

ENDORSEMENT

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:
Date

ENDORSEMENT DATE: Same as Policy Effective Date

Additions or changes have been made to the above policy as of the endorsement date and indicated as follows:

The following has been added to the PRE-EXISTING CONDITION LIMITATIONS provision:

If you were insured with another disability insurance policy that was in force within 60 days of the Effective Date of this policy, then the length of time your previous coverage was continuously in force ending within 60 days of the Effective Date of this policy will be applied toward the satisfaction of the Pre-existing Conditions Limitation of this policy and time limits for pregnancy or childbirth. Any increased benefit amounts resulting from the replacement of the original coverage with this new coverage will be subject to a new Pre-Existing Conditions Limitation provision beginning with the Effective Date of this new coverage.

DEFINITIONS has been amended as follows:

SICKNESS: an illness, disease, infection, or any other abnormal physical condition, independent of Injury, that is first manifested and first treated while coverage is in force.

LIMITATIONS AND EXCLUSIONS has been amended by deleting the following:

Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician within the first 30 days after the Effective Date of coverage, unless the resulting Disability begins more than 12 months after the Effective Date of coverage.

This endorsement does not waive any other policy provision or limitations and exclusions not discussed herein unless modified herein.

PREVIOUS COVERAGE INFORMATION

Proposed Insured's / Employee's Name: _____
LAST FIRST MI

Certificate/Policy Number (if applicable): _____

Effective Date of Existing Coverage being replaced: _____

End Date of Coverage: _____

Monthly Benefit Amount: _____

Elimination Period: _____

Benefit Period: _____

This endorsement has been executed at Aflac's Worldwide Headquarters in Columbus, Georgia, on the above-stated endorsement date.



Teresa White, President



J. Matthew Loudermilk, Secretary

**FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT aflac.com.**