

# 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.\*

INSURANCE PLAN

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AFLAC GROUP

# DISABILITY

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    FACT NO. 2 ACCOUNT FOR **\$400**

**22%**

**DISABILITIES**

**BILLION**

## 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 \$5,000.**
- **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](#)**

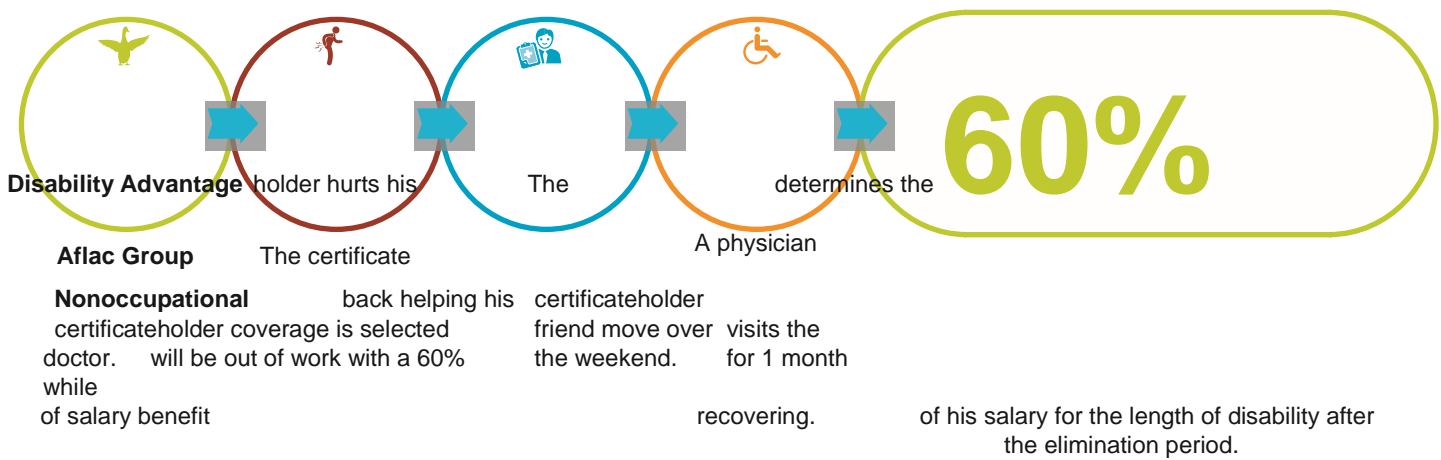
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**Aflac Group Disability Plan** pays the certificate holder

<sup>1</sup> Disability Impacts ALL of US., Centers for Disease Control and Prevention, 2015

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



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](http://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.



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## LIMITATIONS AND EXCLUSIONS

# DISABILITY INSURANCE

## WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW

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### 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.

**We've got you  
under our wing.®**

[aflacgroupinsurance.com](http://aflacgroupinsurance.com) || 1.800.433.3036

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





This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of Policy Form C50000NC.