



OPTIONAL LUMP SUM

CRITICAL ILLNESS BENEFIT RIDER

We've been dedicated to helping
provide peace of mind and financial
security for more than 60 years.



AFLAC PLUS RIDER

OPTIONAL LUMP SUM CRITICAL ILLNESS BENEFIT RIDER

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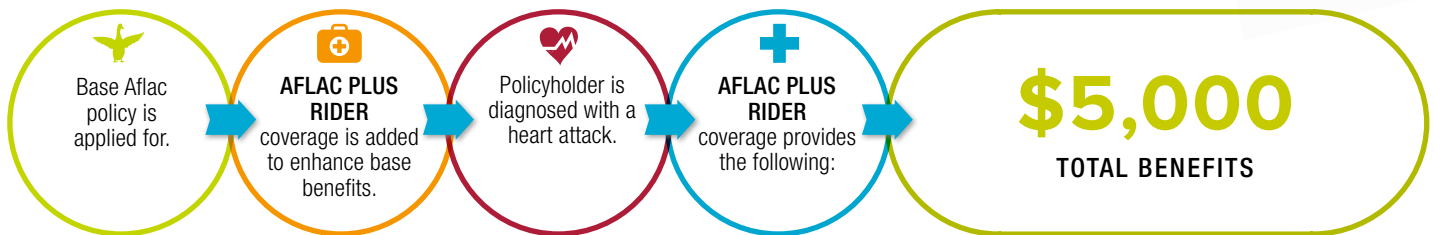
Boost Your Protection with the Aflac Plus Rider

Like many people, you probably have insurance to cover auto accidents, fires, burglaries, and standard hospital bills. But what would happen to your family's finances if you experienced a catastrophic event, such as a heart attack, stroke, advanced Alzheimer's disease, or advanced Parkinson's disease—an event that knocked you off your feet? Even a severe case of COVID, flu or pneumonia and accompanying costs could change your life forever.

The Aflac Plus Rider can help. This rider can be attached to select policies, further boosting your benefits. The Aflac Plus Rider pays a specific benefit amount when you are diagnosed with a covered event. You can use the cash to help pay out-of-pocket expenses, such as utility bills, car payments, and mortgage or rent payments. **For a list of policies the Aflac Plus Rider can be added to, please contact your Aflac insurance agent/producer.**



How it works



The above example is based on a scenario for Aflac Lump Sum Critical Illness Benefit Rider that includes the following benefit conditions: heart attack (Tier One Critical Illness Event Benefit) of \$5,000. The Tier One Critical Illness Event Benefit pays \$5,000 for a covered tier one critical illness event.

The rider has limitations and exclusions that may affect benefits payable. For costs and complete details of the coverage, contact your Aflac insurance agent/producer. This brochure is for illustrative purposes only. Refer to the policy and rider for benefit details, definitions, limitations and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

Boost your protection and help lower out-of-pocket costs with the Aflac Plus Rider

Aflac Plus Rider Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
TIER ONE CRITICAL ILLNESS EVENT BENEFIT	\$5,000 upon a covered person’s onset date of one of the following: 1. Heart Attack 2. Stroke 3. Coma 4. Paralysis 5. Type 1 Diabetes 6. Traumatic Brain Injury 7. Advanced Alzheimer’s Disease 8. Advanced Parkinson’s Disease 9. Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig’s disease) 10. Loss of Independence 11. Sustained Multiple Sclerosis 12. Permanent Loss of Sight 13. Permanent Loss of Hearing 14. Permanent Loss of Speech 15. Sudden Cardiac Arrest This benefit is payable once per covered person, per lifetime.
SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT	\$2,500 upon a covered person’s onset date of: • a recurrence of that same Tier One Critical Illness Event, or • an occurrence of a different Tier One Critical Illness Event. This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
TIER TWO CRITICAL ILLNESS EVENT BENEFIT	\$1,250 upon a covered person’s onset date of one of the following: 1. Encephalitis 2. Bacterial Meningitis 3. Lyme Disease 4. Sickle Cell Anemia 5. Cerebral Palsy 6. Necrotizing Fasciitis 7. Osteomyelitis 8. Systemic Lupus 9. Cystic Fibrosis This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.
CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT	\$1,250 when a covered person undergoes Coronary Artery Bypass Graft Surgery. This benefit is payable once per covered person, per lifetime.
TIER THREE CRITICAL ILLNESS EVENT BENEFIT	Pays the highest applicable benefit amount listed per period of hospital confinement or period of intensive care unit confinement upon a covered person’s onset date of the following: 1. Human Coronavirus 2. Bird Flu/H5N1 3. Influenza 4. Pneumonia 5. Ebola Benefit amounts: Hospital confinement 4-9 days Hospital confinement 10 days or more Intensive care unit confinement \$1,250 \$3,125 \$5,000 Maximum amount payable per 180 days is \$5,000.

