital confinement.

Physical or Speech Therapy Benefit: Therapy must be provided by a caregiver licensed in physical or speech therapy. Benefits payable for any combination of physical or speech therapy treatments up to the max shown.

Hospice Care Benefit: Payable when a physician determines terminal illness with life expectancy of six months or less and approves hospice care at home or in a hospice facility. This benefit does not include well-baby care, volunteer services, meals, housekeeping services or family support after the death.

Home Health Care Benefit: Pays for physician-authorized home health care that begins within 14 days of 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, or physical or speech therapy. The service must be provided by a nurse or home health nurse's aid and can not be a family member.

Waiver of Premium Benefit: If the primary insured becomes disabled due to Cancer and remains so for more than 90 continuous days, we will pay all premiums for policy and rider(s) due after the 90th day so long as the primary insured remains disabled. "Disabled" is defined as the primary insured's inability, due to Cancer, to work at any job for which they are 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. The policy must be in force at the time disability begins and the primary insured must be under age 65.

Experimental Treatment Benefit: Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Donor Benefit: Pays if a donor incurs expenses on behalf of a covered person for a covered surgery due to organ transplant or a bone marrow/ stem cell transplant. Blood donor expenses are not covered under this benefit.

Dread Disease Benefit: Covered dread diseases are: addison's disease; amyotrophic lateral sclerosis; cystic fibrosis; diphtheria; encephalitis; grand mal epilepsy; legionnaire's disease; meningitis; multiple sclerosis; muscular dystrophy; myasthenia gravis; niemann-pick disease; osteomyelitis; poliomyelitis; reye's syndrome; rheumatic fever; rocky mountain spotted fever; sickle cell anemia; systemic lupus erythematosus; tay-sach's disease; tetanus; toxic epidermal; toxic shock syndrome; tuberculosis; tularemia; typhoid fever; whipple's disease.

Inpatient Special Nursing Services Benefit: Pays when a covered person is Hospital-confined and receiving physician-authorized special nursing care (other than that regularly furnished by a Hospital) of at least eight consecutive hours during a 24-hour period.

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

Eligibility: The policy/rider(s) will be issued only to those persons who meet American Fidelity's insurability requirements, which includes satisfactory responses to medical questions. You, your lawful spouse and each natural, adopted, foster or step child who is under 26 years of age are eligible to apply for coverage.

Limitations and Exclusions: The 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.

Pre-Existing Condition: 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. No benefits are payable for any covered person for any loss incurred during the first year of the 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.

Waiting Period: The policy contains a 30-day waiting period during which no benefits will be paid under the policy. If any Cancer or dread disease is diagnosed before the end of the 30-day period immediately following the effective date, coverage will apply only to loss that is incurred after one year from the effective date. If any covered person is diagnosed as having Cancer or a dread 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.

Termination of Insurance: Policy/rider(s) will terminate and coverage will end 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 delete yourself or the date of your death, if this is an Individual Plan. If the plan is other than individual the remaining covered persons may have the right to continue or convert their coverage. Coverage will terminate when they no longer meet the eligibility requirements.

For the spouse, policy/rider(s) will terminate and coverage will end on the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the spouse from the policy/rider(s); 2) the end of the premium term in which a divorce, annulment or legal separation is obtained; or 3) upon their death.

For the child(ren), policy/rider(s) will terminate and coverage will end the earliest of 1) the end of the policy/rider(s) month in which we receive a written request from you to delete the child(ren) from the policy/rider(s); 2) the end of the premium term in which the child ceases to meet the definition of eligible child; or 3) upon their death.

Guaranteed Renewable: You are guaranteed the right to renew your policy/rider(s) 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.

Underwritten and administered by:



American Fidelity Assurance Company
americanfidelity.com

This product may contain limitations, exclusions and waiting periods. This product is inappropriate for people who are eligible for Medicaid coverage.

Critical Illness Insurance

Aflac | www.aflacgroupinsurance.com | 800-433-3036

Prepare For the Unexpected

If you've heard of heart attacks, strokes, organ transplants or paralysis, then you're familiar with critical illness. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse and dependent children.

Prepare now for the unexpected with a critical illness insurance plan. The plan helps you focus on getting well rather than worrying about finances. Visit the Employee Benefits Center and view policy for more details.



