



COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT

Contract No. UCPJMU6003

This contract entered into this 5th day of April 2021, by AFLAC hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE: From April 5, 2021 through April 4, 2022 with seven (7) one-year renewal options.

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposal LBS-1090 dated October 7, 2020:
 - (a) The Statement of Needs;
 - (b) The General Terms and Conditions;
 - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
 - (d) Addendum No. One, dated October 26, 2020;
 - (e) Addendum No. Two dated November 5, 2020.
- (3) The Contractor's Proposal dated November 3, 2020 and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
 - (a) Negotiations Summary, dated March 30, 2021.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

By:


(Signature)

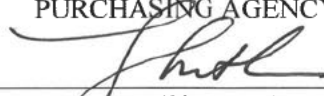
Eunice Holmes

(Printed Name)

Title: Vice President, Underwriting, Aflac US

PURCHASING AGENCY:

By:


(Signature)

Lee Anne Beatty Smith

(Printed Name)

Title: Buyer Senior



RFP # LBS-1090 Employee Voluntary Benefits/Services Negotiation Summary for American Family Life Assurance Company of Columbus (Aflac)

3/30/21

1. Parties agree that this Negotiation Summary modifies RFP# LBS-1090 and the Contractor's initial response to RFP# LBS-1090, and in the event of conflict this negotiation summary shall take precedence.
2. Contractor shall provide a single point-of-contact for JMU employees regarding the following employee voluntary benefit plans: Accident Advantage (A36000), Personal Cancer Indemnity (A75000), Hospital Confinement Indemnity (A49000), Critical Care Protection (A74000), and Short-Term Disability (A57600).
3. The Contractor shall provide customized communication and marketing material to the Purchasing Agency at no cost. All marketing material shall require prior approval by the Purchasing Agency.
4. Contractor shall provide a one-call solution for JMU employees to reach Michael Glover, the dedicated account manager, for continual service throughout a contract year. The dedicated account manager shall handle day-to-day customer service and monitor billing and claims assistance.
5. Contractor shall provide enrollment services and support, at the University's request, for the following:
 - Open enrollment (onsite)
 - Benefit Fairs (onsite)
 - Monthly information meetings (onsite)
 - New Hire Meetings
 - Additional Meetings as mutually agreed upon
6. Contractor shall provide reconciliation of AFLAC policy holder data in collaboration with JMU's Payroll Services. Contractor shall provide, at no additional cost, AFLAC "Express Services" to facilitate this reconciliation process.

"Express Services" shall include:

- A secure location for sharing/reconciling data between both parties
- A primary contact at AFLAC for managing the technical implementation and providing ongoing support and maintenance of the secure location. The primary contact is initially identified as Christopher Matthews, 706.320.2620, cmatthews@aflac.com. Any changes by the Contractor to the primary point of contact shall be promptly reported to JMU.
- Payments withheld by JMU and remitted to AFLAC will be applied to individual AFLAC accounts within two weeks of receiving funds, regardless of the method in which the remittance file is received (email or loaded via Express Services).
- Communication of changes, such as retirements/terminations/name changes, etc that are received by AFLAC via the Express Services remittance file or as noted on the 'Notification of Non-Payment Report' will be applied within two weeks.
- A change file (HL415JMU_Chg) noting changes in premium rates/coverage will be made available to JMU weekly, each Monday, via Express Services.

RFP # LBS-1090 Employee Voluntary Benefits/Services
Negotiation Summary for American Family Life Assurance Company of Columbus (Aflac)

3/30/21

7. Contract Pricing: Rates are guaranteed for one (1) year with no minimum enrollment requirement

<u>Accident Advantage Plan (A36000)</u>				
Semi-Monthly Rates				
<i>Coverage Type- Ages 18-75</i>	<i>Option 1 Base Plan</i>	<i>Option 2 Base Plan</i>	<i>Option 3 Base Plan</i>	<i>Option 4 Base Plan</i>
Individual	\$6.64	\$8.65	\$10.99	\$12.55
Insured & Spouse	\$9.04	\$12.29	\$15.60	\$17.94
One-Parent Family	\$10.34	\$14.63	\$18.46	\$21.52
Two-Parent Family	\$13.52	\$19.11	\$23.92	\$28.08
* Optional Accident Benefit Rider (ages 18-70)				
Individual	\$2.15			
Insured & Spouse	\$2.99			
One-Parent Family	\$2.41			
Two-Parent Family	\$3.38			

<u>Personal Cancer Indemnity Plan (A75000)</u>			
Semi-Monthly Rates			
<i>Coverage Type- Ages 18-70</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>
Individual	\$9.35	\$13.45	\$16.75
One-Parent Family	\$10.85	\$16.45	\$20.10
Two-Parent Family	\$15.25	\$22.75	\$27.95
* Optional Riders			
<i>Coverage Type- Ages 18-70</i>	<i>Initial Diagnosis \$100/unit</i>		<i>Specified Disease</i>
Individual	*\$0.30		\$0.50
One-Parent Family	*\$0.45		\$0.75
Two-Parent Family	*\$0.65		\$1.00
	*Rate per \$100 unit of coverage; minimum = one unit; maximum = five units		

<u>Hospital Confinement Indemnity Plan (A49000)</u>					
Semi-Monthly Rates					
<i>Essentials Plan</i>					
<i>Coverage Type</i>	<i>Ages</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>
Individual	18 – 75	\$8.97	\$12.74	\$16.45	\$20.93
One-Parent Family	18 – 75	\$12.09	\$19.05	\$22.88	\$27.56
Insured & Spouse	18 – 75	\$12.87	\$20.54	\$26.78	\$35.17

RFP # LBS-1090 Employee Voluntary Benefits/Services
Negotiation Summary for American Family Life Assurance Company of Columbus (Aflac)

3/30/21

Two-Parent Family	18 – 75	\$14.37	\$23.34	\$29.51	\$36.21
<i>Preferred Plan</i>					
Coverage Type	Ages	Option 1	Option 2	Option 3	Option 4
Individual	18-75	\$15.15	\$18.85	\$22.23	\$26.78
One-Parent Family	18-75	\$20.61	\$27.50	\$31.33	\$36.08
Insured & Spouse	18-75	\$22.49	\$30.16	\$36.47	\$44.85
Two-Parent Family	18-75	\$25.42	\$34.39	\$40.63	\$47.26
<i>Select 1500</i>					
Coverage Type	Ages	Option 1	Option 2	Option 3	Option 4
Individual	18-75	\$20.80	\$24.51	\$27.95	\$32.44
One-Parent Family	18-75	\$27.17	\$34.13	\$37.96	\$42.71
Insured & Spouse	18-75	\$31.53	\$39.20	\$45.44	\$53.89
Two-Parent Family	18-75	\$34.06	\$43.10	\$49.27	\$55.90
<i>Select 2000</i>					
Coverage Type	Ages	Option 1	Option 2	Option 3	Option 4
Individual	18-75	\$26.39	\$30.10	\$33.54	\$38.03
One-Parent Family	18-75	\$33.80	\$40.76	\$44.59	\$49.27
Insured & Spouse	18-75	\$40.63	\$48.30	\$54.54	\$62.99
Two-Parent Family	18-75	\$42.71	\$51.68	\$57.85	\$64.55

<u>Critical Care Protection Plan (A74000)</u>						
Semi-Monthly Rates						
<i>Coverage Type</i>	<i>Ages</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>First Occurrence Building Benefit Rider</i>	<i>Specified Health Event Recovery Benefit Rider</i>
Individual	18 – 35	\$4.68	\$8.45	\$8.91	\$1.17	\$0.59
	36 – 45	\$7.28	\$12.03	\$12.61	\$2.15	\$1.43
	46 – 55	\$10.14	\$16.38	\$18.59	\$2.54	\$2.34
	56 – 70	\$13.65	\$21.13	\$25.74	\$2.80	\$3.32
Insured +	18 – 35	\$6.70	\$16.25	\$17.10	\$2.34	\$1.17

RFP # LBS-1090 Employee Voluntary Benefits/Services
Negotiation Summary for American Family Life Assurance Company of
Columbus (Aflac)

3/30/21

Spouse	36 – 45	\$11.18	\$21.13	\$22.62	\$4.29	\$2.41
	46 – 55	\$16.77	\$28.47	\$34.84	\$5.07	\$4.03
	56 – 70	\$24.57	\$39.65	\$49.66	\$5.59	\$6.18
One Parent Family	18 – 35	\$5.20	\$14.37	\$15.15	\$1.24	\$0.65
	36 – 45	\$7.54	\$17.03	\$17.88	\$2.28	\$1.43
	46 – 55	\$10.47	\$21.91	\$23.01	\$2.60	\$2.34
	56 – 70	\$13.98	\$28.80	\$32.44	\$2.93	\$3.38
Two-Parent Family	18 – 35	\$7.74	\$18.46	\$19.37	\$2.41	\$1.24
	36 – 45	\$12.35	\$23.47	\$24.64	\$4.42	\$2.60
	46 – 55	\$18.20	\$31.33	\$36.92	\$5.14	\$4.36
	56 – 70	\$26.26	\$43.03	\$53.17	\$5.72	\$6.50

Short-Term Disability Plan (A57600)								
Industry Class A-0/14 Elimination Period								
Semi-Monthly Rates								
Annual Income		\$9,000 \$500	\$12,000 \$600	\$12,000 \$700	\$16,000 \$800	\$18,000 \$900	\$20,000 \$1,000	\$22,000 \$1,100
Benefit Period 12- months	Age							
	18 – 49	\$8.78	\$10.53	\$12.29	\$14.04	\$15.80	\$17.55	\$19.31
	50 – 64	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88
	65 – 74	\$14.63	\$17.55	\$20.48	\$23.40	\$26.33	\$29.25	\$32.18
Annual Income		\$24,000 \$1,200	\$26,000 \$1,300	\$28,000 \$1,400	\$30,000 \$1,500	\$32,000 \$1,600	\$34,000 \$1,700	\$36,000 \$1,800
Benefit Period 12- months	Age							
	18 – 49	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59
	50 – 64	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44
	65 – 74	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65
Annual Income		\$38,000 \$1,900	\$40,000 \$2,000	\$42,000 \$2,100	\$44,000 \$2,200	\$46,000 \$2,300	\$48,000 \$2,400	\$50,000 \$2,500
Benefit Period 12- months	Age							
	18 – 49	\$33.35	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12	\$43.88
	50 – 64	\$39.52	\$41.60	\$43.68	\$45.76	\$47.84	\$49.92	\$52.00
	65 – 74	\$55.58	\$58.50	\$61.43	\$64.35	\$67.28	\$70.20	\$73.13
Annual Income		\$52,000 \$2,600	\$54,000 \$2,700	\$56,000 \$2,800	\$58,000 \$2,900	\$60,000 \$3,000	\$61,000 \$3,100	\$63,000 \$3,200

RFP # LBS-1090 Employee Voluntary Benefits/Services
Negotiation Summary for American Family Life Assurance Company of
Columbus (Aflac)

3/30/21

Benefit Period	Age							
12-months	18 – 49	\$45.63	\$47.39	\$49.14	\$50.90	\$52.65	\$54.41	\$56.16
	50 – 64	\$54.08	\$56.16	\$58.24	\$60.32	\$62.40	\$64.48	\$66.56
	65 – 74	\$76.05	\$78.98	\$81.90	\$84.83	\$87.75	\$90.68	\$93.60
Annual Income		\$68,000	\$73,000	\$78,000	\$82,000	\$87,000	\$92,000	\$97,000
		\$3,300	\$3,400	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900
Benefit Period	Age							
12-months	18 – 49	\$57.92	\$59.67	\$61.43	\$63.18	\$64.94	\$66.69	\$68.45
	50 – 64	\$68.64	\$70.72	\$72.80	\$74.88	\$76.96	\$79.04	\$81.12
	65 – 74	\$96.53	\$99.45	\$102.38	\$105.30	\$108.23	\$111.15	\$114.08
Annual Income		\$102,000	\$106,000	\$111,000	\$116,000	\$121,000	\$126,000	\$130,000
		\$4,000	\$4,100	\$4,200	\$4,300	\$4,400	\$4,500	\$4,600
Benefit Period	Age							
12-months	18 – 49	\$70.20	\$71.96	\$73.71	\$75.47	\$77.22	\$78.98	\$80.73
	50 – 64	\$83.20	\$85.28	\$87.36	\$89.44	\$91.52	\$93.60	\$95.68
	65 – 74	\$117.00	\$119.93	\$122.85	\$125.78	\$128.70	\$131.63	\$134.55
Annual Income		\$135,000	\$140,000	\$145,000	\$149,000	\$153,000	\$156,000	\$159,000
		\$4,700	\$4,800	\$4,900	\$5,000	\$5,100	\$5,200	\$5,300
Benefit Period	Age							
12-months	18 – 49	\$82.49	\$84.24	\$86.00	\$87.75	\$89.51	\$91.26	\$93.02
	50 – 64	\$97.76	\$99.84	\$101.92	\$104.00	\$106.08	\$108.16	\$110.24
	65 – 74	\$137.48	\$140.40	\$143.33	\$146.25	\$149.18	\$152.10	\$155.03
Annual Income		\$162,000	\$165,000	\$168,000	\$171,000	\$174,000	\$177,000	\$180,000
		\$5,400	\$5,500	\$5,600	\$5,700	\$5,800	\$5,900	\$6,000
Benefit Period	Age							
12-months	18 – 49	\$94.77	\$96.53	\$98.28	\$100.04	\$101.79	\$103.55	\$105.30
	50 – 64	\$112.32	\$114.40	\$116.48	\$118.56	\$120.64	\$122.72	\$124.80
	65 – 74	\$157.95	\$160.88	\$163.80	\$166.73	\$169.65	\$172.58	\$175.50

8. For individual plans, as long as premiums are paid, the Contractor shall continue coverage regardless of the number of claims filed or the amount of benefits the policyholder receives. All individual plans are portable at the same payroll rates, as long as one month of premium has been remitted to the Contractor, through payroll deduction when employees leave or retire from the Purchasing Agency.
9. HIPAA – CONFIDENTIALITY AND RECORDS: The Contractor assures that information, data and records obtained during the performance of this contract, to include personal facts and circumstances

3/30/21

related to patients, shall be considered confidential during and following the terms of this contract and will be stored and maintained in strict compliance with applicable state and federal laws, and, further, shall not be divulged without JMU's written consent and then only in strict accordance with said applicable laws. The Contractor shall hold all information provided by JMU as proprietary and confidential and shall make no unauthorized reproduction or distribution of such material. Upon termination of this contract and/or within thirty (30) days of receipt of final payment for services, all materials, data, and information in the possession of the Contractor, provided to or obtained by the Contractor during the performance of this contract and to satisfy the requirements of the contract, shall be provided to JMU in hard copy and/or electronic form. Except where law allows, the Contractor shall not retain hard copies of the material, data, and information and all electronically stored material, data, and information shall be expunged from equipment and systems retained by the Contractor.

10. Contractor shall be responsible for all costs related to a loss of or unauthorized access and/or unauthorized use of confidential data. Contractor shall be responsible for informing all individuals affected by a breach, intrusion, or data loss in accordance with applicable law and shall indemnify and hold harmless the Commonwealth of Virginia, James Madison University and its officers and employees from and against claims, damages, or other harm related to such breach.
11. No other fees shall apply other than those identified.

Voluntary Benefits

Continue to Provide the Best-In-Class Plans and Services

Aflac's Response to James Madison University Request Employee Voluntary Benefits/Services

RFP# LBS-1090



Contacts:

Michael Glover
District Sales Coordinator
Phone: 540.248.1304
Email: michael_glover@us.aflac.com

Boyd Glover
Special Projects Coordinator
540.248.1304
boyd_gloverjr@us.aflac.com



Date: November 3, 2020

This proposal is valid for 180 days, subject to the availability of the plans and services offered.

Table of Contents

	Page Numbers
Section 1	
RFP Cover Sheet	1
Statement of Needs	2 - 9
Narrative Statement	10 - 11
Attachment A Data Sheet	12
Attachment B Small Business Subcontracting Plan	13 - 14
Deviations and Clarifications	15 - 18
Certificate of Liability Insurance	19
Section 2	
Voluntary Plan Information	
• Accident	
○ Brochure Overview	20 - 26
○ Application	27 - 31
○ Premium Rates	32
• Cancer	
○ Brochure Overview	33 - 37
○ Application	38 - 41
○ Premium Rates	42
• Critical Care	
○ Brochure Overview	43 - 49
○ Application	50 - 56
○ Premium Rates	57
• Hospital	
○ Brochure Overview	58 - 68
○ Application	69 - 74
○ Premium Rates	75 - 76
• Short-Term Disability	
○ Brochure Overview	77 - 80
○ Application	81 - 85
○ Premium Rates	86
• Communication Samples	87 - 93
Section 3	
Additional Materials	
• Aflac Group Plan Overviews	94 - 100
• Value Added Services Overview	101

REQUEST FOR PROPOSAL

RFP# LBS-1090

Issue Date: October 7, 2020
Title: Employee Voluntary Benefits/Services
Issuing Agency: Commonwealth of Virginia
James Madison University
Procurement Services MSC 5720
752 Ott Street, Wine Price Building
First Floor, Suite 1023
Harrisonburg, VA 22807

Period of Contract: From Date of Award Through One Year (Renewable)

Sealed Proposals Will Be Received Until 2:00 PM on November 4, 2020 for Furnishing The Services Described Herein.

SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.

All Inquiries For Information And Clarification Should Be Directed To: LeeAnne Beatty Smith, Buyer Senior, Procurement Services, smith2LB@jmu.edu; 540-568-7523; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

Aflac

1932 Wynnton Road

Columbus, Georgia 31999

By:


(Signature in Ink)

Name: Eunice Holmes

(Please Print)

Date: November 3, 2020

Title: VP, Underwriting, Aflac U.S.

Web Address: aflac.com

Phone: 706.317.6419

Email: aflacorporatebids@aflac.com

Fax #: 706.660.7146

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1 84 #2 _____ #3 _____ #4 _____ #5 _____ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:

☐ YES; ☒ NO; *IF YES* ⇒ ⇒ ☐ SMALL; ☐ WOMAN; ☐ MINORITY ***IF MINORITY*** ☐ AA; ☐ HA; ☐ AsA; ☐ NW; ☐ Micro

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

Statement of Needs

A. Supplemental Health Insurance - It is preferred that the Contractor have and maintain an A+ rating from A.M. Best. Provide a detailed response to the following items:

We are proud that the rating agencies continue to recognize the strength of our balance sheet. Our financial strength ratings, which reflect our ability to pay claims, are A+ (Superior) by A.M. Best, Aa3 by Moody's, A+ by S&P and AA- by Rating & Investment Information Inc. (R&I).

- 1. Describe all available plans and associated premiums. Plans proposed should include coverage in the areas currently provided under the existing contract: Accident, Cancer, Intensive Care, Critical Care, Hospital Protection, and Short-Term Disability (see Attachment E, AFLAC Supplemental Insurance Data). The University is also interested in seeing additional types of supplemental health insurance plans that are available. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria. Specify associated cost in Section X. Pricing Schedule.**

Aflac has provided our voluntary benefits to James Madison University (JMU) employees since 2003. Our voluntary insurance continues to be a simple, affordable way to help provide your employees with the peace of mind that builds a happier, healthier workforce. Our policies can help people to keep living the lifestyle they love, no matter what life throws at them — from a broken leg to a serious diagnosis. In fact, we like to think of it as [lifestyle coverage!](#)

Aflac's plans are individually issued plans, not a group or self-funded plan. Employees can choose the services and policies that help meet their financial and personal needs, with minimal participation required from your Human Resources department. Not only does Aflac offer a range of plans that fit most employees' budgets, we have a [history of rate stability*](#) and our customers don't need to brace themselves for rate increases just because they've filed claims, and you won't have to deal with complaints about rising costs. There are no deductibles or copayments, no network restrictions, and no precertification requirements.

*Aflac will guarantee rates on our proposed plans for one (1) year with seven (7) one year renewal options. Please understand, Aflac must adhere to all regulatory laws in order to remain in compliance with the Department of Insurance. If it is determined at a future date, that any of these products are withdrawn or no longer compliant with the state's Department of Insurance, we cannot allow those products to continue to be sold.

Plan Offering

"No matter how big Aflac becomes and no matter how well-known our brand is, what Aflac stands for will never change: Helping people through times of great financial crisis. That is the founding concept our company and our products are built upon, and we never forget that."
— Daniel P. Amos, Aflac Chairman and CEO

Continued from A. 1.

Aflac supplemental insurance continues to let you offer your employees robust coverage at no direct cost to you. Help protect your employees — and your bottom line — from the rising cost of health care expenses.

[Accident Advantage \(Policy Series A36000\)](#)

At A Glance

Aflac Accident Advantage insurance helps with the unexpected out-of-pocket costs that can hurt the family budget when accidents happen – like ER visits and hospitalization. In addition, the plan offers multiple coverage options to accommodate almost any budget, and provides new and enhanced benefits not previously available with Aflac accident insurance.

Key Features

- Four plan options to choose from
- Guaranteed issued options
- Expanded coverage for care not only from a doctor, but a physician's assistant or nurse
- No waiting period for the Wellness Benefit
- Organized Sporting Activity Benefit with an additional benefit payouts
- Optional Accidental Death Rider for additional coverage
- Guaranteed-renewable and portable

[Personal Cancer Indemnity \(A75000\)](#)

At A Glance

Cancer is a serious disease that, unfortunately, many people can relate to. Today, the chances of surviving cancer are better than ever, but the financial impact of cancer can be devastating. An Aflac Personal Cancer Indemnity insurance policy can help employees and their families better cope financially and emotionally if a positive diagnosis of cancer ever occurs.

Key Features

- One rate for all ages – no age bands
- Dependent children are covered at no additional cost
- Three plan options to choose from
- Three optional riders for additional coverage
- Guaranteed-renewable and portable

[Critical Care Protection \(A74000\)](#)

At A Glance

Critical Care Protection helps provide comfort to individuals who are concerned with the financial liability a serious health event can leave behind and offers multiple coverage options to accommodate almost any budget. Unlike other critical illness insurance policies on the market, Aflac's Critical Care Protection helps cover expenses from the initial diagnosis through treatment and provides options for more robust heart coverage.

Continued from A. 1.

Key Features

- Three plan options to choose from
- First-Occurrence Benefits of \$7,500 for the named insured/spouse and \$10,000 for dependent children
- Subsequent Specified Health Event Benefits of \$3,500
- Two optional riders for additional coverage
- Guaranteed-renewable and portable

Hospital Advantage (A49000)

At A Glance

Health care costs are on the rise for both employers and consumers and Aflac Hospital Advantage is there to help. It pays cash benefits that can be used to help with those out-of-pocket hospital expenses that may not be fully covered by major medical insurance.

Key Features

- Guaranteed-issue features with no medical underwriting
- One rate for all ages
- Base plan includes benefits from \$500 - \$2,000 for hospital confinement, rehabilitation facility, hospital emergency room and hospital short-stay
- Two optional riders for additional coverage
- Guaranteed-renewable and portable

Aflac Short-Term Disability (A57600)

At A Glance

Illnesses or injuries that keep your employees from working not only hurts your company's productivity, they also can make it difficult for employees to pay their bills. That's where you can help. By continuing to make Aflac's Short-Term Disability coverage available to your employees, you help provide them with a source of income that can allow them to focus on getting better, instead of on their finances.

Key Features

- Guaranteed-issue coverage* up to a maximum of \$4,000
- Simplified-issue coverage* for a total maximum of \$6,000
- Various benefit options and coverage amounts allowing applicants to tailor coverage according to their need and budget
 - Benefit Periods of 3, 6, 12, 18 or 24 months
 - Elimination Periods of 0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, or 180/180
- Guaranteed-renewable to age 75 and portable

**Subject to income requirements*

We have provided additional information, including applications and premium rates, on our proposed plans in Section 2 of this proposal for your review.

2. Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers supplemental health insurance policies. Specify the type of benefit plan(s) administered, plan(s) effective date, and number of employees covered.

When you're looking for an experienced benefits provider with a deep understanding of the industry and employees, continue to look to Aflac. We support over 35,000 public sector accounts and we would take great pride in continue to servicing JMU and your employees.

Virginia Tech University
300 Turner Street NW, Suite 2300
Blacksburg, Virginia 24061
Contact: Leisa Shelor, Senior Director of Benefits
Types of Benefits: Aflac accident, cancer, hospital, short-term disability, specified health
Effective Date: April 2014
Number of Employees: 14,000

County of Rockingham
20 East Gay Street
Harrisonburg, Virginia 22802
Contact: Jennifer Mongold, Director of Human Resources
Types of Benefits: Aflac accident, cancer, hospital, short-term disability, specified health
Effective Date: September 1984
Number of Employees: 700

City of Harrisonburg
345 South Main Street
Harrisonburg, Virginia 22801
Contact: Marissa Keagy, Acting Human Resources Director
Types of Benefits: Aflac accident, cancer, hospital, short-term disability, specified health, life
Effective Date: January 1985
Number of Employees: 850

3. Describe in detail the enrollment process. Include open enrollment period(s) if applicable.

As your existing voluntary benefits carrier since 2003, we are already familiar with your enrollment needs. This gives us an advantage over our competitors because we have already helped, with our various tools and resources – such as an account specific website – to ease the burden of administering your voluntary insurance program.

