Peace of Mind *and* Real Cash Benefits

GROUP ACCIDENT INSURANCE

AC1G

Aflac®

We've got you under our wing.®

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, Pre-Existing Condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer. This product is not available in all states.

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GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

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Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a Covered Accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Use of the emergency room
- Surgery and anesthesia
- Stitches
- Casts
- Wheelchairs
- Crutches
- Bandages

You get the picture. These costs add up—fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that.

FEATURES

- Nonoccupational coverage
- No limit on the number of claims
- Pays regardless of any other insurance plans you may have
- Benefits available for your Spouse and/or Dependent Children
- Benefits for both inpatient and outpatient treatment of Covered Accidents
- Guaranteed issue (No underwriting is required to qualify for coverage.)
- Payroll deduction (Premiums are paid by convenient payroll deduction.)
- Portable coverage (You can continue coverage when you leave employment; see back of brochure for guidelines.)

33.2 MILLION

The number of people who in 2005 sought medical attention for an injury; 2.8 million people were hospitalized for injuries.*

**Injury Facts 2008*, National Safety Council.

HOSPITAL BENEFITS

	EMPLOYEE	SPOUSE	CHILD
HOSPITAL ADMISSION We will pay this benefit when an insured is admitted to a hospital and confined as a resident bed patient because of injuries received in a Covered Accident (within six months of the date of the accident). We will pay this benefit once per calendar year, per Covered Accident. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.	$1,000	$1,000	$1,000
HOSPITAL CONFINEMENT (per day) We will provide this benefit on the first day of hospital confinement for up to 365 days per Covered Accident when an insured is confined to a hospital due to a Covered Accident. Hospital confinement must begin within 90 days from the date of the accident.	$200	$200	$200
HOSPITAL INTENSIVE CARE (per day) This benefit is paid up to 30 days per Covered Accident. Benefits are paid in addition to the Hospital Confinement Benefit.	$400	$400	$400
MEDICAL FEES (for each accident) If an insured is injured in a Covered Accident and receives treatment within one year after the accident, we will pay up to the applicable amount for physician charges, emergency room services, supplies, and X-rays. The total amount payable will not exceed the maximum shown per accident. Initial treatment must be received within 60 days after the accident.	$125	$125	$75
PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)			
Quadriplegia	$10,000	$10,000	$10,000
Paraplegia	$5,000	$5,000	$5,000

ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL-DEATH	$50,000	$10,000	$5,000
ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)	$100,000	$50,000	$15,000
SINGLE DISMEMBERMENT	$6,250	$2,500	$1,250
DOUBLE DISMEMBERMENT	$25,000	$10,000	$5,000
LOSS OF ONE OR MORE FINGERS OR TOES	$1,250	$500	$250
PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)	$100	$100	$100

If the Accidental Common-Carrier Death Benefit is paid, we will not pay the Accidental-Death Benefit.

Accidental Injury means bodily injury caused solely by or as the result of a Covered Accident.

Covered Accident means an accident that occurs on or after the Effective Date, while the certificate is in force, and that is not specifically excluded.

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MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD
FRACTURES (closed reduction):		
Hip/Thigh	$4,500	$4,000
Vertebrae (except processes)	$4,050	$3,600
Pelvis	$3,600	$3,200
Skull (depressed)	$3,375	$3,000
Leg	$2,700	$2,400
Forearm/Hand/Wrist	$2,250	$2,000
Foot/Ankle/Knee Cap	$2,250	$2,000
Shoulder Blade/Collar Bone	$1,800	$1,600
Lower Jaw (mandible)	$1,800	$1,600
Skull (simple)	$1,575	$1,400
Upper Arm/Upper Jaw	$1,575	$1,400
Facial Bones (except teeth)	$1,350	$1,200
Vertebral Processes	$900	$800
Coccyx/Rib/Finger/Toe	$360	$320
DISLOCATIONS (closed reduction):		
Hip	$3,600	$2,700
Knee (not knee cap)	$2,600	$1,950
Shoulder	$2,000	$1,500
Foot/Ankle	$1,600	$1,200
Hand	$1,400	$1,050
Lower Jaw	$1,200	$900
Wrist	$1,000	$750
Elbow	$800	$600
Finger/Toe	$320	$240

- Open reduction is paid at 150% of closed reduction.
- Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.
- Chip fractures are paid at 10% of the fracture benefit.
- Partial dislocations are paid at 25% of the dislocation benefit.

SPECIFIC INJURIES

	EMPLOYEE//SPOUSE//CHILD
RUPTURED DISC	
(treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$100
Injury occurring after first certificate year	$400
TENDONS/LIGAMENTS	
(within 60 days; surgical repair within 90 days). If the insured fractures a bone or dislocates a joint, the amount paid will be based on the number (single or multiple) of tendons or ligaments repaired. We will only pay one benefit.	$400 (Single) $600 (Multiple)
TORN KNEE CARTILAGE	
(treatment within 60 days; surgical repair within one year)	
Injury occurring during first certificate year	$100
Injury occurring after first certificate year	$400
EYE INJURIES	
Treatment and surgical repair within 90 days	$250
Removal of foreign body	$50
CONCUSSION	
(a head injury resulting in electroencephalogram abnormality)	$200
COMA (lasting 30 days or more)	$10,000

	EMPLOYEE//SPOUSE//CHILD
EMERGENCY DENTAL WORK (per accident)	
Repaired with crown	$150
Resulting in extraction	$50
BURNS (treatment within 72 hours and based on percent of body surface burned):	
Second-Degree Burns	
Less than 10%	$100
At least 10%, but less than 25%	$200
At least 25%, but less than 35%	$500
35% or more	$1,000
Third-Degree Burns	
Less than 10%	$500
At least 10%, but less than 25%	$3,000
At least 25%, but less than 35%	$7,000
35% or more	$10,000

First-degree burns are not covered.

