

## Group Accident and Critical Illness Individual Options



StaffScapes, Inc. has a sincere interest in the welfare of all employees and would like to introduce AFLAC's line of **Group Insurance and Supplemental Individual Insurance Plans**. These plans are offered to you at a discounted rate through payroll deduction.

### Group Insurance Options:

#### **Accident Insurance – 24 Hour Coverage**

- Do you have savings for an unexpected trip to the emergency room?? AFLAC can help cover you, in addition to your other insurance, for those unexpected incidents and emergency room visits.
- *Wellness benefit pays \$60 per member annually*

#### **Critical Illness**

- Do you have a family history of chronic disease or illness? AFLAC is here to help you cover the enormous expenses that can occur with these illnesses while you focus on recovery.
- *Guaranteed Issue \$10,000 during initial eligibility*

### Individual Insurance Options:

- Range of products that can fit most budgets
- Policies available include: short term disability, cancer, hospital confinement and more
- Coverage available for you and your family

### Why Choose AFLAC -

- Aflac pays you benefits even when you're healthy
- Aflac is different from health insurance; it's insurance for your daily living
- Aflac is affordable
- Aflac belongs to you, not your company
- Aflac benefits help with unexpected expenses
- Aflac pays you cash benefits to use as you see fit
- Aflac claims are easy to file

**For more information or to set up a meeting with an AFLAC representative please contact StaffScapes Benefits Department at 303-466-7864.**

▶ **Peace of Mind *and*  
Real Cash Benefits**



**GROUP ACCIDENT INSURANCE**

**AC1<sup>G</sup>**



We've got you under our wing.®

# GROUP ACCIDENT INSURANCE

Policy Series CA7700-MP

# AC1<sup>G</sup>

## 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

- 24-hour 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

### 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.

### HOSPITAL CONFINEMENT (per day)

We will provide this benefit on the first day of hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

### 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.

### MEDICAL FEES (for each accident)

If an insured is injured in a Covered Accident and receives Treatment within one year, 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 above per accident. Initial Treatment must be received within 60 days from the date of the accident.

### PARALYSIS (lasting 90 days or more and diagnosed by a physician within 90 days)

Quadriplegia  
Paraplegia

EMPLOYEE	SPOUSE	CHILD
\$1,000	\$1,000	\$1,000
\$300	\$300	\$300
\$500	\$500	\$500
\$300	\$300	\$300
\$10,000 \$5,000	\$10,000 \$5,000	\$10,000 \$5,000

## ACCIDENTAL-DEATH AND -DISMEMBERMENT (within 90 days)

### ACCIDENTAL-DEATH

### ACCIDENTAL COMMON-CARRIER DEATH (plane, train, boat, or ship)

### SINGLE DISMEMBERMENT

### DOUBLE DISMEMBERMENT

### LOSS OF ONE OR MORE FINGERS OR TOES

### PARTIAL AMPUTATION OF FINGERS OR TOES (including at least one joint)

EMPLOYEE	SPOUSE	CHILD
\$75,000	\$37,500	\$10,000
\$100,000	\$50,000	\$20,000
\$18,750	\$9,375	\$2,500
\$75,000	\$37,500	\$10,000
\$3,750	\$1,875	\$500
\$200	\$200	\$200

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.

## MAJOR INJURIES (diagnosis and treatment within 90 days)

	EMPLOYEE	SPOUSE//CHILD	
<b>FRACTURES (closed reduction):</b>			
Hip/Thigh	\$6,000	\$3,000	<ul style="list-style-type: none"> <li>• Open reduction is paid at 150% of closed reduction.</li> <li>• Multiple fractures and dislocations are paid at 150% of the benefit amount for open or closed reduction.</li> <li>• Chip fractures are paid at 10% of the fracture benefit.</li> <li>• Partial dislocations are paid at 25% of the dislocation benefit.</li> </ul>
Vertebrae (except processes)	\$5,400	\$2,700	
Pelvis	\$4,800	\$2,400	
Skull (depressed)	\$4,500	\$2,250	
Leg	\$3,600	\$1,800	
Forearm/Hand/Wrist	\$3,000	\$1,500	
Foot/Ankle/Knee Cap	\$3,000	\$1,500	
Shoulder Blade/Collar Bone	\$2,400	\$1,200	
Lower Jaw (mandible)	\$2,400	\$1,200	
Skull (simple)	\$2,100	\$1,050	
Upper Arm/Upper Jaw	\$2,100	\$1,050	
Facial Bones (except teeth)	\$1,800	\$900	
Vertebral Processes	\$1,200	\$600	
Coccyx/Rib/Finger/Toe	\$480	\$240	
<b>DISLOCATIONS (closed reduction):</b>			
Hip	\$4,500	\$2,250	
Knee (not knee cap)	\$3,250	\$1,625	
Shoulder	\$2,500	\$1,250	
Foot/Ankle	\$2,000	\$1,000	
Hand	\$1,750	\$875	
Lower Jaw	\$1,500	\$750	
Wrist	\$1,250	\$625	
Elbow	\$1,000	\$500	
Finger/Toe	\$400	\$200	