There is no equal match to the effectiveness of face-to-face meetings for employees to best understand and take advantage of the benefits you afford them. However, we realize in-person meetings are just not possible or practical.

Aflac offers a benefits solution Everwell™. It's a simple way of managing benefits for your company and your employees. Now you and your employees will continue to have one-stop, online access to plans and providers, along with helpful guides to show you how to get the most out of your benefits. Through Everwell™, we are able to accept applications over the phone. Aflac benefit counselors contact employees to help complete the steps needed to apply for the Aflac insurance policies they choose. Everwell™ is a web based enrollment platform designed to offer employees online access to apply for coverage.

Continued from A. 3.

Aflac also utilizes our Virtual Contact Center technology to accept applications over the phone. Employees can set up a time to apply using our appointment scheduling tool or they can dial in during the predetermined times. While on the call, benefit counselors will discuss the employee's insurance needs and assist in applying for the Aflac benefits of their choice.

Through Webex, Aflac offers virtual face-to-face enrollment opportunities. Once a meeting is scheduled, benefit counselors can meet with employees in a virtual face to face environment and employees can sign online applications during the meeting. Employees will receive a one-time notification via phone or email with a passcode that allows them to log in and complete the application.

We will continue to handle the timelines delegated by JMU for the open enrollment period.

4. Describe cancellation policy for proposed plans.

If the premium for an employee's policy is deducted on an after-tax basis, they may cancel their policy at any time by submitting a written request to Aflac. Once a cancellation is complete in our system, the employee's policy(ies) will be removed from JMU's payroll invoice to cease payroll deductions.

Due to possible tax ramifications, if the premium for an employee's policy is deducted on a pre-tax basis, they may not cancel their policy until the next open enrollment period. The employee must obtain written authorization from JMU on your company letterhead to cancel the policy mid-plan year and then submit the cancellation request to Aflac for processing.

5. Describe the portability of the proposed plans in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.

Aflac's proposed plans are individually owned and paid for by the policyholder. If an employee leaves, transfers, or retires, they may keep their Aflac individual coverage, at the same payroll rate, as long as one month of premium has been remitted to Aflac through payroll deduction. Same is true if the University decides to discontinue these benefits to your employees.

6. Describe the procedure for timely and accurate processing of claims. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.

Whether it's accident, cancer, hospitalization or illness, no one will process and pay claims faster. We are leading the way with One Day PaySM. It redefines fast claims payment so we are able to process, approve and pay eligible claims in just one day. Outside of the One Day PaySM option, claims submitted with complete supporting documentation are typically processed within four business days of receipt which greatly exceeds the industry average of two to three weeks. Our promise is to process and pay, not deny and delay.

Aflac SmartClaim[®] is Aflac's handy online claim submission technology. With Aflac SmartClaim[®] your employees simply visit aflac.com/smartclaim, click File A Claim, log into Online Services for Policyholders, and answer a few simple questions about their claim. Then they can upload their documentation directly to Aflac or print the claim form and fax it to Aflac along with the supporting documentation. *That's it!*

Continued from A. 6.

Policyholders receive an immediate electronic confirmation that Aflac has received their claim, and they receive subsequent updates electronically as well. Policyholders can receive their claim payment more quickly by enrolling in our claims direct deposit. Aflac communicates claims information by phone, letter, or email based on the policyholder's preference.

One way we deliver on our service promise is by following through on our commitments with respect to individual claims processing and customer service. We set aggressive standards and continuously raise the bar on those standards through ongoing efforts to provide our customers with easier, faster, and more customer-friendly service. Aflac's Customer Solutions Center (CSC) – supported by **500-plus professional representatives** - is designed to give our insureds total service regarding any aspect of their coverage.

Method	Hours of Operation	Contact Number
Primary Line (Live)	8 a.m.- 8 p.m. Eastern time (Monday – Friday)	1.800.99.AFLAC (1.800.992.3522)
Spanish Line (Live)	8 a.m.- 6 p.m. Eastern time (Monday – Friday)	1.800.SI.AFLAC (1.800.742.3522)
Interactive Voice Response (IVR) System	24/7	1.800.99.AFLAC (1.800.992.3522)
Online, Chat, or Web Inquiries	24/7	aflac.com
Mobile App	24/7	MyAflac

Your local Aflac benefit counselors are also available for claims assistance.

7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction. Include information on the following:

Learning a new billing system can be a time consuming headache for your administrator. That will not be the case with Aflac - as Aflac has been your existing voluntary benefits carrier since 2003. We are already familiar with your administrative and billing needs.

a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts

Currently, JMU provides Aflac a payroll deduction file monthly showing which employees you will be remitting premium payments for. The latest this file is loaded would be the day the funds are received. Most, but not all times, the file is loaded prior to the funds being received.

b. Method & frequency that changes received by the vendor, such as retirements / terminations / name changes, etc will be applied

The current Express Recon profile is set up to read the standard event codes, C – cancel, T – Terminate, L – Leave etc. When the file is loaded each month, any events indicated on the file are coded accordingly. This is not finalized until the invoice is actually marked as paid by our reconciliation partners. JMU will not be responsible for reconciling invoices.

Continued from A. 7.

c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU

JMU is currently receiving a change file weekly on Mondays. Any changes made to a policy on JMU will be passed on the following Monday's change file. Example – a deletion is processed on Tuesday 10/6/20 and that change will pass on the change that generates on Monday 10/12/20.

8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number and office number. Provide detail on the contact person's qualifications and experience.

Locally, overall account responsibility will lie with District Sales Coordinator, Michael Glover and Special Projects Coordinator, Boyd Glover. Michael has been with Aflac since 2003 and Boyd has been with Aflac since 1983. Both possess a wealth of experience in the insurance industry. They will continue to ensure your Aflac program is running smoothly; assist with overall account administration, including billing; and help with claims. Their contact information is as follows:

Office Address:	1557 Commerce Road, Suite 203 Verona, Virginia 24482
Office Phone:	540.248.1304
Mobile Phones:	[REDACTED]
Emails:	michael_glover@us.aflac.com [REDACTED] boyd_gloverjr@us.aflac.com

9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

For the last 8 years, Michael and Boyd Glover have been available on site the first Wednesday of every month. Due to Covid-19 restrictions, they are now available via webex, phone, or office location which is conveniently located only 20 minutes away from JMU. Both Michael and Boyd Glover can provide regularly scheduled employee informational onsite visits – at no cost – to JMU upon request once Covid-19 restrictions are lifted.

10. Describe your firm's plan to market the proposed plans to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.

As a public sector entity, you have access to our world-class benefits portfolio — and you have something extra, too: Aflac subsidies that can help defray the costs of marketing, communicating and enrollment, including enrollment technology if needed. We have different subsidy programs available which we are happy to discuss as this process proceeds.

Proper communication and education about our plans is another way we help your employees make informed decisions about what plans best meet their insurance needs. We'll coordinate with you to reiterate the communication strategy that effectively and efficiently communicates our offerings to your employees. We offer various electronic and print communication materials, including posters, flyers, brochures, payroll stuffers, flash presentations, e-mails, account specific websites, and videos. Just let us know what you need and we'll continue to work with you to make it happen.

Sample communication pieces are located in Section 2 of this proposal.

Continued from A. 10.

Our clients want streamlined and comprehensive enrollment experiences that meet their unique needs. At Aflac, we understand and our flexibility allows us to continue to meet your expectations. We'll work with you to deliver customized enrollment strategies that provide a seamless experience and help all employees understand how their benefits work together to help provide financial protection. Aflac's enrollment technology delivers speed to market, increased efficiencies and adapt to the way you want things done.

Aflac utilizes Everwell™ to accept applications over the phone. Aflac benefit counselors contact employees to help complete the steps needed to apply for the Aflac insurance policies they choose. Everwell™ is a web based enrollment platform designed to offer employees online access to apply for coverage.

Aflac also utilizes our Virtual Contact Center technology to accept applications over the phone. Employees can set up a time to apply using out appointment scheduling tool or they can dial in during the predetermined times. While on the call, benefit counselors will discuss the employee's insurance needs and assist in applying for the Aflac benefits of their choice.

Employees also have access to Webex - a virtual face-to-face enrollment opportunity. Once a meeting is scheduled, benefit counselors can meet with employees in a virtual face-to-face environment and employees can sign online applications during the meeting. Employees will receive a one-time notification via phone or email with a passcode that allows them to log in and complete the application

11. Provide any other information that would be beneficial in the context of this Request for Proposal.

In addition to our individual plan offering, Aflac also offers group plans. We have included Aflac Group Plan overviews in Section 3 of this proposal.

Aflac also offers Value-Added Services to help you meet more of your business goals while helping your employees solve more of their everyday challenges. We have included an Aflac Value-Added Services overview page in Section 3 of this proposal.

Narrative Statement

Aflac was founded on a promise in 1955: To pay our customers' claims fairly and promptly when they need us most. In the years since, we've built our company with principles of ethics and integrity at its core – we call it The Aflac Way.

Aflac's business model consists largely of an extensive network of allies we work with daily to distribute our products. Aflac is made up of thousands of people whose actions are dedicated to providing exemplary service and solutions for businesses and individuals. Aflac today:

- #1 in voluntary insurance sales at the worksite in the U.S.
- 400,000+ businesses in the U.S. have Aflac
- 74,800+ independent agents and brokers aid in the distribution of our products
- 13M+ insureds in the U.S. enjoy the benefits of Aflac coverage

Aflac makes significant research investments to understand the benefits landscape across a variety of industry segments. Studies reveal employer and employee insights and trends, which help us develop fact-based solutions our customers can confidently implement to deliver a stronger benefits program.

Key Employer Concerns

TOP 3

- Finding the right amount of level of talent to achieve business goals
- Controlling costs
- Managing workforce productivity

How Aflac Can Help

TOP 3

- Offer communication and engagement expertise to help yield the greatest return on benefits investments
- Offer plans that are 100% employee-paid and sold on a voluntary basis designed to complement existing benefits packages
- Provide 24/7 support

Dedicated Support

Customer Assurance Organization from Aflac

Customer Solutions Center

For over six decades, Aflac voluntary insurance policies have given policyholders the opportunity to focus on recovery, not financial stress. Our customers choose Aflac because of our commitment to providing them with the confidence that comes from knowing they have assistance in being prepared for whatever life may bring.

One way we deliver on our service promise is by following through on our commitments with respect to individual customer service and claims processing. We set aggressive standards and continuously raise the bar on those standards through ongoing efforts to provide our customers with easier, faster, and more customer-friendly service.

Aflac's Customer Solutions Center (CSC) is designed to give our insureds total service regarding any aspect of their coverage. The [500-plus professional representatives](#) are united in their mission to exceed customers' expectations throughout the life of their policies. They accomplish their goal by combining first-class technology with commitment and superior job knowledge.

Claims Department

Aflac's Claims Department, supported by [423-plus claims processors](#), exists to fulfill the promises of our policy contracts during the claimant's time of need. We do this by providing a motivated and trained staff to support our policyholders, payroll accounts, and field force with the excellence in customer service they expect and deserve.

Local Support

Locally, overall account responsibility will continue to lie with District Sales Coordinator Michael Glover and Special Project Coordinator, Boyd Glover. Together, they will be responsible for account visits, when allowed, to ensure your Aflac program continues to run smoothly; assist with overall account administration, including billing; and assist with claims. With a combined Aflac experience of over 54 years, both possess a wealth of experience in the insurance industry from core products to voluntary benefits for both small and large accounts. They have serviced your account and your employees for over eight (8) years. Their office location is only 20 minutes from JMU.

Aflac benefit counselors are normally local residents of the community using the services of other businesses. Many have put their reputation on the line to pursue a long career within that community. Therefore, once our plans are sold, your local servicing team of benefit counselors will assist your Human Resource Department by handling the claims payment for the enrolled employees, reconciling the billing for the payroll clerks, and conducting new hire enrollment for the benefits department, resulting in rapport establishment with the employees.

We believe the strengths that have positioned Aflac as a world leader in guaranteed-renewable insurance at the worksite are firmly intact. Aflac's insurance roster provides relevant and affordable benefits that make a difference in consumers' lives.

Don't let Aflac's competitors entice you away with lofty promises. Stick with a proven leader who is already familiar with and understands your needs. Simply put, in the best of times and in the worst of times, our focus has not changed—helping your employees through times of great personal and financial crisis.

Thank you for the opportunity to present this offering. We welcome the opportunity to further discuss details on how Aflac can continue to provide the quality support and enhanced coverage to JMU and your employees – just as we have since 2003.

ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. QUALIFICATIONS OF OFFEROR: Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. YEARS IN BUSINESS: Indicate the length of time you have been in business providing these types of goods and services.

Years 65 Months

3. REFERENCES: Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
Virginia Tech University	Since April 2014	300 Turner Street NW, Suite 2300 Blacksburg, Virginia 24061	Leisa Shelor, Senior Director of Benefits Phone: 540.231.1664
County of Rockingham	Since September 1984	20 East Gay Street Harrisonburg, Virginia 22802	Jennifer Mongold, Director of HR Phone: 540.564.2740
City of Harrisonburg	Since January 1985	345 South Main Street Harrisonburg, Virginia 22801	Marissa Keagy, Acting HR Director Phone: 540.432.7701
Augusta County	Since May 1984	18 Government Center Lane Verona, Virginia 24482	Faith Duncan, Director of HR Phone: 540.345.5617
City of Staunton	Since September 1984	116 W Beverly Street, Suite 201 Staunton, Virginia 24401	Cynthia Burnett, Assistant Director of HR Phone: 540.851.4020

4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

Aflac Worldwide Headquarters
1932 Wynnton Road
Columbus, Georgia 31999

Michael and Boyd Glover
1557 Commerce Road, Suite 203
Verona, Virginia 24482

5. RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA: Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the CODE OF VIRGINIA, SECTION 2.2-3100 – 3131?

[] YES [X] NO

IF YES, EXPLAIN: _____

ATTACHMENT B

Attachment B is not applicable to Aflac as an insurance company. Aflac is the principal subsidiary of Aflac Incorporated, an international holding company based in Columbus, Georgia. Please refer to Deviations and Clarifications for a further explanation regarding Attachment B located in this section of the proposal.

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: _____ **Preparer Name:** _____

Date: _____

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Instructions: *Populate the table below to show your firm's plans for utilization of small, women-owned and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWAMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

Small Business: "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

Woman-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified women-owned businesses are also a small business enterprise.**

Minority-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWAM Program, all certified minority-owned businesses are also a small business enterprise.**

Micro Business is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees AND no more than \$3 million in average annual revenue over the three-year period prior to their certification.

All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWAM program. Certification applications are available through SBSD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT B (CNT'D)

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan
Attachment B is not applicable to Aflac as an insurance company.

Procurement Name and Number: _____

Date Form Completed: _____

Listing of Sub-Contractors, to include, Small, Woman Owned and Minority Owned Businesses
for this Proposal and Subsequent Contract

Offeror / Proposer: _____

Firm _____ Address _____ Contact Person/No. _____

Sub-Contractor's Name and Address	Contact Person & Phone Number	SBSD Certification Number	Services or Materials Provided	Total Subcontractor Contract Amount (to include change orders)	Total Dollars Paid Subcontractor to date (to be submitted with request for payment from JMU)
Aflac does not subcontract or outsource the development, marketing, or sales of our proposed voluntary plans. Our benefit counselors act as liaisons between Aflac and our clients with regards to claims, benefits, and plan administration.					

(Form shall be submitted with proposal and if awarded, again with submission of each request for payment)

RETURN OF THIS PAGE IS REQUIRE

Deviations and Clarifications

III. Small, Woman-Owned and Minority Participation / Attachment B

Aflac does not subcontract or outsource the development, marketing, or sales of our proposed voluntary plans. Our benefit counselors act as liaisons between Aflac and our clients with regards to claims, benefits, and plan administration.

Aflac is an active participant in initiatives that support the development of minority, Woman-owned, and veteran-owned business enterprises, and their economic development. We maintain memberships in various organizations that support the growth and development of these vendor types.

Aflac has a supplier diversity program that reports directly into our Sourcing & Procurement organization. Additionally we have two Supplier Diversity Program Managers which reports to our Vice President of Sourcing, Procurement, Risk and Diversity. Aflac supports inclusion of all minority veterans, disabled veterans, LGBT, woman-owned businesses.

At Aflac, we're not content simply to pay lip service to diversity. We've created real opportunities for women and minorities, not only at entry- and mid-level positions but at the highest levels of corporate leadership.

Diversity at Aflac

- Nearly 70 percent of Aflac's employees are women.
- More than 50 percent of Aflac's management team consists of women.
- More than 30 percent of Aflac's senior executives are women.
- More than 40 percent of Aflac's employees are minorities.
- Since the 2010 acquisition of Continental American Insurance Company, Aflac has increased its population of Asian employees by 31 percent, its multiracial employee base by nearly 100 percent and its Hawaiian/Pacific Islander population by 400 percent.

Aflac's Noteworthy Achievements include:

- 50 Best Companies for Diversity, January 2019 - *Black Enterprise* magazine (12th consecutive year)
- 50 Best Companies for Latinas to Work for in the United States, September 2020 *Latina Style* magazine (21st year)
- World's Most Ethical Companies, February 2019 - *Ethisphere Institute* (14th consecutive year)

VII. General Terms and Conditions
B. Specific Proposal Instructions, 6. VASCUPP Members

Aflac currently provides our voluntary plans and services to the following VASCUPP member institutions:

James Madison University
Virginia Military Institution

College of William and Mary
Old Dominion University

Due to privacy, we are unable to disclose the amount of sales we have had during the last 12 months with each of these member institutions.

Q. Insurance

Aflac maintains a blanket fidelity bond in the amount of \$40,000,000 aggregate policy limit. We also maintain general liability, automobile liability, and employer's liability coverage as well as the proper Workers' Compensation required for Aflac. Coverage amounts are listed in the Certificate of Liability Insurance provided in this section of the proposal. Coverage applies to employees of Aflac Incorporated only and no independent contractors are covered.

U. eVA Business to Government Vendor Registration

Aflac is a registered vendor with the eVA website portal. Our eVA ID is E42439.

VIII. Special Terms and Conditions
A. Audit

Aflac agrees to continue to give JMU access to information pertaining to the maintenance of your account to the extent that it does not violate privacy laws. Access to claim information cannot be granted, as this information is protected under the Medical Privacy Act.

J. Small Business Subcontracting and Evidence of Compliance

As previously stated, Aflac does not subcontract or outsource the development, marketing, or sales of our proposed voluntary plans. Our benefit counselors act as liaisons between Aflac and our clients with regards to claims, benefits, and plan administration.

Aflac is an active participant in initiatives that support the development of minority, Woman-owned, and veteran-owned business enterprises, and their economic development. We maintain memberships in various organizations that support the growth and development of these vendor types.

N. Indemnification

Aflac agrees to indemnify and hold JMU harmless from any claims by your employees who have applied for and been issued an Aflac policy or policies when the claim is attributable to the failure of Aflac to comply with the provisions of the policy or the disagreements between its employees and Aflac with respect to the coverage provided under the policy. This hold harmless shall not apply to any claims arising out of or related to any criminal misconduct by JMU or related to JMU's responsibilities under any applicable state and federal laws.

X. Pricing Schedule

Aflac will only bill JMU for the premium payments your employees pay for through the convenience of payroll deduction. There are no enrollment fees or hidden costs.

Attachment C: Standard Contract Sample

Aflac's individual plans and policies are filed with and approved by the Virginia Department of Insurance. Aflac does not require a formal contract for our individual policies. The only thing we require from you is a signed Payroll Account Acknowledgement form and the ability to enroll at least three separate W-2 employees in at least one of our voluntary insurance plans. As JMU is an existing Aflac payroll account, the requirement has been met.

If a formal contract is required, we will negotiate a contract that is acceptable to both Aflac and JMU that will comply with any applicable laws for the State of Virginia.

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

1/07/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER J Smith Lanier & Co Columbus 200 Brookstone Centre Pkwy Suite 118 Columbus, GA 31904	CONTACT NAME Connie Whitmer	
	PHONE (A/C, No, Ext) 706-324-6671	FAX (A/C, No)
E-MAIL ADDRESS cwhitmer@jsmithlanier.com		
INSURED Aflac Incorporated Attn: Enterprise Risk Management 1932 Wynnton Road Columbus, GA 31999	INSURER(S) AFFORDING COVERAGE	
	INSURER A Great Northern Insurance A++ XV	
	INSURER B Federal Insurance Comapny A++ XV	
	INSURER C Pacific Indemnity Company A++ XV	
	INSURER D	
	INSURER E	
INSURER F		NAIC #

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE L MIT APPL ES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			35960492	05/16/2019	05/16/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV NJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Gen Agg Cap \$75,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			73580109	05/16/2019	05/16/2020	COMB NED S NGLE L MIT (Ea accident) \$1,000,000 BOD LY INJURY (Per person) \$ BOD LY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$0			79825301	05/16/2019	05/16/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCR PTION OF OPERATIONS below			71716058	05/16/2019	05/16/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L. EACH ACCIDENT \$500,000 E L. DISEASE - EA EMPLOYEE \$500,000 E L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Aflac Accident Advantage

ACCIDENT-ONLY INSURANCE

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



Aflac SmartClaim®
One Day Pay™

Understand the difference Aflac can make in your financial security.

Aflac pays cash benefits for covered accidental injuries directly to you, unless assigned. Your own peace of mind and the assurance that your family will have help financially are powerful reasons to consider Aflac.

The financial impact of an accident is often surprising. Most people have expenses after an accident they never thought of before. From out-of-pocket medical costs to a temporary loss of income, your finances may be strained. If you or a family member suffered an accidental injury, can your finances handle it?

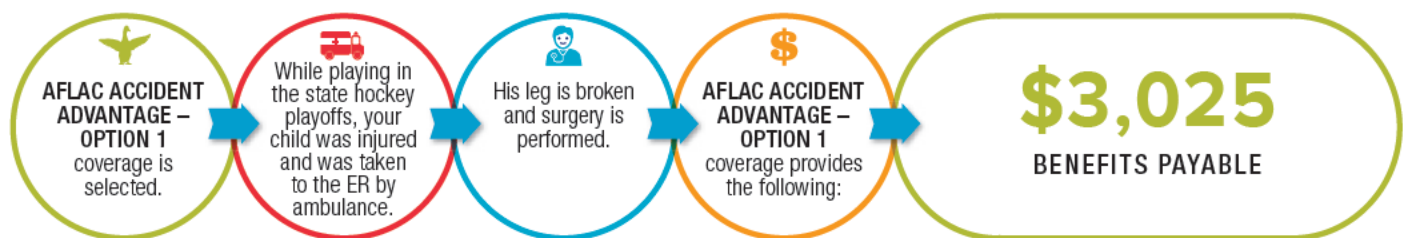
What does the Aflac Accident Advantage policy include?

- A wellness benefit payable for routine medical exams to encourage early detection and prevention.
- Benefits payable for fractures, dislocations, lacerations, concussions, burns, emergency dental work, eye injuries, and surgical procedures.
- Benefits payable for initial treatment, X-rays, major diagnostic exams, and follow-up treatments.
- Benefits payable for physical, speech, and occupational therapy.
- Daily hospitalization benefits payable for hospital stays, and additional daily benefits paid for stays in a hospital intensive care unit.

Why Aflac Accident Advantage may be the right choice for you:

- No underwriting questions to answer²
- No coordination of benefits—we pay regardless of any other insurance you may have
- No network restrictions—you choose your own health care provider
- Portable—take the plan with you if you change jobs or retire
- 24-hour accident insurance

How it works



The above example is based on a scenario for the **Aflac Accident Advantage – Option 1** that includes the following benefit conditions: Ambulance Benefit of \$120 (ground ambulance transportation); Accident Treatment Benefit of \$130 (hospital emergency room treatment with X-rays); Accident Specific-Sum Injuries Benefit of \$750 (fractured leg {femur}—open reduction under anesthesia); Initial Accident Hospitalization Benefit of \$500; Accident Hospital Confinement Benefit of \$150 (hospitalized for 1 day); Major Diagnostic and Imaging Exams Benefit of \$100 (CT scan); Appliances Benefit of \$200 (wheelchair); Therapy Benefit of \$225 (9 physical therapy treatments); Accident Follow-Up Treatment Benefit of \$150 (6 follow-up treatments); Family Support Benefit of \$20 (hospitalized for 1 day); Family Lodging Benefit of \$75 (hospital and motel/hotel more than 50 miles from residence); and Organized Sporting Activity Benefit of \$605.

The policy 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 for complete benefit details, definitions, limitations, and exclusions. Policy A36000VA, Rider A36050VA and Application Form A36001cVA.

²Association and associate-only accounts have one underwriting question.