LACERATIONS (treatment and repair within 72 hours):	
Under 2" long	$50
2" to 6" long	$200
Over 6" long	$400
Lacerations not requiring stitches	$25

Multiple Lacerations: We will pay for the largest single laceration requiring stitches.

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ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
AMBULANCE	$100
AIR AMBULANCE If an insured requires transportation to a hospital by a professional ambulance or air ambulance service within 90 days after a Covered Accident, we will pay the amount shown.	$500
BLOOD/PLASMA If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	$100
APPLIANCES We will pay this benefit when an insured is advised by a physician to use a medical appliance due to injuries received in a Covered Accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces, and walkers.	$100
INTERNAL INJURIES (resulting in open abdominal or thoracic surgery)	$1,000
ACCIDENT FOLLOW-UP TREATMENT We will pay this benefit for up to six treatments per Covered Accident, per insured for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the Covered Accident or discharge from the hospital. This benefit is not payable for the same visit that the Physical Therapy Benefit is paid.	$25
EXPLORATORY SURGERY [without repair (i.e., arthroscopy)]	$250
PROSTHESIS If an insured requires the use of a prosthetic device due to injuries received in a Covered Accident, we will pay this benefit. Hearing aids, wigs, or dental aids, including but not limited to false teeth, are not covered.	$500
PHYSICAL THERAPY We will pay this benefit for up to six treatments per Covered Accident, per insured for treatment from a physical therapist. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the Covered Accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-Up Treatment Benefit is paid.	$25
TRANSPORTATION If hospital treatment or diagnostic study is recommended by the insured's physician and is not available in the insured's city of residence, we will pay the amount shown. Transportation must begin within 90 days from the date of the Covered Accident. The distance to the hospital must be greater than 50 miles from your residence.	$300 (train/plane) $150 (bus)
FAMILY LODGING BENEFIT (per night) If an insured is required to travel more than 100 miles from his or her home for inpatient treatment of injuries received in a Covered Accident, we will pay this benefit for an immediate adult family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the insured's local physician.	$100
WELLNESS BENEFIT (per 12-month period) After 12 months of paid premium and while coverage is in force, we will pay this benefit for preventive testing once each 12-month period. Benefits include and are payable for annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopies, PSA tests, ultrasounds, and blood screenings.	$60

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LIMITATIONS AND EXCLUSIONS

WE WILL NOT PAY BENEFITS FOR LOSS, INJURY, OR DEATH CONTRIBUTED TO, CAUSED BY, OR RESULTING FROM:

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those that are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.
- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, the Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common-Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show, or speed test.
- Participating in any professional or semiprofessional organized sport.
- Being legally intoxicated or under the influence of any narcotic, unless taken under the direction of a physician.
- Driving any taxi, or intrastate or interstate long-distance vehicle for wage, compensation, or profit.
- Mountaineering using ropes and/or other equipment, parachuting, or hang gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary, or having dental treatment, except as a result of a covered accident.
- An injury arising from any employment.
- Injury or sickness covered by workers' compensation.

A doctor or physician does not include you or a member of your immediate family.

A hospital is not a nursing home, an extended-care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

PRE-EXISTING CONDITION LIMITATION

We will not pay benefits for a loss that is caused by, that is contributed to, or that results from a Pre-Existing Condition for 12 months after the Effective Date of your certificate and attached riders, as applicable.

Pre-Existing Condition means within the 12-month period prior to the Effective Date of a certificate and attached riders, as applicable: (1) those conditions for which medical advice or treatment was received or recommended, or (2) the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.

A claim for benefits for loss starting after 12 months from the Effective Date of a certificate and attached riders will not be reduced or denied on the grounds that it is caused by a Pre-Existing Condition.

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

A certificate may have been issued as a replacement for a certificate previously issued under the plan. If so, then the Pre-Existing Condition Limitation provision of the certificate applies only to any increase in benefits over the prior certificate. Any remaining period of the Pre-Existing Condition Limitation of the prior certificate will continue to apply to the prior level of benefits.

You and **Your** refer to an employee as defined in the plan.

Spouse means the person married to you on the Effective Date of the rider. The rider may only be issued to your Spouse if your Spouse is between ages 18 and 64, inclusive. Coverage on your Spouse terminates when your Spouse attains age 70.

Dependent Children means your natural children, stepchildren, 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 or her parent(s) for support, the above age 26 limitation shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such child's 26th birthday.

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, the insured attains age 70, or the group master policy terminates.

TERMINATION

Insurance for an insured employee 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 employee ceases to meet the definition of an employee as defined in the master policy, (4) the premium due date which falls on or first follows the employee's 70th birthday, or (5) the date the employee is no longer a member of the class eligible.

Insurance 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.

EFFECTIVE DATE

The **Effective Date** for an employee is as follows: (1) An employee's insurance will be effective on the date shown on the Certificate Schedule, provided the employee is then actively at work. (2) If an employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such employee is first thereafter actively at work.

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

Underwritten by:
Continental American Insurance Company
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