## SPECIFIC INJURIES

EMPLOYEE//SPOUSE//CHILD	EMPLOYEE//SPOUSE//CHILD
<b>RUPTURED DISC</b> (treatment within 60 days; surgical repair within one year)	<b>EMERGENCY DENTAL WORK (per accident)</b>
Injury occurring during first certificate year \$100	Repaired with crown \$250
Injury occurring after first certificate year \$400	Resulting in extraction \$80
<b>TENDONS/LIGAMENTS</b> (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.	<b>BURNS (treatment within 72 hours and based on percent of body surface burned):</b>
\$400 (Single)	<b>Second-Degree Burns</b>
\$600 (Multiple)	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
<b>TORN KNEE CARTILAGE</b> (treatment within 60 days; surgical repair within one year)	<b>Third-Degree Burns</b>
Injury occurring during first certificate year \$100	Less than 10% \$500
Injury occurring after first certificate year \$400	At least 10%, but less than 25% \$3,000
	At least 25%, but less than 35% \$7,000
	35% or more \$10,000
<b>EYE INJURIES</b>	<b>First-degree burns are not covered.</b>
Treatment and surgical repair within 90 days \$250	
Removal of foreign body \$50	
<b>CONCUSSION</b> (a head injury resulting in electroencephalogram abnormality) \$200	<b>LACERATIONS (treatment and repair within 72 hours):</b>
<b>COMA (lasting 30 days or more)</b> \$10,000	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.

## ADDITIONAL BENEFITS

	EMPLOYEE//SPOUSE//CHILD
<b>AMBULANCE</b>  <b>AIR AMBULANCE</b> 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.	\$450  \$750
<b>BLOOD/PLASMA</b> If the insured receives blood or plasma within 90 days following a Covered Accident, we will pay the amount shown.	\$250
<b>APPLIANCES</b> 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.	\$200
<b>INTERNAL INJURIES</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>ACCIDENT FOLLOW-UP TREATMENT</b> 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.	\$50
<b>EXPLORATORY SURGERY</b> [without repair (i.e., arthroscopy)]	\$250
<b>PROSTHESIS</b> 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
<b>PHYSICAL THERAPY</b> We will pay this benefit for up to six Treatments (one per day) per Covered Accident, per covered person for Treatment from a physical therapist. A Physician must prescribe the physical therapy. 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.	\$75
<b>TRANSPORTATION</b> If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown. The distance to the hospital must be greater than 50 miles from your residence.	\$300 (train/plane) \$150 (bus)
<b>FAMILY LODGING BENEFIT (per night)</b> If an insured is required to travel more than 100 miles for inpatient Treatment of injuries received in a Covered Accident, We will pay this benefit for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the Hospital	\$200
<b>WELLNESS BENEFIT (per 12-month period)</b> 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
This benefit is only payable for wellness tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.	

## 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.

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, legally adopted children or children placed for adoption, who are younger than age 26.

Your natural children born after the Effective Date of this rider will be covered from the moment of live birth. No notice or additional premium is required.

Children for whom a decree of adoption has been entered by you and/or your Spouse (or for whom adoption proceedings have been instituted by you and/or your Spouse), shall be covered automatically from birth. A decree of adoption must be entered within one year from the date proceedings were instituted, unless extended by order of the court, and you and/or your Spouse must continue to have custody pursuant to the decree of the court.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of twenty-six (26) shall not apply. Proof of such incapacity and dependency must be furnished to the company within thirty-one (31) days following such 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.

