

Personal Long-Term Care Plan

Long-Term Care Insurance



Plan Benefits

- First-Occurrence
- Nursing Home
- Assisted-Living
- Home Care

Personal Long-Term Care Plan

Policy Series A-27000

When first diagnosed as chronically ill, you often have many needs: specialized equipment for the home, occasional visits from a home health aide, or special training for a family member to provide assistance. You may even want the services of a care coordinator. But, the costs for these items can add up—fast! That's why Aflac's Long-Term Care policy automatically provides you a First-Occurrence Benefit!

First-Occurrence Benefit

Aflac will pay the First-Occurrence Benefit you select for each covered person when first diagnosed as chronically ill. This benefit is intended to assist the covered person with the expenses associated with qualified long-term care services. This benefit is payable only once per lifetime for each covered person and will be paid in addition to any other benefit in the policy.

Nursing Home Daily Benefit

Aflac will pay the Nursing Home Daily Benefit you select for each day a covered person is confined and requires qualified long-term care services in a nursing home. This benefit is subject to the nursing home benefit period. Alzheimer's facilities that are licensed as such by the state and that meet the policy requirements will be covered.

Aflac will pay the Nursing Home Daily Benefit amount you select to reserve a bed in a nursing home facility if a covered person temporarily leaves the nursing home facility while receiving qualified long-term care services. This benefit is limited to a 21-day calendar year maximum per person.

Waiver of Premium Benefit

Aflac will waive, from month to month, any premium falling due during the named insured's continued nursing home confinement, after you have received Nursing Home Daily Benefits for 60 consecutive days. When Nursing Home Daily Benefits are no longer being paid, premium payments must be resumed. Once premium payments are resumed, any new confinements must again satisfy the 60-day continued confinement requirement for premiums to be waived.

Assisted-Living Daily Benefit

Aflac will pay the charges incurred up to the Assisted-Living Daily Benefit you select for each day a covered person is confined and requires qualified long-term care services in an assisted-living facility. This benefit is subject to the Assisted-Living Benefit Period. This benefit includes facilities licensed as hospice facilities. Facilities not necessarily named as assisted-living facilities may be covered if they meet the policy requirements.

The Nursing Home Daily Benefit, Assisted-Living Daily Benefit, and Home Care Daily Benefit will not be paid on the same day. Only the highest eligible benefit will be paid.

Home Care Benefit

Aflac will pay the charges incurred up to the Home Care Daily Benefit amount you select for each visit during which a covered person receives qualified long-term care services for:

- Care at home
- Care at an adult day-care facility*
- Care at an adult foster-care facility**

Multiple services received on the same day will be counted as one visit; this benefit is limited to one visit per day. This benefit is subject to the Home Care Benefit Period selected.

*An adult day-care facility is not an overnight facility.

**An adult foster-care facility must provide room and board and 24-hour care services, for compensation, to five or fewer adults who are not related to the operator of the facility by blood or marriage.

Qualified long-term care services are the necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation and rehabilitative services, and maintenance or personal care services that are required by a chronically ill individual. These services must be provided according to a plan of care prescribed by a licensed health care practitioner (a physician, registered professional nurse, licensed social worker, or other licensed individual). Maintenance or personal care services include assistance in managing and maintaining household activities that allow you to remain safely in your home when you cannot manage those activities on your own. The term licensed health care practitioner does not include you, a member of your immediate family, or anyone who normally resides in your home or residence. The term maintenance or personal care services does not include assistance from a member of your immediate family or from anyone who normally resides in your home or residence.

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

Flexibility ... Choice ... Value

First, YOU choose the length of coverage that's right for you.

	Plan 1 <input type="checkbox"/>	Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>	Plan 4 <input type="checkbox"/>
Nursing Home Daily Benefit	2 Years	3 Years	5 Years	Lifetime
Assisted-Living Daily Benefit	1 Year	2 Years	2 Years	2 Years
Home Care Benefit	250 Visits	400 Visits	500 Visits	500 Visits

Each benefit period stands alone. A claim under one benefit will not reduce the limits of the other benefits!

Then, YOU choose the amount of coverage that's right for you.