AFLAC ACCIDENT ADVANTAGE – OPTION 1 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT												
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$500 when admitted for a hospital confinement of at least 18 hours or \$750 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person												
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$150 per day, up to 365 days per covered accident, per covered person												
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$300 per day for up to 15 days, per covered accident, per covered person												
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$130 Hospital emergency room without X-ray: \$100 Office or facility (other than a hospital emergency room) with X-ray: \$80 Office or facility (other than a hospital emergency room) without X-ray: \$50												
AMBULANCE BENEFIT	\$120 ground ambulance transportation or \$800 air ambulance transportation												
BLOOD/PLASMA/PLATELETS BENEFIT	\$100 once per covered accident, per covered person												
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$100 per calendar year, per covered person												
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$25 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person												
THERAPY BENEFIT	\$25 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person												
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: Back brace: \$200 Wheelchair: \$200 Walker: \$25 Body jacket: \$200 Leg brace: \$50 Walking boot: \$25 Knee scooter: \$200 Crutches: \$25 Cane: \$25 Payable once per covered accident, per covered person												
PROSTHESIS BENEFIT	\$375 once per covered accident, per covered person												
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$375 once per covered person, per lifetime												
REHABILITATION FACILITY BENEFIT	\$75 per day												
HOME MODIFICATION BENEFIT	\$1,000 once per covered accident, per covered person												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <div><div>DISLOCATIONS\$40–\$1,500 BURNS.....\$75–\$7,500 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair.....\$250 Removal of foreign body by a physician ..\$50 LACERATIONS Not requiring sutures\$20 Less than 5 centimeters\$40 At least 5 cm but not more than 15 cm . \$150 Over 15 centimeters\$300 FRACTURES.....\$75–\$1,500 CONCUSSION (brain)\$50</div><div>EMERGENCY DENTAL WORK Broken tooth repaired with crown\$75 Broken tooth resulting in extraction.....\$25 COMA\$7,500 PARALYSIS Quadriplegia\$7,500 Paraplegia.....\$3,750 Hemiplegia.....\$3,000 SURGICAL PROCEDURES\$150–\$750 MISCELLANEOUS SURGICAL PROCEDURES\$80–\$190 PAIN MANAGEMENT (NON-SURGICAL) Epidural.....\$100</div></div>												
ACCIDENTAL-DEATH BENEFIT	<table><tr><td></td><td>Common-Carrier Accident</td><td>Other Accident</td></tr><tr><td>INSURED</td><td>\$80,000</td><td>\$20,000</td></tr><tr><td>SPOUSE</td><td>\$80,000</td><td>\$20,000</td></tr><tr><td>CHILD</td><td>\$10,000</td><td>\$6,000</td></tr></table>		Common-Carrier Accident	Other Accident	INSURED	\$80,000	\$20,000	SPOUSE	\$80,000	\$20,000	CHILD	\$10,000	\$6,000
	Common-Carrier Accident	Other Accident											
INSURED	\$80,000	\$20,000											
SPOUSE	\$80,000	\$20,000											
CHILD	\$10,000	\$6,000											
ACCIDENTAL-DISMEMBERMENT BENEFIT	\$200–\$20,000												
WELLNESS BENEFIT	\$60 once per calendar year												
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident												
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year												
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met												
WAIVER OF PREMIUM BENEFIT	Yes												
TRANSPORTATION BENEFIT	\$200 per round trip, up to 3 round trips per calendar year, per covered person												
FAMILY LODGING BENEFIT	\$75 per night, up to 30 days per covered accident												

AFLAC ACCIDENT ADVANTAGE – OPTION 2 BENEFIT OVERVIEW

BENEFIT NAME		BENEFIT AMOUNT	
INITIAL ACCIDENT HOSPITALIZATION BENEFIT		\$1,000 when admitted for a hospital confinement of at least 18 hours or \$1,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person	
ACCIDENT HOSPITAL CONFINEMENT BENEFIT		\$200 per day, up to 365 days per covered accident, per covered person	
INTENSIVE CARE UNIT CONFINEMENT BENEFIT		Additional \$400 per day for up to 15 days, per covered accident, per covered person	
ACCIDENT TREATMENT BENEFIT		Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120	
AMBULANCE BENEFIT		\$150 ground ambulance transportation or \$1,000 air ambulance transportation	
BLOOD/PLASMA/PLATELETS BENEFIT		\$100 once per covered accident, per covered person	
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT		\$150 per calendar year, per covered person	
ACCIDENT FOLLOW-UP TREATMENT BENEFIT		\$25 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person	
THERAPY BENEFIT		\$25 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person	
APPLIANCES BENEFIT		Benefits are payable for the medical appliances listed below: <div>Back brace: \$250 Wheelchair: \$250 Walker: \$50 Body jacket: \$250 Leg brace: \$75 Walking boot: \$50 Knee scooter: \$250 Crutches: \$50 Cane: \$25</div> Payable once per covered accident, per covered person	
PROSTHESIS BENEFIT		\$500 once per covered accident, per covered person	
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT		\$500 once per covered person, per lifetime	
REHABILITATION FACILITY BENEFIT		\$100 per day	
HOME MODIFICATION BENEFIT		\$2,000 once per covered accident, per covered person	
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS		Pays benefits for the treatments listed below: <div><div><div>DISLOCATIONS\$75–\$3,000</div><div>BURNS.....\$100–\$10,000</div><div>SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair..... \$250</div><div>Removal of foreign body by a physician .. \$50</div><div>LACERATIONS</div><div>Not requiring sutures \$25</div><div>Less than 5 centimeters \$50</div><div>At least 5 cm but not more than 15 cm . \$200</div><div>Over 15 centimeters \$400</div><div>FRACTURES..... \$100–\$2,750</div><div>CONCUSSION (brain) \$100</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown \$300</div><div>Broken tooth resulting in extraction \$100</div><div>COMA \$10,000</div><div>PARALYSIS</div><div>Quadriplegia \$10,000</div><div>Paraplegia..... \$5,000</div><div>Hemiplegia..... \$4,000</div><div>SURGICAL PROCEDURES\$175–\$1,000</div><div>MISCELLANEOUS SURGICAL PROCEDURES \$100–\$250</div><div>PAIN MANAGEMENT (NON-SURGICAL)</div><div>Epidural..... \$100</div></div></div>	
ACCIDENTAL-DEATH BENEFIT	INSURED SPOUSE CHILD	Common-Carrier Accident \$100,000 \$100,000 \$15,000	Other Accident \$25,000 \$25,000 \$10,000
ACCIDENTAL-DISEMEMBERMENT BENEFIT		\$250–\$25,000	
WELLNESS BENEFIT		\$60 once per calendar year	
FAMILY SUPPORT BENEFIT		\$20 per day (up to 30 days), per covered accident	
ORGANIZED SPORTING ACTIVITY BENEFIT		Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year	
CONTINUATION OF COVERAGE BENEFIT		Waives all monthly premiums for up to two months, if conditions are met	
WAIVER OF PREMIUM BENEFIT		Yes	
TRANSPORTATION BENEFIT		\$400 per round trip, up to 3 round trips per calendar year, per covered person	
FAMILY LODGING BENEFIT		\$100 per night, up to 30 days per covered accident	

REFER TO THE POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

AFLAC ACCIDENT ADVANTAGE – OPTION 3 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT		
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,000 when admitted for a hospital confinement of at least 18 hours or \$2,000 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person		
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$250 per day, up to 365 days per covered accident, per covered person		
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$400 per day for up to 15 days, per covered accident, per covered person		
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120		
AMBULANCE BENEFIT	\$200 ground ambulance transportation or \$1,500 air ambulance transportation		
BLOOD/PLASMA/PLATELETS BENEFIT	\$200 once per covered accident, per covered person		
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$200 per calendar year, per covered person		
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$35 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person		
THERAPY BENEFIT	\$35 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person		
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: <div>Back brace: \$300 Wheelchair: \$300 Walker: \$100 Body jacket: \$300 Leg brace: \$125 Walking boot: \$100 Knee scooter: \$300 Crutches: \$100 Cane: \$25</div> Payable once per covered accident, per covered person		
PROSTHESIS BENEFIT	\$800 once per covered accident, per covered person		
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$800 once per covered person, per lifetime		
REHABILITATION FACILITY BENEFIT	\$150 per day		
HOME MODIFICATION BENEFIT	\$3,000 once per covered accident, per covered person		
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	Pays benefits for the treatments listed below: <div><div>DISLOCATIONS \$100–\$3,750 BURNS.....\$125–\$12,500 SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved EYE INJURIES Surgical repair.....\$300 Removal of foreign body by a physician ..\$65 LACERATIONS Not requiring sutures \$35 Less than 5 centimeters \$65 At least 5 cm but not more than 15 cm . \$250 Over 15 centimeters \$500 FRACTURES \$125–\$3,500 CONCUSSION (brain) \$150</div><div>EMERGENCY DENTAL WORK Broken tooth repaired with crown\$400 Broken tooth resulting in extraction \$130 COMA \$12,500 PARALYSIS Quadriplegia \$12,500 Paraplegia.....\$6,250 Hemiplegia..... \$4,750 SURGICAL PROCEDURES \$200–\$1,250 MISCELLANEOUS SURGICAL PROCEDURES \$120–\$300 PAIN MANAGEMENT (NON-SURGICAL) Epidural..... \$100</div></div>		
ACCIDENTAL-DEATH BENEFIT	<div>Common-Carrier Accident</div> <div>INSURED \$150,000 SPOUSE \$150,000 CHILD \$25,000</div>	<div>Other Accident</div> <div>\$40,000 \$40,000 \$10,000</div>	
ACCIDENTAL-DISEMEMBERMENT BENEFIT	\$300–\$40,000		
WELLNESS BENEFIT	\$60 once per calendar year		
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident		
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year		
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met		
WAIVER OF PREMIUM BENEFIT	Yes		
TRANSPORTATION BENEFIT	\$600 per round trip, up to 3 round trips per calendar year, per covered person		
FAMILY LODGING BENEFIT	\$125 per night, up to 30 days per covered accident		

REFER TO THE POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

AFLAC ACCIDENT ADVANTAGE – OPTION 4 BENEFIT OVERVIEW

BENEFIT NAME	BENEFIT AMOUNT												
INITIAL ACCIDENT HOSPITALIZATION BENEFIT	\$1,500 when admitted for a hospital confinement of at least 18 hours or \$2,500 when admitted directly to an intensive care unit of a hospital for a covered accident, per calendar year, per covered person												
ACCIDENT HOSPITAL CONFINEMENT BENEFIT	\$300 per day, up to 365 days per covered accident, per covered person												
INTENSIVE CARE UNIT CONFINEMENT BENEFIT	Additional \$500 per day for up to 15 days, per covered accident, per covered person												
ACCIDENT TREATMENT BENEFIT	Payable once per 24-hour period and only once per covered accident, per covered person Hospital emergency room with X-ray: \$200 Hospital emergency room without X-ray: \$170 Office or facility (other than a hospital emergency room) with X-ray: \$150 Office or facility (other than a hospital emergency room) without X-ray: \$120												
AMBULANCE BENEFIT	\$250 ground ambulance transportation or \$1,875 air ambulance transportation												
BLOOD/PLASMA/PLATELETS BENEFIT	\$300 once per covered accident, per covered person												
MAJOR DIAGNOSTIC AND IMAGING EXAMS BENEFIT	\$250 per calendar year, per covered person												
ACCIDENT FOLLOW-UP TREATMENT BENEFIT	\$40 for one treatment per day (up to a max of 6 treatments), per covered accident, per covered person												
THERAPY BENEFIT	\$40 for one treatment per day (up to a max of 10 treatments), per covered accident, per covered person												
APPLIANCES BENEFIT	Benefits are payable for the medical appliances listed below: <div>Back brace: \$350 Wheelchair: \$350 Walker: \$120 Body jacket: \$350 Leg brace: \$150 Walking boot: \$120 Knee scooter: \$350 Crutches: \$120 Cane: \$25</div> Payable once per covered accident, per covered person												
PROSTHESIS BENEFIT	\$1,000 once per covered accident, per covered person												
PROSTHESIS REPAIR OR REPLACEMENT BENEFIT	\$1,000 once per covered person, per lifetime												
REHABILITATION FACILITY BENEFIT	\$200 per day												
HOME MODIFICATION BENEFIT	\$4,000 once per covered accident, per covered person												
ACCIDENT SPECIFIC-SUM INJURIES BENEFITS	<div>Pays benefits for the treatments listed below:</div> <div><div><div>DISLOCATIONS \$120–\$4,500</div><div>BURNS..... \$135–\$13,000</div><div>SKIN GRAFTS 50% of the burns benefit amount paid for the burn involved</div><div>EYE INJURIES</div><div>Surgical repair..... \$350</div><div>Removal of foreign body by a physician .. \$75</div><div>LACERATIONS</div><div>Not requiring sutures \$40</div><div>Less than 5 centimeters \$90</div><div>At least 5 cm but not more than 15 cm . \$300</div><div>Over 15 centimeters \$600</div><div>FRACTURES \$150–\$4,000</div><div>CONCUSSION (brain) \$150</div></div><div><div>EMERGENCY DENTAL WORK</div><div>Broken tooth repaired with crown \$500</div><div>Broken tooth resulting in extraction \$160</div><div>COMA \$12,500</div><div>PARALYSIS</div><div>Quadriplegia \$12,500</div><div>Paraplegia..... \$6,250</div><div>Hemiplegia..... \$4,750</div><div>SURGICAL PROCEDURES \$250–\$1,500</div><div>MISCELLANEOUS SURGICAL PROCEDURES \$140–\$350</div><div>PAIN MANAGEMENT (NON-SURGICAL)</div><div>Epidural..... \$100</div></div></div>												
ACCIDENTAL-DEATH BENEFIT	<table><tr><td></td><td>Common-Carrier Accident</td><td>Other Accident</td></tr><tr><td>INSURED</td><td>\$200,000</td><td>\$50,000</td></tr><tr><td>SPOUSE</td><td>\$200,000</td><td>\$50,000</td></tr><tr><td>CHILD</td><td>\$30,000</td><td>\$15,000</td></tr></table>		Common-Carrier Accident	Other Accident	INSURED	\$200,000	\$50,000	SPOUSE	\$200,000	\$50,000	CHILD	\$30,000	\$15,000
	Common-Carrier Accident	Other Accident											
INSURED	\$200,000	\$50,000											
SPOUSE	\$200,000	\$50,000											
CHILD	\$30,000	\$15,000											
ACCIDENTAL-DISEMEMBERMENT BENEFIT	\$300–\$50,000												
WELLNESS BENEFIT	\$60 once per calendar year												
FAMILY SUPPORT BENEFIT	\$20 per day (up to 30 days), per covered accident												
ORGANIZED SPORTING ACTIVITY BENEFIT	Additional 25% of the benefits payable, limited to \$1,000 per policy, per calendar year												
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to two months, if conditions are met												
WAIVER OF PREMIUM BENEFIT	Yes												
TRANSPORTATION BENEFIT	\$700 per round trip, up to 3 round trips per calendar year, per covered person												
FAMILY LODGING BENEFIT	\$150 per night, up to 30 days per covered accident												

REFER TO THE POLICY FOR COMPLETE BENEFIT DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

Aflac SmartClaim®
One Day PaySM

aflac.com || **1.800.99.AFLAC** (1.800.992.3522)

One Day PaySM available for most property-documented, individual Accident claims submitted online through Aflac SmartClaim® by 3 p.m. ET. Aflac SmartClaim® not available on the following: Aflac Plus Rider. Processing time is based on business days after all required documentation needed to render a decision is received and no further validation and/or research is required. Individual Company Statistic, 2015.

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



ACCIDENT-ONLY INSURANCE (A36000 Series)

☐ New
Internal Replacement:
☐ Conversion

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Policy Number:

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Email Address _____

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____ Type of Business _____

Job Duties _____

Job Title _____

Occupation Class _____ Industry Code _____
(Completed by associate/agent) (Completed by associate/agent)

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTION

1. Are you, the Proposed Insured, actively at work with the employer listed above? ☐ Yes ☐ No
If no, additional underwriting may be required to determine eligibility for coverage.

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable, and provide the policy number here: _____

Does anyone to be covered currently have any other Accident coverage with Aflac or have you, the Proposed Insured, had any other Accident coverage with Aflac that terminated within the last six months? ☐ Yes ☐ No
If yes, or we determine that other Accident coverage was in force within the last six months, this application will be processed as an internal replacement of that coverage. Please give current policy number and see Applicant's Statements and Agreements concerning internal replacements of coverage.

Policy Number: _____

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Pre-Tax or <input type="checkbox"/> After-Tax				
SELECT ONE TYPE OF COVERAGE: <input type="checkbox"/> 24-Hour Accident-Only <input type="checkbox"/> Off-the-Job Accident-Only (available on Option 3 only)				
SELECT ONE PLAN OPTION (Issue Ages 18-75): <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4				

Optional Rider (Issue Ages 18-70):	
<input type="checkbox"/> Additional Accidental-Death Benefit Rider Series A36050	<input checked="" type="checkbox"/> After-Tax Only

Billing Method:		Mode:	
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly	<input type="checkbox"/> 01 Monthly	
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 01 14-Day Biweekly	<input type="checkbox"/> 03 Quarterly	
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 01 Semimonthly	<input type="checkbox"/> 06 Semiannual	
	<input type="checkbox"/> 01 28-Day Biweekly	<input type="checkbox"/> 12 Annual	

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

BENEFICIARY INFORMATION

PLEASE NOTE: Your beneficiary will be your estate unless otherwise indicated.

If you name a trust as your beneficiary, please include full name of trust.

We do not recommend that you name a minor child as your beneficiary. If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by your state. We suggest you obtain legal advice before naming a minor child as your beneficiary.

Primary beneficiary(ies):	NOTE: Total % of Proceeds must equal 100%
(1) Name _____ % of Proceeds _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Last Name First Name MI </div>	
Or Trustee(s) of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name of Trust </div>	
Trust under trust agreement dated _____	
Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street Address City State Zip </div>	
Telephone No. _____ SSN _____ - _____ - _____ 	
Date of Birth _____ Relationship to Insured _____	
(2) Name _____ % of Proceeds _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Last Name First Name MI </div>	
Or Trustee(s) of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name of Trust </div>	
Trust under trust agreement dated _____	
Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street Address City State Zip </div>	
Telephone No. _____ SSN _____ - _____ - _____	

Date of Birth _____

Relationship to Insured _____

Contingent beneficiary(ies):

NOTE: Total % of Proceeds must equal 100%

(1) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

(2) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

PLEASE COMPLETE THE FOLLOWING QUESTION IF YOU ARE APPLYING FOR THE ADDITIONAL ACCIDENTAL-DEATH BENEFIT RIDER.

1. Any person to be covered under this policy who now or intends in the future to participate in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing must be listed along with the activity(s) in the following space:

(If none, so state.)

For any person indicated above, additional underwriting may be required to determine eligibility for the Additional Accidental-Death Benefit Rider.

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy and/or rider(s) will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of coverage. If I am applying for an optional rider, I understand that the rider I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage.
- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.

- Proposed Insured's Initials** _____

- Proposed Insured's Initials** _____

- ## NOTICE OF INFORMATION PRACTICES

The policy provides limited benefits. Review your policy carefully.

Proposed Insured's Signature _____

Associate's/Agent's Signature _____ Date _____

 Licensed Associate/Agent

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (Virginia Insurance Counseling and Assistance Program).

Premium Rates

Aflac Accident Advantage (A36000) 24 – Hour Coverage Industry Rating A – Semi-Monthly Premium Rates

Coverage Type Ages 18 - 75	Option 1 Base Plan	Option 2 Base Plan	Option 3 Base Plan	Option 4 Base Plan
Individual	\$ 6.44	\$ 8.65	\$10.99	\$12.55
Insured & Spouse	\$ 9.04	\$12.29	\$15.60	\$17.94
One-Parent Family	\$10.34	\$14.63	\$18.46	\$21.52
Two-Parent Family	\$13.52	\$19.11	\$23.92	\$28.08

The plan also offers an optional Accidental Death Benefit Rider (Available for ages 18 – 70) for additional coverage.

Coverage Type	Optional Accidental Death Rider
Individual	\$2.15
Insured & Spouse	\$2.99
One-Parent Family	\$2.41
Two-Parent Family	\$3.38

The rates shown on this insert page are for illustration purposes only and do not imply coverage. Please consult with your Aflac benefits advisor for additional details regarding the plan benefits, limitations and exclusions, and optional rider.

Peace of Mind *and* Cash Benefits



PERSONAL CANCER INDEMNITY
CANCER INDEMNITY INSURANCE

PCI

Aflac
We've got you under our wing.®

PERSONAL CANCER INDEMNITY OVERVIEW (POLICY SERIES A-75000)

BENEFIT		LEVEL 1	LEVEL 2	LEVEL 3
FIRST-OCCURRENCE	Insured & Spouse	\$1,500	\$2,000	\$5,000
	Child	\$2,250	\$3,000	\$7,500
HOSPITAL CONFINEMENT	(Days 1–30)	\$200	\$300	\$300
	(Starting on 31st day of continuous confinement)	\$400	\$600	\$600
MEDICAL IMAGING	(yearly maximum)	\$100	\$150	\$200
RADIATION AND CHEMO	(per day)	\$200	\$300	\$300
Monthly Maximum (refer to outline of coverage or policy for complete coverage and limitations)				
EXPERIMENTAL TREATMENT	(per day)	\$200	\$300	\$300
Monthly Maximum (refer to outline of coverage or policy for complete coverage and limitations)				
IMMUNOTHERAPY	(month)	\$300	\$400	\$500
	(lifetime maximum)	\$1,500	\$2,000	\$2,500
ANTINAUSEA	(monthly maximum)	\$100	\$125	\$150
NURSING SERVICES		\$100/day	\$125/day	\$150/day
SKIN CANCER SURGERY		\$100–\$600	\$100–\$600	\$100–\$600
SURGICAL ANESTHESIA	25% of surgical charge	\$95–\$3,000	\$100–\$5,000	\$100–\$5,000
OUTPATIENT HOSPITAL SURGERY		\$200	\$300	\$300
PROSTHESIS				
	Surgically implanted			
	Lifetime maximum	\$2,500	\$3,000	\$3,000
		\$5,000	\$6,000	\$6,000
	Nonsurgical			
	Lifetime maximum	\$200	\$225	\$250
		\$400	\$450	\$500
RECONSTRUCTIVE SURGERY		\$325–\$2,500	\$350–\$3,000	\$350–\$3,000
ANESTHESIA	25% of surgical charge			
IN-HOSPITAL BLOOD AND PLASMA		\$50/day	\$100/day	\$150/day
OUTPATIENT BLOOD AND PLASMA		\$200/day	\$250/day	\$250/day
SECOND SURGICAL OPINION		\$200	\$250	\$300
NAT. CANCER INST. EVALUATION		\$500	\$500	\$500
	Travel	\$250	\$250	\$250
AMBULANCE	Ground	\$200	\$200	\$200
	Air	\$1,000	\$1,000	\$1,000
TRANSPORTATION	(over 50 miles)	\$0.40/mile	\$0.50/mile	\$0.50/mile
		\$1,200/trip maximum	\$1,500/trip maximum	\$1,500/trip maximum
LODGING	(up to 90 days per year)	\$50/day	\$60/day	\$60/day
BONE MARROW TRANSPLANT	(lifetime maximum)	\$10,000	\$10,000	\$10,000
BONE MARROW DONOR		\$1,000	\$1,000	\$1,000
STEM CELL TRANSPLANT	(lifetime maximum)	\$2,500	\$5,000	\$5,000
EXTENDED CARE	Days 1–30	\$50/day	\$75/day	\$75/day
	Days 31–100	\$100/day	\$100/day	\$150/day
	(100 days lifetime maximum)			
HOSPICE	(\$12,000 lifetime maximum)	\$500 first day, \$50/day hereafter	\$1,000 first day, \$50/day thereafter	\$1,000 first day, \$50/day thereafter
HOME HEALTH CARE	Days 1–30	\$50/day	\$75/day	\$75/day
	Days 31–100	\$100/day	\$100/day	\$150/day
	(100 days lifetime maximum)			
CANCER SCREENING WELLNESS		\$40/year	\$75/year	\$75/year

The following benefits have NO LIFETIME MAXIMUM: Hospital Confinement, Medical Imaging, Radiation and Chemotherapy, Experimental Treatment, Antinausea, Nursing Services, Surgical/Anesthesia, Outpatient Hospital Surgical, Skin Cancer Surgery, Reconstructive Surgery, In-Hospital Blood and Plasma, Outpatient Blood and Plasma, Second Surgical Opinion, Ambulance, Transportation, Lodging, and Cancer Screening Wellness.

THIS OVERVIEW IS FOR ILLUSTRATION PURPOSES ONLY.

American Family Life Assurance Company of Columbus (Aflac)

Optional First-Occurrence Building Benefit Rider Summary Page

Rider Series A-75050

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

FIRST-OCCURRENCE BUILDING BENEFIT: This benefit can be purchased in units of \$100 each, up to a maximum of five units or \$500. **All amounts cited in this rider are for one unit of coverage. If more than one unit has been purchased, then the amounts listed must be multiplied by the number of units in force.**

The **FIRST-OCCURRENCE BENEFIT**, as defined in the policy, will be increased by \$100 for each unit purchased on each rider anniversary date while this rider remains in force. This building benefit will be paid under the same terms as the **FIRST-OCCURRENCE BENEFIT**. This benefit will cease to build for each covered person on the anniversary date of this rider following the covered person's 65th birthday or at the time internal cancer is diagnosed for that covered person, whichever occurs first. However, regardless of the age of the covered person on the effective date of this rider, this benefit will accrue at least five years, unless internal cancer is diagnosed prior to the fifth year of coverage.

