Peace of Mind and Real Cash Benefits

GROUP CRITICAL ILLNESS
Includes Cancer and Wellness

We've got you under our wing.
You can win the battle against a critical illness, but can you handle the added costs?

A group critical illness plan helps prepare you for the added costs of battling a specific critical illness. The good news is that many people with a critical illness survive these life-threatening battles. Unfortunately, as the recovery process begins, people become aware of the medical bills that have piled up.

Your recovery doesn’t have to be spoiled by medical bills. With this plan, our goal is to help you and your family cope with and recover from the financial stress of surviving a critical illness.

**COVERAGE WORK SHEET**

| Employee Benefit: | $___________________ |
| Spouse Benefit:   | $___________________ |
| Child Benefit:    | $___________________ |
|                   | (25 percent of the primary insured amount) |
| Total Weekly Deduction: | $___________________ |

This work sheet is for illustration purposes only. It does not imply coverage.
The number of new cancer cases that were expected to be diagnosed in 2009.\(^3\)
• Suicide or attempted suicide while sane or insane;
• Illegal activities or participation in an illegal occupation;
• War, whether declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
• Substance abuse; or
• Pre-Existing Conditions (except as stated below).

No benefits will be paid for loss which occurred prior to the Effective Date. No benefits will be paid for diagnosis made or treatment received outside of the United States.

PRE-EXISTING CONDITION LIMITATION
Pre-Existing Condition means a sickness or physical condition which, within the 6-month period prior to the Effective Date, resulted in the insured receiving medical advice or treatment.

We will not pay benefits for any critical illness starting within 6 months of the Effective Date which is caused by, contributed to, or resulting from a Pre-Existing Condition. A claim for benefits for loss starting after 6 months from the Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition. A critical illness will no longer be considered pre-existing at the end of 6 consecutive months starting and ending after the Effective Date.

TERMS YOU NEED TO KNOW
The Effective Date of your insurance will be the date shown in your Certificate Schedule.

Employee means the insured as shown in the Certificate Schedule.

Spouse means an Employee’s legal wife or husband.

Dependent Children means your natural children, step-children, foster children, legally adopted children or children placed for adoption, who are under age 26. Your natural Children born after the Effective Date of the Rider will be covered from the moment of live birth. No notice or additional premium is required.

Coverage on Dependent Children will terminate on the child’s 26th birthday. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on his parent(s) for support, the above age 26 shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following such 26th birthday.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and taking prescribed drugs and medicines.

Major Organ Transplant means undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney, or pancreas.

Myocardial Infarction (Heart Attack) means the death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries. Heart Attack does not include any other disease or injury involving the cardiovascular system. Cardiac arrest not caused by a Myocardial Infarction is not a Heart Attack. The diagnosis must include all of the following criteria:
1. New and serial electrocardiographic (EKG) findings consistent with Myocardial Infarction; 2. Elevation of cardiac enzymes above generally accepted laboratory levels of normal [in case of creatine phosphokinase (CPK), a CPK-MB measurement must be used]; and 3. Confirmatory imaging studies such as thallium scans, MUGA scans, or stress echocardiograms.

Stroke means apoplexy (due to rupture or acute occlusion of a cerebral artery), or a cerebral vascular accident or incident which is first manifested on or after your Effective Date. Stroke does not include transient ischemic attacks and attacks of vertebrobasilar ischemia. We will pay a benefit for Stroke that produces permanent clinical neurological sequel following an initial diagnosis made after any applicable Waiting Period. We must receive evidence of the permanent neurological damage provided from computed axial tomography (CAT scan) or magnetic resonance imaging (MRI). Stroke does not mean head injury, transient ischemic attack, or chronic cerebrovascular insufficiency.

Cancer (Internal or Invasive) means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of distant tissue. Cancer includes leukemia. Excluded are Cancers that are noninvasive, such as (1) Premalignant tumors or polyps; (2) Carcinoma in Situ; (3) Any skin cancers except melanomas; (4) Basal cell carcinoma and squamous cell carcinoma of the skin; and (5) Melanoma that is diagnosed as Clark’s Level I or II or Breslow thickness less than .77 mm.