Aflac Group Critical Illness

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

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



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



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

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

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

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

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

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

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



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

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

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

The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
 - Coronary Artery Bypass Surgery
 - Non-Invasive Cancer
 - Skin Cancer
 - Severe Burn
 - Coma
 - Paralysis
 - Loss of Sight / Hearing / Speech
- Health Screening Benefit

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How it works



Amount payable based on \$10,000 Initial Diagnosis Benefit.

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

Benefits Overview

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
SEVERE BURN*	100%
PARALYSIS**	100%
COMA**	100%
LOSS OF SPEECH / SIGHT / HEARING**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

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

SKIN CANCER BENEFIT

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

WAIVER OF PREMIUM

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

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

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

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.

SUCCESSOR INSURED BENEFIT

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

HEALTH SCREENING BENEFIT (Employee and Spouse only)

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

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

This benefit is not paid for dependent children.

SPECIFIED DISEASES RIDER

Percentage of Face Amount

Addison's Disease, Cerebrospinal Meningitis, Diphtheria, Huntington's Chorea, Legionnaire's Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis

25%

Benefits are payable if an insured is diagnosed with one of the diseases listed. These benefits will be paid based on the face amount in effect on the critical illness date of diagnosis.

PROGRESSIVE DISEASES RIDER

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's Disease)

100%

SUSTAINED MULTIPLE SCLEROSIS

100%

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

OPTIONAL BENEFITS RIDER

BENIGN BRAIN TUMOR

100%

ADVANCED ALZHEIMER'S DISEASE

25%

ADVANCED PARKINSON'S DISEASE

25%

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

CHILDHOOD CONDITIONS RIDER

CYSTIC FIBROSIS	50%
CEREBRAL PALSY	50%
CLEFT LIP OR CLEFT PALATE	50%
DOWN SYNDROME	50%
PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)	50%
SPINA BIFIDA	50%
TYPE 1 DIABETES	50%

One Time Benefit Amount

AUTISM SPECTRUM DISORDER (ASD)	\$3,000
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Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)

LIMITATIONS AND EXCLUSIONS

All limitations and exclusions that apply to the plan also apply to the riders unless amended by the riders.

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

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

EXCLUSIONS

We will not pay for loss due to:

- **Self-Inflicted Injuries** – injuring or attempting to injure oneself intentionally or taking action that causes oneself to become injured
- **Suicide** – committing or attempting to commit suicide, while sane or insane

- **Illegal Acts** – participating or attempting to participate in an illegal activity, or working at an illegal job

• Participation in Aggressive Conflict:

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

• Illegal Substance Abuse:

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

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

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

TERMS YOU NEED TO KNOW

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

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

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

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

A malignant tumor characterized by:

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

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

Cancer (internal or invasive) also includes:

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

The following are not considered internal or invasive cancers:

- Pre-malignant tumors or polyps
- Carcinomas in Situ
- Any superficial, non-invasive skin cancers including basal cell and squamous cell carcinoma of the skin
- Melanoma in Situ
- Melanoma that is diagnosed as
 - Clark's Level I or II,
 - Breslow depth less than 0.77mm, or
 - Stage 1A melanomas under TNM Staging

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

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

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

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

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

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

- Melanoma that is diagnosed as

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

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

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

- A doctor cannot make a pathological diagnosis because it is medically inappropriate or life-threatening,
- Medical evidence exists to support the diagnosis,
- A doctor is treating you for cancer or carcinoma in situ, or
- A positive diagnosis cannot otherwise be made by a doctor without jeopardizing the life of the claimant.

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

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

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

- Be a full-thickness or third-degree burn, as determined by a doctor. A Full-Thickness Burn or Third-Degree Burn is the destruction of the skin through the entire thickness or depth of the dermis (or possibly into underlying tissues). This results in loss of fluid and sometimes shock.
- Cause cosmetic disfigurement to the body's surface area of at least 35 square inches.
- Be caused solely by or be solely attributed to a covered accident.

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

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

Coma does not include a medically-induced coma.

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

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

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

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

- Amyotrophic lateral sclerosis
- Cerebral palsy
- Parkinson's disease,
- Poliomyelitis

The diagnosis of paralysis must be supported by neurological evidence.