TERMINATION

This rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons, or if the premium for this rider is not paid (subject to the Grace Period provision listed in the policy).

EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached or the effective date of this rider, as stated on the Policy Schedule, if later.

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

American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

Optional Specified-Disease Benefit Rider Summary Page

Rider Series A-75052

Riders become a part of the policy and are subject to all policy provisions unless otherwise stated.

SPECIFIED-DISEASE BENEFITS

While coverage is in force, if an insured is diagnosed with one or more covered specified diseases and is hospitalized for the definitive treatment of any covered specified disease, or any conditions or diseases directly caused or aggravated by the specified diseases or the treatment of the specified diseases, AFLAC will pay the rates designated below.

INITIAL HOSPITALIZATION BENEFIT: AFLAC will pay an Initial Hospitalization Benefit of \$1,000 when a covered person is confined to a hospital for 12 or more hours as a result of receiving treatment for a specified disease. This benefit is payable only once per period of confinement and once per calendar year for each covered person.

A *period of confinement* is a hospital confinement that starts while this policy is in force. If the confinement follows a previously covered confinement, it will be deemed a continuation of the first confinement unless it is the result of an entirely different sickness or injury, or unless the confinements are separated by 30 days or more.

HOSPITAL CONFINEMENT BENEFIT: AFLAC will pay \$200 per day when a covered person is hospitalized during any continuous period for 30 days or less for a covered specified disease. **Benefits increase to \$500**

DEFINITION OF COVERED DISEASES

Specified disease means one of the diseases listed below:

- | | | |
|--|----------------------------|--|
| 1. Adrenal hypofunction
(Addison's disease) | 10. Huntington's chorea | 22. Scarlet fever |
| 2. Amyotrophic lateral
sclerosis (ALS or
Lou Gehrig's disease) | 11. Legionnaires' disease | 23. Scleroderma |
| 3. Botulism | 12. Malaria | 24. Sickle cell anemia |
| 4. Bubonic plague | 13. Meningitis (bacterial) | 25. Systemic lupus |
| 5. Cerebral palsy | 14. Multiple sclerosis | 26. Tetanus |
| 6. Cholera | 15. Muscular dystrophy | 27. Toxic shock syndrome |
| 7. Cystic fibrosis | 16. Myasthenia gravis | 28. Tuberculosis |
| 8. Diphtheria | 17. Necrotizing fasciitis | 29. Tularemia |
| 9. Encephalitis (including
encephalitis contracted
from West Nile virus) | 18. Osteomyelitis | 30. Typhoid fever |
| | 19. Polio | 31. Variant Creutzfeldt-Jakob
disease (mad cow disease) |
| | 20. Rabies | 32. Yellow fever |
| | 21. Reye's syndrome | |

The diagnosis must be made by and upon a tissue specimen, culture, and/or titer. If a pathological diagnosis is medically inappropriate, a clinical diagnosis will be accepted in lieu thereof.



**We've got you
under our wing.®**

aflac.com/social || 1.800.99.AFLAC (1.800.992.3522)

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



Application for Cancer Indemnity Insurance (A-75000 Series)
Application to: American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

☐ New
☐ Conversion
Policy Number: _____

To Be Completed by Applicant: Please Print in Black Ink

Applicant's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Applicant's SSN _____ - _____ - _____ Dependent Children ☐ Yes ☐ No
(Write spouse's name below if you are applying for Two-Parent Family coverage; if no spouse or spouse is not to be covered, write "N/A" or "None" in the space below.)

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Home Telephone () _____

Policyowner's Name _____ Relationship to Applicant _____
(if other than applicant)

Address _____ Owner's SSN _____ - _____ - _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP Code _____

Payroll Account Name _____ Payroll Account Number _____

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:	<input type="checkbox"/> Individual <input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> One-Parent Family
Level 1: Policy (Series A-75100)	<input type="checkbox"/> CCAIPA	<input type="checkbox"/> CCAIPD
Level 2: Policy (Series A-75200)	<input type="checkbox"/> CCAIPB	<input type="checkbox"/> CCAIPE
Level 3: Policy (Series A-75300)	<input type="checkbox"/> CCAIPC	<input type="checkbox"/> CCAIPF

☐ Pre-tax
☐ After-tax

Optional Rider:

Building Benefit Rider (Series A-75050) Units _____ <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	<input type="checkbox"/> CCAIPG	<input type="checkbox"/> CCAIPK
Return of Premium Rider (Series A-75051) <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider (Factor amt. _____)	<input type="checkbox"/> CCAIPH	<input type="checkbox"/> CCAIPL
Specified-Disease Rider (Series A-75052) <input type="checkbox"/> No rider <input type="checkbox"/> New rider <input type="checkbox"/> Retain current rider	<input type="checkbox"/> CCAIPJ	<input type="checkbox"/> CCAIPM

Billing Method: <input checked="" type="checkbox"/> Payroll Deduction	Mode: <input type="checkbox"/> 01 Weekly <input type="checkbox"/> 01 14-Day Biweekly <input type="checkbox"/> 01 28-Day Biweekly	<input type="checkbox"/> 01 Semimonthly <input type="checkbox"/> 01 Monthly <input type="checkbox"/> 03 Quarterly	<input type="checkbox"/> 06 Semiannual <input type="checkbox"/> 12 Annual
Employee No. _____	Dept. No. _____	Assoc./Agent's No. _____	
Billable Premium \$ _____	Premium Collected \$ _____	Sit. Code _____	

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Have you or has anyone to be covered under this policy ever been diagnosed with or treated for Cancer of any type or form? ☐ Yes ☐ No
If no, skip to number 7 or number 5 if this is a conversion. If yes, please complete numbers 2 and 3.

2. Was any Cancer referred to in number 1 an internal Cancer (which includes melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm):
(a) diagnosed or treated within the last five years or for which preventive Hormonal Therapy has been received within the last 12 months? ☐ Yes ☐ No
If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

For any individual(s) indicated above, additional underwriting may be required to determine eligibility for coverage.

- (b) last diagnosed or treated over five years ago? ☐ Yes ☐ No
If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

Please complete a Cancer History Form provided by your associate/agent on any individual(s) listed.

3. Was any Cancer referred to in number 1 a Skin Cancer (which includes melanoma of Clark's Level I or II, or a Breslow level less than or equal to 1.5 mm):
(a) diagnosed or treated within the last five years? ☐ Yes ☐ No
If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

For any individual(s) indicated above, additional underwriting may be required to determine eligibility for coverage.

- (b) last diagnosed or treated over five years ago? ☐ Yes ☐ No
If yes, was it the ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

Any individual(s) indicated above will not be issued a Skin Cancer Exclusion Rider. Benefits will be payable under this policy for the indicated individual for the treatment of Skin Cancer.

If you answered yes to number 1 and this is a conversion, please complete the conversion section below.

YOU MUST COMPLETE THIS SECTION IF THIS IS A CONVERSION.

IF your answer to number 1 above was "yes," complete number 4 below. If no, skip to number 5.

4. Have you or any person to be covered under this policy received benefits, other than Wellness Benefits, under your existing AFLAC Cancer policy in the last five years? ☐ Yes ☐ No
If yes, was it ☐ Named Insured ☐ Spouse ☐ Child? Name of the child(ren):

For any individual(s) indicated above, additional underwriting may be required to determine eligibility for coverage.

5. If this is an application for a conversion, the following conditions apply: (a) If Cancer is diagnosed between the date this application is signed and the Effective Date of the policy shown in the Policy Schedule, the policy for which this application is made will be void and coverage will continue under the terms of the previous policy, which may remain in force. Any benefits that may be due will be paid under the previous policy. (b) The waiting period provision will run from the Effective Date of the original policy, and the original policy will be terminated as of the Effective Date of the new policy. Any premium paid on the original policy that is unearned as of the Effective Date of the new policy will be applied to the new policy.

6. I acknowledge that I was offered the Building Benefit Rider and declined it. I understand that by not applying for the Building Benefit Rider that I will lose the building benefit amount accrued in my previous policy, if any.

☐ Yes

Applicant's Initials _____

☐ N/A

7. I understand that the Effective Date of this policy will be the date recorded on the Policy Schedule by AFLAC. **It is not the date the application is signed.**

8. I acknowledge receipt of, if applicable:

☐ Fair Credit Reporting Notice

☐ Replacement Notice

☐ *Guide to Health Insurance for People with Medicare*

☐ Outline of Coverage

9. I understand that: (a) the policy of insurance I am now applying for will be issued based upon the written answers to questions and information asked for in this application and any other pertinent information AFLAC may require for proper underwriting; (b) AFLAC is not bound by any statement made by me, or any associate/agent of AFLAC, unless written herein; (c) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing; (d) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance; and (e) no change to the policy will be valid until approved by AFLAC's secretary and president and noted in or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by AFLAC may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters.

Complete this section if applicant is applying for Specified-Disease Rider Series A-75052.

**American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999**

SUPPLEMENTAL MEDICAL INFORMATION QUESTIONNAIRE FOR SPECIFIED-DISEASE RIDER

Have you or has anyone to be covered under this policy ever had adrenal hypofunction (Addison's disease), ALS (amyotrophic lateral sclerosis) or Lou Gehrig's disease, botulism, bubonic plague, cerebral palsy, cholera, cystic fibrosis, diphtheria, encephalitis (including Encephalitis contracted from West Nile virus), Huntington's chorea, Legionnaires' disease, malaria, meningitis (bacterial), multiple sclerosis, muscular dystrophy, myasthenia gravis, necrotizing fasciitis, osteomyelitis, polio, rabies, Reye's syndrome, scarlet fever, scleroderma, sickle-cell anemia, systemic lupus, tetanus, toxic shock syndrome, tuberculosis, tularemia, typhoid fever, Variant Creutzfeldt-Jakob disease (mad cow disease), or yellow fever in any form? ☐ Yes ☐ No

If yes, was it the: ☐ Named Insured ☐ Spouse ☐ Child?

If "child," please list the name of the child(ren) _____.

For any person(s) named, additional underwriting may be required to determine eligibility for the Specified Disease Rider Form Series A-75052.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to AFLAC on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage. I also understand that if I am receiving any Medicaid benefits, the purchase of this supplemental coverage is not necessary.

If I am applying to convert my current policy to another AFLAC policy, I acknowledge that I have been advised that the policies have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am giving up my current policy and its benefits for the benefits provided in the new policy. I have read, or had read to me, the completed application, and I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true.

The undersigned applicant and agent certify that the applicant has read, or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

Applicant's Signature _____ Date _____

Associate's/Agent's Signature _____ Date _____
Licensed Resident Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (Virginia Insurance Counseling and Assistance Program).

Premium Rates

Aflac Personal Cancer Indemnity (A75000) Semi-Monthly Premium Rates Ages 18 – 70

Coverage Type	Level 1	Level 2	Level 3
Individual	\$ 9.35	\$13.45	\$16.75
One-Parent Family	\$10.85	\$16.45	\$20.10
Two-Parent Family	\$15.25	\$22.75	\$27.95

Coverage Type	Two Optional Riders	
	Initial Diagnosis \$100 (1 unit)	Specified Disease
Individual	\$0.30	\$0.50
One-Parent Family	\$0.45	\$0.75
Two-Parent Family	\$0.65	\$1.00

The rates shown on this insert page are for illustration purposes only and do not imply coverage. Please consult with your Aflac benefits advisor for additional details regarding the plan benefits, limitations and exclusions, and optional riders.

Aflac Critical Care Protection

SPECIFIED HEALTH EVENT INSURANCE

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



Aflac Critical Care Protection – Option 1 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
FIRST-OCCURRENCE BENEFIT: <div>Named Insured/Spouse</div> <div>Dependent Children</div>	<div>\$7,500; lifetime maximum \$7,500 per covered person</div> <div>\$10,000; lifetime maximum \$10,000 per covered person</div>
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	<div>\$3,500</div> <div>Subsequent occurrence limitations apply. No lifetime maximum.</div>
CORONARY ANGIOPLASTY BENEFIT	<div>\$1,000</div> <div>Payable only once per covered person, per lifetime</div>
HOSPITAL CONFINEMENT BENEFIT	<div>\$300 per day</div> <div>No lifetime maximum</div>
AMBULANCE BENEFIT	<div>\$250 ground or \$2,000 air</div> <div>No lifetime maximum</div>
CONTINUING CARE BENEFIT	<div>\$125 each day when a covered person is charged for any of the following treatments:</div> <div> <ul style="list-style-type: none"> • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care </div> <div>Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered loss. No lifetime maximum.</div>
TRANSPORTATION BENEFIT	<div>\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss</div> <div>Limited to \$1,500 per occurrence; no lifetime maximum</div>
LODGING BENEFIT	<div>Up to \$75 per day, for covered lodging charges</div> <div>Limited to 15 days per occurrence; no lifetime maximum</div>
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

Aflac Critical Care Protection – Option 2 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: \$800 per day Days 8–15: \$1,300 per day Limited to 15 days per period of confinement; no lifetime maximum
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	\$500 per day Limited to 15 days per period of confinement; no lifetime maximum
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of \$2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date
FIRST-OCCURRENCE BENEFIT: Named Insured/Spouse Dependent Children	\$7,500; lifetime maximum \$7,500 per covered person \$10,000; lifetime maximum \$10,000 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	\$3,500 Subsequent occurrence limitations apply. No lifetime maximum.
CORONARY ANGIOPLASTY BENEFIT	\$1,000 Payable only once per covered person, per lifetime
HOSPITAL CONFINEMENT BENEFIT	\$300 per day No lifetime maximum
CONTINUING CARE BENEFIT	\$125 each day when a covered person is charged for any of the following treatments: <ul style="list-style-type: none"> • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or coronary angioplasty. No lifetime maximum.
AMBULANCE BENEFIT	\$250 ground or \$2,000 air No lifetime maximum
TRANSPORTATION BENEFIT	\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss Limited to \$1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to \$75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

Aflac Critical Care Protection – Option 3 Benefit Overview

BENEFIT NAME	BENEFIT AMOUNT
HOSPITAL INTENSIVE CARE UNIT BENEFIT	Days 1–7: \$800 per day; Days 8–15: \$1,300 per day Limited to 15 days per period of confinement; no lifetime maximum
STEP-DOWN INTENSIVE CARE UNIT BENEFIT	\$500 per day; limited to 15 days per period of confinement; no lifetime maximum
PROGRESSIVE BENEFIT FOR HOSPITAL INTENSIVE CARE UNIT/STEP-DOWN INTENSIVE CARE UNIT CONFINEMENT	An indemnity of \$2 will accumulate for the named insured and the covered spouse for each calendar month the policy remains in force after the effective date
FIRST-OCCURRENCE BENEFIT: Named Insured/Spouse Dependent Children	\$7,500; lifetime maximum \$7,500 per covered person \$10,000; lifetime maximum \$10,000 per covered person
SUBSEQUENT SPECIFIED HEALTH EVENT BENEFIT	\$3,500 Subsequent occurrence limitations apply. No lifetime maximum.
SPECIFIED HEART SURGERY BENEFITS	<p>Tier One: \$4,000 when a covered person undergoes one of the following:</p> <ul style="list-style-type: none"> • Heart Valve Surgery • Surgical Treatment of Abdominal Aortic Aneurysm <p>Tier Two: \$2,000 when a covered person undergoes one of the following:</p> <ul style="list-style-type: none"> • Coronary Angioplasty • Transmyocardial Revascularization (TMR) • Atherectomy • Coronary Stent Implantation • Cardiac Catheterization • Automatic Implantable Cardioverter Defibrillator (AICD) Placement • Pacemaker Placement <p>Tier One and Tier Two benefits are payable only once per covered person, per lifetime. Subsequent occurrence limitations apply.</p>
SUBSEQUENT TIER ONE SPECIFIED HEART SURGERY BENEFIT	\$1,000 Subsequent occurrence limitations apply. No lifetime maximum.
HOSPITAL CONFINEMENT BENEFIT	\$300 per day; no lifetime maximum
CONTINUING CARE BENEFIT	<p>\$125 each day when a covered person is charged for any of the following treatments:</p> <ul style="list-style-type: none"> • Rehabilitation Therapy • Physical Therapy • Speech Therapy • Occupational Therapy • Respiratory Therapy • Dietary Therapy/Consultation • Home Health Care • Dialysis • Hospice Care • Extended Care • Physician Visits • Nursing Home Care <p>Treatment is limited to 75 days for continuing care received within 180 days following the occurrence of the most recent covered specified health event or specified heart surgery. No lifetime maximum.</p>
AMBULANCE BENEFIT	\$250 ground or \$2,000 air; no lifetime maximum
TRANSPORTATION BENEFIT	\$.50 per mile, per covered person whom special treatment is prescribed, for a covered loss Limited to \$1,500 per occurrence; no lifetime maximum
LODGING BENEFIT	Up to \$75 per day, for covered lodging charges Limited to 15 days per occurrence; no lifetime maximum
WAIVER OF PREMIUM BENEFIT	Premium waived, from month to month, during total inability (after 180 continuous days)
CONTINUATION OF COVERAGE BENEFIT	Waives all monthly premiums for up to 2 months, when all conditions for this benefit are met

OPTIONAL FIRST-OCCURRENCE BUILDING BENEFIT

RIDER SUMMARY PAGE

Policy Rider A74050VA

CCP^R

PEACE OF MIND. CASH BENEFITS. OUR INSURANCE POLICIES HELP PROVIDE BOTH.



The First-Occurrence Building Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.

WHAT WE WILL PAY

FIRST-OCCURRENCE BENEFIT

The First-Occurrence Benefit will be increased by \$500 on each rider anniversary date while the rider remains in force. (The amount of the monthly increase will be determined on a pro rata basis.) This benefit will be paid under the same terms as the First-Occurrence Benefit. This benefit will cease to build for each covered person on the anniversary date of the rider following the covered person's 65th birthday or at the time of a specified health event, subject to the Limitations and Exclusions of the policy, for that covered person, whichever occurs first. However, regardless of the age of the covered person on the effective date of the rider, this benefit will accrue for a period of at least five years unless a specified health event is diagnosed prior to the fifth year of coverage.

DEFINITIONS

EFFECTIVE DATE

The effective date of the rider is as stated in the Policy Schedule.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the benefit has been paid to all covered persons as described in the First-Occurrence Benefit listed in your policy, or if the premium for the rider is not paid (subject to the Grace Period provision listed in the policy).

**REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.
POLICY FORMS A74100VA, A74200VA, AND A74300VA; RIDER FORMS A74050VA AND A74051VA;
AND APPLICATION FORMS A74001cVA, A74001VA, A74001GcVA, AND A74001GVA.**

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999
aflac.com | 1.800.99.AFLAC (1.800.992.3522)



OPTIONAL SPECIFIED HEALTH EVENT RECOVERY BENEFIT

RIDER SUMMARY PAGE

Policy Rider A74051VA

CCP^R

PEACE OF MIND. CASH BENEFITS.

OUR INSURANCE POLICIES HELP PROVIDE BOTH.



The Specified Health Event Recovery Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.

WHAT WE WILL PAY

SPECIFIED HEALTH EVENT RECOVERY BENEFIT

Aflac will pay \$500 per month while a covered person remains in specified health event recovery upon receipt of written proof of loss from that person's physician. Lifetime maximum of six months per covered person.

DEFINITIONS

SPECIFIED HEALTH EVENT RECOVERY

A covered person will be considered in specified health event recovery if he or she continues to be under the active care and treatment by a physician for a covered specified health event OR he or she is unable to engage in the duties of his or her regular occupation due to a covered specified health event. Specified health event includes heart attack, stroke, end-stage renal failure, major human organ transplant, third-degree burns, persistent vegetative state, coma, paralysis, coronary artery bypass graft surgery (CABG), or sudden cardiac arrest occurring on or after the effective date of coverage under the rider.

EFFECTIVE DATE

The effective date of the rider is as stated in the Policy Schedule.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the lifetime maximum benefit has been paid to all covered persons as described above, or if the premium for the rider is not paid (subject to the Grace Period provision listed in the policy).

**REFER TO THE POLICY AND RIDER FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.
POLICY FORMS A74100VA, A74200VA, AND A74300VA; RIDER FORMS A74050VA AND A74051VA;
AND APPLICATION FORMS A74001cVA, A74001VA, A74001GcVA, AND A74001GVA.**

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aflac.com || 1.800.99.AFLAC (1.800.992.3522)

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999





SPECIFIED HEALTH EVENT INSURANCE POLICY
(Series A74000)
Supplemental Health Insurance Coverage

☐ New
Internal
Replacement:
☐ Conversion

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Policy Number: _____

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
☐ Home ☐ Work ☐ Cell

Email Address (optional) _____

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS

1. Are you, the Proposed Insured, actively at work with the employer listed above? ☐ Yes ☐ No
If no, additional underwriting may be required to determine eligibility for coverage.
2. (a) Is your Spouse, if applying for coverage, actively at work? ☐ Yes ☐ No ☐ N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? *If yes to 2(b), additional underwriting may be required to determine eligibility for coverage..* ☐ Yes ☐ No ☐ N/A

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Do you have any other limited benefit health coverage (Specified Health Event, Critical Care and Recovery, or Lump Sum Limited Benefit Health) with Aflac (not including a critical illness rider)? ☐ Yes ☐ No

If yes, this must be an internal replacement of that coverage. Please give current policy number and see Applicant's Statements and Agreements concerning internal replacements.

Policy Number: _____

Do you have a hospital intensive care policy or rider with Aflac?

☐ Yes ☐ No

If yes, and you are applying for Option 2 or Option 3, and you have both a hospital intensive care policy and a limited benefit health policy, the oldest policy will be replaced. The newest policy will be cancelled.

If yes, and you are applying for Option 2 or Option 3, and you only have a hospital intensive care policy, it will be replaced..

If yes, and you are applying for Option 2 or Option 3, and you only have either a hospital intensive care rider or specified health event rider, it will be cancelled.

Please give current policy number and see Applicant's Statements and Agreements concerning internal replacements and replacement of coverage.

Policy Number: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other Specified Health Event, Critical Care and Recovery, or Lump Sum Critical Illness coverage with Aflac, or if applying for policy Option 2 or Option 3, any other hospital intensive care policy or rider with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

Check Coverage Desired:

☐ Individual

☐ Named Insured/
Spouse Only

☐ One-Parent Family

☐ Two-Parent Family

Policy (Select one):

☐ Option 1: Limited Benefit Health Insurance (Policy Series A74100)

☐ Option 2: Limited Benefit Health Insurance with Intensive Care Unit Benefits
(Policy Series A74200)

☐ Option 3: Limited Benefit Health Insurance with ICU and Heart Surgery Benefits
(Policy Series A74300)

☐ Pre-Tax
or
☐ After-Tax

Optional Riders:

☐ First-Occurrence Building Benefit Rider (Rider Series A74050)

Options: ☐ No rider ☐ New rider ☐ Retain current rider

☐ Specified Health Event Recovery Benefit Rider (Rider Series A74051)

Options: ☐ No rider ☐ New rider ☐ Retain current rider

Billing Method:

☐ Payroll Deduction

☐ Bank Draft (B/D, ACH)

☐ Credit Card (C/C)

Mode:

☐ 01 Semimonthly

☐ 01 Weekly

☐ 01 14-Day Biweekly

☐ 01 28-Day Biweekly

☐ 01 Monthly

☐ 03 Quarterly

☐ 06 Semiannual

☐ 12 Annual

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

PLEASE COMPLETE THE FOLLOWING:

Any person to be covered under this policy who now or intends in the future to participate in any sport or sporting activity for wage, compensation or profit must be listed along with the activity(s) in the following space:

(If none, so state)

I understand that the policy will not pay benefits for injuries sustained while the person listed above is participating in the named activity(s).

IF YOU ARE APPLYING FOR OPTION 1, OPTION 2, OR OPTION 3, PLEASE COMPLETE QUESTIONS 1 THROUGH 3.

1. Within the last five years, has anyone to be covered been diagnosed with or treated by a member of the medical profession at a health facility for any of the following? ☐ Yes ☐ No

Heart Attack
Stroke or transient ischemic attack (TIA)
Kidney disease or disorder (excluding stones)

2. Within the last five years, has anyone to be covered had or been advised by a member of the medical profession of the need to have any of the following? ☐ Yes ☐ No

Major organ transplant
Coronary artery bypass surgery
Angioplasty or stent placement

3. **If either of Questions 1 or 2 is answered yes, was it the:**

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

For any person(s) indicated above additional underwriting may be required to determine eligibility for coverage under the policy.

If a child, are any other children to be covered? ☐ Yes ☐ No

IF YOU ARE APPLYING FOR OPTION 2 OR OPTION 3, PLEASE ALSO COMPLETE QUESTIONS 4 THROUGH 10.

4. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility? ☐ Yes ☐ No

5. Has anyone to be covered ever been diagnosed with or received medical treatment for any of the following by a member of the medical profession? ☐ Yes ☐ No

Cerebral vascular insufficiency	Angina
Congenital heart disease	Congestive heart failure
(excluding surgically corrected atrial septal defect)	Cystic fibrosis
Acquired immune deficiency syndrome (AIDS)	Systemic lupus

6. Has anyone to be covered ever been diagnosed with or received medical treatment by a member of the medical profession for diabetes:
requiring the use of insulin within the last five years;
with complications to include retinopathy, neuropathy, or nephropathy;
with continued tobacco use; or
diagnosed prior to age 30 (excluding gestational)? ☐ Yes ☐ No

7. Is anyone to be covered currently confined in a hospital or nursing home, or within the last 12 months, has hospitalization been recommended by a Physician? ☐ Yes ☐ No

8. Has anyone to be covered ever been diagnosed with or medically treated by a member of the medical profession for sickle cell anemia or emphysema, or has anyone to be covered required the use of oxygen for a chronic respiratory disease/disorder, excluding the use of a CPAP machine for the treatment of sleep apnea? ☐ Yes ☐ No

9. In the last 12 months, has anyone to be covered received treatment for more than 24 hours in a Hospital Intensive Care Unit (not including treatment as a result of an accident)? ☐ Yes ☐ No

10. **If any one of Questions 4 through 9 is answered yes, was it the:**

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

For any person(s) indicated above, additional underwriting may be required to determine eligibility for coverage under the policy.

If a child, are any other children to be covered? ☐ Yes ☐ No

IF YOU ARE APPLYING FOR OPTION 3, PLEASE ALSO COMPLETE QUESTIONS 11 – 14.

11. Has anyone to be covered had or been advised to have, or consulted with or been evaluated by a member of the medical profession of the need to have, any of the following? ☐ Yes ☐ No

Defibrillator placement
Pacemaker placement
Heart valve surgery

12. Within the last 12 months, has anyone to be covered been prescribed medication for irregular heartbeat, heart palpitation, or tachycardia (not including preventive treatment with antibiotics prior to dental appointment); received medical treatment in an emergency room or hospital for hypertension/high blood pressure (not related to pregnancy); or had a medication change to improve blood pressure readings, by a member of the medical profession? ☐ Yes ☐ No

13. Has anyone to be covered ever been diagnosed with or received medical treatment for any of the following by a member of the medical profession? ☐ Yes ☐ No

Heart Attack (two or more)
Coronary artery disease
Bypass surgery
Atrial fibrillation

Cardiomyopathy
Arterial blockage
Peripheral vascular disease
Stroke or TIA (two or more)

14. **If any one of Questions 11 through 13 is answered yes, was it the:**

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

For any person(s) indicated above, additional underwriting may be required to determine eligibility for coverage under the policy.

If a child, are any other children to be covered? ☐ Yes ☐ No

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage. **The Benefits for Hospital Intensive Care Unit Confinements in the Option 2 (Series A74200) and Option 3 (Series A74300) policies reduce to half at age 70.**
- I understand that coverage is not provided for 12 months for an 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 by or received from a Physician, or for which

symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Claims incurred during the first twelve months after the Effective Date of coverage will not be covered for pre-existing conditions.

Proposed Insured's Initials _____

- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.
- I acknowledge receipt of, if applicable:
 - ☐ Replacement Notice
 - ☐ *Guide to Health Insurance for People with Medicare*
 - ☐ Outline of Coverage
- I understand that (1) the policy, together with the applications, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- The undersigned applicant and associate/agent certifies that the applicant has read or had read to him/her, the completed application and that he/she realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.
- I understand that the policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under the policy.
- I understand that the purchase of the policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies and/or rider may have different benefits and that I should compare them to determine which is best for me. I understand and agree that I am terminating my current Aflac policy and/or rider and its/their benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- If this is an application for an internal replacement of coverage, the following conditions will apply: (1) If any one of Questions 1 or 2, 4 through 9, or 11 through 13 is answered yes, the policy for which this application is made for the person(s) identified in Item 3, Item 10, or Item 14 will be void, and coverage will continue for such person(s) only under the terms of the previous policy, if such policy remains in force; (2) The Time Limit on Certain Defenses provision will run from the Effective Date of the new policy, and the original policy will be terminated as of the Effective Date of the new policy; and (3) The Pre-existing Condition Limitations provision in the new policy will run from the original policy's Effective Date for the benefits provided under the original policy. For any increased benefit amount, the Pre-existing Condition Limitations provision in the new policy will run from the new policy's Effective Date.

Proposed Insured's Initials _____

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any personal privileged information subsequently collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you, except information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters.

I prefer to receive an electronic copy of my policy instead of a paper copy. ☐ Yes ☐ No

If yes, please enter your email address on Page 1.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For policies that pay fixed dollar amounts for specified diseases or other specified impairments. This includes cancer, specified disease, and other health insurance policies that pay a scheduled benefit or specific payment based on diagnosis of the conditions named in the policy.

IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (Virginia Insurance Counseling and Assistance Program).

Premium Rates

Aflac Critical Care Protection – A74000 Semi-Monthly Rates

	Level 1	Level 2	Level 3	Optional Riders	
				FOBBR*	SHERR**
INDIVIDUAL					
18-35	\$ 4.68	\$ 8.45	\$ 8.91	\$1.17	\$0.59
36-45	\$ 7.28	\$12.03	\$12.61	\$2.15	\$1.43
46-55	\$10.14	\$16.38	\$18.59	\$2.54	\$2.34
56-70	\$13.65	\$21.13	\$25.74	\$2.80	\$3.32
INSURED / SPOUSE					
18-35	\$ 6.70	\$16.25	\$17.10	\$2.34	\$1.17
36-45	\$11.18	\$21.13	\$22.62	\$4.29	\$2.41
46-55	\$16.77	\$28.47	\$34.84	\$5.07	\$4.03
56-70	\$24.57	\$39.65	\$49.66	\$5.59	\$6.18
ONE-PARENT FAMILY					
18-35	\$ 5.20	\$14.37	\$15.15	\$1.24	\$0.65
36-45	\$ 7.54	\$17.03	\$17.88	\$2.28	\$1.43
46-55	\$10.47	\$21.91	\$23.01	\$2.60	\$2.34
56-70	\$13.98	\$28.80	\$32.44	\$2.93	\$3.38
TWO-PARENT FAMILY					
18-35	\$ 7.74	\$18.46	\$19.37	\$2.41	\$1.24
36-45	\$12.35	\$23.47	\$24.64	\$4.42	\$2.60
46-55	\$18.20	\$31.33	\$36.92	\$5.14	\$4.36
56-70	\$26.26	\$43.03	\$53.17	\$5.72	\$6.50

*FOBBR: First Occurrence Building Benefit Rider (Rider Series A74050)

**SHERR: Specified Health Event Recovery Benefit Rider (Rider Series A74051)

The rates shown on this insert page are for illustration purposes only and do not imply coverage. Please consult with your Aflac benefits advisor for complete details, including limitations and exclusions, on the plan and optional riders.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

We can't take all the uncertainty out of your hospital stay, but we can help make some of the costs a little more manageable.



We've got you under our wing.®

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

HA

The Aflac Hospital Advantage insurance policy: Designed to help with those out-of-pocket expenses not covered by your major medical plan.

Did you know that hospital care and clinical services account for a little over half of the health care expenditures in the nation?¹

Even if it's planned, a trip to the hospital can be a little intimidating. And while we can't take all the uncertainty out of your stay, Aflac can help make some of the unexpected costs as a result of it a bit more manageable.

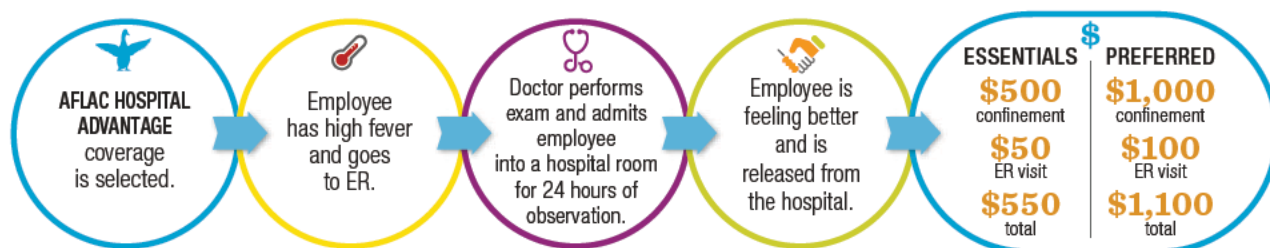
With the Aflac Hospital Advantage policy, benefits are paid directly to you, unless specified otherwise, to help with those out-of-pocket hospital expenses that may not be fully covered by your major medical plan, such as:

- ▶ Transportation and ambulance costs
- ▶ Emergency room and doctors' visits
- ▶ Medical diagnostics and imaging
- ▶ Rehabilitation facilities

As health care costs continue to rise, it's easy to see why the Aflac Hospital Advantage insurance policy makes sense. At Aflac, we've got you under our wing.



HOW IT WORKS



The above example is based on a scenario for Essentials and Preferred levels of coverage. Benefits may vary by state, benefit option, and level of coverage selected.

The policy has limitations and exclusions that may affect benefits payable. This folder is for illustrative purposes only and is not intended for use as a stand-alone advertisement. Please refer to the brochure insert(s) for information on policy benefits, limitations, and exclusions.

Aflac herein means American Family Life Assurance Company of Columbus.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

ESSENTIALS

This brochure is for a hospital confinement indemnity policy. Options 1, 2, and 3 provide limited benefits. The policy is not a substitute for major medical coverage. It is designed to supplement a major medical program. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does NOT satisfy the federal individual mandate that requires that YOU have health insurance coverage.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 1 BENEFITS	
HOSPITAL CONFINEMENT	\$500 PER COVERED PERSON
REHABILITATION FACILITY	\$50 PER DAY
HOSPITAL EMERGENCY ROOM	\$50 PER DAY UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	\$50 UP TO 2 TIMES PER YEAR, PER POLICY
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 2 BENEFITS <i>ALL BENEFITS OF OPTION 1 PLUS THE FOLLOWING</i>	
PHYSICIAN VISIT	\$25 PER DAY
MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 PER DAY – GROUND, \$1,000 PER DAY – AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON

OPTION 3 BENEFITS <i>ALL BENEFITS OF OPTIONS 1 & 2 PLUS THE FOLLOWING</i>	
SURGICAL	\$50–\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	\$100 PER DAY ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS <i>ALL BENEFITS OF OPTIONS 1, 2, & 3 PLUS THE FOLLOWING</i>	
DAILY HOSPITAL CONFINEMENT	\$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
DAILY HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	\$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions. Policy Forms A49100VAR, A49200VAR, A49300VAR, and A49400VAR; and Application Forms A49001cVAR, A49001VAR, A49001GcVAR, A49001GVAR.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

PREFERRED

This brochure is for a hospital confinement indemnity policy. Options 1, 2, and 3 provide limited benefits. The policy is not a substitute for major medical coverage. It is designed to supplement a major medical program. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does NOT satisfy the federal individual mandate that requires that YOU have health insurance coverage.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 1 BENEFITS	
HOSPITAL CONFINEMENT	\$1,000 PER COVERED PERSON
REHABILITATION FACILITY	\$100 PER DAY
HOSPITAL EMERGENCY ROOM	\$100 PER DAY UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	\$100 UP TO 2 TIMES PER YEAR, PER POLICY
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 2 BENEFITS <i>ALL BENEFITS OF OPTION 1 PLUS THE FOLLOWING</i>	
PHYSICIAN VISIT	\$25 PER DAY
MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 PER DAY – GROUND, \$1,000 PER DAY – AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON

OPTION 3 BENEFITS <i>ALL BENEFITS OF OPTIONS 1 & 2 PLUS THE FOLLOWING</i>	
SURGICAL	\$50–\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	\$100 PER DAY ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS <i>ALL BENEFITS OF OPTIONS 1, 2, & 3 PLUS THE FOLLOWING</i>	
DAILY HOSPITAL CONFINEMENT	\$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
DAILY HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	\$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions. Policy Forms A49100VAR, A49200VAR, A49300VAR, and A49400VAR; and Application Forms A49001cVAR, A49001VAR, A49001GcVAR, A49001GVAR.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

SELECT 1500

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Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 1 BENEFITS	
HOSPITAL CONFINEMENT	\$1,500 PER COVERED PERSON
REHABILITATION FACILITY	\$100 PER DAY
HOSPITAL EMERGENCY ROOM	\$100 PER DAY UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	\$100 UP TO 2 TIMES PER YEAR, PER POLICY
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 2 BENEFITS <i>ALL BENEFITS OF OPTION 1 PLUS THE FOLLOWING</i>	
PHYSICIAN VISIT	\$25 PER DAY
MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 PER DAY – GROUND, \$1,000 PER DAY – AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON

OPTION 3 BENEFITS <i>ALL BENEFITS OF OPTIONS 1 & 2 PLUS THE FOLLOWING</i>	
SURGICAL	\$50–\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	\$100 PER DAY ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS <i>ALL BENEFITS OF OPTIONS 1, 2, & 3 PLUS THE FOLLOWING</i>	
DAILY HOSPITAL CONFINEMENT	\$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
DAILY HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	\$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions. Policy Forms A49100VAR, A49200VAR, A49300VAR, and A49400VAR; and Application Forms A49001cVAR, A49001VAR, A49001GcVAR, A49001GVAR.

AFLAC HOSPITAL ADVANTAGE

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

POLICY SERIES A49000

SELECT 2000

This brochure is for a hospital confinement indemnity policy. Options 1, 2, and 3 provide limited benefits. The policy is not a substitute for major medical coverage. It is designed to supplement a major medical program. It does not constitute comprehensive health insurance coverage and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act and does NOT satisfy the federal individual mandate that requires that YOU have health insurance coverage.

Aflac Hospital Advantage

HOSPITAL CONFINEMENT INDEMNITY INSURANCE

Policy Series A49000

OPTION 1 BENEFITS	
HOSPITAL CONFINEMENT	\$2,000 PER COVERED PERSON
REHABILITATION FACILITY	\$100 PER DAY
HOSPITAL EMERGENCY ROOM	\$100 PER DAY UP TO 2 TIMES PER YEAR, PER POLICY
HOSPITAL SHORT-STAY	\$100 UP TO 2 TIMES PER YEAR, PER POLICY
WAIVER OF PREMIUM	YES
CONTINUATION OF COVERAGE	YES

OPTION 2 BENEFITS ALL BENEFITS OF OPTION 1 PLUS THE FOLLOWING	
PHYSICIAN VISIT	\$25 PER DAY
MEDICAL DIAGNOSTIC & IMAGING	\$150 ONCE PER YEAR, PER COVERED PERSON
AMBULANCE	\$100 PER DAY – GROUND, \$1,000 PER DAY – AIR UP TO 2 TRIPS PER YEAR, PER COVERED PERSON

OPTION 3 BENEFITS ALL BENEFITS OF OPTIONS 1 & 2 PLUS THE FOLLOWING	
SURGICAL	\$50–\$1,000 SURGICAL SCHEDULE ONE BENEFIT PER 24-HOUR PERIOD
INVASIVE DIAGNOSTIC EXAMS	\$100 PER DAY ONE EXAM PER COVERED PERSON, PER 24-HOUR PERIOD

OPTION 4 BENEFITS ALL BENEFITS OF OPTIONS 1, 2, & 3 PLUS THE FOLLOWING	
DAILY HOSPITAL CONFINEMENT	\$100 PER DAY UP TO 365 DAYS IN ADDITION TO THE HOSPITAL CONFINEMENT BENEFIT
DAILY HOSPITAL INTENSIVE CARE UNIT CONFINEMENT	\$100 PER DAY UP TO 30 DAYS IN ADDITION TO HOSPITAL CONFINEMENT & DAILY HOSPITAL CONFINEMENT BENEFITS

The policy has limitations and exclusions that may affect benefits payable. This schedule is for illustrative purposes only. Refer to the policy for benefit details, definitions, limitations, and exclusions. Policy Forms A49100VAR, A49200VAR, A49300VAR, and A49400VAR; and Application Forms A49001cVAR, A49001VAR, A49001GcVAR, A49001GVAR.



Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

aflac.com || 1.800.99.AFLAC (1.800.992.3522)



Application for Hospital Confinement Indemnity Insurance (A49000 Series)
Application to: **American Family Life Assurance Company of Columbus**
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

☐ New
Internal
Replacement:
☐ Conversion
☐ Downgrade
Policy Number:

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____
☐ Home ☐ Work ☐ Cell

Email Address (optional) _____

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTIONS (NOT REQUIRED FOR A DOWNGRADE)

1. Are you, the Proposed Insured, actively working with the employer listed above? ☐ Yes ☐ No
If no, additional underwriting may be required to determine eligibility for coverage.
2. (a) Is your Spouse, if applying for coverage, actively working? ☐ Yes ☐ No ☐ N/A
(b) If no, is your Spouse now hospitalized or unable to perform his or her normal duties and activities? If yes to 2(b), additional underwriting may be required to determine the eligibility of your Spouse. ☐ Yes ☐ No ☐ N/A

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
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Hospital Confinement Benefit Amount:

☐ Essentials (\$500) ☐ Preferred (\$1,000) ☐ Select 1500 (\$1,500)
☐ Select 2000 (\$2,000) ☐ Select 2500 (\$2,500) ☐ Select 3000 (\$3,000)

☐ Option 1 (Series A49100)

☐ Option 2 (Series A49200)

☐ Option 3 (Series A49300)

☐ Option 4 (Series A49400)

☐ Option H (Series A4910H) Not available with \$500 or \$1,000 Hospital Confinement Benefit

☐ Pre-Tax
☐ After-Tax

Billing Method:

- ☐ Payroll Deduction
☐ Employer Paid
☐ Bank Draft (B/D)
☐ Credit Card (C/C)

Mode:

- ☐ 01 Weekly
☐ 01 14-Day Biweekly
☐ 01 Semimonthly
☐ 01 28-Day Biweekly
☐ 01 Monthly
☐ 03 Quarterly
☐ 06 Semiannual
☐ 12 Annual

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

Is this insurance intended to replace any other health insurance now in force?

☐ Yes ☐ No

If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

Do you have **BOTH** hospital confinement indemnity **AND** hospital confinement **sickness** indemnity coverage with Aflac?

☐ Yes ☐ No

If yes, do you wish to replace both policies with this one new hospital confinement indemnity policy? ☐ Yes ☐ No ☐ N/A

If not replacing both, this must be an internal replacement of the hospital confinement indemnity coverage.

Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning internal replacements, and complete the Internal Replacement Notice.

Policy Number(s) to Be Replaced: _____

Do you have **EITHER** hospital confinement indemnity **OR** hospital confinement **sickness** indemnity coverage with Aflac?

☐ Yes ☐ No

If yes, this must be an internal replacement of that coverage. Please indicate the current policy number(s) below, see the Applicant's Statements and Agreements concerning internal replacements, and complete the Internal Replacement Notice.

Policy Number(s) to Be Replaced: _____

PLEASE NOTE: If anyone other than the Proposed Insured is to be covered and has any other hospital confinement indemnity or hospital confinement sickness indemnity coverage with Aflac, the existing coverage must be cancelled in order to be covered under this policy. Please submit a request to cancel the existing coverage.

PLEASE COMPLETE THE FOLLOWING UNDERWRITING QUESTIONS IF YOU ARE APPLYING FOR: OPTION H, OPTION 3, OR OPTION 4; OR ANY INTERNAL REPLACEMENT. (NOT REQUIRED FOR A DOWNGRADE)

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn, or within the last 12 months, has anyone to be covered been diagnosed with or treated by a member of the medical profession for infertility?
☐ Yes ☐ No
2. Is anyone to be covered currently confined in a Hospital or nursing home, or has a member of the medical profession recommended hospitalization or nursing home confinement?
☐ Yes ☐ No
3. Does anyone to be covered have a condition for which a medical procedure (including but not limited to surgery, organ or bone marrow transplant, or joint replacement) has been planned or the possibility of which has been discussed with a member of the medical profession within the past 12 months?
☐ Yes ☐ No
4. Within the last six months, has anyone to be covered been advised by a member of the medical profession to have tests or treatment that has not yet been done or is anyone undergoing evaluation following an abnormal test result?
☐ Yes ☐ No
5. Has anyone to be covered been diagnosed with diabetes before the age of 30 (except for gestational diabetes)?
☐ Yes ☐ No

6. Within the last five years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession as having any of the following? ☐ Yes ☐ No

Chronic obstructive lung disease

Cerebral vascular disease

Heart attack

Uncorrected congenital heart defect

Congestive heart failure

Sickle cell anemia

Systemic lupus

Multiple sclerosis

Diabetes treated with insulin or other injectable medication

Diabetes and used tobacco after the diagnosis

Liver disease or disorder

Alcohol or drug abuse

Pulmonary fibrosis

Stroke or transient ischemic attack (TIA)

Heart bypass surgery, stent placement, or angioplasty

Cardiomyopathy

Cystic fibrosis

Cancer, other than nonmelanoma skin cancer

Muscular dystrophy

Psoriatic arthritis

Diabetes with complications, including but not limited to nephropathy, neuropathy, or retinopathy

Kidney disease or disorder (except kidney stones)

Organ or bone marrow transplant

7. Within the last five years, has anyone to be covered been diagnosed with or treated for acquired immune deficiency syndrome (AIDS) by a member of the medical profession, or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? ☐ Yes ☐ No

8. Within the last three years, has anyone to be covered been medically treated or diagnosed by a member of the medical profession for any of the following? ☐ Yes ☐ No

Angina (heart related chest pain)

Pancreatitis

Crohn's disease

Arrhythmia with pacemaker or defibrillator implant

Alzheimer's disease

Peripheral vascular disease (circulatory problems)

Ulcerative colitis or proctitis

Atrial fibrillation

Parkinson's disease

Senile dementia

9. If any one of Questions 1 through 8 is answered yes, is it the:

☐ Proposed Insured? ☐ Spouse? ☐ Child? If "Child," please list the name(s) of the child(ren).

For any person(s) so designated, additional underwriting may be required to determine eligibility for coverage.

If a child, are any other children to be covered? ☐ Yes ☐ No

APPLICANT'S STATEMENTS AND AGREEMENTS

- I understand that the Effective Date of the policy will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the following conditions apply:
 - A "Pre-existing Condition" is an 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. No claim for loss incurred that starts after one year from the date of issue of this policy will be reduced or denied because a sickness or physical condition, not excluded by name or specific description before the date of loss, had existed before the Effective Date of coverage; and
 - Aflac will not pay benefits for a loss that is caused by or occurs as a result of pregnancy or childbirth within the first ten months of the Effective Date of coverage (Complications of Pregnancy will be covered to the same extent as a Sickness and pregnancy due to an act of rape or incest will be covered to the same extent as an Injury).

Proposed Insured's Initials _____

- This policy contains a 30-day waiting period for Sickness that begins on the Effective Date of the policy. **Benefits are not payable for any illness, disease, infection, or disorder that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days. Benefits for treatment of any illness, disease, infection, or disorder will apply only to treatment occurring 30 days or more after the Effective Date of the policy.**

Proposed Insured's Initials _____

- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of the policy.
- I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until the end of the period for which premium has been accepted following their 26th birthday. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap, and who became so incapacitated prior to age 26 and while covered under this policy.
- I acknowledge receipt of, if applicable:

<input type="checkbox"/> Replacement Notice	<input type="checkbox"/> Outline of Coverage
<input type="checkbox"/> <i>Guide to Health Insurance for People with Medicare</i>	<input type="checkbox"/> Internal Replacement Notice
- If this is an application for an internal replacement or downgrade of coverage, I understand that: (1) for an internal replacement only, if any of Questions 1 through 8 is answered yes, additional underwriting may be required to determine eligibility for coverage. Also, the waiting period and the Time Limit on Certain Defenses provision will run from the Effective Date of the new coverage; and (2) for an internal replacement or a downgrade, the original coverage(s) will be terminated as of the Effective Date of the new coverage, and the Pre-existing Conditions provision in the new coverage will run from the original coverage's Effective Date. The Pre-existing Conditions provision will be reduced by the number of months previously satisfied in the original policy.

Proposed Insured's Initials _____

- I understand that (1) the policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance, and (2) no change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.
- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein, and (2) the associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me on an online enrollment system, if applicable.
- If I am applying to replace existing Aflac coverage with this policy, I acknowledge that the policies have different benefits and that I have made a comparison to personally determine which is best for me. I understand and agree that I am terminating my current Aflac policy(s) and its benefits for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

- The undersigned applicant and associate/agent certify that the applicant has read, or had read to him/her the completed application and that he/she realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.
- I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under this policy
- I understand that the purchase of this policy is intended to supplement my existing comprehensive health care coverage. It is not intended to replace or be issued in lieu of that coverage.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, Aflac may need to obtain additional personal information about you and any other persons proposed for insurance. Some personal information will come from you and some may come from other sources. That information and any personal or privileged information subsequently collected by Aflac may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the personal information collected about you, except privileged information that relates to a claim, or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters.

I prefer to receive an electronic copy of my policy instead of a paper copy. ☐ Yes ☐ No
If yes, please enter your email address on Page 1.

