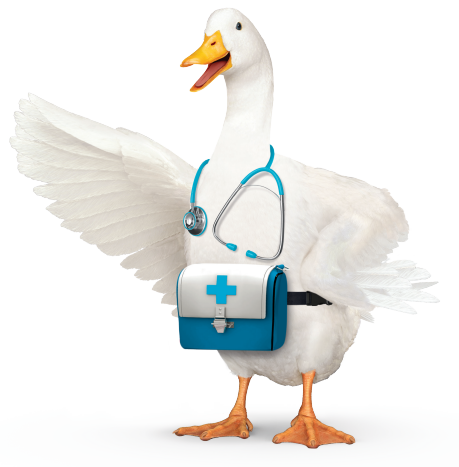
Aflac
Accident Insurance

ACCIDENT-ONLY INSURANCE – OPTION 3

Aflac is dedicated to helping provide peace of mind and financial security.



THE POLICY IS ACCIDENT-ONLY INSURANCE. IT DOES NOT PROVIDE COVERAGE FOR SICKNESS. IT IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL OR OTHER COMPREHENSIVE HEALTH INSURANCE COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

NY38375 IC(4/25)

AFLAC ACCIDENT INSURANCE

ACCIDENT-ONLY INSURANCE – OPTION 3

Policy NY38300

AC3

Accidents can happen at any moment. Let Aflac help ease the financial pain

Accidents can happen at any time and treating them can be costly. Even with health insurance there may be out-of-pocket costs — causing everyday expenses to suddenly seem overwhelming. Aflac Accident Insurance helps provide financial protection if a covered accidental injury occurs.

Health care costs continue to rise, and health insurance wasn't designed to cover everything. From out-of-pocket medical costs to time away from work, the financial impact can be surprising. Aflac can help cover those costs. Best of all, you get paid directly (unless otherwise assigned) — not the doctor or hospital.

Aflac has been there for our policyholders for nearly 70 years — in some of their most challenging moments. Aflac Accident Insurance can help give you peace of mind if you experience an accidental injury so you can focus on recovery rather than worrying about finances.



Aflac herein means American Family Life Assurance Company of New York.

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind, and the assurance that your family will have help financially, are powerful reasons to consider Aflac.

What does the Aflac Accident Insurance policy include?

- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries and surgical procedures.
- Benefits payable for initial treatment as well as follow-up care, including therapy and mental health treatment.
- A hospital confinement benefit that increases every year you have the policy, for a five-year period.
- An intensive care unit benefit that increases every year you have the policy, for a five-year period.
- An accidental death benefit.

Why Aflac Accident Insurance may be the right choice for you:

- We pay you, not the doctor or hospital.
- No underwriting questions to answer.
- No coordination of benefits—we pay regardless of any other insurance you may have.
- No network restrictions—you choose your own health care provider.
- Portable—take the plan with you if you change jobs or retire.*
- 24-hour accident insurance.

*Coverage remains in force as long as premiums are paid.

How it works

AFLAC ACCIDENT INSURANCE

AFLAC ACCIDENT INSURANCE – OPTION 3 COVERAGE IS SELECTED

WHILE PLAYING ON HIS TRAVEL BASEBALL TEAM, YOUR SON WAS INJURED SLIDING INTO HOME PLATE AND WAS TAKEN TO THE ER BY AMBULANCE.

HIS ANKLE IS BROKEN AND SURGERY IS PERFORMED.

AFLAC ACCIDENT INSURANCE – OPTION 3 COVERAGE PROVIDES THE FOLLOWING:

$6,265

TOTAL BENEFITS

The above example is based on a scenario for the Aflac Accident Insurance – Option 3 that includes the following benefit conditions: Ambulance Benefit of $450 (ground ambulance transportation); Initial Accident Treatment Benefit of $300; Named Injury Benefit (Dislocation and Fracture, Category 2, Surgically Repaired) of $3,000; Initial Hospitalization Admission Benefit of $1,500 (Year 1); Hospital Confinement Benefit (Year 1) of $300 (hospitalized for 1 day); Post-Accident Care Benefit of $585 (9 physical therapy treatments); Post-Accident Care Benefit of $130 (2 follow-up visits with surgeon).

Benefits and/or premium may vary based on state and benefit option selected. The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.366.3436, or visit aflac.com.