Cancer is also defined as a disease which meets the diagnosis criteria of malignancy established by The American Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue, or specimen.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Renal Failure (Kidney Failure) means the end-stage renal failure presenting as chronic, irreversible failure of both of your kidneys to function. The Kidney Failure must necessitate regular renal dialysis, hemodialysis or peritoneal dialysis (at least weekly); or which results in kidney transplantation. Renal failure is covered, provided it is not caused by a traumatic event, including surgical traumas.

Coronary Artery Bypass Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding procedures such as but not limited to balloon angioplasty, laser relief, stents or other nonsurgical procedures.

A doctor, physician, or pathologist does not include an insured or a family member.

PORTABLE COVERAGE
When coverage would otherwise terminate because the Employee ends employment with the employer, coverage may be continued. The Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The Employee will be allowed to continue the coverage until the earlier of the date the Employee fails to pay the required premium or the date the group master policy is terminated. Coverage may not be continued if the Employee fails to pay any required premium or the group master policy terminates.

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 the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) The date the Employee is no longer a member of the class eligible.

Coverage for an insured Spouse or Dependent Child will terminate the earliest of: (1) the date the Plan is terminated; (2) the date the Spouse or Dependent Child ceases to be a dependent; (3) the premium due date following the date we receive your written request to terminate coverage for your Spouse and/or all Dependent Children.

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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 Series CAI2800.
GROUP CRITICAL ILLNESS
Heart and Additional Benefits for Critical Illness Insurance
This document is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

100% for OPEN HEART SURGERIES
- CORONARY ARTERY BYPASS SURGERY
- MITRAL VALVE REPLACEMENT OR REPAIR
- AORTIC VALVE REPLACEMENT OR REPAIR
- SURGICAL TREATMENT OF ABDOMINAL AORTIC ANEURYSM

10% for INVASIVE HEART PROCEDURE
- ANGIOJET CLOT BUSTING
- BALLOON ANGIOPLASTY
- LASER ANGIOPLASTY
- ATERECTOMY
- STENT IMPLANTATION
- CARDIAC CATHETERIZATION
- AUTOMATIC IMPLANTABLE (OR INTERNAL) CARDIOVERTER DEFIBRILLATOR
- PACEMAKERS

100% for ADDITIONAL CRITICAL ILLNESSES
- PARALYSIS (DUE TO INJURY OR DISEASE)
- SEVERE BURNS
- COMA
- LOSS OF SPEECH
- LOSS OF SIGHT
- LOSS OF HEARING

This benefit is paid based on your selected Critical Illness Benefit amount.

WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW
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.

HEART RIDER
The rider contains a 30-day Waiting Period. This means no benefits are payable for any insured who has been diagnosed before the coverage has been in force 30 days from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for Treatment of that Critical Illness will apply only to loss commencing after 12 months from the Effective Date.

The rider pays the indicated percentages of the Initial maximum benefit amount shown in the Certificate Schedule that occurs while the rider is in force. Benefits are not payable under the rider for loss if these conditions result from another Specified Critical Illness. Benefits for Cat II will reduce the benefit amounts payable for Cat I benefits. Benefits will be paid only at the highest benefit level. If a Cat I and II are performed at the same time, benefits are only eligible at the 100% (higher) event and will not exceed the Initial face amount shown on the Rider Schedule. You are only eligible to receive one payment for each benefit category listed on the schedule page. The dates of loss for covered procedures must be separated by at least 6 months for benefits to be payable for multiple covered procedures. Payment of initial, reoccurrence, or additional occurrence benefits are subject to the benefits section of your certificate. If diagnosis occurs after the age of 70, half of the benefit is payable.

PRE-EXISTING CONDITIONS LIMITATION
Pre-Existing Condition means a sickness or physical condition which, within the 12-month period prior to an insured’s Effective Date, resulted in the insured receiving medical advice or Treatment. We will not pay benefits for any surgical procedure occurring within 12 months of an insured’s Effective Date which is
WHAT IS NOT COVERED, LIMITATIONS AND EXCLUSIONS, AND TERMS YOU NEED TO KNOW

WHEN THE DISEASE IS CAUSED BY, CONTRIBUTED TO, OR RESULTING FROM A PRE-EXISTING CONDITION.