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

- Retinal disease
- Optic nerve disease
- Hypoxia

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

- Alzheimer's disease
- Arteriovenous malformation

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

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

- Alport syndrome
- Autoimmune inner ear disease
- Chicken pox
- Diabetes
- Goldenhar syndrome
- Meniere's disease
- Meningitis
- Mumps

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

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

Date of Diagnosis is defined as follows:

- Bone Marrow Transplant (Stem Cell Transplant): The date the surgery occurs.
- Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or

carcinoma in situ is based on such specimens).

- Coma: The first day of the period for which a doctor confirms a coma that is due to one of the underlying diseases and that has lasted for at least seven consecutive days.
- Coronary Artery Bypass Surgery: The date the surgery occurs.
- Heart Attack (Myocardial Infarction): The date the infarction (death) of a portion of the heart muscle occurs. This is based on the criteria listed under the heart attack (myocardial infarction) definition.
- Kidney Failure (End-Stage Renal Failure): The date a doctor recommends that an insured begin renal dialysis.
- Loss of Sight, Speech, or Hearing: The date the loss due to one of the underlying diseases is objectively determined by a doctor to be total and irreversible.

- Major Organ Transplant: The date the surgery occurs.
- Non-Invasive Cancer: The day tissue specimens, blood samples, or titer(s) are taken (diagnosis of cancer and/or carcinoma in situ is based on such specimens).
- Paralysis: The date a doctor diagnoses an insured with paralysis due to one of the underlying diseases as specified in this plan, where such diagnosis is based on clinical and/or laboratory findings as supported by the insured's medical records.
- Severe Burn: The date the burn takes place.
- Stroke: The date the stroke occurs (based on documented neurological deficits and neuroimaging studies).
- Sudden Cardiac Arrest: The date the pumping action of the heart fails (based on the sudden cardiac arrest definition).

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

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

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

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

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

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

illness or disease that:

- Is made by a doctor and

investigations, as supported by your medical records.

- Is based on clinical or laboratory

Doctor is a person who is:

- Legally qualified to practice medicine,
- Licensed as a doctor by the state where treatment is received, and

- Licensed to treat the type of condition for which a claim is made.

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
- Brother

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

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

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

Heart Attack (Myocardial Infarction) does not include:

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

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

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

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

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

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

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

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

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

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

- Sarcoidosis
- Valvular heart disease

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

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

Stroke means apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. Stroke must be either:

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

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

Stroke does not include:

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

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

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

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

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

Total Disability or Totally Disabled means you are:

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

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

Treatment-Free From Cancer refers to the period of time without the consultation, care, or services provided by a doctor. This includes receiving diagnostic measures and taking prescribed drugs and medicines. Treatment does not include maintenance drug therapy or routine follow-up visits to verify whether cancer or carcinoma in situ has returned.

SPECIFIED DISEASES RIDER

Date of Diagnosis is defined for each Specified Disease as follows:

Adrenal Hypofunction (Addison's Disease): The date a Doctor Diagnoses an Insured as having Adrenal Hypofunction and where such Diagnosis is supported by medical records.

Cerebrospinal Meningitis: The date a Doctor Diagnoses an Insured as having Cerebrospinal Meningitis and where such Diagnosis is supported by medical records.

Diphtheria: The date a Doctor Diagnoses an Insured as having Diphtheria based on clinical and/or laboratory findings as supported by medical records.

Huntington's Chorea: The date a Doctor Diagnoses an Insured as having Huntington's Chorea based on clinical findings as supported by medical records.

Legionnaire's Disease: The date a Doctor Diagnoses an Insured as having Legionnaire's Disease by finding Legionella bacteria in a clinical specimen taken from the Insured.

Malaria: The date a Doctor Diagnoses an Insured as having Malaria and where such Diagnosis is supported by medical records.

Muscular Dystrophy: The date a Doctor Diagnoses an Insured as having Muscular Dystrophy and where such Diagnosis is supported by medical records.

Myasthenia Gravis: The date a Doctor Diagnoses an Insured as having Myasthenia Gravis and where such Diagnosis is supported by medical records.

Necrotizing Fasciitis: The date a Doctor Diagnoses an Insured as having Necrotizing Fasciitis and where such Diagnosis is supported by medical records.

Osteomyelitis: The date a Doctor Diagnoses an Insured as having Osteomyelitis and where such Diagnosis is supported by medical records.