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

**The rider described in this Outline of Coverage provides supplemental coverage
and will be issued only to supplement insurance already in force.**

LIMITED BENEFIT, LUMP SUM CRITICAL ILLNESS RIDER
Outline of Coverage for Rider Form Series CIRIDER

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the “Guide to Health Insurance for People With Medicare” furnished by Aflac.

- (1) **Read Your Contract Carefully:** This Outline of Coverage provides a very brief description of some of the important features of your rider. This is not the insurance contract and only the actual contract provisions will control. The contract itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ YOUR CONTRACT CAREFULLY**.
- (2) **Critical Illness Insurance Coverage** is designed to supplement your existing accident and sickness coverage only when certain losses occur as a result of Critical Illness Events or other conditions as specified. Tier One Critical Illness Events are: Heart Attack, Stroke, Coma, Paralysis, Type 1 Diabetes, Traumatic Brain Injury; Advanced Alzheimer's Disease; Advanced Parkinson's Disease; Amyotrophic Lateral Sclerosis; Loss of Independence; Sustained Multiple Sclerosis; Permanent Loss of Sight, Hearing, or Speech; or Sudden Cardiac Arrest. Tier Two Critical Illness Events are: Encephalitis, Bacterial Meningitis, Lyme Disease, Sickle Cell Anemia, Cerebral Palsy, Necrotizing Fasciitis, Osteomyelitis, Systemic Lupus, or Cystic Fibrosis. Tier Three Critical Illness Events are: Human Coronavirus, Bird Flu/H5N1, Influenza, Pneumonia, or Ebola. Coverage is provided for the benefits outlined in (3) Benefits. The benefits described in (3) Benefits may be limited by (4) Exceptions, Reductions, and Limitations of the Rider.
- (3) **Benefits:** While coverage is in force, we will pay the following benefits, as applicable, subject to the Pre-existing Conditions Limitation and Limitations and Exclusions, as well as all other policy provisions, unless modified herein.

Benefits will not be payable for Advanced Alzheimer's Disease when Alzheimer's disease was diagnosed prior to the Effective Date of coverage, Advanced Parkinson's Disease when Parkinson's disease was diagnosed prior to the Effective Date of coverage, or Sustained Multiple Sclerosis when multiple sclerosis was diagnosed prior to the Effective Date of coverage.

Aflac will not accept an assignment of these benefits. All benefits will be payable to you. Any accrued benefits unpaid at your death will be paid to your estate.

A. TIER ONE CRITICAL ILLNESS EVENT BENEFIT: Aflac will pay \$5,000 upon a Covered Person's Onset Date of one of the following Tier One Critical Illness Events:

1. Heart Attack
2. Stroke
3. Coma
4. Paralysis
5. Type 1 Diabetes
6. Traumatic Brain Injury
7. Advanced Alzheimer's Disease
8. Advanced Parkinson's Disease
9. Amyotrophic Lateral Sclerosis
10. Loss of Independence
11. Sustained Multiple Sclerosis
12. Permanent Loss of Sight
13. Permanent Loss of Hearing
14. Permanent Loss of Speech
15. Sudden Cardiac Arrest

This benefit is payable once per Covered Person, per lifetime.

B. SUBSEQUENT TIER ONE CRITICAL ILLNESS EVENT BENEFIT: After a Covered Person has previously qualified for benefits for a Tier One Critical Illness Event under Benefit A above, Aflac will pay \$2,500 upon that Covered Person's Onset Date of:

1. a recurrence of that same Tier One Critical Illness Event, or
2. an occurrence of a different Tier One Critical Illness Event.