AFLAC ACCIDENT INSURANCE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT DETAILS
	INITIAL TREATMENT BENEFITS
INITIAL ACCIDENT TREATMENT BENEFIT	$300 once per covered accident, per covered person. Limited to the maximum number of visits listed below per policy, per calendar year based on the type of coverage. **Type of Coverage** / **Number of Visits** Individual: 10 Named Insured/Spouse Only: 15 One-Parent Family: 20 Two-Parent Family: 25
AMBULANCE BENEFIT	• Ground: $450 • Air or Water: $3,000 Limited to two trips per covered accident, per covered person.
	CONFINEMENT BENEFITS
INITIAL HOSPITALIZATION ADMISSION WITH BUILDING BENEFIT	Pays the benefit amount as shown in the Building Benefit Table for a covered person's hospital admission or intensive care unit (ICU) admission as the result of injuries. **Year 1** / **Year 2** / **Year 3** / **Year 4** / **Year 5+** **Hospital Admission**: $1,500 / $2,000 / $2,500 / $3,000 / $3,500 **ICU Admission**: $3,000 / $4,000 / $5,000 / $6,000 / $7,000 Only one initial hospitalization admission benefit, the highest amount, is payable per covered accident, per covered person. If a covered person is confined to a hospital bed and is later confined to the ICU, the difference between the two benefits will be paid.
HOSPITAL CONFINEMENT WITH BUILDING BENEFIT	Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to a hospital as the result of injuries. **Year 1**: $300 / **Year 2**: $350 / **Year 3**: $400 / **Year 4**: $450 / **Year 5+**: $500 Payable up to 365 days per covered accident, per covered person.
INTENSIVE CARE UNIT CONFINEMENT WITH BUILDING BENEFIT	Pays the benefit amount shown in the Building Benefit Table for each day a covered person is confined to an intensive care unit (ICU) as the result of injuries. **Year 1**: $600 / **Year 2**: $700 / **Year 3**: $800 / **Year 4**: $900 / **Year 5+**: $1,000 Payable up to 15 days per covered accident, per covered person.
REHABILITATION CONFINEMENT BENEFIT	Pays $250 for each day a covered person is confined to a rehabilitation facility for at least 18 hours as the result of injuries. Payable up to 30 days per covered accident, per covered person.
	NAMED INJURY BENEFITS
DISLOCATION AND FRACTURE BENEFIT	The benefit amount payable will be based on the body part (joint) dislocated or body part (bone) fractured regardless of the number of dislocations and/or fractures incurred on the same body part. **Category 1** / **Category 2** / **Category 3** **Surgical**: $600 / $3,000 / $6,000 **Non-Surgical**: $200 / $1,500 / $3,000 **Chip Fracture**: $50 / $375 / $750 If a covered person suffers multiple dislocations and/or fractures of different body parts as the result of one covered accident, we will pay the applicable amount for each injury per accident, per covered person.

BENEFIT NAME	BENEFIT DETAILS
DISMEMBERMENT BENEFIT	**Dismemberment Type** — **Benefit** Double Dismemberment — $50,000 Single Dismemberment — $15,000 Finger/Toe Dismemberment — $1,500 Partial Dismemberment — $500 Loss of Hearing (in one ear) — $7,500 Loss of Sight (in one eye) — $7,500 Coma — $20,000 The dismemberment must occur within 90 days after the covered accident. Only one dismemberment benefit amount, the highest amount, is payable per covered accident, per covered person. Only one coma or one acquired brain injury benefit is payable per covered accident, per covered person.
EMERGENCY DENTAL TREATMENT BENEFIT	**Type** — **Benefit** Loss or Extraction of a tooth — $200 Repair/Replacement of a tooth — $500 No more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered accident, per covered person.
EMERGENCY VISION TREATMENT BENEFIT	**Type** — **Benefit** Foreign Object Removal — $100 Eye Surgery — $500 No more than one foreign object removal or eye surgery per covered accident, per covered person.
LACERATION BENEFIT	**Type** — **Benefit** Laceration with suture — $100 Laceration without suture — $50 Only one laceration benefit amount, the highest amount, is payable per covered accident, per covered person.
ABRASION WITH SKIN GRAFT BENEFIT	Pays when a covered person suffers an abrasion and requires a skin graft to repair. **Abrasion Percentage** — **Benefit** < 10% of total body surface — $175 10% - 19% of total body surface — $550 20% - 29% of total body surface — $1,500 30% or greater of total body surface — $3,000 Only one abrasion with skin graft benefit amount, the highest amount, is payable per covered accident, per covered person.
SECOND-DEGREE BURN BENEFIT	**Second-Degree Burn Percentage** — **Benefit** < 10% of total body surface — $175 10% - 19% of total body surface — $550 20% - 29% of total body surface — $1,500 30% or greater of total body surface — $3,000 Only one second-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.
THIRD-DEGREE BURN BENEFIT	**Third-Degree Burn Percentage** — **Benefit** < 2.5% of total body surface — $275 2.5% - 10% of total body surface — $1,350 10% - 19% of total body surface — $4,000 20% - 29% of total body surface — $15,000 30% or greater of total body surface — $25,000 Only one third-degree burn benefit amount, the highest amount, is payable per covered accident, per covered person.