Poliomyelitis: The date a Doctor Diagnoses an Insured as having Poliomyelitis and where such Diagnosis is supported by medical records.

Rabies: The date a Doctor Diagnoses an Insured as having Rabies and where such Diagnosis is supported by medical records.

Sickle Cell Anemia: The date a Doctor Diagnoses an Insured as having Sickle Cell Anemia and where such Diagnosis is supported by medical records.

Systemic Lupus: The date a Doctor Diagnoses an Insured as having Systemic Lupus and where such Diagnosis is supported by medical records.

Systemic Sclerosis (Scleroderma): The date a Doctor Diagnoses an Insured as having Systemic Sclerosis and where such Diagnosis is supported by medical records.

Tetanus: The date a Doctor Diagnoses an Insured as having Tetanus by finding Clostridium tetani bacteria in a clinical specimen taken from the Insured.

Tuberculosis: The date a Doctor Diagnoses an Insured as having Tuberculosis by finding Mycobacterium tuberculosis bacteria in a clinical specimen taken from the Insured.

Adrenal Hypofunction does not include secondary and tertiary adrenal insufficiency.

OPTIONAL BENEFITS RIDER

Date of Diagnosis is defined as follows:

- Advanced Alzheimer's Disease: The date a doctor diagnoses the insured as incapacitated due to Alzheimer's disease.
- Advanced Parkinson's Disease: The date a doctor diagnoses the insured as incapacitated due to Parkinson's disease.
- Benign Brain Tumor: The date a doctor determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

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

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

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

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

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

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

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

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

Activities of Daily Living (ADLs) are activities used in measuring levels of personal functioning capacity. These activities are normally performed without assistance, allowing personal independence in everyday living. For the purposes of this plan, ADLs include the following:

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

PROGRESSIVE DISEASES RIDER

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

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

supported by medical records.

- Sustained Multiple Sclerosis: The date a Doctor Diagnoses an Insured as having Multiple Sclerosis and where such Diagnosis is supported by medical records.

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

Sustained Multiple Sclerosis means a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways. Sustained Multiple Sclerosis results in one of the following symptoms for at least 90 consecutive days:

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

CHILDHOOD CONDITIONS RIDER

Date of Diagnosis is defined as follows:

- Cystic Fibrosis: The date a doctor diagnoses a dependent child as having Cystic Fibrosis and where such diagnosis is supported by medical records.
- Cerebral Palsy: The date a doctor diagnoses a dependent child as having Cerebral Palsy and where such diagnosis is supported by medical records.
- Cleft Lip or Cleft Palate: The date a doctor diagnoses a dependent child as having Cleft Lip or Cleft Palate and where such diagnosis is supported by medical records.
- Down Syndrome: The date a doctor diagnoses a dependent child as having Down Syndrome and where such diagnosis is supported by medical records.
- Phenylalanine Hydroxylase Deficiency Disease (PKU): The date a doctor diagnoses a dependent child as having PKU and where such diagnosis is supported by medical records.
- Spina Bifida: The date a doctor diagnoses a dependent child as having Spina Bifida and where such diagnosis is supported by medical records.
- Type I Diabetes: The date a doctor diagnoses a dependent child as having Type I Diabetes and where such diagnosis is supported by medical records.
- Autism Spectrum Disorder: The date a doctor diagnoses a dependent child as having Autism Spectrum Disorder and where such diagnosis is supported by medical records.

If a dependent child has both a Cleft Lip and Cleft Palate or has one on each side of the face, we will pay this benefit only once.

A doctor must diagnose Phenylalanine Hydroxylase Deficiency Disease (PKU) based on a PKU test.

A doctor must diagnose Type I Diabetes based on one of the following diagnostic tests:

- Glycated hemoglobin (A1C) test
- Random blood sugar test
- Fasting blood sugar test

A doctor must diagnose Autism Spectrum Disorder based on DSM-V diagnostic criteria.

REINSTATEMENT

If any renewal premium is not paid on time (as outlined in the initial payment agreement) for the plan, the company (or an agent who is authorized by the company) may accept the late premium and reinstate the plan without requiring a new application. If the company (or authorized agent) does require an

application for reinstatement and issues a conditional receipt for the premium tendered, the plan will be reinstated upon the company's approval, or lacking such approval, upon the 45th day following the date of the conditional receipt (unless the company has previously notified the policyholder in writing of its disapproval of such application). Reinstatement is subject to the terms of the plan.