A claim for benefits for loss starting after 12 months from an insured’s Effective Date will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

A Critical Illness will no longer be considered Pre-Existing at the end of 12 consecutive months starting and ending after an insured’s Effective Date.

Any benefits for Coronary Artery Bypass Surgery denied under this rider due to Pre-Existing Conditions may be paid at the reduced benefit amount under the certificate, subject to the terms of the certificate.

EXCLUSIONS

(1) No benefits will be paid if the Specified Critical Illness is a result of: (a) Intentionally self-inflicted injury or action; (b) Suicide or attempted suicide while sane or insane; (c) Illegal activities or participation in an illegal occupation; (d) War, declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion, or state of belligerence; or (e) an injury sustained while under the influence of alcohol, narcotics, or any other controlled substance or drug, unless properly administered upon the advice of a physician.

(2) No benefits will be paid for loss which occurred prior to the effective date of this rider.

Treatment means consultation, care, or services provided by a physician, including diagnostic measures and surgical procedures.

HEART RIDER DEFINITIONS

Category I – Specified Surgeries of the Heart

Open Heart Surgery

A surgery performed with the heart open. Most pacemakers are used to correct a slow heart rate. The applicable benefit amount will be paid if: the date of diagnosis of a subsequent different illness is after the waiting period; the diagnosis of the disease is after the waiting period; and the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to: (1) Intentionally self-inflicted injury or action; (2) Suicide or attempted suicide while sane or insane; (3) Illegal activities or participation in an illegal occupation; (4) War, whether declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; (5) Substance abuse; or (6) No benefits will be paid for diagnosis made outside the United States; (7) No benefits will be paid for loss which occurred prior to the Effective Date of this rider.

DEFINITIONS

Coma means a state of unconsciousness for 30 consecutive days with: (1) no reaction to external stimuli; (2) no reaction to internal needs; and (3) the use of life support systems.

Paralysis/Paralyzed means the permanent, total, and irreversible loss of muscle function or sensation to the whole of at least two limbs as a result of injury or disease and supported by neurological evidence.

Severe Burn/Severely Burned means cosmetic disfigurement of the surface of a body area not less than 35 square inches due to fire, heat, caustics, electricity, or radiation that is a full-thickness or third-degree burn, as determined by a physician.

(A full-thickness or third-degree burn is the destruction of the skin through the entire thickness or depth of the dermis and possibly into underlying tissues, with loss of fluid and sometimes shock, by means of exposure to fire, heat, caustics, electricity, or radiation.)

Loss of Sight, Speech, or Hearing means: (1) Loss of Speech means the total and permanent loss of the ability to speak as the result of physical injury. (2) Loss of Hearing means the total and irreversible loss of hearing in both ears.

Coma, Loss of Sight, Speech, or Hearing, and Severity of Burn are covered only if diagnosis occurred after the effective date of the certificate. If diagnosis occurs after the age of 70, half of the benefit is payable. Benefits will not be paid for multiple procedures listed under the Category II benefit.

Category II Benefits exclude all procedures not specifically listed above.

ADDITIONAL BENEFITS RIDER

If diagnosis occurs after the age of 70, half of the benefit is payable. This plan contains a 30-day Waiting Period. This means no benefits are payable for any insured who has been diagnosed before their coverage has been in force 30 days from their Effective Date. If an insured is first diagnosed during the Waiting Period, benefits for treatment of that Specified Critical Illness will apply only to loss commencing after 12 months from their Effective Date; or, at the Employee’s option, they may elect to void the certificate from the beginning and receive a full refund of premium.

The date of diagnosis of a Specified Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least 6 months. The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the rider is in force; and the cause of the illness is not excluded by name or specific description.

Benefits will not be paid for loss due to: (1) Intentionally self-inflicted injury or action; (2) Suicide or attempted suicide while sane or insane; (3) Illegal activities or participation in an illegal occupation; (4) War, whether declared or undeclared, or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence; (5) Substance abuse; or (6) No benefits will be paid for diagnosis made outside the United States; (7) No benefits will be paid for loss which occurred prior to the Effective Date of this rider.

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