BENEFIT NAME	BENEFIT DETAILS
SURGERY BENEFIT	Pays the benefit amount listed below when a covered person undergoes surgery performed in a medical facility. **Surgery Type** — **Benefit** Category 1 — Repair of Hernia, Arthroscopy, Surgery (Other) — $400 Category 2 — Ruptured Disc, Tendons/Ligaments, Torn Knee Cartilage, Torn Rotator Cuff — $1,500 Category 3 — Cranial Surgery, Open Abdominal Surgery, Open Thoracic Surgery (excluding chest tube insertions) — $3,000
ACQUIRED BRAIN INJURY BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed with an acquired brain injury. **Severity** — **Benefit** Severe (Glasgow Scale 8 or less) — $20,000 Moderate (Glasgow Scale 9-12) — $1,000 Mild (Glasgow Scale 13-15 or concussion diagnosis) — $250 Payable once per covered accident, per covered person. Only one coma or one acquired brain injury benefit is payable per covered accident, per covered person.
PARALYSIS BENEFIT	Pays the benefit amount listed below when a covered person is diagnosed by a medical professional with permanent paralysis. **Paralysis Type** — **Benefit** One or two limbs — $15,000 Three or four limbs — $50,000 Only one paralysis benefit amount, the highest amount, is payable per covered accident, per covered person.
FOLLOW-UP CARE AND SERVICES BENEFITS	
POST-ACCIDENT CARE BENEFIT	$65 per visit Payable up to 30 visits per covered accident, per covered person.
TRANSPORTATION BENEFIT	$1,000 per round trip to any medical facility or rehabilitation facility located more than 50 miles from the site of the covered accident or residence of the covered person when a covered person requires confinement for injuries sustained in a covered accident. Payable for up to 3 round trips per calendar year, per covered person.
PROSTHESIS BENEFIT	$1,000; payable once per covered accident, per covered person.
PROSTHESIS REPAIR/ REPLACE BENEFIT	$1,000; replacement must occur 12 months or more after any previously paid prosthesis benefit.
LOSS OF LIFE BENEFIT	
ACCIDENTAL DEATH BENEFIT	**Common-Carrier Accident** — **Other Accident** **Named Insured/Spouse** — $200,000 — $100,000 **Child** — $80,000 — $40,000 Payable once per covered person.
SPECIALTY BENEFITS	
AUTOMOBILE AND/OR HOME MODIFICATION BENEFIT	$5,000; payable once per covered accident, per covered person. Additional conditions apply; refer to the disclosure.
WAIVER OF PREMIUM	Yes
CONTINUATION OF COVERAGE BENEFIT	Yes

REFER TO THE FOLLOWING DISCLOSURE STATEMENT FOR BENEFIT DETAILS, DEFINITIONS, LIMITATIONS AND EXCLUSIONS.

ACCIDENT-ONLY COVERAGE

American Family Life Assurance Company of New York
(referred to as Aflac New York)
22 Corporate Woods Boulevard • Suite 2 • Albany, New York 12211
1.800.366.3436

ACCIDENT-ONLY COVERAGE

REQUIRED DISCLOSURE STATEMENT FOR POLICY FORM SERIES NY38000

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Aflac New York.

(1) Read Your Policy Carefully. This disclosure statement provides a very brief description of the important features of the coverage. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and Aflac New York. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

(2) Accident-Only coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

(3) Aflac New York will pay the following benefits as applicable if a Covered Person's Accidental Death or Injury is caused by a covered accident. Accidental-Death or Injury must be independent of Sickness or the medical or surgical treatment of Sickness, or of any cause other than a covered accident. A covered Injury must also occur while coverage is in force and is subject to the Limitations and Exclusions. A charge is not required for benefits to be payable.

INITIAL TREATMENT BENEFITS

Initial Accident Treatment
Pays $300 when a Covered Person receives initial Treatment by a Medical Professional as the result of an Injury.

This benefit is payable once per covered accident, per Covered Person. This benefit will not be paid for routine health examinations, immunizations, care received by a chiropractor, or other post-accident care.

This benefit is limited to the maximum number of visits listed below per policy, per Calendar Year based on the Type of Coverage.