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. See certificate for details.

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.

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

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

This brochure is subject to the terms, conditions, and limitations of Policy Series C21000.

RATES TABLE FOR: SOUTH PIEDMONT COMMUNITY COLLEGE - GP-18651 / GROUP CRITICAL ILLNESS - PLAN-116287**DEDUCTION FREQUENCY: Monthly (12pp / yr)****Employee - Non-Tobacco**

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.69	\$9.00	\$11.31	\$13.62	\$15.93	\$18.25	\$20.56	\$22.87	\$25.18	\$27.49
30-39	\$7.97	\$11.56	\$15.15	\$18.73	\$22.32	\$25.91	\$29.50	\$33.09	\$36.68	\$40.27
40-49	\$11.11	\$17.84	\$24.57	\$31.30	\$38.03	\$44.76	\$51.50	\$58.23	\$64.96	\$71.69
50-59	\$17.24	\$30.10	\$42.96	\$55.82	\$68.68	\$81.54	\$94.40	\$107.27	\$120.13	\$132.99
60+	\$28.76	\$53.15	\$77.53	\$101.92	\$126.30	\$150.68	\$175.07	\$199.45	\$223.84	\$248.22

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.52	\$10.65	\$13.79	\$16.92	\$20.06	\$23.19	\$26.33	\$29.46	\$32.60	\$35.73
30-39	\$9.82	\$15.26	\$20.70	\$26.14	\$31.59	\$37.03	\$42.47	\$47.91	\$53.35	\$58.79
40-49	\$14.80	\$25.23	\$35.65	\$46.08	\$56.50	\$66.92	\$77.35	\$87.77	\$98.20	\$108.62
50-59	\$24.97	\$45.56	\$66.15	\$86.74	\$107.32	\$127.91	\$148.50	\$169.09	\$189.68	\$210.27
60+	\$42.27	\$80.17	\$118.06	\$155.95	\$193.85	\$231.74	\$269.63	\$307.53	\$345.42	\$383.31

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.41	\$8.45	\$10.48	\$12.51	\$14.55	\$16.58	\$18.61	\$20.64	\$22.68	\$24.71
30-39	\$7.69	\$11.00	\$14.31	\$17.62	\$20.93	\$24.24	\$27.56	\$30.87	\$34.18	\$37.49
40-49	\$10.83	\$17.29	\$23.74	\$30.19	\$36.64	\$43.10	\$49.55	\$56.00	\$62.46	\$68.91
50-59	\$16.96	\$29.55	\$42.13	\$54.71	\$67.29	\$79.88	\$92.46	\$105.04	\$117.62	\$130.21
60+	\$28.49	\$52.59	\$76.70	\$100.81	\$124.91	\$149.02	\$173.12	\$197.23	\$221.34	\$245.44

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$7.24	\$10.09	\$12.95	\$15.81	\$18.67	\$21.52	\$24.38	\$27.24	\$30.09	\$32.95
30-39	\$9.54	\$14.71	\$19.87	\$25.03	\$30.20	\$35.36	\$40.52	\$45.69	\$50.85	\$56.01
40-49	\$14.53	\$24.67	\$34.82	\$44.96	\$55.11	\$65.26	\$75.40	\$85.55	\$95.69	\$105.84
50-59	\$24.69	\$45.00	\$65.31	\$85.62	\$105.94	\$126.25	\$146.56	\$166.87	\$187.18	\$207.49
60+	\$42.00	\$79.61	\$117.23	\$154.84	\$192.46	\$230.07	\$267.69	\$305.30	\$342.92	\$380.53

Accident Insurance

American Fidelity| www.americanfidelity.com | 800-662-1113

The costs associated with an injury can add up. Between hospital visits, exams and treatment, out-of-pocket costs could put you in a financial hardship. An accident plan pays benefits directly to you so you can determine where to spend the money. It's comforting to know that an accident insurance policy can be there through all stages of your care, from initial treatment to follow-up care. Accident coverage is available to you through payroll deduction and may provide a benefit for costs associated with:

- Concussions
- Lacerations
- Broken teeth
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit





Limited Benefit Accident Only Insurance

Prepare for the unexpected.