Benefits	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>	Option 5 <input type="checkbox"/>	Option 6 <input type="checkbox"/>
First-Occurrence pays:	\$1,800	\$2,400	\$3,000	\$3,600	\$4,500	\$6,000
Nursing Home Care pays:	\$60/Day	\$80/Day	\$100/Day	\$120/Day	\$150/Day	\$200/Day
Assisted-Living pays up to:	\$48/Day	\$64/Day	\$80/Day	\$96/Day	\$120/Day	\$160/Day
Home Care pays up to:	\$30/Day	\$40/Day	\$50/Day	\$60/Day	\$75/Day	\$100/Day

The plan pays cash benefits directly to you, unless assigned, regardless of any other insurance you have. There is no waiting or elimination period. Once you qualify, you get paid immediately. You own the policy. Make one premium payment and keep your coverage as long as you like at the same payroll rate!

This brochure is for illustration purposes only.

Refer to the policy for complete details, limitations, and exclusions.

How to Qualify for Benefits

To qualify for benefits under the policy, you must be certified as chronically ill, which means that you are currently (within the preceding 12-month period) certified by a licensed health care practitioner as:

1. Being unable to perform two or more activities of daily living (ADLs) without substantial assistance for at least 90 days due to a loss of functional capacity or
2. Suffering from a cognitive impairment that requires substantial supervision for your protection from threats to health and safety.

Activities of Daily Living (ADLs)

The activities of daily living are bathing, continence, dressing, eating, toileting, and transferring. Please refer to the policy for complete definitions.

Effective Date

The effective date of the policy is the date shown in the Policy Schedule. The effective date is not the date you signed the application for coverage.

Pre-Existing Conditions

Subject to the truthful completion of your application, the policy fully covers all health conditions that you may presently have, subject to the terms of the policy, as of the policy effective date shown in the Policy Schedule.

Renewal Provision

The policy is guaranteed-renewable for your lifetime. Aflac may change the premium rate, but only if the rate is changed for all policies of this class.

Contingent Benefit Upon Lapse

If your policy lapses, you may be eligible for a Contingent Benefit that provides for your coverage to continue on a limited basis. Please refer to your policy or outline of coverage for further details.

Limitations and Exclusions

The policy will not pay benefits for that portion of any expense that is for services which are reimbursable under Medicare (or would be so reimbursable but for the application of the Medicare deductible or coinsurance amounts). If Medicaid is paying claims on your behalf, all benefits payable under the policy for those claims will be paid directly to Medicaid.

The policy does not cover any of the following:

- Services rendered by a member of your immediate family;
- Services for which a charge would not be made in the absence of this insurance;

- Care rendered by a Veterans Administration or federal government facility, unless you or your estate is charged for such care;
- Being exposed to war or any act of war, declared or undeclared, or service in any of the armed forces;
- Intentionally self-inflicted bodily injury or attempted suicide (while sane or insane);
- The treatment of alcoholism or drug addiction, or any treatment received or contracted due to your being intoxicated or under the influence of alcohol, drugs, or any narcotic unless the alcohol, drug, or narcotic was administered on the advice of a physician and taken according to the physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the accident, cause of care, or care was received);
- Bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, depression, anxiety, or psychoneurotic disorders. The policy will pay, however, for covered care resulting from Alzheimer's disease, or similar forms of senility or senile dementia, first manifested while coverage is in force.

The policy will not pay benefits for care rendered outside the United States or its possessions.

A nursing home facility is not a hospital; an assisted-living facility; a personal care home; a hospice facility; a place that primarily treats the mentally ill, drug addicts, or alcoholics; a home for the aged; a rest home; or a place primarily for domiciliary, residential, or retirement living, or a similar establishment.

An assisted-living facility does not include a hospital or clinic; a place that primarily treats the mentally ill, drug addicts, or alcoholics; a nursing home facility; your home or a place primarily for domiciliary, residential, or retirement living, or a similar establishment.

A home cannot be a hospital, a nursing home facility, an assisted-living facility, or any other such type facility.

A physician does not include you, a member of your immediate family, or anyone who normally resides in your home or residence.

Buying Long-Term Care Insurance Today May Save You Money Tomorrow!