For this benefit to be payable, the Onset Date of the subsequent Tier One Critical Illness Event must be 180 days or more from the Onset Date of any previously paid Tier One Critical Illness Event for such Covered Person. This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

C. TIER TWO CRITICAL ILLNESS EVENT BENEFIT: Aflac will pay \$1,250 upon a Covered Person's Onset Date of one of the following Tier Two Critical Illness Events:

1. Encephalitis
2. Bacterial Meningitis
3. Lyme Disease
4. Sickle Cell Anemia
5. Cerebral Palsy
6. Necrotizing Fasciitis
7. Osteomyelitis
8. Systemic Lupus
9. Cystic Fibrosis

This benefit is not payable on the same day as the Tier One Critical Illness Event Benefit.

D. CORONARY ARTERY BYPASS GRAFT SURGERY BENEFIT: Aflac will pay \$1,250 when a Covered Person undergoes Coronary Artery Bypass Graft Surgery.

This benefit is payable once per Covered Person, per lifetime.

E. TIER THREE CRITICAL ILLNESS EVENT BENEFIT: Following the Onset Date of a Tier Three Critical Illness Event, Aflac will pay the highest applicable benefit amount stated below in a., b., or c. when a Covered Person has a qualifying Period of Hospital Confinement or Period of Intensive Care Unit Confinement as a direct result of their Tier Three Critical Illness Event.

Tier Three Critical Illness Events:

1. Human Coronavirus
2. Bird Flu/H5N1
3. Influenza
4. Pneumonia
5. Ebola

Benefit amounts:

- | | |
|---|---------|
| a. Period of Hospital Confinement lasting 4-9 days | \$1,250 |
| b. Period of Hospital Confinement lasting 10 or more days | \$3,125 |
| c. Period of Intensive Care Unit Confinement | \$5,000 |

Only the highest benefit amount above will be payable under this benefit. In the event a lower benefit amount was previously paid under this benefit for any Period of Hospital Confinement and that confinement is extended or the Covered Person is moved to an Intensive Care Unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided. The maximum amount payable per 180 days is \$5,000.

For any subsequent Tier Three Critical Illness Event Benefit to be covered, the Onset Date of the subsequent Tier Three Critical Illness Event must be 180 days or more after the date the Covered Person first qualified for any previously paid Tier Three Critical Illness Event Benefit.

If the Onset Date of any Tier One Critical Illness Event or subsequent Tier One Critical Illness Event for a Covered Person is within 30 days after the date such Covered Person first qualifies for a Tier Three Critical Illness Event Benefit, only the Tier One Critical Illness Event Benefit or subsequent Tier One Critical Illness Event Benefit, as applicable, is payable. In the event the Tier Three Critical Illness Event Benefit has already been paid, then the maximum benefit amount payable for both events will

be limited to the amount of either the Tier One Critical Illness Event Benefit or subsequent Tier One Critical Illness Event Benefit, as applicable.

(4) Exceptions, Reductions, and Limitations of the Rider (This is not a daily hospital expense plan.):

- A. Aflac will not pay benefits for any loss that is caused by a Pre-existing Condition, unless the Onset Date is more than 12 months after the Effective Date of coverage. Benefits are payable for only one covered loss at a time per Covered Person. Aflac will not pay benefits for any condition when diagnosis occurred prior to the Effective Date of coverage.
- B. Aflac will not pay benefits for any loss that is diagnosed or treated outside the territorial limits of the United States or its possessions.
- C. Aflac will not pay benefits whenever coverage provided by the rider 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.
- D. For any benefit to be payable, the Onset Date of the loss must occur on or after the Effective Date of coverage and while coverage is in force. If more than one loss per Covered Person occurs on the same day, only the highest eligible benefit will be paid.
- E. Aflac will not pay benefits whenever fraud is committed in making a claim under the coverage or any prior claim under any other Aflac coverage for which benefits were received that were not lawfully due and that fraudulently induced payment.
- F. The rider does not cover loss caused by or resulting from:
 - 1. Participating in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician and taken according to the Physician's instructions);
 - 2. Using any narcotic, hallucinogen, or chemical substance (unless administered by a Physician), or voluntarily taking any kind of poison or inhaling any kind of gas or fumes;
 - 3. Participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not ("felony" is as defined by the law of the jurisdiction in which the activity takes place), or being incarcerated in any detention facility or penal institution;
 - 4. Intentionally self-inflicting a bodily injury or committing or attempting suicide, while sane or insane; or
 - 5. Actively serving in any of the armed forces or units auxiliary thereto, including the National Guard or Reserve.