# We've got you under our wing.®

aflacgroupinsurance.com || 1.800.433.3036

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  
2801 Devine Street | Columbia, South Carolina 29205



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 CA7700-MP.



► **Peace of Mind *and*  
Real Cash Benefits**



**GROUP CRITICAL ILLNESS**

**CI<sup>G</sup>**



**Aflac**®

We've got you under our wing.®



# GROUP CRITICAL ILLNESS

Policy Series CAI2800

# CI<sup>G</sup>

## 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 WORKSHEET

Employee Benefit: \$ \_\_\_\_\_

Spouse Benefit: \$ \_\_\_\_\_

Child Benefit: \$ \_\_\_\_\_  
(25 percent of the primary insured amount)

Total Weekly Deduction: \$ \_\_\_\_\_

This worksheet is for illustration purposes only. It is not an implication of coverage.



## BENEFITS

### COVERED CRITICAL ILLNESSES<sup>1</sup>:

CANCER (Internal or Invasive)	100%	RENAL FAILURE (End Stage)	100%
HEART ATTACK (Myocardial Infarction)	100%	CARCINOMA IN SITU <sup>2</sup>	25%
STROKE (Apoplexy or Cerebral Vascular Accident)	100%	CORONARY ARTERY BYPASS SURGERY <sup>2</sup>	25%
MAJOR ORGAN TRANSPLANT	100%		

### FIRST OCCURRENCE BENEFIT

After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase Spouse coverage.

### ADDITIONAL OCCURRENCE BENEFIT

If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses, then we will pay the full benefit amount for each additional illness. Occurrences must be separated by at least six months.

### \$50 HEALTH SCREENING BENEFIT

#### (Employee and Spouse only)

After the waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.

### COVERED HEALTH SCREENING TESTS INCLUDE:

- Mammography
- Colonoscopy
- Pap smear
- Breast Ultrasound
- Chest X-ray
- PSA (blood test for prostate cancer)
- Stress test on a bicycle or treadmill
- Bone Marrow Testing
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Serum protein electrophoresis (blood test for myeloma)
- Thermography
- Fasting blood glucose test
- Blood test for triglycerides
- Fasting blood glucose test
- Serum cholesterol test to determine level of HDL and LDL

<sup>1</sup>All covered conditions are subject to the definitions found in your certificate.

<sup>2</sup>If a benefit is paid for Carcinoma in Situ, the Internal Cancer benefit will be reduced by 25 percent. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25 percent.

### RE-OCCURRENCE BENEFIT

If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months, or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the Insured has gone treatment free for 12 months.

### CHILD COVERAGE AT NO ADDITIONAL COST

Each Dependent Child is covered at 25 percent of the primary insured amount at no additional charge.



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

### IF DIAGNOSIS OCCURS AFTER THE AGE OF 70, HALF OF THE BENEFIT IS PAYABLE.

The plan contains a 30-day waiting period. This means that no benefits are payable for any insured who has been diagnosed before your 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 starting after 12 months from the Effective Date or the Employee can elect to void the coverage and receive a full refund of premium.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the certificate is in force; and the cause of the illness is not excluded by name or specific description.

### EXCLUSIONS

Benefits will not be paid for loss due to:

- Intentionally self-inflicted injury or action;
- Suicide or attempted suicide while sane or insane;
- Illegal activities or participation in an illegal occupation;



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

- 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 12-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 12 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 12 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 12 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 the Certificate Schedule.

**Spouse** means an employee's legal wife or husband.

**Dependent Children** means your natural children, step-children, legally adopted children, or children placed for adoption, who are unmarried, chiefly dependent on you or your Spouse for support, and younger than age 25.

However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on a parent(s) for support, the above age of 25 shall not apply. Proof of such incapacity and dependency must be furnished to the company within 31 days following such 25th 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 which

produces permanent clinical neurological sequela 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 Non-Invasive, such as (1) Pre-malignant 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 less than .77mm.

