



What is Short-Term Disability Insurance?

Short-Term Disability Insurance pays out a percentage of your salary if you become temporarily disabled. If you are unable to work for a short period of time, due to illness or injury that happens outside of work, benefits will be payable to help you. Benefits offer money for expenses that may come up because of medical treatment or ongoing living expenses. Coverage does not replace core health insurance as it is a limited benefit.

Short-Term Disability benefits begin after you meet the definition of disability and satisfy the waiting period. Benefit payments can continue while you are disabled up to the maximum benefit duration you select. Please refer to the Short-Term Disability brochure for the full plan and exclusion details.

Benefits will be paid for only one disability at a time, even if the disability is caused by more than one sickness, more than one injury, or a sickness and an injury. Aflac reserves the right to meet with the covered employee while a claim is pending, or to use an independent consultant and physician's statement to determine whether the covered employee is qualified to receive disability benefits.

Here's How Aflac Can Help

The financial obligations of not being able to work can be overwhelming. Disability insurance plays an integral and important role in your financial planning to help you keep your savings.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits with other companies. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

Disability due to pregnancy and childbirth is a payable covered sickness. Disability benefits for childbirth will be payable only after the plan has been in force for nine months. The maximum period allowed for Disability due to childbirth is six weeks for non-cesarean 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.

Plan Options and Guarantee Issue

- 3-month benefit duration with a 7/7-day elimination period;
 - 6-month benefit duration with a 7/7-day elimination period; or
 - 12-month benefit duration with a 90/90-day elimination period
- Guaranteed Issue up to \$4,000 with no health questions asked for all actively at work eligible employees.

Why Aflac Group Short-Term Disability may be right for You

Aflac's Group Short-Term Disability Insurance plan can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself. You choose the plan that's right for you based on your financial needs and income. Aflac offers an option for a 3-month, 6-month and 12-month plan of guaranteed-issue, Group Short-Term Disability coverage.

That means no health questions are required for coverages up to **\$4,000**, with a maximum income replacement of **60% of salary for nonoccupational injuries, for all actively at work eligible employees**. Aflac pays you a cash benefit for each day you are disabled.

When to File a Claim

The plan considers you disabled if, due to a covered sickness or injury, you are unable to perform the material and substantial duties of your Full-Time Job (see plan for details).

Group Plan Benefits

COVERAGE OPTIONS - CUSTOMIZE THE POLICY YOU NEED

Benefit	Description
Monthly Benefit Payment	\$300 to \$6,000 (subject to income requirements)
Guarantee Issue Amounts	Monthly benefit up to \$4,000
Maximum Income Replacement	60% of the employee's base annual pay
Partial Disability Benefit Period	3, 6, or 12 months

Premium Rates (post-tax)

BI-WEEKLY PREMIUM PER UNIT (\$100 OF MONTHLY BENEFIT)

Age	7/7 EP [†] 3 Mo Period	7/7 EP 6 Mo Period	90/90 EP 12 Mo Period
18-49	\$1.02	\$1.26	\$0.48
50-64	\$1.02	\$1.38	\$0.66
65-74	\$1.26	\$1.74	\$0.96

All benefits are subject to the Limitations and Exclusions, Preexisting Condition Limitations, and other plan terms.

[†] Elimination Period (EP): The period of time between the onset of a disability, and the time you are eligible for benefits.

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 your 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.

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 participation in a riot. War does not include acts of 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
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. Injury or Sickness that is covered by Worker's Compensation.

Pre-Existing Condition Limitation

Pre-existing Condition is an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the Effective Date.

For a condition to have been Pre-existing a Doctor must have advised, diagnosed, or treated the covered employee, or symptoms existed that would ordinarily cause a prudent person to seek medical advice or treatment.

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.

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 Effective Date.

We will not reduce or deny a claim for benefits for any Disability due to a pre-existing condition that was diagnosed more than 12 months after the Effective Date.

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

- 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:

- The date the master policy is terminated,
- The 31st day after the premium due date if the required premium has not been paid,
- The date you cease to meet the definition of an employee as defined in the master policy,
- The date you no longer belong to an eligible class,
- Reach the age of 75.

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.

Portability

When you end employment with the employer and your coverage would otherwise terminate, you may elect to continue your coverage under the plan. You may continue the coverage that you had on the date your employment ended, including any in-force Spouse or Dependent Child coverage. The following conditions must be met for you to keep your certificate in force:

- Within 31 days after the date your insurance would otherwise terminate, you must notify the Company. Notification may be via written notice sent to P.O. Box 427, Columbia, South Carolina, 29202; or by calling the Customer Service number at **800.433.3036**.

- You must pay the required premium directly to the Company no later than 31 days after the date your coverage would otherwise terminate and on each premium due date thereafter. Insurance will end on the earlier of these dates:

- 31 days after the date you fail to pay any required premium.
- The date the group policy is terminated.

However, coverage may not be continued if:

- You fail to pay any required premium, or
- The Group Policy terminates.

Notification of any changes in the plan will be provided directly to you.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.