PRE-EXISTING CONDITIONS LIMITATION

A "Pre-existing Condition" is any illness, disease, infection, disorder, or injury for which, within the 12-month period before the Effective Date of coverage, prescription medication was taken or medical testing, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Benefits for a loss that is caused by a Pre-existing Condition will not be covered unless the Onset Date is more than 12 months after the Effective Date of coverage.

- (5) Renewability:** The rider is guaranteed-renewable for your lifetime by the timely payment of premiums at the rate in effect at the beginning of each term, except that we may discontinue or terminate the rider 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 rider, including claims for benefits under the rider. Premium rates may change only if changed on all riders of the same form number and class in force in your state.
- (6) Payment of Claims:** All benefits will be payable to you, unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate. If any indemnity of this policy shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, Aflac may pay such indemnity, up to an amount not exceeding \$1000.00, to any relative by blood or connection by marriage of an insured or beneficiary who is deemed by Aflac to be equitably entitled thereto. Any payment made by Aflac in good faith pursuant to this provision shall fully discharge Aflac to the extent of such payment. If a Covered Person under this policy is eligible for and receives medical assistance from the Oklahoma Department of Human Services, the benefits payable under this policy shall be paid to that agency. The amount of the benefits payable to the Oklahoma Department of Human Services shall be the actual medical expenses paid by the agency on behalf of the insured, subject to any benefit limitations provided by the policy. The payments will be made after receipt by the Company, of a notice of assignment of benefits from the Oklahoma Department of Human Services.

RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
CONSULT THE CONTRACT ITSELF TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.

TERMS YOU NEED TO KNOW

ACTIVITIES OF DAILY LIVING (ADLs): activities used in measuring a person's level of personal functioning capacity. Normally, these activities are performed without direct personal assistance, allowing personal independence in everyday living.

The ADLs are:

1. Bathing: washing oneself by sponge bath or in either a tub or shower, including the task of getting into or out of the tub or shower;
2. Maintaining continence: controlling urination and bowel movements, including the ability to use ostomy supplies or other devices such as catheters;
3. Transferring: moving between a bed and a chair, or a bed and a wheelchair;
4. Dressing: putting on and taking off all necessary items of clothing;
5. Toileting: getting to and from a toilet, getting on and off a toilet, and performing associated personal hygiene; and
6. Eating: performing all major tasks of getting food into one's body.

ADVANCED ALZHEIMER'S DISEASE: Alzheimer's disease that causes a person to be incapacitated. Alzheimer's disease is a progressive degenerative brain disease that is diagnosed by a psychiatrist or neurologist as Alzheimer's disease. To be incapacitated due to Alzheimer's disease, a covered person must:

1. Exhibit the loss of intellectual capacity involving impairment of memory and judgment, resulting in a significant reduction in mental and social functioning, **and**
2. Be unable to perform three or more activities of daily living (ADLs), as certified by a physician, and require direct personal assistance to perform such ADLs.

ADVANCED PARKINSON'S DISEASE: Parkinson's disease that causes a person to be incapacitated. Parkinson's disease is a chronic progressive neurological disease that is diagnosed by a psychiatrist or neurologist as Parkinson's disease. To be incapacitated due to Parkinson's disease, a covered person must:

1. Exhibit two or more of the following clinical manifestations:
 - Muscle rigidity
 - Tremor
 - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses), **and**
2. Be unable to perform three or more activities of daily living (ADLs), as certified by a physician, and require direct personal assistance to perform such ADLs.

AMYOTROPHIC LATERAL SCLEROSIS (ALS or Lou Gehrig's disease): a chronic, progressive neurological disease resulting in permanent clinical impairment of motor function and is definitively diagnosed by a neurologist as amyotrophic lateral sclerosis.

BACTERIAL MENINGITIS: inflammation of the thin, membranous covering (meninges) of the brain and the spinal cord caused by a bacterial infection and characterized by fever, vomiting, intense headache, and stiff neck.

BIRD FLU/H5N1: a viral respiratory disease of poultry and other bird species that can be transmitted to humans.

CEREBRAL PALSY: a disability resulting from damage to the brain before, during, or shortly after birth and outwardly manifested by muscular incoordination and speech disturbances.