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, hemo-dialysis 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 non-surgical 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) On the 31st day after the premium due date if the required premium has not been paid; (3) On the date the insured ceases to meet the definition of an Employee as defined in the master policy; or (4) On 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 master policy is terminated; (2) On the 31st day after the premium due date if the required premium has not been paid; (3) The premium due date following the date the Spouse or Dependent Child ceases to be a dependent; or (4) The premium due date following the date we receive a written request to terminate coverage for a Spouse and/or Dependent Children.

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# GROUP CRITICAL ILLNESS



## Colorado - Monthly (12pp/yr)

### NON-TOBACCO - Employee

AGES	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 3.45	\$ 5.15	\$ 6.85	\$ 8.55	\$ 10.25	\$ 11.95	\$ 13.65	\$ 15.35	\$ 17.05	\$ 18.75
30-39	\$ 4.85	\$ 7.95	\$ 11.05	\$ 14.15	\$ 17.25	\$ 20.35	\$ 23.45	\$ 26.55	\$ 29.65	\$ 32.75
40-49	\$ 8.10	\$ 14.45	\$ 20.80	\$ 27.15	\$ 33.50	\$ 39.85	\$ 46.20	\$ 52.55	\$ 58.90	\$ 65.25
50-59	\$ 13.20	\$ 24.65	\$ 36.10	\$ 47.55	\$ 59.00	\$ 70.45	\$ 81.90	\$ 93.35	\$ 104.80	\$ 116.25
60-69	\$ 20.10	\$ 38.45	\$ 56.80	\$ 75.15	\$ 93.50	\$ 111.85	\$ 130.20	\$ 148.55	\$ 166.90	\$ 185.25

### NON-TOBACCO Spouse

AGES	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 3.45	\$ 4.30	\$ 5.15	\$ 6.00	\$ 6.85	\$ 7.70	\$ 8.55	\$ 9.40	\$ 10.25
30-39	\$ 4.85	\$ 6.40	\$ 7.95	\$ 9.50	\$ 11.05	\$ 12.60	\$ 14.15	\$ 15.70	\$ 17.25
40-49	\$ 8.10	\$ 11.28	\$ 14.45	\$ 17.63	\$ 20.80	\$ 23.98	\$ 27.15	\$ 30.33	\$ 33.50
50-59	\$ 13.20	\$ 18.93	\$ 24.65	\$ 30.38	\$ 36.10	\$ 41.83	\$ 47.55	\$ 53.28	\$ 59.00
60-69	\$ 20.10	\$ 29.28	\$ 38.45	\$ 47.63	\$ 56.80	\$ 65.98	\$ 75.15	\$ 84.33	\$ 93.50

### TOBACCO - Employee

AGES	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 4.60	\$ 7.45	\$ 10.30	\$ 13.15	\$ 16.00	\$ 18.85	\$ 21.70	\$ 24.55	\$ 27.40	\$ 30.25
30-39	\$ 7.10	\$ 12.45	\$ 17.80	\$ 23.15	\$ 28.50	\$ 33.85	\$ 39.20	\$ 44.55	\$ 49.90	\$ 55.25
40-49	\$ 15.05	\$ 28.35	\$ 41.65	\$ 54.95	\$ 68.25	\$ 81.55	\$ 94.85	\$ 108.15	\$ 121.45	\$ 134.75
50-59	\$ 24.65	\$ 47.55	\$ 70.45	\$ 93.35	\$ 116.25	\$ 139.15	\$ 162.05	\$ 184.95	\$ 207.85	\$ 230.75
60-69	\$ 38.40	\$ 75.05	\$ 111.70	\$ 148.35	\$ 185.00	\$ 221.65	\$ 258.30	\$ 294.95	\$ 331.60	\$ 368.25

### TOBACCO - Spouse

AGES	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
18-29	\$ 4.60	\$ 6.03	\$ 7.45	\$ 8.88	\$ 10.30	\$ 11.73	\$ 13.15	\$ 14.58	\$ 16.00
30-39	\$ 7.10	\$ 9.78	\$ 12.45	\$ 15.13	\$ 17.80	\$ 20.48	\$ 23.15	\$ 25.83	\$ 28.50
40-49	\$ 15.05	\$ 21.70	\$ 28.35	\$ 35.00	\$ 41.65	\$ 48.30	\$ 54.95	\$ 61.60	\$ 68.25
50-59	\$ 24.65	\$ 36.10	\$ 47.55	\$ 59.00	\$ 70.45	\$ 81.90	\$ 93.35	\$ 104.80	\$ 116.25
60-69	\$ 38.40	\$ 56.73	\$ 75.05	\$ 93.38	\$ 111.70	\$ 130.03	\$ 148.35	\$ 166.68	\$ 185.00

Rates include cancer benefit.