Long-term care coverage helps provide critical financial support if a chronic condition incapacitates you or your spouse for an extended time. Aflac's plan offers a choice of benefit packages that include nursing home, assisted-living, and home health care assistance as well as a first-occurrence cash payment.

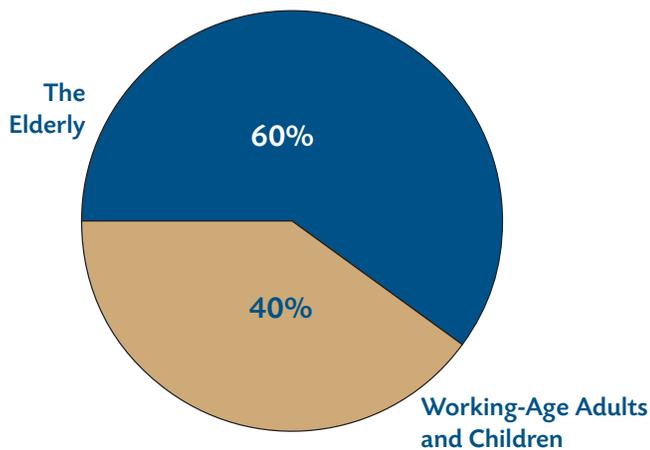
The Cost and Need for Coverage Continue to Surge.

- Nationally, the average annual cost for a private room (single occupant) in a nursing home is \$70,912 (\$194.28/day). The average annual cost for a semiprivate room (double occupancy) is \$62,532 (\$171.32/day).¹
- Nationally, the average monthly cost for a private one-bedroom unit in an assisted-living facility is \$2,691.20 (\$32,294.40/year). The average hourly rate for a certified home care provider is \$36.22.¹
- Doctors and hospitals are under tremendous pressure to get patients out as quickly as possible. Patients often go to a nursing home to continue the recovery period.

A Disability Knows No Age Limit!

An estimated ten million Americans need assistance from others to carry out everyday activities.² More important, long-term care isn't just for the elderly and the retired; injuries can incapacitate the young as well as the aged—sometimes with longer-lasting implications.

Who Uses Long-Term Care?²



Why Buy Early?

- The need exists at any age.
- Capitalize on your current good health.
- Take advantage of lower age-based issue rates.

Buy at Your Current Age—and Save!

The cost difference between buying a long-term care policy at age 50 compared to buying the same policy at age 65 is substantial.

Aflac's Long-Term Care Plan ... coverage from a top-rated world leader in guaranteed-renewable insurance benefits sold at the workplace



¹Genworth Financial 2006 Cost of Care Survey, March 2006

²Long-Term Care: Understanding Medicaid's Role for the Elderly and Disabled, Kaiser Commission on Medicaid and the Uninsured, November 2005

Aflac is ...

- A Fortune 500 company with nearly \$60 billion in assets, insuring more than 40 million people worldwide.
- Rated AA in insurer financial strength by Standard & Poor's (June 2006), Aa2 (Excellent) in insurer financial strength by Moody's Investors Service (January 2006), A+ (Superior) by A.M. Best (June 2006), and AA in insurer financial strength by Fitch, Inc. (June 2006).*
- Named by Fortune magazine to its list of America's Most Admired Companies for the seventh consecutive year in March 2007.
- A premier provider of insurance policies with premiums payroll deducted for more than 370,000 payroll accounts nationally.
- Outstanding in claims service, with most claims processed within four days.
- Included by Forbes magazine in its annual list of America's 400 Best Big Companies for the seventh year in January 2007.
- Named by Fortune magazine to its list of the 100 Best Companies to Work For in America for the ninth consecutive year in January 2007.

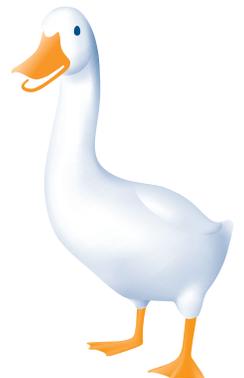
**Ratings refer only to the overall financial status of Aflac and are not recommendations of specific policy provisions, rates, or practices.*



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En español:
1.800.SI.AFLAC (1.800.742.3522)

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