COMA: a continuous state of profound unconsciousness diagnosed or treated on or after the effective date of coverage, lasting for a period of seven or more consecutive days and characterized by the absence of: (1) spontaneous eye movements, (2) response to painful stimuli, and (3) vocalization. The condition must require intubation for respiratory assistance. The term coma does not include any medically induced coma.

CORONARY ARTERY BYPASS GRAFT SURGERY: 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 coronary angioplasty, valve replacement surgery, stent placement, laser relief, or other surgical or nonsurgical procedures.

COVERED PERSON: any person insured under the policy to which the rider is attached.

CYSTIC FIBROSIS: a hereditary disorder affecting the exocrine glands which causes the production of abnormally thick mucus, leading to the blockage of the pancreatic ducts, intestines, and bronchi and often resulting in respiratory infection.

EBOLA: an infectious disease marked by fever and severe internal bleeding spread through contact with infected body fluids.

EFFECTIVE DATE: the effective date of the rider is as stated in the Policy Schedule.

ENCEPHALITIS: an inflammation of the brain, usually caused by a direct viral infection or a hyper-sensitivity reaction to a virus or foreign protein.

HEART ATTACK: a myocardial infarction. The attack must be positively diagnosed by a physician and must be evidenced by electrocardiographic findings or clinical findings together with blood enzyme findings. The definition of heart attack shall not be construed to mean congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

HUMAN CORONAVIRUS: a severe type of virus having a lipid envelope studded with club-shaped spike proteins that infects humans, leading to an upper respiratory infection or pneumonia, and spread through the air by coughing, sneezing, close personal contact, or touching a contaminated object or surface. This does not include the following human coronaviruses: 229E, NL63, OC43, and HKU1.

INFLUENZA: an acute, highly contagious, respiratory disease caused by influenza viruses.

LOSS OF INDEPENDENCE: being unable to perform three or more activities of daily living (ADLs), as certified by a physician, due to a covered injury and requiring direct personal assistance to perform such ADLs for a continuous period of at least 90 days.

LYME DISEASE: an inflammatory disease caused by bacteria that are transmitted by ticks that is characterized initially by a rash, headache, fever, and chills, and later by possible arthritis and neurological and cardiac disorders.

NECROTIZING FASCIITIS: a severe bacterial infection of the fascia, the soft tissues that line and separate muscles, that causes extensive tissue death.

ONSET DATE: is as follows for each covered condition:

- Heart Attack: the date of occurrence of a heart attack as defined in the rider.
- Stroke: the date of occurrence of a stroke as defined in the rider.
- Coma: the date a physician confirms a coma as defined in the rider.
- Paralysis: the date a physician establishes the diagnosis of paralysis (as defined in the rider) on clinical or laboratory findings as supported by medical records.
- Type 1 Diabetes: the date a physician initially establishes the diagnosis of type 1 diabetes on clinical or laboratory findings as supported by medical records.
- Traumatic Brain Injury: the date of occurrence of a traumatic brain injury as defined in the rider.
- Advanced Alzheimer's Disease: the date a physician initially certifies that a covered person is incapacitated due to Alzheimer's disease as defined in the rider.
- Advanced Parkinson's Disease: the date a physician initially certifies that a covered person is incapacitated due to Parkinson's disease as defined in the rider.
- Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease): the date of diagnosis of amyotrophic lateral sclerosis as defined in the rider.
- Loss of Independence: the date of diagnosis of loss of independence as defined in the rider.
- Sustained Multiple Sclerosis: the date of diagnosis of sustained multiple sclerosis (as defined in the rider) by a physician.
- Permanent Loss of Sight, Hearing, or Speech: the date that permanent loss of sight, hearing, or speech (as defined in the rider) is initially diagnosed by a physician.
- Sudden Cardiac Arrest: the date of occurrence of sudden cardiac arrest as defined in the rider.
- Encephalitis, Bacterial Meningitis, Lyme Disease, Necrotizing Fasciitis, and Osteomyelitis: the date of diagnosis by a physician.
- Sickle Cell Anemia and Cerebral Palsy: the date of initial diagnosis by a physician.
- Coronary Artery Bypass Graft Surgery: the date of surgery.
- Systemic Lupus: the date of initial diagnosis by a physician.
- Cystic Fibrosis: the date of initial diagnosis by a physician.
- Human Coronavirus, Bird Flu/H5N1, Influenza, Pneumonia and Ebola: the date of initial diagnosis by a physician.