Rates include: \$50 Health Screening Benefit No additional riders

**Please Note:** Premiums shown are accurate as of publication. They are subject to change.



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under our wing.**

aflacgroupinsurance.com | 1.800.433.3036

Underwritten by:  
Continental American Insurance Company  
2801 Devine Street | Columbia, South Carolina 29205



### ENROLLMENT FORM

Please Mail: Post Office Box 427  
Columbia, South Carolina 29202  
800.433.3036

FOR HOME OFFICE USE ONLY				
PLAN	PLAN CODE		ID NUMBER	
Accident				
Critical Illness				
Endorsement:				
EFFECTIVE DATE:				
FOR AGENT USE ONLY				
<input type="checkbox"/> Initial Enrollment	<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Enrollment	<input type="checkbox"/> Newly Eligible	<input type="checkbox"/> Re-Submission
Deduction start date _____				

Employee Name/Owner (First, MI, Last)		Social Security Number/ID Number		Gender	Date of Birth
Street Address		City		State	ZIP
Employer <b>StaffScapes Inc.</b>		Job Class/Occupation	Location		Hire/Change of Status Date
Hours Worked	Daytime Phone Number ( )	Beneficiary Name/Relationship (estate unless designated otherwise)			
Spouse's Name (if coverage is requested)		Gender	Spouse's Date of Birth		
			Employee	Spouse	
Are you currently working full-time for the employer listed above?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you now disabled or unable to work?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you used tobacco products in the last 12 months?			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### List all eligible children for whom you are proposing coverage (from Youngest to Oldest):

Name	Gender	Date of Birth	Name	Gender	Date of Birth

<b>ACCIDENT</b> X 24 Hour Plan High Option _____ <input type="checkbox"/> New Coverage <input type="checkbox"/> Change in Coverage <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Children <input type="checkbox"/> Family <b>Cost per pay period:</b> \$ _____	
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<b>CRITICAL ILLNESS</b> <input type="checkbox"/> Employee <input type="checkbox"/> Employee and Spouse With Cancer: X Yes <input type="checkbox"/> No <input type="checkbox"/> New Coverage <input type="checkbox"/> Change in Coverage <b>Employee</b> Face Amount: \$ _____ <b>Employee cost per pay period:</b> \$ _____ <b>Spouse</b> Face Amount: \$ _____ <b>Spouse cost per pay period:</b> \$ _____	
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		Employee	Spouse
1	Have you ever been treated or diagnosed by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	In the last 7 years, have you been treated for or diagnosed with cancer or any malignancy, including: carcinoma, sarcoma, Hodgkin's Disease, leukemia, lymphoma, or a malignant tumor? Cancer does not include basal cell or squamous cell carcinoma.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Have you ever been treated for, or diagnosed with, any of the following: a) Stroke, heart attack, heart condition, heart trouble (or any abnormality of the heart—including artery disease), diabetes, or any liver disorder; b) Kidney (renal) failure or end stage kidney (renal) disease; c) Organ transplant; d) Emphysema; or e) high blood pressure, resulting in your now taking 3 or more medications for treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO



To the best of my knowledge and belief, the answers to the questions on this Application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

Does this coverage replace or change any existing insurance? ☐ YES ☐ NO

If yes, provide carrier and policy number: \_\_\_\_\_

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 via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

Coverage will not become effective unless you are employed full-time on the enrollment date and on the effective date.

CERTIFICATION: I have read the completed Application and I realize any false statement or misrepresentation in the Application may result in loss of coverage under the Certificate. I understand that no insurance will be in effect until my Application is approved and the necessary premium is paid.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize my employer to deduct the appropriate dollar amount from my earnings each pay period to pay Continental American Insurance Company the required premium for my insurance.

**It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Agent \_\_\_\_\_ Agent No. \_\_\_\_\_ State of Enrollment \_\_\_\_\_