Signed and Dated At _____ on _____
City and State Date

Proposed Insured's Signature _____

I certify that I personally saw the Proposed Insured when the application was written, and each question was asked of the Proposed Insured and answered as recorded. All answers above are correct to the best of my knowledge.

Associate's/Agent's Signature _____ Date _____
Licensed Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.**

For indemnity policies and other policies that pay a fixed dollar amount per day, excluding long-term care policies.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (Virginia Insurance Counseling and Assistance Program).

Premium Rates

Aflac Hospital Advantage (A49000) Semi-Monthly Premium Rates

Essentials Plan

Coverage Type	Ages	Option One	Option Two	Option Three	Option Four
Individual	18–75	\$ 8.97	\$12.74	\$16.45	\$20.93
One-Parent Family	18–75	\$12.09	\$19.05	\$22.88	\$27.56
Insured & Spouse	18–75	\$12.87	\$20.54	\$26.78	\$35.17
Two-Parent Family	18–75	\$14.37	\$23.34	\$29.51	\$36.21

Preferred Plan

Coverage Type	Ages	Option One	Option Two	Option Three	Option Four
Individual	18–75	\$15.15	\$18.85	\$22.23	\$26.78
One-Parent Family	18–75	\$20.61	\$27.50	\$31.33	\$36.08
Insured & Spouse	18–75	\$22.49	\$30.16	\$36.47	\$44.85
Two-Parent Family	18–75	\$25.42	\$34.39	\$40.63	\$47.26

The rates shown on this insert page are for illustration purposes only and do not imply coverage. Please consult with your Aflac benefits advisor for additional details regarding the plan benefits, and limitations and exclusions.

Aflac Hospital Advantage (A49000) Semi-Monthly Premium Rates

Select 1500

Coverage Type	Ages	Option One	Option Two	Option Three	Option Four
Individual	18–75	\$20.80	\$24.51	\$27.95	\$32.44
One-Parent Family	18–75	\$27.17	\$34.13	\$37.96	\$42.71
Insured & Spouse	18–75	\$31.53	\$39.20	\$45.44	\$53.89
Two-Parent Family	18–75	\$34.06	\$43.10	\$49.27	\$55.90

Select 2000

Coverage Type	Ages	Option One	Option Two	Option Three	Option Four
Individual	18–75	\$26.39	\$30.10	\$33.54	\$38.03
One-Parent Family	18–75	\$33.80	\$40.76	\$44.59	\$49.27
Insured & Spouse	18–75	\$40.63	\$48.30	\$54.54	\$62.99
Two-Parent Family	18–75	\$42.71	\$51.68	\$57.85	\$64.55

The rates shown on this insert page are for illustration purposes only and do not imply coverage. Please consult with your Aflac benefits advisor for additional details regarding the plan benefits, and limitations and exclusions.

Aflac Short-Term Disability Insurance

DISABILITY INCOME PROTECTION

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



AFLAC SHORT-TERM DISABILITY INSURANCE

DISABILITY INCOME PROTECTION

Policy A57600VA and Riders A57650VA, A57651VA, and A57653VA



Helping Pay Your Bills, While You Pay Attention to You

What if one day, not very far in the future, you become disabled and you can't go to work. How would you pay for the expenses of daily life such as monthly mortgage or rent, groceries and your utilities? The bills keep on coming even if you're unable to work. That's where Aflac's short-term disability insurance policy can help make the difference. It's a source of monthly income you may need to help take care of your bills while you take care of yourself.

Why Aflac Short-Term Disability may be the best choice for you:

- It's sold on an individual basis. You choose the plan that's right for you based on your financial needs and income.
- We offer the option of guaranteed-issue,¹ short-term disability coverage. That means no medical questionnaire is required.
- We pay you a cash benefit for each day you are disabled.²



Here's how we can help

When disabled, you may not only lose the ability to earn a living, but you may also lose savings or retirement funds. The financial obligations can be overwhelming. Disability insurance plays an integral and important role in your financial planning.

Aflac provides benefits for both total and partial disability. Even if you're able to work, partial disability benefits may be available to help compensate for lost income.

Aflac does not coordinate benefits. Regardless of any other disability insurance you may have, including Social Security, we will pay you directly.

The facts say you need the protection of the Aflac Short-Term Disability plan:

FACT NO. 1

BEFORE THEY RETIRE,

1-in-4

AMERICANS ENTERING THE WORKFORCE WILL
BECOME DISABLED.³

FACT NO. 2

NEARLY

90%

OF DISABILITIES ARE NOT WORK RELATED.³

¹Subject to certain conditions.

²Subject to your benefit period and elimination period.

³2015 Disability Insurance Awareness Month, Facts from LIMRA.

Understand the difference Aflac makes in your financial security.

Aflac pays cash benefits directly to you, unless you choose otherwise. This means that you will have added financial resources to help with expenses incurred due to medical treatment, ongoing living expenses or any purpose you choose.

Coverage Options

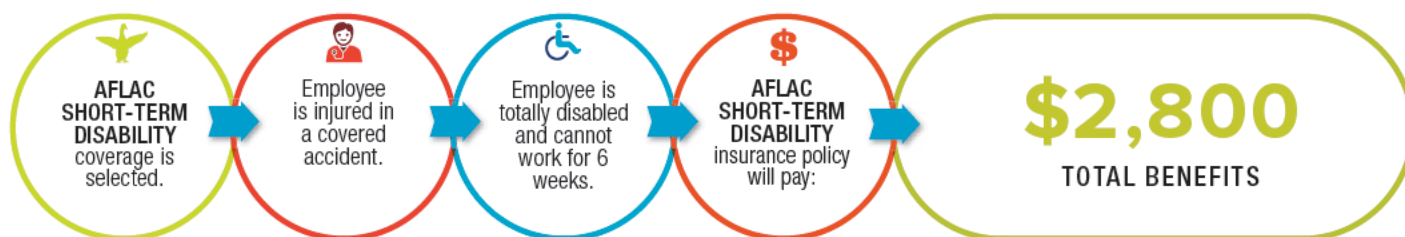
Choose the Policy You Need

BENEFIT	DESCRIPTION
MONTHLY BENEFIT PAYMENT	\$500 to \$6,000 (subject to income requirements)
TOTAL DISABILITY BENEFIT PERIODS	6, 12, 18 or 24 months
PARTIAL DISABILITY BENEFIT PERIOD	3 months
ELIMINATION PERIODS (INJURY/SICKNESS)	0/7, 0/14, 7/7, 7/14, 14/14, 0/30, 30/30, 60/60, 90/90, 180/180
WAIVER OF PREMIUM	Premium waived, month to month, for policy and any applicable rider(s) for as long as you remain disabled, up to the applicable benefit period shown in the Policy Schedule.
OPTIONAL RIDERS	
AFLAC VALUE RIDER	Pays \$1,000 every 5 years while the policy is in force (up to five times), less any disability claims paid or \$100, whichever is greater.
DISABILITY BENEFIT FOR ON-THE-JOB INJURY RIDER	Provides benefits if a disability is caused by a covered on-the-job injury while coverage is in force. Available even with Workers' Compensation.* Benefits payable up to the total disability benefit period selected. Benefit subject to elimination period shown in the Policy Schedule and income requirements.
ADDITIONAL UNITS OF DISABILITY BENEFIT RIDER	Allows you to purchase additional units of disability coverage to add to your existing short-term disability policy. Subject to income requirements.

All benefits are subject to the Limitations and Exclusions, Pre-existing Condition Limitations and other policy terms.

*Subject to certain conditions/maximum.

How it works



The above example is based on a scenario for Aflac Short-Term Disability that includes the following benefit conditions: ages 18–49, employed full-time at the time disability began, \$2,000 monthly disability benefit amount, \$40,000 annual salary, elimination period 0/7 days, 6 month benefit period, benefits based on policy premiums being paid with after-tax dollars.

The policy 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 for complete benefit details, definitions, limitations, and exclusions. Policy Form A57600VA; Rider Forms A57650VA, A57651VA, and A57653VA; and Application Forms A57601RcVA, A57601RVA, A57601RGcVA, and A57601RGVA.



aflac.com || 1.800.99.AFLAC (1.800.992.3522)

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999



ACCIDENT-ONLY INSURANCE (A36000 Series)

☐ New
Internal Replacement:
☐ Conversion

Application to: American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • Columbus, Georgia 31999

Policy Number:

Please Print in Black Ink – To Be Completed by Proposed Insured

Proposed Insured's Name _____
Last First MI

DOB _____ Sex _____ SSN _____ - _____ - _____
Month/Day/Year

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Telephone () _____ Best Time to Call _____
☐ Home ☐ Work ☐ Cell

Email Address _____

Are you applying for Dependent Child(ren) coverage? ☐ Yes ☐ No
If yes, Dependent Children must be under age 26 as of the Effective Date of coverage.

Write Spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if you have no Spouse or your Spouse is not to be covered, put N/A in the space below.

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Account Name _____ Account No. _____

Name of Employer _____ Type of Business _____

Job Duties _____

Job Title _____

Occupation Class _____ Industry Code _____
(Completed by associate/agent) (Completed by associate/agent)

PLEASE COMPLETE THE FOLLOWING ELIGIBILITY QUESTION

1. Are you, the Proposed Insured, actively at work with the employer listed above? ☐ Yes ☐ No
If no, additional underwriting may be required to determine eligibility for coverage.

Is this insurance intended to replace any other health insurance now in force? ☐ Yes ☐ No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable, and provide the policy number here: _____

Does anyone to be covered currently have any other Accident coverage with Aflac or have you, the Proposed Insured, had any other Accident coverage with Aflac that terminated within the last six months? ☐ Yes ☐ No
If yes, or we determine that other Accident coverage was in force within the last six months, this application will be processed as an internal replacement of that coverage. Please give current policy number and see Applicant's Statements and Agreements concerning internal replacements of coverage.

Policy Number: _____

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> Pre-Tax or <input type="checkbox"/> After-Tax				
SELECT ONE TYPE OF COVERAGE: <input type="checkbox"/> 24-Hour Accident-Only <input type="checkbox"/> Off-the-Job Accident-Only (available on Option 3 only)				
SELECT ONE PLAN OPTION (Issue Ages 18-75): <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4				

Optional Rider (Issue Ages 18-70):	
<input type="checkbox"/> Additional Accidental-Death Benefit Rider Series A36050	<input checked="" type="checkbox"/> After-Tax Only

Billing Method:		Mode:	
<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly	<input type="checkbox"/> 01 Monthly	
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 01 14-Day Biweekly	<input type="checkbox"/> 03 Quarterly	
<input type="checkbox"/> Credit Card (C/C)	<input type="checkbox"/> 01 Semimonthly	<input type="checkbox"/> 06 Semiannual	
	<input type="checkbox"/> 01 28-Day Biweekly	<input type="checkbox"/> 12 Annual	

PLEASE NOTE: If the B/D or C/C billing method is checked, only the following modes of payment are available: Monthly, Quarterly, Semiannual, or Annual.

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

BENEFICIARY INFORMATION

PLEASE NOTE: Your beneficiary will be your estate unless otherwise indicated.

If you name a trust as your beneficiary, please include full name of trust.

We do not recommend that you name a minor child as your beneficiary. If you name a minor child as your beneficiary, any benefits due your minor beneficiary will not be payable until a guardian for the financial estate of the minor is appointed by the court or such beneficiary reaches the age of majority as defined by your state. We suggest you obtain legal advice before naming a minor child as your beneficiary.

Primary beneficiary(ies):	NOTE: Total % of Proceeds must equal 100%
(1) Name _____ % of Proceeds _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Last Name First Name MI </div>	
Or Trustee(s) of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name of Trust </div>	
Trust under trust agreement dated _____	
Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street Address City State Zip </div>	
Telephone No. _____ SSN _____ - _____ - _____ 	
Date of Birth _____ Relationship to Insured _____	
(2) Name _____ % of Proceeds _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Last Name First Name MI </div>	
Or Trustee(s) of _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name of Trust </div>	
Trust under trust agreement dated _____	
Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street Address City State Zip </div>	
Telephone No. _____ SSN _____ - _____ - _____	

Date of Birth _____

Relationship to Insured _____

Contingent beneficiary(ies):

NOTE: Total % of Proceeds must equal 100%

(1) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

(2) Name _____ % of Proceeds _____
Last Name First Name MI

Or Trustee(s) of _____
Name of Trust

Trust under trust agreement dated _____

Address _____
Street Address City State Zip

Telephone No. _____ SSN _____ - _____ - _____

Date of Birth _____ Relationship to Insured _____

PLEASE COMPLETE THE FOLLOWING QUESTION IF YOU ARE APPLYING FOR THE ADDITIONAL ACCIDENTAL-DEATH BENEFIT RIDER.

- Any person to be covered under this policy who now or intends in the future to participate in sky diving, scuba diving, hang gliding, motorized vehicle racing, cave exploration, bungee jumping, parachuting, or mountain or rock climbing must be listed along with the activity(s) in the following space:

(If none, so state.)

For any person indicated above, additional underwriting may be required to determine eligibility for the Additional Accidental-Death Benefit Rider.

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the Effective Date of the policy and/or rider(s) will be the date recorded in the Policy Schedule by Aflac Worldwide Headquarters. It is not the date I signed this application.
- I understand that the policy I am applying for will not cover any person who has reached his or her 76th birthday before the Effective Date of coverage. If I am applying for an optional rider, I understand that the rider I am applying for will not cover any person who has reached his or her 71st birthday before the Effective Date of coverage.
- If applicable, I understand that Dependent Children, if any, must be under age 26 as of the Effective Date of coverage. Once covered, Dependent Children will continue to be covered until their 26th birthday. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue the coverage on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium.

- Proposed Insured's Initials** _____

- Proposed Insured's Initials** _____

- ## NOTICE OF INFORMATION PRACTICES

The policy provides limited benefits. Review your policy carefully.

Proposed Insured's Signature _____

Associate's/Agent's Signature _____ Date _____

 Licensed Associate/Agent

MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT AFLAC.COM.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some health care services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance provides limited benefits if you meet the conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- * hospitalization
- * physician services
- * hospice
- * outpatient prescription drugs if you are enrolled in Medicare Part D
- * other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before You Buy This Insurance

- * Check the coverage in **all** health insurance policies you already have.
- * For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- * For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (Virginia Insurance Counseling and Assistance Program).

Premium Rates

Aflac Short-Term Disability – A57600 Industry Class A – Semi-Monthly Rates 0/14 Elimination Period Accident /Sickness

Annual Income		\$9,000	\$12,000	\$12,000	\$16,000	\$18,000	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000
Benefit Period	Age	\$500	\$600	\$700	\$800	\$900	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400
12 MONTHS	18-49	\$8.78	\$10.53	\$12.29	\$14.04	\$15.80	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57
	50-64	\$10.40	\$12.48	\$14.56	\$16.64	\$18.72	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12
	65-74	\$14.63	\$17.55	\$20.48	\$23.40	\$26.33	\$29.25	\$32.18	\$35.10	\$38.03	\$40.95

Annual Income		\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000	\$44,000	\$46,000	\$48,000
Benefit Period	Age	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100	\$2,200	\$2,300	\$2,400
12 MONTHS	18-49	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35	\$35.10	\$36.86	\$38.61	\$40.37	\$42.12
	50-64	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	\$41.60	\$43.68	\$45.76	\$47.84	\$49.92
	65-74	\$43.88	\$46.80	\$49.73	\$52.65	\$55.58	\$58.50	\$61.43	\$64.35	\$67.28	\$70.20

Annual Income		\$50,000	\$52,000	\$54,000	\$56,000	\$58,000	\$60,000	\$61,000	\$63,000	\$68,000	\$73,000
Benefit Period	Age	\$2,500	\$2,600	\$2,700	\$2,800	\$2,900	\$3,000	\$3,100	\$3,200	\$3,300	\$3,400
12 MONTHS	18-49	\$43.88	\$45.63	\$47.39	\$49.14	\$50.90	\$52.65	\$54.41	\$56.16	\$57.92	\$59.67
	50-64	\$52.00	\$54.08	\$56.16	\$58.24	\$60.32	\$62.40	\$64.48	\$66.56	\$68.64	\$70.72
	65-74	\$73.13	\$76.05	\$78.98	\$81.90	\$84.83	\$87.75	\$90.68	\$93.60	\$96.53	\$99.45

Annual Income		\$78,000	\$82,000	\$87,000	\$92,000	\$97,000	\$102,000	\$106,000	\$111,000	\$116,000	\$121,000
Benefit Period	Age	\$3,500	\$3,600	\$3,700	\$3,800	\$3,900	\$4,000	\$4,100	\$4,200	\$4,300	\$4,400
12 MONTHS	18-49	\$61.43	\$63.18	\$64.94	\$66.69	\$68.45	\$70.20	\$71.96	\$73.71	\$75.47	\$77.22
	50-64	\$72.80	\$74.88	\$76.96	\$79.04	\$81.12	\$83.20	\$85.28	\$87.36	\$89.44	\$91.52
	65-74	\$102.38	\$105.30	\$108.23	\$111.15	\$114.08	\$117.00	\$119.93	\$122.85	\$125.78	\$128.70

Annual Income		\$126,000	\$130,000	\$135,000	\$140,000	\$145,000	\$149,000	\$153,000	\$156,000	\$159,000	\$162,000
Benefit Period	Age	\$4,500	\$4,600	\$4,700	\$4,800	\$4,900	\$5,000	\$5,100	\$5,200	\$5,300	\$5,400
12 MONTHS	18-49	\$78.98	\$80.73	\$82.49	\$84.24	\$86.00	\$87.75	\$89.51	\$91.26	\$93.02	\$94.77
	50-64	\$93.60	\$95.68	\$97.76	\$99.84	\$101.92	\$104.00	\$106.08	\$108.16	\$110.24	\$112.32
	65-74	\$131.63	\$134.55	\$137.48	\$140.40	\$143.33	\$146.25	\$149.18	\$152.10	\$155.03	\$157.95

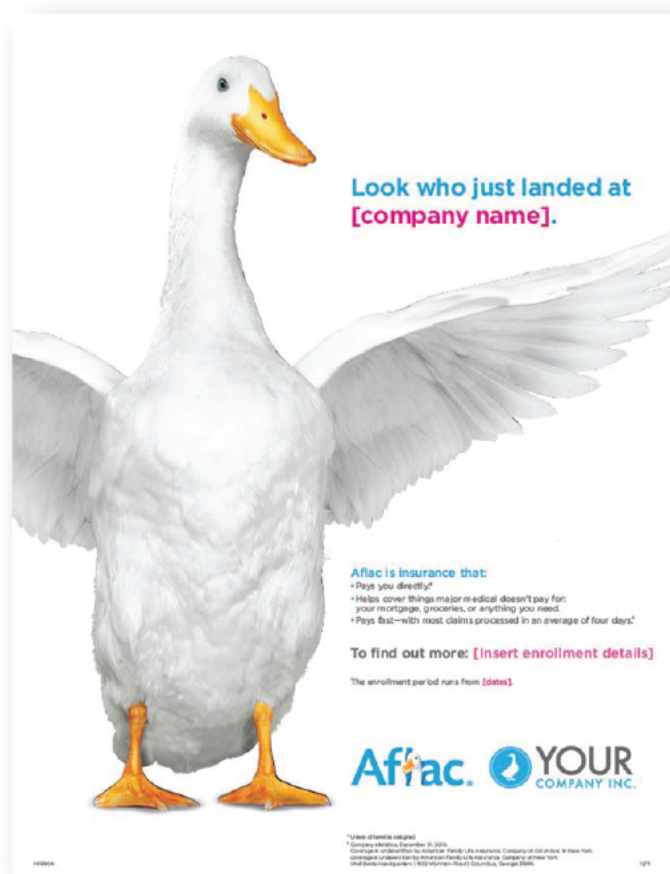
Annual Income		\$165,000	\$168,000	\$171,000	\$174,000	\$177,000	\$180,000
Benefit Period	Age	\$5,500	\$5,600	\$5,700	\$5,800	\$5,900	\$6,000
12 MONTHS	18-49	\$96.53	\$98.28	\$100.04	\$101.79	\$103.55	\$105.30
	50-64	\$114.40	\$116.48	\$118.56	\$120.64	\$122.72	\$124.80
	65-74	\$160.88	\$163.80	\$166.73	\$169.65	\$172.58	\$175.50

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about the plan benefits, and limitations and exclusions, please consult with your benefit counselor. Additional elimination periods and benefit periods are available outside of those listed and are subject to income requirements.

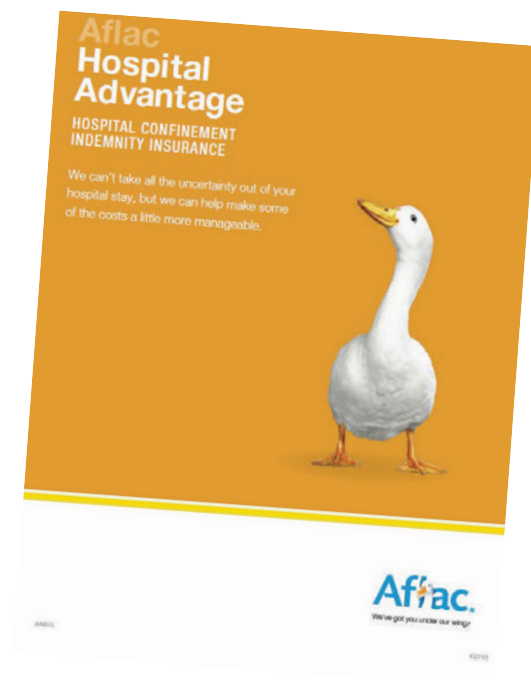
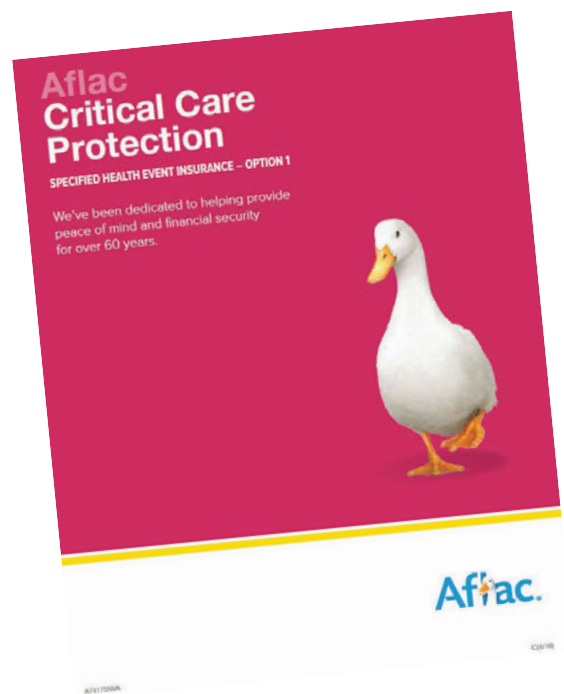
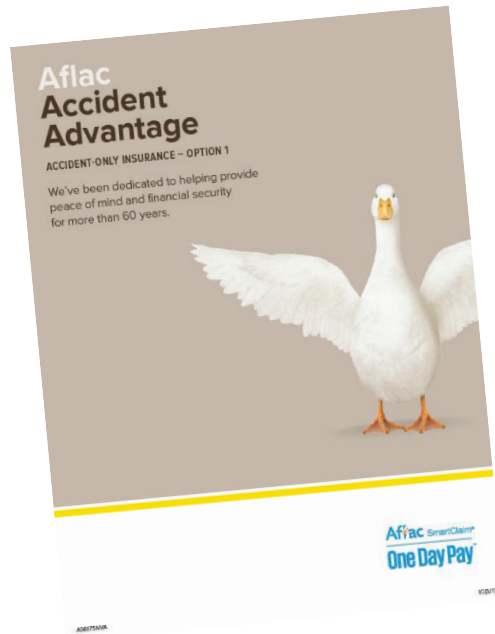
Communication Samples

We want employees to make an informed buying decision on what best meets their desired insurance needs. We'll coordinate with you to develop a strategy that effectively and consistently communicates Aflac's plans to employees. At no direct cost, we provide our standard enrollment materials, such as brochures, posters, payroll stuffers, and flyers, to employees. The following pages contain some examples of our various communication materials.


Customizable Posters/Flyers



Detailed Plan Brochures



Account Specific Web site




Account
Logo Here

Viewing GA
[CHANGE STATE](#)

POLICIESWHY AFLACSUPPORTHOW TO APPLY

our family
values you



Aflac: we've got you under our wing.

Your **[Employer, Association, Credit Union, Union or Broker]**, **[name of account]**, is making Aflac's insurance policies available to you! Aflac pays cash benefits directly to you (unless assigned), when you're sick or injured. You can use the cash to help cover expenses that major medical does not - like mortgage, groceries, or whatever you need. It's like a safety net for you and your family.

[WATCH VIDEO](#)

Ready to apply?

Choose from these available policies.

