

Accident Indemnity AdvantageSM

*24-Hour Accident-Only Limited Benefit Supplemental Health Insurance
Policy Series A35000*

The Need

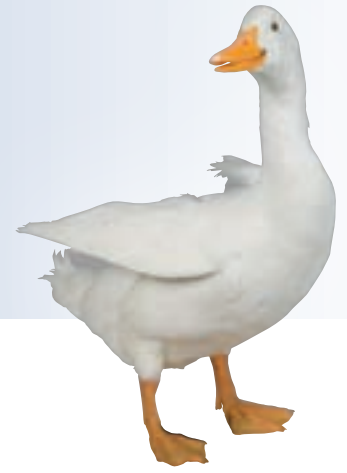
*Accidents happen to all kinds of people every day. In 2005, over 30 million people sought medical attention for an injury and almost 3 million of these were hospitalized.**

What would the financial impact of an injury mean to your security? Are you prepared for medical debts in addition to everyday household expenditures and lost wages? Out-of-pocket expenses associated with an accident are unexpected and often burdensome; perhaps the accident itself could not have been prevented, but its impact on your finances and your well-being certainly can be reduced.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with expenses incurred due to an injury, to help with ongoing living expenses, or to help with any purpose you choose. Aflac Accident Indemnity Advantage is designed to provide you with cash benefits throughout the different stages of care, regardless of the severity of the injury.

The Accident Indemnity Advantage Insurance Policy has:

- No deductibles and no copayments.
- No lifetime limits.
- No network restrictions—you choose your own medical treatment provider.
- No coordination of benefits—we pay regardless of any other insurance.



Aflac enables you to take charge and to help provide for an unpredictable future by paying cash benefits for accidental injuries. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

When you consider the competitive cost of providing your family with Aflac, it's truly remarkable that this policy could potentially save you and your loved ones from financial uncertainty during a very stressful time. Knowing that you have prepared for the many financial consequences of an accident is an assurance in itself, yielding strength and confidence for uncertain possibilities.

Aflac is a market leader with more than 50 years in the insurance industry. We continue to be ranked the number one provider of individual health and guaranteed-renewable insurance in the United States ("Life and Health Statistical Report," *National Underwriter*, August 2008), and we work hard to help meet your insurance needs.

Out-of-pocket expenses associated with an accident are unexpected and often burdensome; perhaps the accident itself could not have been prevented, but its impact on your finances and your well-being certainly can be reduced.

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

Accident Indemnity Advantage (AIA)

At a Glance ... What's Improved?

Selected Benefit Revisions AIA									
Benefits	AIA Plan 1			AIA Plan 2			AIA Essentials Plan		
Dependent Child	Must be under 25 at time of application. Coverage terminates on anniversary date after 25th birthday.			Must be under 25 at time of application. Coverage terminates on anniversary date after 25th birthday.			Must be under 25 at time of application. Coverage terminates on anniversary date after 25th birthday.		
Accidental-Death	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
Common Carrier	\$100,000	100,000	15,000	\$150,000	150,000	25,000	\$80,000	80,000	12,000
Other Accidents	\$25,000	25,000	7,500	\$40,000	40,000	12,500	\$20,000	20,000	6,000
Hazardous Activities	\$6,250	6,250	1,875	\$10,000	10,000	3,125	\$5,000	5,000	1,500
Initial Hospitalization	18 hours to match Daily Hospital Confinement \$1,000 for regular admission \$1,500 if admitted directly to ICU			18 hours to match Daily Hospital Confinement \$1,000 for regular admission \$2,000 if admitted directly to ICU			18 hours to match Daily Hospital Confinement \$500 for regular admission \$750 if admitted directly to ICU		
Accident Emergency Treatment	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
	\$120	120	120	\$120	120	120	\$75	75	75
Follow-Up Visits	\$25, up to 6. Include Acupuncture			\$35, up to 6. Include Acupuncture			\$25, up to 6. Include Acupuncture		
Emergency Dental Work:									
Crown(s)	\$300			\$400			\$75		
Extraction(s)	\$100			\$130			\$25		
Paralysis, after 30 days Quadriplegia Paraplegia Hemiplegia	Same benefit for all covered persons: Quad – \$10,000 Para – \$5,000 Added Hemiplegia – \$4,000			Quad – \$12,500 Para – \$6,250 Added Hemiplegia – \$4,750			Quad – \$7,500 Para – \$3,750 Added Hemiplegia – \$3,000		
Optional Disability Riders	Off-the-Job Accident, On-the-Job Accident, Sickness, and Spouse Off-the-Job Accident; available to Classes A, B, C, and E only; Accidental-Death Benefit Rider			Off-the-Job Accident, On-the-Job Accident, Sickness, and Spouse Off-the-Job Accident; available to Classes A, B, C, and E only; Accidental-Death Benefit Rider			Off-the-Job Accident, On-the-Job Accident, Sickness, and Spouse Off-the-Job Accident; available to Classes A, B, C, and E only; Accidental-Death Benefit Rider		
New Benefits									
X-Ray Benefit	\$25			\$25			\$20		
Epidural Pain Management Benefit	epidural \$100			epidural \$100			epidural \$100		
Accident Specific-Sum Miscellaneous Surgery with conscious sedation	\$100			\$120			\$80		



Arizona Direct Premium Rates are Monthly for Industry Class C

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy benefits and limitations, please refer to the accompanying
product brochure for each insurance policy listed below.