Accidents* can happen to anyone. And even though you can't plan for an accident, you can help prepare for unexpected medical costs. **Limited Benefit Accident Only Insurance** provides coverage to help with unforeseen accident expenses.

EMERGENCY ACCIDENT**

Hypothetical Example¹

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

	BASIC	ENHANCED
Accident Emergency Treatment	\$200	\$300
Accident Follow-Up Treatment (4 visits)	\$200	\$200
Physical Therapy (8 treatments)	\$200	\$200
Medical Imaging	\$200	\$200
X-Ray	\$100	\$150
Appliances	\$100	\$100
Surgical Facility	\$150	\$250
Torn Knee Cartilage Repair	\$500	\$500
Anesthesia	\$150	\$200
TOTAL	\$1,800	\$2,100

Annual
Wellness
Benefit**

BASIC

\$50

ENHANCED

\$75

Paid directly
to you!

Benefits for Policy and Enhancement Rider**

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

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

**AMERICAN
FIDELITY** 
a different opinion

¹Hypothetical example of a covered accident based on policy AO-03 and rider AMDI-258 Series.

***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.

ACCIDENT BENEFITS	BASIC	ENHANCED
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EMERGENCY ACCIDENT TREATMENT

Accident Emergency Treatment	\$200	\$300
Emergency Accident Follow-up Treatment (up to four treatments)	\$50	\$50

NON-EMERGENCY ACCIDENT TREATMENT

Non-Emergency Accident Initial Treatment	\$100	\$150
Non-Emergency Accident Follow-up Treatment (up to two treatments)	\$50	\$50

MEDICAL IMAGING

MRI, CT, CAT, PET, US	\$200	\$200
X-Rays	\$100	\$150

HOSPITAL CONFINEMENT

Hospital Admission	\$500	\$1,000
Intensive Care Unit (up to 15 days)	\$300	\$600
Hospital Confinement (up to 365 days)	\$100	\$200

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, per round trip for up to 3 round trips per calendar year	\$300	\$300
Family Member Lodging and Meals Per day per accident; up to 30 days per confinement	\$100	\$100

MONTHLY PREMIUMS For Policy And Benefit Enhancement Rider	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

ACCIDENT INJURY BENEFITS	ALL COVERAGE LEVELS	
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INJURY TREATMENT

Fractures Benefit Depending on open or closed reduction, bone involved, or chip fracture	\$25 to \$3,000	
Dislocations Benefit Depending on open or closed reduction, with or without anesthesia and joint involved	\$25 to \$3,000	
Internal Injuries Benefit Resulting in open abdominal or thoracic surgery	\$1,000	
Tendons, Ligaments, and Rotator Cuff Benefit One tendon, ligament, or rotator cuff More than one tendon, ligament, or rotator cuff	\$500	
	\$750	
2nd & 3rd Degree Burns Skin grafts are 25% of benefit	\$100 to \$10,000	
Torn Knee Cartilage or Ruptured Disc Benefit	\$500	
Eye Injury Benefit Injury with surgical repair, for one or both eyes Removal of foreign body by a physician, for one or both eyes	\$250	
	\$50	
Emergency Dental Work Benefit Broken teeth repaired with crown Extraction of broken teeth (regardless of number)	\$150	
	\$50	
Concussion Benefit	\$200	
Lacerations Benefit Not requiring sutures Sutured lacerations up to two inches Sutured lacerations totaling two to six inches Sutured lacerations totaling over six inches	\$25	
	\$100	
	\$200	
	\$400	
Appliances Benefit Crutches, leg braces, etc.	\$100	
Physical Therapy Benefit Per treatment up to eight treatments	\$25	
Prosthesis Benefit	\$500	
Blood, Plasma, and Platelets Benefit	\$250	
Exploratory Surgery without Surgical Repair Benefit	\$250	
Paralysis Benefit: Paraplegia / Quadriplegia	\$5,000 / \$10,000	

WELLNESS BENEFIT	BASIC	ENHANCED
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WELLNESS

Annual Routine Physical Exam Requires a 12-month waiting period before use. One exam per policy per calendar year	\$50	\$75
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A Covered Person (hereafter referred to as "Person") under **Limited Benefit Accident Only Insurance** 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 ambulance 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 2nd and 3rd degree 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 without Surgical Repair Benefit Payable when an exploratory surgical operation without surgical repair is performed.