Accident ⓘ

[DETAILS AND PRICING](#)

HOW TO APPLY

Cancer/Specified-Disease ⓘ

[DETAILS AND PRICING](#)

HOW TO APPLY

Dental ⓘ

[DETAILS AND PRICING](#)

HOW TO APPLY

Hospital Confinement Indemnity ⓘ


[DETAILS AND PRICING](#)

HOW TO APPLY

Hospital Confinement Sickness Indemnity ⓘ

[DETAILS AND PRICING](#)

HOW TO APPLY



Account
Logo Here

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POLICIESWHY AFLACSUPPORTHOW TO APPLY

Accident

HOW TO APPLY

OVERVIEWPLANSRATES

What is accident insurance? It's a way to stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accidental injury - not just for emergency treatment, hospital stays and medical exams, but for other expenses you may face, such as transportation and lodging needs.


When you have a covered accident, we'll send cash benefits directly to you (unless you tell us otherwise) and you decide the best way to spend them. It's as simple as that.

You'll receive cash benefits for these and other expenses that may not be fully covered by your major medical insurance:


- Broken teeth
- Concussions
- Intensive care unit confinement
- Ambulance, ground and air
- Emergency room
- Lacerations

This is for illustrative purposes only. Benefits may not be available in all states.

[VIEW POLICY OPTIONS](#)




What Aflac customers say




"With Aflac...I will not be caught with a lot of out of pocket expenses..."

[READ BYRON'S STORY](#)



"Sometimes you wonder, is it worth it...I'm glad I had Aflac when I did."

[READ MELVA'S STORY](#)



"I had to be off work suddenly—without an income."

[WATCH NADINE'S STORY](#)

Still have questions?

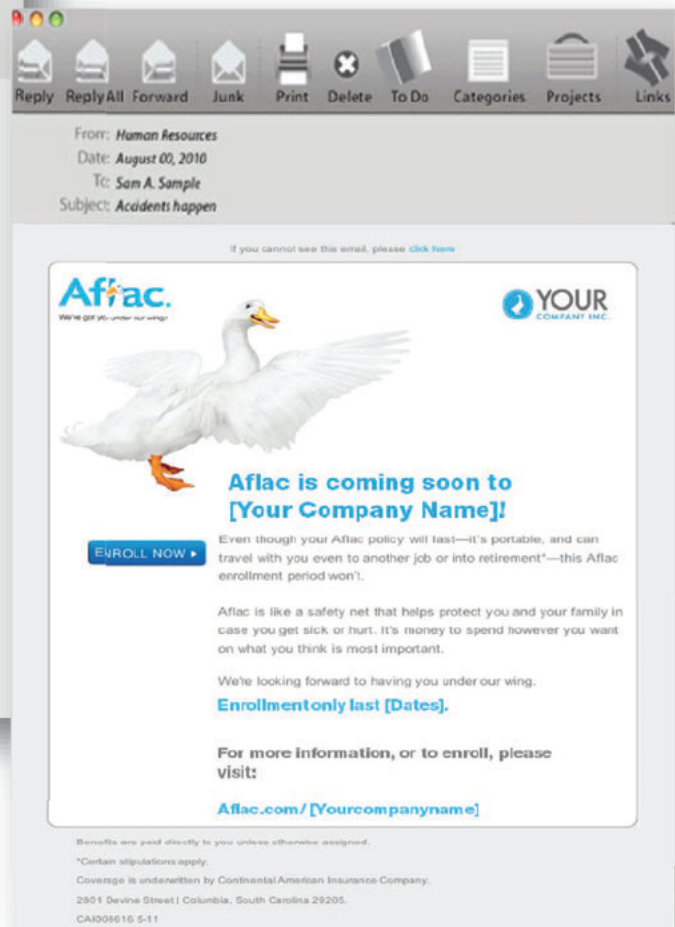
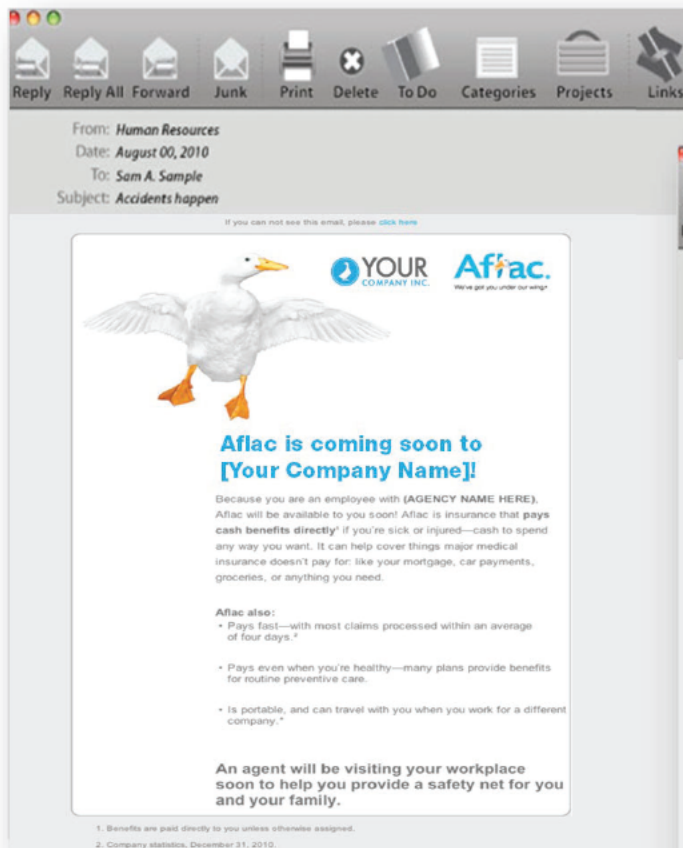
1 800.992.3522

@ www.aflac.com

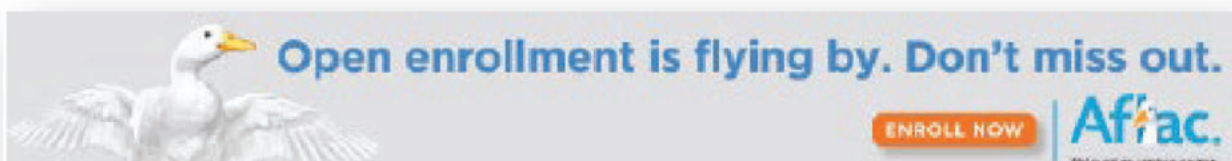
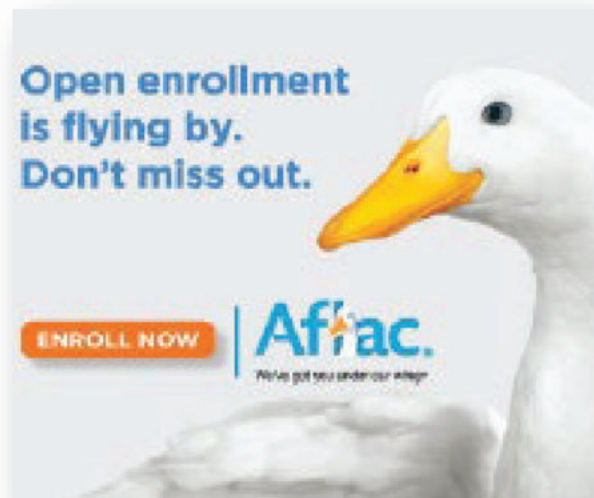
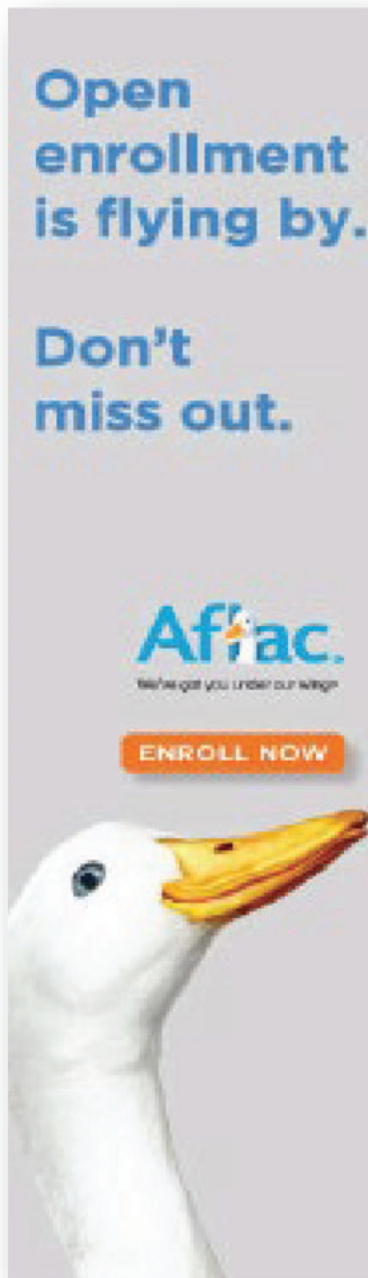
Aflac Worldwide Headquarters
1932 Wynnton Road
Columbus, GA 31999

89

Enrollment E-mails



Online Banner for Employee Intranet



Employee Newsletter Article

Employee Weekly

Issue 19
June 12
2020

AFLAC ENROLLMENT IS HERE

But, what is Aflac?

It's like a safety net that protects you and your family. It pays you cash fast, unless otherwise assigned. That's money you can spend any way you want, like for groceries, the mortgage, pet grooming, or anything else that you think is important.

With Aflac, you'll be providing a

safety net for you and your family. And not only that, you'll be doing it at very competitive rates.

"I couldn't live without my Aflac policy," stated Jim P. Example, a current Aflac policy holder.

Jim is a 34 year old male who works in the publications department. He's been with Generic BusinessCorp for five years, and



The famous Aflac Duck in action

bought his policy the first year he was here.

"There's just so much value..." cont.

Numbers Continue to Rise

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Company Picnic

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New Parking Rules

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www.adobe.com

Online Video

These versatile videos can be placed on benefits and portal pages, intranet pages, or external sites, with the ability to add co-branding customization.



Group Accident Insurance

Having Aflac on your side means you can be better prepared financially to deal with what happens after an accident.

What would the financial impact of an injury mean to you? Are you prepared for high medical costs in addition to everyday household expenditures and lost wages? Out-of-pocket expenses associated with an accident are unexpected, but an accident's impact on your finances and your well-being certainly can be reduced.

Aflac is here to help. If you have an accident, major medical insurance will help with many medical expenses, but you could be left with out-of-pocket expenses. You could also lose pay while you're out of work. And you can be sure that the bills will keep coming.

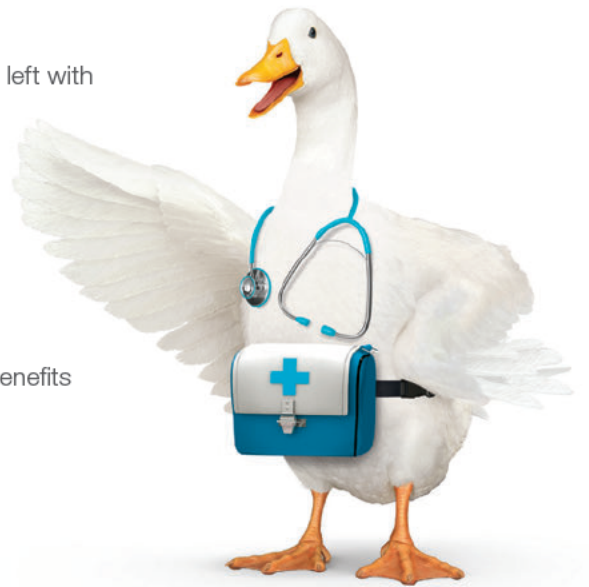
It's insurance for daily living:

Aflac pays cash benefits directly to you, unless otherwise assigned. This means that you will have added financial resources to help with medical costs or ongoing living expenses. Aflac group accident insurance plans* are designed to provide you with cash benefits throughout the different stages of care, such as the following:

- Emergency treatment
- Hospital admission
- Intensive care unit
- Ambulance transportation
- Travel expenses to distant treatment centers
- Everyday living expenses, like your rent or mortgage, utility bills, groceries, and more

Enroll today

Learn how group accident insurance can help you.



This is a brief product overview only. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

In Arkansas, Policy C70100AR, CAI7800AR and CA7700-MP-AR. In New York, Policy AF7700NY and AF70100NY. In Oklahoma, Policy C70100OK, CAI7800OK and CA7700-MP(OK). In Oregon, C70100OR, CAI7800OR and CA7700-MP(OR). In Pennsylvania, C70100PA, CAI7800PA and CA7700-MP(PA) 07. In Texas, C70100TX, CAI7800TX and CA7700-MP-TX. In Virginia, C70100VA, CAI7800VA and CA7700-MP(VA).

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of York and customer service is administered by Continental American Insurance Company, 22 Corporate Woods Boulevard Albany, New York 12211.

Continental American Insurance Company • Columbia, South Carolina

AGC01041G R4

IV (2/20)

Aflac Group Critical Illness Insurance

When employees recover, help make sure their finances do, too.

A critical illness doesn't just take a toll on an employee's health; it can have an impact on their finances as well. But with **Aflac Group Critical Illness Insurance**, you can help protect your employees' financial stability — at no direct cost to you.

Critical Illness protection designed with their business in mind.

Aflac understands that you want to help protect your employees, attract and retain talent, and keep an eye on the bottom line. By offering Group Critical Illness Insurance, you can help them do it all by delivering powerful protection from a name businesses have trusted for more than 60 years. Aflac Group Critical Illness pays a lump sum cash benefit to help cover the costs of a covered critical illness, such as heart attack or stroke.

You can help your employees protect themselves and their families by offering **Aflac Group Critical Illness**.

Deliver standout protection. Differentiate your business.

With **Aflac Group Critical Illness**, you can help make sure that if an employee's health takes a turn for the worse, their financial health doesn't.

Face Amounts:

- **Employee:** \$5,000 up to \$50,000
- **Spouse:** \$5,000 up to \$25,000 (50% of employee amount) In order to apply for spouse coverage, the employee must also apply
- **Dependent Children:** 50% of primary insured benefit at no additional charge

Features Include:

- Guaranteed-issue based on participation requirements
- Spouse coverage will be issued even if employee is declined
- No benefit reduction at Age 70
- No pre-existing conditions limitation
- No waiting period
- Value added services from day-1

Benefits Include:

- Lump-sum benefits for: Internal/Invasive Cancer (employer choice), Heart Attack (Myocardial Infarction), Stroke, Kidney Failure (End-Stage Renal Failure), Bone Marrow Transplant, Sudden Cardiac Arrest:
- Major Organ Transplant (pays 25% when placed on transplant list, and 75% when surgery occurs.)
- Non-invasive Cancer (pays at 25%.)
- Coronary Artery Bypass Surgery (pays at 25%.)
- Skin Cancer Benefit
- Health Screening Benefit (employer choice)
- Additional Diagnosis and Re-occurrence Diagnosis
- Waiver of Premium Benefit



Optional Benefits Include:

- Additional Covered Critical Illnesses: Paralysis, Burns, Coma, Loss of Speech, Sight, or Hearing
- Occupational HIV Rider
- Heart Event Rider: Specified Surgeries of the Heart & Invasive Heart Procedures/Techniques
- Optional Benefits Rider: Benign Brain Tumor, Advanced Alzheimer's Disease and Advanced Parkinson's Disease
- Progressive Diseases Rider: Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's Disease) and Sustained Multiple Sclerosis
- Building Benefit Rider
- Cancer Survivor Rider
- Term Life Rider*
- Successor Insured Waiver of Premium Rider*
- Childhood Conditions Rider: Cystic Fibrosis, Cerebral Palsy, Cleft Lip or Palate, Down Syndrome, Phenylalanine Hydroxylase Deficiency Disease (PKU), Spina Bifida, Type I Diabetes, Autism Spectrum Disorder (ASD)

Value-Added Services:

With Aflac's value-added services, you can add even more customization and choice to your benefits offering – at little to no cost. Choose from our broad array of services designed to help employees with stress, work/life balance, financial and legal well-being, and wellness.

Why Employers Flock to Aflac

Payroll Deduction: Premiums are paid by convenient payroll deduction.

Coverage may be continued: Employees can continue through bank draft or direct billing (with certain stipulations).

Unlimited Claims: There is no limit on the number of claims a certificate holder can file.

aflacgroupinsurance.com | 1.800.433.3036 | Continental American Insurance Company | Columbia, South Carolina

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company Columbia, South Carolina

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary.

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level. The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions.

* In order to have access to these two riders, the account must offer a standalone Aflac Life product (Term Life or Whole Life) to their employees.

Aflac Group Hospital Indemnity Insurance

Because medical and other bills won't be patient.

A sudden hospitalization might stop employees in their tracks, but their bills — mortgages, utilities, groceries and out-of-pocket costs — will keep on coming. You can help by offering your employees the powerful protection of **Aflac Group Hospital Indemnity**, which helps them handle the extra costs of a covered hospital stay.

Group Hospital Indemnity plans are designed with you and your employees in mind.

With highly customizable benefit options, our hospital indemnity coverage will complement any major medical plan allowing employers to shift cost without sacrificing coverage. From routine care to catastrophic illnesses and accidents, Aflac's Group Hospital Indemnity continues to deliver the powerful protection businesses have trusted for more than 60 years.

You can help your employees income, family and financial well-being by offering **Aflac Group Hospital Indemnity** insurance.

Deliver standout protection to your employees.

With Aflac Group Hospital Indemnity, one size doesn't have to fit all.

Choose your base plan: High, Mid or Low

- Hospital Admission
- Hospital Confinement
- ICU Confinement
- Step-Down Unit Confinement

Choose any or all of the optional benefits categories.

Your level (High, Mid or Low) is determined by your choice of base plan.

Treatment Benefits:

- Emergency Room Observation
- Telemedicine Services
- Outpatient Doctor's Office Visit
- Chiropractor Visit
- Hospital Emergency Room Visit
- Rehabilitation Facility
- Major Diagnostic Exams
- Out-of-Hospital Prescription Drug

Contact your Aflac Sales Professional today for a proposal and rates.

Surgical Benefits (Inpatient and Outpatient):

- Inpatient Surgery and Anesthesia (surgery performed in hospital or ambulatory surgical center)
- Outpatient Surgery and Anesthesia (surgery performed in hospital, ambulatory surgical center, doctor's office, urgent care facility, or emergency room)
- Facilities Fee for Outpatient Surgery

Surgical Benefits (Outpatient Surgery Only):

- Outpatient Surgery and Anesthesia (surgery performed in a hospital, ambulatory surgical center, doctor's office, urgent care facility, or emergency room)
- Facilities Fee for Outpatient Surgery



Health Screening Benefit

Additional Rider Options:

- Building Benefit Rider
- Waiver of Premium Rider
- Employer Facilities Rider
- Term Life Rider*
- Successor Insured Waiver of Premium Rider*
- Dependent Child Neonatal and Pediatric Hospital Intensive Care Unit Rider
- Workplace Onsite Clinic Rider

Features:

- Guaranteed-Issue for all employees during their initial enrollment
- No pre-existing conditions limitation
- Issue Ages 18+; no termination age
- Affordable rates

Value-Added Services:

With Aflac's value-added services, you can add even more customization and choice to your benefits offering – at little to no cost. Choose from our broad array of services designed to help employees with stress, work/life balance, financial and legal well-being, and wellness.

Why Employers Flock to Aflac

Payroll Deduction: Premiums are paid by convenient payroll deduction.

Portable Coverage: Employees can continue through bank draft or direct billing (with certain stipulations).

Unlimited Claims: There is no limit on the number of claims a certificate holder can file.

aflacgroupinsurance.com | 1.800.433.3036 | Continental American Insurance Company | Columbia, South Carolina

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Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage.

CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.

Continental American Insurance Company Columbia, South Carolina

This is a brief product overview only. Products and benefits vary by state and may not be available in some states. Plan design and optional benefits are selected at the employer level.

The plan has limitations and exclusions that may affect benefits payable. Refer to the plan for complete details, limitations, and exclusions. This is subject to the terms, conditions and limitations of Policy Series 80000.

* In order to have access to these two riders, the account must offer a standalone Aflac Life product (Term Life, Universal Life, or Whole Life) to their employees.

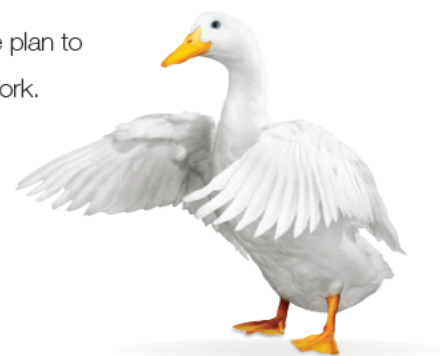
AFLAC GROUP DISABILITY ADVANTAGE

Employees need a back-up plan. Guaranteed.

Disabilities may leave your employees without their income, but that doesn't mean they can't have a back-up plan to provide financial security. Adding Group Disability Advantage insurance to your current benefits offering gives your employees additional financial protection by paying cash benefits when they are sick or injured and cannot work.

But it doesn't stop there. Our plan includes flexible benefit options that allow you to tailor the plan to the needs of your workforce while offering them benefits that encourage them to return to work.

Group Disability Advantage, the latest group disability insurance offering from Aflac, was designed with you and your employees in mind.



For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Group Disability Advantage is just another innovative way to help make sure you and your employees are well protected.

Flexible plan options for you. Financial security for them.

Choose between:

- On/Off Job Coverage
- Off-Job Only Coverage

Guaranteed-Issue Underwriting:

- \$3,000 when participation requirements are met.
- Based on home office residency (situs) state.
- Coverage effective date is the same as the billing effective date.

Benefits include:

- Total disability up to 60% of salary (40% in states with state disability)
- Partial disability
- Waiver of Premium

Optional benefits include:

- Mental Illness Limited Benefit
- Alcoholism and Drug Addiction Limited Benefit
- Pre-Existing Conditions Benefit

Value-Added Services:

With Aflac's value-added services, you can add even more customization and choice to your benefits offering – at little to no cost. Choose from our broad array of services designed to help employees with stress, work/life balance, financial and legal well-being, and wellness.

Aflac Group Disability Advantage offers guaranteed issue coverage that benefits employees by helping ensure they have financial protection and peace of mind in the event of injury or illness.



Features:

Continuity of Coverage—May be offered for previous employer-sponsored payroll deducted plans when certain requirements are met.

Payroll Deduction—Premiums are paid by convenient payroll deduction.

Portable Coverage—Employees can continue through bank draft or direct billing (with certain stipulations).

Fast Claims Payment—Most claims are processed in about four days.*

Unlimited Claims—There is no limit on the number of claims a certificate holder can file.

Benefits are paid directly to the employee, unless otherwise assigned.

Employees want to protect their most important asset – their ability to earn a living – and you want to offer the best and most reliable disability coverage. Aflac Group Disability Advantage offers flexible plan designs and group rates that benefit your employees and your business. Contact your Aflac Group sales representative today for a proposal and rates.

aflacgroupinsurance.com | 1.800.433.3036

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Continental American Insurance Company | Columbia, South Carolina

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* Based on company statistics, December 31, 2017.

Stay Competitive: Uncover more value in your benefits

Businesses are under more pressure than ever before to remain competitive and attract the right talent. Whether competing with big companies or other small businesses, the fight for talented, skilled workers is on. Staying ahead is now easier through Aflac's Value-Added Services. Our services go beyond voluntary benefits options to help safeguard your employees' physical, mental and financial well-being. Choose the services that are best for you and your team from the menu below.

Choose One (Agent required to meet one-on-one with 75% of employees)

☐ AD&D Coverage with Travel Services

Employees can receive up to \$7,500 of accidental death and dismemberment coverage from Reliance Standard Life Insurance. When traveling at least 100 miles from home or in a foreign country, travel assistance is included for employees and their dependents.

☐ Financial and Legal Fitness

Health AdvocateSM assists employees with financial and legal preparedness and provides access to complimentary consultative services from licensed professionals.

☐ Fraud Protection

EZShield[®] provides award-winning fraud protection for your employees, including Dark Web monitoring. EZShield is also available as an employer-paid offering.

☐ Health Advocacy and Medical Bill Saver

Health Advocate helps employees navigate health care- and insurance-related issues, resolve claims, negotiate medical bills and more.

☐ Personal Wellness

Health Advocate helps employees develop a healthy lifestyle plan to achieve their wellness goals with support from online resources.

☐ Telehealth

MeMD[®] allows employees to connect with a medical provider or licensed behavioral health specialist online and receive personalized treatment anytime, almost anywhere. MeMD is also available as an employer-paid offering.

The value-added services described above are not available in all 50 states. Availability is also dependent upon satisfying a predetermined percentage of employees seen during an account's open enrollment period. Please contact your Aflac agent for more information.



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Health Advocate: This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Aflac if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, North Carolina, South Dakota and Utah.

MeMD: When medically necessary, MeMD's providers (except therapists) can submit a prescription electronically for purchase and pick-up at your local participating pharmacy; however, MeMD providers cannot prescribe elective medications, narcotic pain relievers, or controlled substances. MeMD's providers are each licensed by the appropriate licensing board for the state in which they are providing services and all have prescriptive authority for each of the states in which they are licensed.