Type of Coverage	Number of Visits
Individual	10
Named Insured/Spouse Only	15
One-Parent Family	20
Two-Parent Family	25

Ambulance
Pays the benefit amount listed below when a Covered Person is transported by a licensed professional ambulance company via air, water or ground as the result of an Injury. The benefit amount payable will be based on the type of ambulance.

Ambulance Type	Benefit Amount
Air or Water	$3,000
Ground	$450

This benefit is limited to two trips per covered accident, per Covered Person.

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CONFINEMENT BENEFITS

Each applicable Confinement Benefit is payable once per day, even if Treatment is received for more than one Injury. The Building Benefit Amount payable will be based on the accrued Building Benefit Year for the policy while coverage remains in force. A Building Benefit Year is a 12-month time period, beginning on the policy Effective Date and ending one year later. Upon completion of each full Building Benefit Year, the Building Benefit Amount will increase until the maximum Building Benefit Amount is reached. Once the maximum is reached, the Building Benefit Amount will no longer increase.

Initial Hospitalization Admission
Pays the benefit amount listed below for a Covered Person's Hospital Admission or Intensive Care Unit (ICU) Admission as the result of Injuries.

Only one Initial Hospitalization Admission benefit, the highest amount, is payable per covered accident, per Covered Person. If the Hospital confinement follows a previously covered Hospital confinement, it will be deemed a continuation of the first Hospital confinement unless (1) the later Hospital confinement is the result of an entirely unrelated Injury and (2) the Hospital confinements are separated by 14 days or more. If a Covered Person is confined to a Hospital bed and is transferred to the ICU, the difference between the two benefits will be paid.

	Building Benefit Year				
	1	2	3	4	5+
Hospital Admission	$1,500	$2,000	$2,500	$3,000	$3,500
ICU Admission	$3,000	$4,000	$5,000	$6,000	$7,000

Hospital Confinement
Aflac New York will pay the benefit amount listed below for each day a Covered Person is confined to a Hospital as the result of Injuries.

This benefit is payable for up to 365 days per covered accident, per Covered Person.

	Building Benefit Year				
	1	2	3	4	5+
Hospital Confinement	$300	$350	$400	$450	$500

The Hospital Confinement benefit is not payable for the same day(s) that the Rehabilitation Confinement and ICU Confinement benefits are payable. The highest eligible benefit will be paid.

ICU Confinement
Aflac New York will pay the benefit amount listed below for each day a Covered Person is confined to an Intensive Care Unit (ICU) as the result of Injuries.

This benefit is payable for up to 15 days per covered accident, per Covered Person.

	Building Benefit Year				
	1	2	3	4	5+
ICU Confinement	$600	$700	$800	$900	$1,000

The ICU Confinement benefit is not payable for the same day(s) that the Rehabilitation Confinement and Hospital Confinement benefits are payable. The highest eligible benefit will be paid.

Rehabilitation Confinement
Pays $250 for each day a Covered Person is Confined to a Rehabilitation Facility for at least 18 hours as the result of Injuries.

This benefit is payable for up to 30 days per covered accident, per Covered Person.

The Rehabilitation Confinement benefit is not payable for the same day(s) that the Hospital Confinement and ICU Confinement benefits are payable. The highest eligible benefit will be paid.

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NAMED INJURY BENEFITS

The diagnosis, Treatment, and/or procedure(s) must be performed by a Medical Professional.

Dislocation and Fracture

Pays the benefit amount as listed below when a Covered Person's joint is Dislocated, or a bone is Fractured, based on if the Injury requires surgical repair or non-surgical repair. We will pay the Chip Fracture benefit amount if a Covered Person has a Chip Fracture but surgical repair is not required.

The applicable amount payable for this benefit will be based solely on the body part (joint) Dislocated or body part (bone) Fractured regardless of the number of Dislocations and/or Fractures incurred on the same body part. If a Covered Person suffers multiple Dislocations and/or Fractures of the same body part as the result of one covered accident, we will only pay the applicable Dislocation or Fracture benefit once per body part. If a Covered Person suffers multiple Dislocations and/or Fractures of different body parts as the result of one covered accident, we will pay the applicable amount for each Dislocation and/or Fracture per accident, per Covered Person.