Eye Injury Benefit Payable for one or both eyes requiring treatment by a Physician due to an Accident.

Family Member Lodging and Meals Benefit Payable for lodging and meals for a family member to be near a Person who is Hospital Confined in a non-local Hospital. The Hospital must be at least 50 miles away, one way from closer of the Covered 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 Pays a daily benefit for a Hospital Confinement that is longer than 18 hours for up to 365 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 due to an Accident.

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 due to an Accident.

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 follow-up treatment. We will pay for up to two follow-up 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 is paid.

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

Plan Benefit Highlights (cont.)

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 performed by a Physician, as a result of an Accident.

Torn Knee Cartilage or Ruptured Disc Benefit Payable for surgical repair as a result of an Accident.

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. This benefit is payable up to three round trips per Calendar Year.

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.

X-Ray Benefit Payable when an x-ray is performed due to Injuries sustained in a Covered Accident. The x-ray must be done at the request of a Physician. This benefit does not cover any tests payable under the Medical Imaging Benefit or any other screening or medical imaging tests.

Limitations and Exclusions For Policy and Benefit Enhancement Rider

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.

Eligibility includes you, your lawful spouse and each natural, adopted or step child who is under 26 years of age.

Guaranteed Renewable

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.

Termination Notice

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. If the plan is other than Individual the remaining Covered Persons may have the right to continue or convert their coverage. Coverage for any Covered Person will terminate when they no longer meet the eligibility requirements.

Refer to Plan Benefit Highlights section for more Benefit Descriptions on the Accident Only Insurance Policy and Benefit Enhancement Rider.

Underwritten by American Fidelity Assurance Company. This is a brief description of the coverage. This product contains limitations and exclusions. For complete benefits and other provisions, please refer to your policy/certificate, AO-03, and Accident Only Benefit Enhancement Rider, AMDI-258 series. This coverage does NOT replace Workers' compensation Insurance. Availability of riders may vary by employer. **This product is inappropriate for people who are eligible for Medicaid coverage.**

Marketed by:



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

Underwritten and administered by:



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73111
800-662-1113 • americanfidelity.com

Identity Theft Protection

iLOCK360 | www.ilock360.com | 855-287-8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



iLOCK360

Your identity is your most valuable asset. Is yours protected?

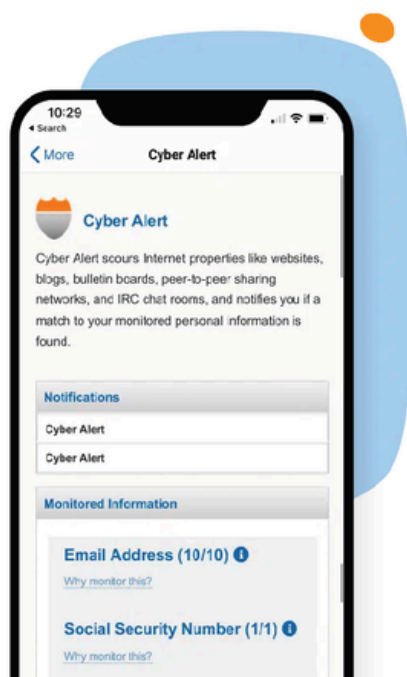


39 seconds is how often cyber-attacks occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2020 to 2021

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	\$8	\$15
Employee + Family	\$20	\$27

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an

Learn more about the protections that iLOCK360 offers:

		Plus	Premium
Plan features	Service description		
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement. (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration 		
Comprehensive identity monitoring			
CyberAlert™ monitors: <ul style="list-style-type: none"> • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport 	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.		
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		

Legal Plan



LegalShield | www.legalshield.com | 866-349-3303

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



Have You Ever...