ACCIDENT INDEMNITY ADVANTAGE ACCIDENT ESSENTIALS - Series A-35B24

		Premium
18-64	INDIVIDUAL	\$29.12
18-64	HUSBAND WIFE	\$38.22
18-64	ONE-PARENT FAMILY	\$42.64
18-64	TWO-PARENT FAMILY	\$54.86

ACCIDENT INDEMNITY ADVANTAGE LEVEL ONE - Series A-35100

		Premium
18-64	INDIVIDUAL	\$39.00
18-64	HUSBAND WIFE	\$51.22
18-64	ONE-PARENT FAMILY	\$57.33
18-64	TWO-PARENT FAMILY	\$75.79

ACCIDENT INDEMNITY ADVANTAGE LEVEL TWO - Series A-35200

		Premium
18-64	INDIVIDUAL	\$49.01
18-64	HUSBAND WIFE	\$64.35
18-64	ONE-PARENT FAMILY	\$72.02
18-64	TWO-PARENT FAMILY	\$95.03

APPLICATION BELOW

Nonpayroll Base

Application for Accident Insurance (A35000 Series)
Limited Benefit Supplemental Health Insurance Coverage
Application to American Family Life Assurance Company of Columbus (Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Form with checkboxes for New, Conversion, and Policy Number.

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name, DOB, Sex, SSN, Address, City, State, ZIP, Home Telephone, Business Telephone, Best Time to Call, E-Mail Address (optional)

Are you applying for Dependent Child(ren) coverage? Yes No
If Yes, Dependent Children must be under age 25 at the time of application.

Write spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no spouse or your spouse is not to be covered, put N/A in the space below.

Spouse's Name, DOB, Sex

Account Name, Account No., Name of Employer, Type of Business, Job Duties, Job Title, Occupation Class, Industry Code

Is this insurance intended to replace any other health insurance now in force?
Does anyone to be covered have any other Accident coverage with Aflac?

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method: Direct, List Bill, Bank Draft (B/D, ACH), Credit Card (C/C)
Mode: 01 Monthly, 03 Quarterly, 06 Semiannual, 12 Annual

Assoc./Agent No. U4932, Sit. Code, Billable Premium \$, Premium Collected \$

CHECK COVERAGE DESIRED: <input type="checkbox"/> Individual <input type="checkbox"/> Two-Parent Family		
<input type="checkbox"/> One-Parent Family <input type="checkbox"/> Named Insured/Spouse Only		
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		
24-Hour Accident	Premium	
<input type="checkbox"/> Accident Essentials Policy Series A35B24		<input checked="" type="checkbox"/> After-Tax Only
<input type="checkbox"/> Plan 1 Accident Policy Series A35100		
<input type="checkbox"/> Plan 2 Accident Policy Series A35200		
Total Premium		

BENEFICIARY INFORMATION

PLEASE NOTE: We do not recommend that you name a minor child as your beneficiary. If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by your state. If there is no beneficiary, Aflac will pay any applicable benefit to your estate.

PRIMARY BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

CONTINGENT BENEFICIARY

FULL NAME (Last, First, MI)	RELATIONSHIP	CITY/STATE	DATE OF BIRTH	% OF PROCEEDS

Form A35NAPPAZ

PLEASE COMPLETE THE FOLLOWING QUESTIONS IF YOU ARE APPLYING FOR AN ACCIDENT POLICY.

1. Has anyone to be covered, within the last five years: been convicted of a felony; been charged two or more times with operating a vehicle while under the influence of alcohol or drugs; been charged three or more times with a moving violation; or is currently on parole or incarcerated in a correctional institution? Yes No

If you answered Yes to Question 1 above, you are not eligible for accident coverage. Please indicate to which person any "Yes" answer applies.

- Proposed Insured Spouse Child

_____.
Name of person

The person indicated above will not be covered by the policy. If the Proposed Insured, a policy will not be issued; therefore, do not submit this application.

- If a Child, are there other children to be covered? Yes No

Form ACCNUW

APPLICANT'S STATEMENTS AND AGREEMENTS

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date this application was signed by me.
- I acknowledge receipt of, if applicable:
 - Replacement Notice
 - Outline of Coverage
 - Guide to Health Insurance for People With Medicare*
 - Fair Credit Reporting Notice
- I understand that (1) the policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance; and (3) no change to the policy will be valid until approved by Aflac's president and secretary and noted in or attached to the policy.
- I understand that the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy and its benefits for the benefits provided in this Aflac policy.
- I have reviewed the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties but that any fraudulent material misrepresentations herein may result in loss of coverage under this policy. I further understand that I am signing this application one time even though I may have used it to apply for more than one policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).