Injury Type & Location		Surgically Repaired	Non-surgically Repaired	Chip Fracture
Category 1				
Fractures Finger Toe Coccyx	Dislocation Finger Toe Shoulder	$600	$200	$50
Category 2				
Fractures Foot Ankle Heel Lower leg Wrist Forearm Elbow Upper arm Face Nose Hand Kneecap Lower jaw Upper jaw Rib Cage Shoulder blade Collarbone	Dislocation Collarbone Lower jaw Wrist Knee Elbow	$3,000	$1,500	$375
Category 3				
Fractures Hip Pelvis Upper leg Skull Sternum Vertebrae Vertebral processes	Dislocation Hip Ankle/Foot	$6,000	$3,000	$750

Dismemberment

Pays the benefit amount as listed below when a Covered Person sustains a Dismemberment.

The Dismemberment must occur within 90 days after the covered accident.

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Dismemberment Type	Benefit Amount
Double Dismemberment	$50,000
Single Dismemberment	$15,000
Finger / Toe Dismemberment	$1,500
Partial Dismemberment	$500
Loss of Hearing (in one ear)	$7,500
Loss of Sight (in one eye)	$7,500
Coma	$20,000

Only one Dismemberment benefit amount, the highest amount, is payable per covered accident, per Covered Person. Only one Coma or one Acquired Brain Injury benefit is payable per covered accident, per Covered Person.

Emergency Dental Treatment
Pays the benefit amount as listed below when a Covered Person requires the following dental Treatment:

Emergency Dental Treatment Type	Benefit Amount
Loss or Extraction of a tooth	$200
Repair/Replacement of a tooth	$500

Aflac New York will pay for no more than one loss or extraction of a tooth and one repair or replacement of a tooth per covered accident, per Covered Person.

Emergency Vision Treatment
Pays the benefit amount as listed below when a Covered Person requires the following vision Treatment:

Emergency Vision Treatment Type	Benefit Amount
Foreign Object Removal	$100
Eye Surgery	$500

Aflac New York will pay for no more than one foreign object removal or eye surgery per covered accident, per Covered Person.

Laceration
Pays the benefit amount as listed below when a Covered Person suffers a Laceration.

Wound Type	Benefit Amount
Laceration with suture	$100
Laceration without suture	$50

A Laceration resulting from an open Fracture will not be payable under this benefit. Please refer to Fractures for benefit payable.

Only one Laceration benefit amount, the highest amount, is payable per covered accident, per Covered Person.

Abrasion with Skin Graft
Pays the benefit amount as listed below when a Covered Person suffers an Abrasion and requires a skin graft to repair. The benefit amount payable will be based on the percentage of the total body surface affected.

Abrasion Percentage	Benefit Amount
< 10% of total body surface	$175
10% - 19% of total body surface	$550
20% - 29% of total body surface	$1,500
30% or greater of total body surface	$3,000

Only one Abrasion with Skin Graft benefit amount, the highest amount, is payable per covered accident, per Covered Person.

Second-Degree Burn
Pays the benefit amount as listed below when a Covered Person suffers second-degree burn(s). The benefit amount payable will be based on the percentage of the total body surface burned.

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Second-Degree Burn Percentage	Benefit Amount
< 10% of total body surface	$175
10% - 19% of total body surface	$550
20% - 29% of total body surface	$1,500
30% or greater of total body surface	$3,000

Only one Second-Degree Burn benefit amount, the highest amount, is payable per covered accident, per Covered Person.

Third-Degree Burn
Pays the benefit amount as listed below when a Covered Person suffers third-degree burn(s). The benefit amount payable will be based on the percentage of total body surface area burned.

Third-Degree Burn Percentage	Benefit Amount
< 2.5% of total body surface	$275
2.5% - 10% of total body surface	$1,350
11% - 19% of total body surface	$4,000
20% - 29% of total body surface	$15,000
30% or greater of total body surface	$25,000

Only one Third-Degree Burn benefit amount, the highest amount, is payable per covered accident, per Covered Person.

Surgery
Pays the benefit amount as listed below when a Covered Person undergoes Surgery performed in a Medical Facility.

This benefit is payable only for procedures not specified elsewhere in the Named Injury Benefits section of the policy.

Surgery Type	Benefit Amount
Category 1	
Repair of a Hernia Arthroscopy Surgery (Other)	$400
Category 2	
Ruptured Disc Tendons and/or Ligaments Torn Knee Cartilage Torn Rotator Cuff	$1,500
Category 3	
Cranial Surgery Open Abdominal Surgery Open Thoracic Surgery (excluding chest tube insertions)	$3,000

Acquired Brain Injury
Pays the benefit amount as listed below when a Covered Person is diagnosed with an Acquired Brain Injury.

Severity	Benefit Amount
Severe (Glasgow Scale 8 or less)	$20,000
Moderate (Glasgow Scale 9-12)	$1,000
Mild (Glasgow Scale 13-15 or concussion diagnosis)	$250

This benefit is payable once per covered accident, per Covered Person. Only one Coma or one Acquired Brain Injury benefit is payable per covered accident, per Covered Person.