- | | |
|--|--|
| <input type="checkbox"/> Signed a contract? | <input type="checkbox"/> Had concerns regarding child support? |
| <input type="checkbox"/> Received a moving traffic violation? | <input type="checkbox"/> Had trouble with a warranty or defective product? |
| <input type="checkbox"/> Needed your Will prepared or updated? | <input type="checkbox"/> Been overcharged for a repair or paid an unfair bill? |

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Will/Living Will/Health Care Power of Attorney
- **Traffic Ticket Consultation** (15 day waiting period)
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **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, personal injury, etc.)
- **24/7 Emergency Access** for covered situations



Put your law firm in the palm of your hand with the LegalShield mobile app

Plan	Family Price monthly
LegalShield	\$18.95 monthly

Prepared for: FFGA Groups

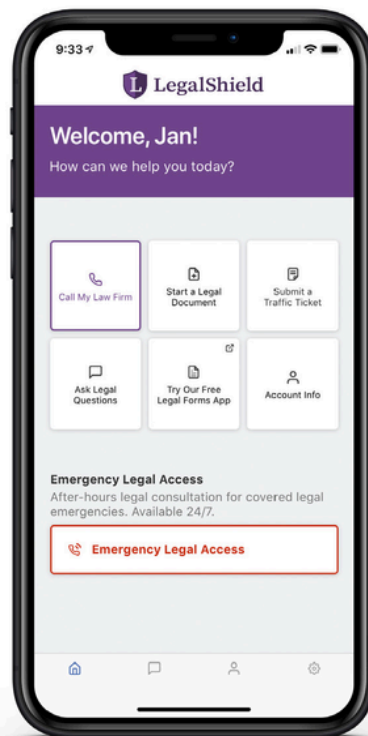
LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children. LegalShield provides access to identity theft protection and restoration services.

FLIER_LS_1895_USA_100319

Create Your Account

Legal protection is just a tap away.
Follow these steps to create your LegalShield account.

1. **CREATE** your account at <https://accounts.legalshield.com/>.
2. **ENTER** in your member number and create a username and password.
3. **DOWNLOAD** the LegalShield mobile app and use your account username and password to login. Access your provider law firm, Will preparation steps and more!



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If you have questions about setting up your account or forgot your member number, please call LegalShield Member Services at 1-800-654-7757 from 7 a.m. - 7 p.m. CT, Monday - Friday.

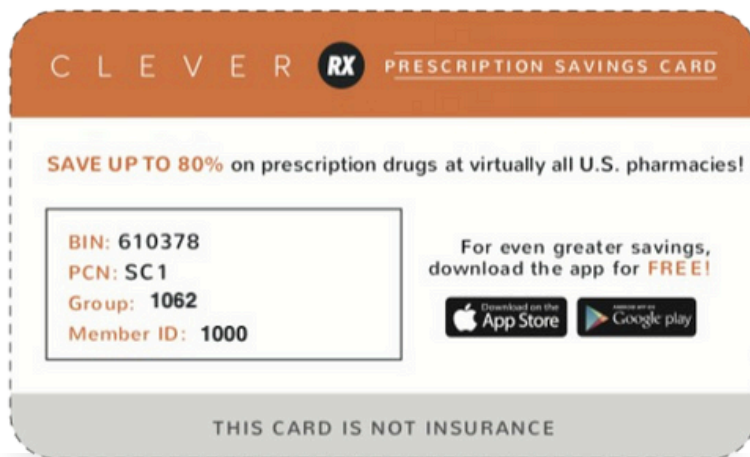
The LegalShield apps are available for download at no cost. Some services require an active LegalShield Membership to be accessed.

Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

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

Use Clever RX every time you pay for a medication for instant savings!



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

Clever RX Highlights

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

Medicare & Age 65



FFMS | <https://www.ffga.com/medicare-solutions> | 800-523-8422

Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- **When** can I enroll?
- Do I really **want** to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

Robert Dawson
FFMS Coordinator
Cell: 281-889-9382

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

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SOUTH PIEDMONT CC
GROUP ID: 95735



View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.



FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.



My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.



Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Contact Information

Product	Carrier	Website	Phone
Dental	Delta	deltadentalinc.com	800-587-9514
Vision	Community Eye Care	www.cecvision.com	888-254-4290
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Term Life Insurance	American Fidelity	americanfidelity.com	800-662-1113
Disability/Critical Illness	Aflac	www.aflacgroupinsurance.com	800-433-3036
Accident/Cancer	American Fidelity	americanfidelity.com	800-662-1113
Identity Theft	iLOCK360	www.ilock360.com	855-287-8888
Legal Plan	LegalShield	www.legalshield.com	800-654-7757