OSTEOMYELITIS: inflammation of the bone due to infection.

PARALYSIS: complete and total loss of use of two or more limbs (paraplegia, quadriplegia, or hemiplegia) for a continuous period of at least 30 days as the result of a spinal cord injury that occurred on or after the effective date of coverage. The paralysis must be confirmed by the attending physician.

PERIOD OF HOSPITAL CONFINEMENT: the number of days a covered person is assigned to and incurs a charge for a bed in a hospital. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

PERIOD OF INTENSIVE CARE UNIT CONFINEMENT: the number of days a covered person is assigned to and incurs a charge for a bed in an intensive care unit. Confinements must begin while coverage under the rider is in force. Hospitalization that begins prior to the end of one calendar year and continues into the next calendar year will be considered one confinement.

PERMANENT LOSS OF SIGHT, HEARING, or SPEECH:

- Loss of Sight: the restriction of visual field to 20 degrees or less in both eyes, or the reduction of sight in the better eye to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-chart Acuity), and diagnosed by a physician.
- Loss of Hearing: the total, irreversible, and uncorrectable loss of all hearing in both ears and diagnosed by a physician.
- Loss of Speech: the permanent, total, and irreversible loss of the ability to speak, including loss of speech due to surgery or medical treatment for an illness, and diagnosed by a physician.

PNEUMONIA: a lung disease characterized by inflammation of the airspaces in the lungs and caused by viral or bacterial infections or fungi. This does not include pneumonia caused by trauma such as, but not limited to, inhalation of water, smoke or chemicals or traumatic chest or thoracic injuries.

SICKLE CELL ANEMIA: a chronic hereditary blood disease marked by sickle-shaped red blood cells and characterized by episodic pain in the joints, fever, leg ulcers, and jaundice.

STROKE: apoplexy due to rupture or acute occlusion of a cerebral artery. The apoplexy must cause complete or partial loss of function involving the motion or sensation of a part of the body and must last more than 24 hours. The stroke must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies. Stroke does not mean head injury, transient ischemic attack (TIA), cerebrovascular insufficiency, or lacunar infarction (LACI).

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be sudden cardiac arrest for purposes of the rider.

SUSTAINED MULTIPLE SCLEROSIS: a chronic degenerative disease of the central nervous system in which gradual destruction of myelin occurs in the brain or spinal cord or both, interfering with the nerve pathways, with muscular weakness, loss of coordination, or speech and visual disturbances present for a continuous period of at least 90 days.

SYSTEMIC LUPUS: a chronic inflammatory multisystem disease that occurs when the body's immune system attacks its own tissues and organs.

TERMINATION: the rider will terminate upon the earlier of the termination of the policy to which it is attached or the failure to pay the premiums for the rider.

TIER ONE CRITICAL ILLNESS EVENT: Heart Attack; Stroke; Coma; Paralysis; Type 1 Diabetes; Traumatic Brain Injury; Advanced Alzheimer's Disease; Advanced Parkinson's Disease; Amyotrophic Lateral Sclerosis; Loss of Independence; Sustained Multiple Sclerosis; Permanent Loss of Sight, Hearing, or Speech; or Sudden Cardiac Arrest.

TIER THREE CRITICAL ILLNESS EVENT: Human Coronavirus, Bird Flu/ H5N1, Influenza, Pneumonia, or Ebola.

TIER TWO CRITICAL ILLNESS EVENT: Encephalitis, Bacterial Meningitis, Lyme Disease, Sickle Cell Anemia, Cerebral Palsy, Necrotizing Fasciitis, Osteomyelitis, Systemic Lupus, or Cystic Fibrosis.

TRAUMATIC BRAIN INJURY: a nondegenerative, noncongenital injury to the brain from an external nonbiological force, requiring hospital confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. Traumatic brain injury must be positively diagnosed by a physician based upon documented neurological deficits and confirmatory neuroimaging studies.

TYPE 1 DIABETES: a form of diabetes mellitus causing total insulin deficiency of a covered person along with continuous dependence on exogenous insulin in order to maintain life. A diagnosis of type 1 diabetes must be made by a physician who specializes in diabetes.



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Underwritten by:
American Family Life Assurance Company of Columbus
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