Paralysis
Pays the benefit amount as listed below when a Covered Person is diagnosed by a Medical Professional with Permanent Paralysis.

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Paralysis Type	Benefit Amount
Quadriplegia (Four Limbs) or Triplegia (Three Limbs)	$50,000
Diplegia or hemiplegia (Two Limbs) or Monoplegia (One Limb)	$15,000

Only one Paralysis benefit amount, the highest amount, is payable per covered accident, per Covered Person.

The duration of the Permanent Paralysis must be a minimum of 7 days.

FOLLOW UP CARE AND SERVICES

The care and service(s) must be performed by a Medical Professional or Therapy Professional.

Post-Accident Care
Pays $65 per visit when a Covered Person receives follow-up Treatment, including mental health Treatment, for Injuries sustained in a covered accident for which an Initial Accident Treatment benefit is payable.

This benefit is payable up to 30 visits per covered accident, per Covered Person. This benefit will not be paid for care received while Confined, routine health examinations or immunizations.

Transportation
Pays $1,000 per round trip when a Covered Person requires Confinement for Injuries sustained in a covered accident.

This benefit is not payable for transportation to any Medical Facility or Rehabilitation Facility located within a 50 mile radius of the site of the covered accident or residence of the Covered Person. The local attending Medical Professional must prescribe the Treatment.

This benefit is payable for up to 3 round trips per Calendar Year, per Covered Person. This benefit is not payable for transportation by ambulance or air or water ambulance.

Prosthesis
Pays $1,000 when a Covered Person requires a Prosthetic Device as a result of Injuries due to a covered accident. This benefit is not payable for hearing aids, wigs, or dental aids to include false teeth. This benefit is payable once per covered accident, per Covered Person.

Prosthesis Repair/Replace
Pays $1,000 if:

- a Covered Person requires replacement of an existing Prosthetic Device for which benefits were previously paid under the Prosthesis Benefit. The replacement must occur 12 months or more after any previously paid Prosthesis Benefit, or
- a Covered Person sustains damages as a result of Injuries sustained in a covered accident, which require repair or replacement of an existing Prosthetic Device.

This benefit is not payable for repair or replacement of hearing aids, wigs, or dental aids to include false teeth.

LOSS OF LIFE BENEFIT

Accidental Death
Pays the benefit amount as listed below for a Covered Person's Accidental Death. The Accidental Death must occur within 90 days after the covered accident.

Accident Type	Benefit Amount
Common-Carrier Accident	
Named Insured or Spouse	$200,000
Child	$80,000
Other Accident	
Named Insured or Spouse	$100,000
Child	$40,000

This benefit is payable once per Covered Person.

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SPECIALTY BENEFITS

Automobile and/or Home Modification
Pays $5,000 when a Covered Person suffers a Single Dismemberment, Double Dismemberment, or Permanent Paralysis due to a covered accident when:

1. a physician certifies the modification is needed to accommodate a physical impairment;
2. the home alteration is made by someone experienced in such adaptations and modifications;
3. the alteration is in compliance with applicable laws or requirements for approval by the appropriate government authorities; and
4. the alteration expenses do not exceed the usual level of charges for similar alterations and modifications in the locality where the expense is incurred.

This benefit is payable once per covered accident, per Covered Person.

Waiver Of Premium
If you are employed and you, due to Injuries sustained in a covered accident, are completely unable to do all of the usual and customary duties of your occupation, or if you are not employed, are completely unable to perform the material and substantial duties of any job which you are or reasonably become qualified for by reason of education, training, or experience, for a period of 90 consecutive days while the policy is in force, Aflac New York will waive, from month to month, any premiums falling due during your continued inability. For premiums to be waived, Aflac New York will require a Medical Professional's statement certifying your inability to perform said duties, and may each month thereafter require a Medical Professional's statement that total inability continues.

If you die and your Spouse becomes the new Named Insured, premiums will start again and be due on the first premium due date after the change. The new Named Insured will then be eligible for this benefit if the need arises.

You must pay all premiums to keep the policy and any applicable rider(s) in force until Aflac New York approves your claim for this Waiver of Premium Benefit. You must also resume premium payment to keep the policy and any applicable rider(s) in force, beginning with the first premium due after you no longer qualify for Waiver of Premium Benefits.

Continuation Of Coverage Benefit
We will waive all monthly premiums due for the policy and riders, if any, for up to two months if you meet all of the following conditions:

- Your policy has been in force for at least six months;
- We have received premiums for at least six consecutive months;
- Your premiums have been paid through payroll deduction and you leave your employer for any reason;
- You or your employer notifies us in writing within 30 days of the date your premium payments cease because of your leaving employment; and
- You re-establish premium payments through:
  - your new employer's payroll deduction process or
  - direct payment to Aflac New York.

You will again become eligible to receive this benefit after:

- You re-establish your premium payments through payroll deduction for a period of at least six months, and
- We receive premiums for at least six consecutive months.

"Payroll deduction" means your premium is remitted to Aflac New York for you by your employer through a payroll deduction process.

(5) Limitations of the Policy:

Aflac New York will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.

For any benefit to be payable, the applicable Injury, Treatment, or loss must occur on or after the Effective Date of coverage and while coverage is in force.

Aflac New York will not pay benefits for treatment or loss due to Sickness including (1) any bacterial, viral, or microorganism infection or infestation or any condition resulting from insect, arachnid, or other arthropod bites or

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stings; or (2) an error, mishap, or malpractice during medical, diagnostic, or surgical treatment or procedure for any Sickness.

Aflac New York will not pay benefits whenever coverage provided by this policy is in violation of federal law. This includes, but is not limited to, the Bank Secrecy Act, the Foreign Corrupt Practices Act and/or regulations of the Office of Foreign Assets Control. If coverage violates any of these statutes or regulations, the insured individual may not receive benefits under the policy, and coverage shall be null and void. For information on U.S. trade and economic sanctions, please visit the U.S. Treasury Department Office of Foreign Assets and Control website.

Aflac New York may void the policy and will not pay benefits whenever: (1) material facts or circumstances have been concealed or misrepresented in making a claim under the policy; or (2) fraud is committed or attempted in connection with any matter relating to the policy. If you have received benefits that were not contractually due under the policy, then Aflac New York reserves the right to offset any benefits payable under the policy up to the amount of benefits you received that were not contractually due.

(6) Exclusions of the Policy:

Aflac New York will not pay benefits for an Injury, treatment, or loss that is caused by or occurs as a result of a Covered Person's:

- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Loss sustained or contracted while intoxicated or under the influence of any narcotic, unless administered on the advice of a Medical Professional;
- Participating in an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); or being engaged in an illegal occupation;
- Intentionally self-inflicting a bodily injury, or committing or attempting suicide;
- Having cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect; or
- Having dental care or treatment except as a result of accidental injury to sound natural teeth within 12 months of the accident.

(7) Renewability. The policy is guaranteed renewable for your lifetime as long as you pay the premiums when they are due or within the grace period. We may discontinue or terminate the policy if you have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the policy, including claims for benefits under the policy. We may change the premium we charge if the New York Superintendent of Insurance approved the rate, but not specific to any one person. Any premium change will be made for all policies of the same form number and premium classification in the state where the policy was issued that are then in force and the Superintendent of Financial Services approves the rate. If the policy was issued on a "list-bill" basis and you leave your employer for any reason, the premium will revert to a higher nonpayroll rate.

This Disclosure Statement is a very brief summary of your policy.

The policy itself sets forth the rights and obligations of both you and Aflac New York. It is therefore imperative that you READ YOUR POLICY carefully.

The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which Aflac New York expects to return as benefits, when averaged over all people with this policy.

RETAIN THIS DISCLOSURE STATEMENT FOR YOUR RECORDS.
THIS STATEMENT IS ONLY A BRIEF SUMMARY OF YOUR POLICY.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

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TERMS YOU NEED TO KNOW

ABRASION: An area of skin damaged by scraping or wearing away, usually caused by sliding on a hard rough surface.

ACCIDENTAL DEATH: A covered person's death caused by an injury.

ACQUIRED BRAIN INJURY: An injury to the brain that is not hereditary, congenital, degenerative, or induced by birth trauma, and that results in a neurological deficit. Acquired brain injury benefit is payable based on the following Glasgow Coma Scale (GCS) rating:

- Severe: GCS 8 or less
- Moderate: GCS 9-12
- Mild: GCS 13-15 or concussion diagnosis

COMMON-CARRIER ACCIDENT: An accident directly involving a common-carrier vehicle in which a covered person is a passenger at the time of the accident. A common-carrier vehicle is limited to only an airplane, train, bus, trolley, or boat that is duly licensed by a proper authority to transport persons for a fee, holds itself out as a public conveyance, and is operating on a posted regularly scheduled basis between predetermined points or cities at the time of the accident. A passenger is a person aboard or riding in a common-carrier vehicle other than (1) a pilot, driver, operator, officer, or member of the crew of such vehicle; (2) a person having any duties aboard such vehicle; or (3) a person giving or receiving any kind of training or instruction.

CONFINED/CONFINEMENT: Assignment to a bed in a hospital, intensive care unit, or rehabilitation facility.

COVERED PERSON: Any person insured under the coverage type you applied for on the application: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Spouse is defined as the person to whom you are legally married and who is listed on your application. Newborn children of the named insured or spouse are automatically covered under the terms of the policy for 30 days from the moment of birth. If individual or named insured/spouse only coverage is in force and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the child's birth. Upon notification, Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due, if any. Coverage provided under any one-parent family or two-parent family policy will continue to include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability (as defined in the New York Mental Hygiene Law), or physical handicap, and who became so incapacitated prior to age 26 and while covered under the policy. Dependent children are your children, stepchildren, legally adopted children, children placed with you for adoption, or children for whom you are appointed as the legal guardian and who are under age 26. Your grandchildren or your spouse's grandchildren are not covered under the policy unless you or your spouse are their legal guardian. A dependent child (including persons incapable of self-sustaining employment by reason of mental illness, developmental disability (as defined in the New York Mental Hygiene Law), or physical handicap) must be under age 26 at the time of application to be eligible for coverage.

EFFECTIVE DATE: The date(s) coverage begins as shown in the Policy Schedule or any attached endorsements or riders. The effective date may not be the date you requested or the date you signed the application for coverage.

HOSPITAL ADMISSION: Assignment to a bed in any covered unit of a hospital for at least 18 hours; or admission to a hospital as an inpatient.

INJURY: Unexpected and unintended physical damage to a covered person that is a direct result of an accident independent of sickness.

MEDICAL PROFESSIONAL: A person appropriately licensed by the state to provide diagnostic and/or medical care and treatment, including but not limited to:

- doctor of medicine (MD/DO);
- doctor of dental medicine (DMD) or doctor of dental surgery (DDS);
- nurse practitioners (NP/APRN); or
- physician assistants (PA).

The medical professional must be acting within the scope of their license. If required by law, the medical professional must be under the supervision of a licensed doctor of medicine.

OTHER ACCIDENT: An accident that is not classified as a common-carrier accident and that is not specifically excluded in the Limitations and Exclusions sections.

PERMANENT PARALYSIS: Damage to the brain or spinal cord that results in a diagnosis of permanent monoplegia, diplegia, hemiplegia, triplegia, or quadriplegia.

Types of permanent paralysis include:

- **MONOPLEGIA:** the complete and irreversible total loss of use of a single arm or leg.
- **DIPLEGIA:** the complete and irreversible total loss of use of a combination of two arms or legs.
- **HEMIPLEGIA:** the complete and irreversible total loss of use of one arm and one leg.
- **TRIPLEGIA:** the complete and irreversible total loss of use of a combination of three arms or legs.
- **QUADRIPLEGIA:** the complete and irreversible total loss of use of both arms and both legs.

SICKNESS: An illness, disease, bacterial, fungal, parasitic or viral infection, disorder, or condition not caused by an injury.

ADDITIONAL INFORMATION

The term hospital does not include, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for convalescent, custodial, educational, or rehabilitative care.

The term hospital admission does not include assignment to a bed in the emergency room; or confinement in the emergency room, admissions for same day surgical procedures, or admissions for observation.

The term intensive care unit does not include a private monitored room or observation unit.

The term rehabilitation facility does not include a nursing home, rest home, convalescent home, home for the aged, or an assisted living facility; a facility which primarily provides hospice care; or facilities or a wing/ward of a hospital primarily for the care or treatment of persons with substance abuse issues/disorders or mental or nervous disorder(s).

The term coma does not include sedation for the purpose of surgery or other medical procedure, or a coma which results directly from alcohol or drug use.

Confinement does not include a bed in an emergency room.

A medical professional does not include a registered nurse (RN); or you or a member of your immediate family.

Burns will be payable based on the percentage of total body surface burned.

Dislocations and fractures will be payable based on the dislocation and fracture benefit amount shown in the policy. They can be corrected surgically or non-surgically.

Lacerations will be payable based on the laceration benefit amount shown in the policy. A laceration resulting from an open fracture will not be payable under the laceration benefit.

Paralysis must be confirmed by a medical professional. The duration of the paralysis must be a minimum of seven days.

Surgical procedures must be performed in a medical facility. The surgery benefit is payable only for procedures not specified elsewhere in the named injury benefits section shown in the policy.

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