WWHQ 11932 Wynnnton Road | Columbus, GA 31999



Request for Proposal

RFP# LBS-1090

Employee Voluntary Benefits/Services

10/7/20



REQUEST FOR PROPOSAL

RFP# LBS-1090

Issue Date: October 7, 2020
Title: Employee Voluntary Benefits/Services
Issuing Agency: Commonwealth of Virginia
James Madison University
Procurement Services MSC 5720
752 Ott Street, Wine Price Building
First Floor, Suite 1023
Harrisonburg, VA 22807

Period of Contract: From Date of Award Through One Year (Renewable)

Sealed Proposals Will Be Received Until 2:00 PM on November 4, 2020 for Furnishing The Services Described Herein.

SEALED PROPOSALS MAY BE MAILED, EXPRESS MAILED, OR HAND DELIVERED DIRECTLY TO THE ISSUING AGENCY SHOWN ABOVE.

All Inquiries For Information And Clarification Should Be Directed To: LeeAnne Beatty Smith, Buyer Senior, Procurement Services, smith2LB@jmu.edu; 540-568-7523; (Fax) 540-568-7935 not later than five business days before the proposal closing date.

NOTE: THE SIGNED PROPOSAL AND ALL ATTACHMENTS SHALL BE RETURNED.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods/services in accordance with the attached signed proposal or as mutually agreed upon by subsequent negotiation.

Name and Address of Firm:

By: _____
(Signature in Ink)

Name: _____
(Please Print)

Date: _____

Title: _____

Web Address: _____

Phone: _____

Email: _____

Fax #: _____

ACKNOWLEDGE RECEIPT OF ADDENDUM: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ (please initial)

SMALL, WOMAN OR MINORITY OWNED BUSINESS:

☐ YES; ☐ NO; *IF YES* ⇒ ☐ SMALL; ☐ WOMAN; ☐ MINORITY ***IF MINORITY*** ☐ AA; ☐ HA; ☐ AsA; ☐ NW; ☐ Micro

Note: This public body does not discriminate against faith-based organizations in accordance with the *Code of Virginia*, § 2.2-4343.1 or against an offeror because of race, religion, color, sex, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment.

REQUEST FOR PROPOSAL

RFP # LBS-1090

TABLE OF CONTENTS

I.	PURPOSE	Page	1
II.	BACKGROUND	Page	1
III.	SMALL, WOMAN-OWNED, AND MINORITY PARTICIPATION	Page	1
IV.	STATEMENT OF NEEDS	Pages	1-4
V.	PROPOSAL PREPARATION AND SUBMISSION	Pages	4-6
VI.	EVALUATION AND AWARD CRITERIA	Page	7
VII.	GENERAL TERMS AND CONDITIONS	Pages	7-14
VIII.	SPECIAL TERMS AND CONDITIONS	Pages	14-19
IX.	METHOD OF PAYMENT	Page	19
X.	PRICING SCHEDULE	Page	19
XI.	ATTACHMENTS	Pages	20-27
	A. Offeror Data Sheet		
	B. SWaM Utilization Plan		
	C. Sample of Standard Contract		
	D. Zone Map		
	E. AFLAC Supplemental Insurance Data		

I. PURPOSE

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from qualified sources to enter into a contract to provide Employee Voluntary Benefits/Services for James Madison University (JMU), an agency of the Commonwealth of Virginia. Initial contract shall be for one (1) year with an option to renew for seven (7) additional one-year periods.

II. BACKGROUND

James Madison University (JMU) is a comprehensive public institution in Harrisonburg, Virginia with an enrollment of approximately 21,889 students. The University has approximately 3,114 full-time and 793 part-time faculty and staff. Further information about the University may be found at the following website: <https://www.jmu.edu/>.

The JMU Human Resources (HR) Department manages the comprehensive benefits package available to eligible employees of the University, including health, dental, and vision insurance, life insurance, flexible-spending accounts, and retirement plans. In addition, the University provides other voluntary benefits and services to help enhance employees' work/life wellness, including supplemental insurance and retirement plans.

Current voluntary benefit plans/services open to all eligible part-time and full-time JMU employees include:

- a. AFLAC -supplemental health insurance benefits with policies covering accident, cancer, intensive care, critical care, hospital protection, and short-term disability (*see Attachment E: AFLAC Supplemental Insurance Data*).
- b. MetLife- Home Owners, Renters, and pet insurance policies.
- c. LegalShield- prepaid legal services and identity theft protection
- d. Financial Integrity Resources Management (FIRM)- 529 college and disability savings plans.

JMU offers payroll deduction as an option to employees for payments for several of the current voluntary benefit plans/services.

III. SMALL, WOMAN-OWNED AND MINORITY PARTICIPATION

It is the policy of the Commonwealth of Virginia to contribute to the establishment, preservation, and strengthening of small businesses and businesses owned by women and minorities, and to encourage their participation in State procurement activities. The Commonwealth encourages contractors to provide for the participation of small businesses and businesses owned by women and minorities through partnerships, joint ventures, subcontracts, and other contractual opportunities. Attachment B contains information on reporting spend data with subcontractors.

IV. STATEMENT OF NEEDS

James Madison University (JMU) seeks a Contractor(s) who is an established industry leader in providing voluntary employee benefits/services to large organizations. Voluntary employee benefits/services include, but are not limited to, accident, cancer, intensive care, critical care, hospital protection, short-term disability, renter's insurance, and prepaid legal services. These voluntary benefits/services will be at the sole discretion of JMU employees and will be paid for by the employee. The University will consider payroll deduction as the method of payment for

voluntary benefits/services. It is preferred that the Contractor offer the same rate(s) to all JMU employees regardless of age, sex, or other factors.

The University has identified two (2) categories of voluntary benefits/services that offeror may respond to: Area A- Supplemental Health Insurance Policies; Area B- Other Voluntary Employee Benefits/Services. Offerors interested in responding to this solicitation may choose one or both of these areas to provide a response.

A. Supplemental Health Insurance- It is preferred that the Contractor have and maintain an A+ rating from A.M. Best. Provide a detailed response to the following items:

1. Describe all available plans and associated premiums. Plans proposed should include coverage in the areas currently provided under the existing contract: Accident, Cancer, Intensive Care, Critical Care, Hospital Protection, and Short-Term Disability (*see Attachment E, AFLAC Supplemental Insurance Data*). The University is also interested in seeing additional types of supplemental health insurance plans that are available. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria. Specify associated cost in *Section X. Pricing Schedule*.
2. Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers supplemental health insurance policies. Specify the type of benefit plan(s) administered, plan(s) effective date, and number of employees covered.
3. Describe in detail the enrollment process. Include open enrollment period(s) if applicable.
4. Describe cancellation policy for proposed plans.
5. Describe the portability of the proposed plans in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.
6. Describe the procedure for timely and accurate processing of claims. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.
7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction. Include information on the following:
 - a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts
 - b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc will be applied
 - c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU
8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number and office number. Provide detail on the contact person's qualifications and experience.
9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

10. Describe your firm's plan to market the proposed plans to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.

11. Provide any other information that would be beneficial in the context of this Request for Proposal.

B. Other Voluntary Employee Benefits/Services- benefits/services may include, but are not limited to, eldercare, pet, auto, home, and renter's insurance, prepaid legal services, identity theft protection, 529 and disability savings plans. Offerors are not required to offer all benefits/services listed in this section as the University has no preference for all benefits/services to be with the same carrier/broker/firm.

1. Describe all available plans and associated premiums/fees. Include policy specifications to include waiting period, pre-qualification, and other coverage criteria, if applicable. Specify associated cost in *Section X. Pricing Schedule*.

2. Provide contact information for a minimum of three (3) current clients of similar size as JMU where your firm administers similar policies as those being proposed. Specify the type of plan(s) administered, plan(s) effective date, and number of employees covered.

3. Describe in detail the enrollment process for each proposed benefit/service. Include open enrollment period(s) if applicable.

4. Describe cancellation policy for proposed plan(s).

5. Describe the portability of the proposed plan(s) in the event an employee chooses to keep the plan after terminating employment with the University or the University decides to discontinue this benefit to employees.

6. Describe the procedure for timely and accurate processing of claims for each proposed benefit/service. Specify standard turnaround timeframe for all claims. Include a responsive toll-free number for claim assistance.

7. Describe your plan for working with JMU Payroll for coordinating premium payments for employees that elect payroll deduction.

a. The timeframe for which payments withheld by JMU and remitted to the vendor will be applied to individual accounts

b. Method & frequency that changes received by the vendor, such as retirements/terminations/name changes, etc will be applied

c. Method & frequency that notifications of changes in premium rates/coverage will be made available to JMU

8. State the name(s) and contact information for the representative(s) that will service JMU. Contact information shall include email, mobile number and office number. Provide detail on the contact person's qualifications and experience.

9. Describe ability to provide regularly scheduled employee informational onsite visits at no cost to the University.

10. Describe your firm's plan to market the proposed plan(s) to JMU employees. Provide examples of brochures, applications, and other materials, including advertisements, that will be used in marketing.
11. Provide any other information that would be beneficial in the context of this Request for Proposal.

V. PROPOSAL PREPARATION AND SUBMISSION

A. GENERAL INSTRUCTIONS

To ensure timely and adequate consideration of your proposal, offerors are to limit all contact, whether verbal or written, pertaining to this RFP to the James Madison University Procurement Office for the duration of this Proposal process. Failure to do so may jeopardize further consideration of Offeror's proposal.

1. RFP Response: In order to be considered for selection, the **Offeror shall submit a complete response to this RFP**; and shall submit to the issuing Purchasing Agency:
 - a. **One (1) original and five (5) copies** of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - b. **One (1) electronic copy in WORD format or searchable PDF** (*CD or flash drive*) of the entire proposal, INCLUDING ALL ATTACHMENTS. Any proprietary information should be clearly marked in accordance with 3.f. below.
 - c. Should the proposal contain **proprietary information**, provide **one (1) redacted hard copy** of the proposal and all attachments with **proprietary portions removed or blacked out**. This copy should be clearly marked "*Redacted Copy*" on the front cover. The classification of an entire proposal document, line item prices, and/or total proposal prices as proprietary or trade secrets is not acceptable. JMU shall not be responsible for the Contractor's failure to exclude proprietary information from this redacted copy.

No other distribution of the proposal shall be made by the Offeror.

2. The version of the solicitation issued by JMU Procurement Services, as amended by an addenda, is the mandatory controlling version of the document. Any modification of, or additions to, the solicitation by the Offeror shall not modify the official version of the solicitation issued by JMU Procurement services unless accepted in writing by the University. Such modifications or additions to the solicitation by the Offeror may be cause for rejection of the proposal; however, JMU reserves the right to decide, on a case-by-case basis in its sole discretion, whether to reject such a proposal. If the modification or additions are not identified until after the award of the contract, the controlling version of the solicitation document shall still be the official state form issued by Procurement Services.
3. Proposal Preparation

- a. Proposals shall be signed by an authorized representative of the Offeror. All information requested should be submitted. Failure to submit all information requested may result in the purchasing agency requiring prompt submissions of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by the purchasing agency. Mandatory requirements are those required by law or regulation or are such that they cannot be waived and are not subject to negotiation.
- b. Proposals shall be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
- c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal should be numbered. Each paragraph in the proposal should reference the paragraph number of the corresponding section of the RFP. It is also helpful to cite the paragraph number, sub letter, and repeat the text of the requirement as it appears in the RFP. If a response covers more than one page, the paragraph number and sub letter should be repeated at the top of the next page. The proposal should contain a table of contents which cross references the RFP requirements. Information which the offeror desires to present that does not fall within any of the requirements of the RFP should be inserted at the appropriate place or be attached at the end of the proposal and designated as additional material. Proposals that are not organized in this manner risk elimination from consideration if the evaluators are unable to find where the RFP requirements are specifically addressed.
- d. As used in this RFP, the terms “must”, “shall”, “should” and “may” identify the criticality of requirements. “Must” and “shall” identify requirements whose absence will have a major negative impact on the suitability of the proposed solution. Items labeled as “should” or “may” are highly desirable, although their absence will not have a large impact and would be useful, but are not necessary. Depending on the overall response to the RFP, some individual “must” and “shall” items may not be fully satisfied, but it is the intent to satisfy most, if not all, “must” and “shall” requirements. The inability of an offeror to satisfy a “must” or “shall” requirement does not automatically remove that offeror from consideration; however, it may seriously affect the overall rating of the offeror’s proposal.
- e. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal should be contained in that single volume.
- f. Ownership of all data, materials and documentation originated and prepared for the State pursuant to the RFP shall belong exclusively to the State and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by the offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the offeror must invoke the protection of Section 2.2-4342F of the Code of Virginia, in writing, either before or at the time the data is submitted. The written notice must specifically identify the data or materials to be protected and state the reasons why protection is necessary. The proprietary or trade secret materials submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. The classification of an entire proposal document, line item prices and/or total proposal

prices as proprietary or trade secrets is not acceptable and will result in rejection and return of the proposal.

4. Oral Presentation: Offerors who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to James Madison University. This provides an opportunity for the Offeror to clarify or elaborate on the proposal. This is a fact-finding and explanation session only and does not include negotiation. James Madison University will schedule the time and location of these presentations. Oral presentations are an option of the University and may or may not be conducted. Therefore, proposals should be complete.

B. SPECIFIC PROPOSAL INSTRUCTIONS

Proposals should be as thorough and detailed as possible so that James Madison University may properly evaluate your capabilities to provide the required services. Offerors are required to submit the following items as a complete proposal:

1. Return RFP cover sheet and all addenda acknowledgements, if any, signed and filled out as required.
2. Plan and methodology for providing the goods/services as described in Section IV. Statement of Needs of this Request for Proposal.
3. A written narrative statement to include, but not be limited to, the expertise, qualifications, and experience of the firm and resumes of specific personnel to be assigned to perform the work.
4. Offeror Data Sheet, included as *Attachment A* to this RFP.
5. Small Business Subcontracting Plan, included as *Attachment B* to this RFP. Offeror shall provide a Small Business Subcontracting plan which summarizes the planned utilization of Department of Small Business and Supplier Diversity (SBSD)-certified small businesses which include businesses owned by women and minorities, when they have received Department of Small Business and Supplier Diversity (SBSD) small business certification, under the contract to be awarded as a result of this solicitation. This is a requirement for all prime contracts in excess of \$100,000 unless no subcontracting opportunities exist.
6. Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: www.VASCUPP.org.
7. Proposed Cost. See Section X. Pricing Schedule of this Request for Proposal.

VI. EVALUATION AND AWARD CRITERIA

A. EVALUATION CRITERIA

Proposals shall be evaluated by James Madison University using the following criteria:

	Points
1. Quality of products/services offered and suitability for intended purposes	30
2. Qualifications and experience of Offeror in providing the goods/services	20
3. Specific plans or methodology to be used to perform the services	20
4. Participation of Small, Women-Owned, & Minority (SWaM) Businesses	10
5. Cost	20
	<hr/> 100

- B. AWARD TO MULTIPLE OFFERORS: Selection shall be made of two or more offerors deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the Request for Proposals, including price, if so stated in the Request for Proposals. Negotiations shall be conducted with the offerors so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each offeror so selected, the agency shall select the offeror which, in its opinion, has made the best proposal, and shall award the contract to that offeror. The Commonwealth reserves the right to make multiple awards as a result of this solicitation. The Commonwealth may cancel this Request for Proposals or reject proposals at any time prior to an award, and is not required to furnish a statement of the reasons why a particular proposal was not deemed to be the most advantageous. Should the Commonwealth determine in writing and in its sole discretion that only one offeror is fully qualified, or that one offeror is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that offeror. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the contractor's proposal as negotiated.

VII. GENERAL TERMS AND CONDITIONS

- A. PURCHASING MANUAL: This solicitation is subject to the provisions of the Commonwealth of Virginia's Purchasing Manual for Institutions of Higher Education and Their Vendors and any revisions thereto, which are hereby incorporated into this contract in their entirety. A copy of the manual is available for review at the purchasing office. In addition, the manual may be accessed electronically at <http://www.jmu.edu/procurement> or a copy can be obtained by calling Procurement Services at (540) 568-3145.
- B. APPLICABLE LAWS AND COURTS: This solicitation and any resulting contract shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Contractor shall comply with applicable federal, state and local laws and regulations.

- C. ANTI-DISCRIMINATION: By submitting their proposals, offerors certify to the Commonwealth that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended, as well as the Virginia Fair Employment Contracting Act of 1975, as amended, where applicable, the Virginians With Disabilities Act, the Americans With Disabilities Act and §10 of the Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 (available for review at <http://www.jmu.edu/procurement>). If the award is made to a faith-based organization, the organization shall not discriminate against any recipient of goods, services, or disbursements made pursuant to the contract on the basis of the recipient's religion, religious belief, refusal to participate in a religious practice, or on the basis of race, age, color, gender, sexual orientation, gender identity, or national origin and shall be subject to the same rules as other organizations that contract with public bodies to account for the use of the funds provided; however, if the faith-based organization segregates public funds into separate accounts, only the accounts and programs funded with public funds shall be subject to audit by the public body. (*§6 of the Rules Governing Procurement*).

In every contract over \$10,000 the provisions in 1. and 2. below apply:

1. During the performance of this contract, the contractor agrees as follows:
 - a. The contractor will not discriminate against any employee or applicant for employment because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, or any other basis prohibited by state law relating to discrimination in employment, except where there is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
 - b. The contractor, in all solicitations or advertisements for employees placed by or on behalf of the contractor, will state that such contractor is an equal opportunity employer.
 - c. Notices, advertisements, and solicitations placed in accordance with federal law, rule, or regulation shall be deemed sufficient for the purpose of meeting these requirements.
 2. The contractor will include the provisions of 1. above in every subcontract or purchase order over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.
- D. ETHICS IN PUBLIC CONTRACTING: By submitting their proposals, offerors certify that their proposals are made without collusion or fraud and that they have not offered or received any kickbacks or inducements from any other offeror, supplier, manufacturer or subcontractor in connection with their proposal, and that they have not conferred on any public employee having official responsibility for this procurement transaction any payment, loan, subscription, advance, deposit of money, services or anything of more than nominal value, present or promised, unless consideration of substantially equal or greater value was exchanged.
- E. IMMIGRATION REFORM AND CONTROL ACT OF 1986: By entering into a written contract with the Commonwealth of Virginia, the Contractor certifies that the Contractor does not, and shall not during the performance of the contract for goods and services in the Commonwealth, knowingly employ an unauthorized alien as defined in the federal Immigration Reform and Control Act of 1986.

- F. DEBARMENT STATUS: By submitting their proposals, offerors certify that they are not currently debarred by the Commonwealth of Virginia from submitting proposals on contracts for the type of goods and/or services covered by this solicitation, nor are they an agent of any person or entity that is currently so debarred.
- G. ANTITRUST: By entering into a contract, the contractor conveys, sells, assigns, and transfers to the Commonwealth of Virginia all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the Commonwealth of Virginia, relating to the particular goods or services purchased or acquired by the Commonwealth of Virginia under said contract.
- H. MANDATORY USE OF STATE FORM AND TERMS AND CONDITIONS RFPs: Failure to submit a proposal on the official state form provided for that purpose may be a cause for rejection of the proposal. Modification of or additions to the General Terms and Conditions of the solicitation may be cause for rejection of the proposal; however, the Commonwealth reserves the right to decide, on a case by case basis, in its sole discretion, whether to reject such a proposal.
- I. CLARIFICATION OF TERMS: If any prospective offeror has questions about the specifications or other solicitation documents, the prospective offeror should contact the buyer whose name appears on the face of the solicitation no later than five working days before the due date. Any revisions to the solicitation will be made only by addendum issued by the buyer.
- J. PAYMENT:
1. To Prime Contractor:
 - a. Invoices for items ordered, delivered and accepted shall be submitted by the contractor directly to the payment address shown on the purchase order/contract. All invoices shall show the state contract number and/or purchase order number; social security number (for individual contractors) or the federal employer identification number (for proprietorships, partnerships, and corporations).
 - b. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment in less than 30 days, however.
 - c. All goods or services provided under this contract or purchase order, that are to be paid for with public funds, shall be billed by the contractor at the contract price, regardless of which public agency is being billed.
 - d. The following shall be deemed to be the date of payment: the date of postmark in all cases where payment is made by mail, or the date of offset when offset proceedings have been instituted as authorized under the Virginia Debt Collection Act.
 - e. Unreasonable Charges. Under certain emergency procurements and for most time and material purchases, final job costs cannot be accurately determined at the time orders are placed. In such cases, contractors should be put on notice that final payment in full is contingent on a determination of reasonableness with respect to all invoiced charges. Charges which appear to be unreasonable

will be researched and challenged, and that portion of the invoice held in abeyance until a settlement can be reached. Upon determining that invoiced charges are not reasonable, the Commonwealth shall promptly notify the contractor, in writing, as to those charges which it considers unreasonable and the basis for the determination. A contractor may not institute legal action unless a settlement cannot be reached within thirty (30) days of notification. The provisions of this section do not relieve an agency of its prompt payment obligations with respect to those charges which are not in dispute (*Rules Governing Procurement, Chapter 2, Exhibit J, Attachment 1 § 53; available for review at <http://www.jmu.edu/procurement>*).

2. To Subcontractors:
 - a. A contractor awarded a contract under this solicitation is hereby obligated:
 - (1) To pay the subcontractor(s) within seven (7) days of the contractor's receipt of payment from the Commonwealth for the proportionate share of the payment received for work performed by the subcontractor(s) under the contract; or
 - (2) To notify the agency and the subcontractors, in writing, of the contractor's intention to withhold payment and the reason.
 - b. The contractor is obligated to pay the subcontractor(s) interest at the rate of one percent per month (unless otherwise provided under the terms of the contract) on all amounts owed by the contractor that remain unpaid seven (7) days following receipt of payment from the Commonwealth, except for amounts withheld as stated in (2) above. The date of mailing of any payment by U. S. Mail is deemed to be payment to the addressee. These provisions apply to each sub-tier contractor performing under the primary contract. A contractor's obligation to pay an interest charge to a subcontractor may not be construed to be an obligation of the Commonwealth.
 3. Each prime contractor who wins an award in which provision of a SWAM procurement plan is a condition to the award, shall deliver to the contracting agency or institution, on or before request for final payment, evidence and certification of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the SWAM procurement plan. Final payment under the contract in question may be withheld until such certification is delivered and, if necessary, confirmed by the agency or institution, or other appropriate penalties may be assessed in lieu of withholding such payment.
 4. The Commonwealth of Virginia encourages contractors and subcontractors to accept electronic and credit card payments.
- K. PRECEDENCE OF TERMS: Paragraphs A through J of these General Terms and Conditions and the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors, shall apply in all instances. In the event there is a conflict between any of the other General Terms and Conditions and any Special Terms and Conditions in this solicitation, the Special Terms and Conditions shall apply.
- L. QUALIFICATIONS OF OFFERORS: The Commonwealth may make such reasonable investigations as deemed proper and necessary to determine the ability of the offeror to perform the services/furnish the goods and the offeror shall furnish to the Commonwealth all such information and data for this purpose as may be requested. The Commonwealth reserves the

right to inspect offeror's physical facilities prior to award to satisfy questions regarding the offeror's capabilities. The Commonwealth further reserves the right to reject any proposal if the evidence submitted by, or investigations of, such offeror fails to satisfy the Commonwealth that such offeror is properly qualified to carry out the obligations of the contract and to provide the services and/or furnish the goods contemplated therein.

- M. TESTING AND INSPECTION: The Commonwealth reserves the right to conduct any test/inspection it may deem advisable to assure goods and services conform to the specifications.
- N. ASSIGNMENT OF CONTRACT: A contract shall not be assignable by the contractor in whole or in part without the written consent of the Commonwealth.
- O. CHANGES TO THE CONTRACT: Changes can be made to the contract in any of the following ways:
 - 1. The parties may agree in writing to modify the scope of the contract. An increase or decrease in the price of the contract resulting from such modification shall be agreed to by the parties as a part of their written agreement to modify the scope of the contract.
 - 2. The Purchasing Agency may order changes within the general scope of the contract at any time by written notice to the contractor. Changes within the scope of the contract include, but are not limited to, things such as services to be performed, the method of packing or shipment, and the place of delivery or installation. The contractor shall comply with the notice upon receipt. The contractor shall be compensated for any additional costs incurred as the result of such order and shall give the Purchasing Agency a credit for any savings. Said compensation shall be determined by one of the following methods:
 - a. By mutual agreement between the parties in writing; or
 - b. By agreeing upon a unit price or using a unit price set forth in the contract, if the work to be done can be expressed in units, and the contractor accounts for the number of units of work performed, subject to the Purchasing Agency's right to audit the contractor's records and/or to determine the correct number of units independently; or
 - c. By ordering the contractor to proceed with the work and keep a record of all costs incurred and savings realized. A markup for overhead and profit may be allowed if provided by the contract. The same markup shall be used for determining a decrease in price as the result of savings realized. The contractor shall present the Purchasing Agency with all vouchers and records of expenses incurred and savings realized. The Purchasing Agency shall have the right to audit the records of the contractor as it deems necessary to determine costs or savings. Any claim for an adjustment in price under this provision must be asserted by written notice to the Purchasing Agency within thirty (30) days from the date of receipt of the written order from the Purchasing Agency. If the parties fail to agree on an amount of adjustment, the question of an increase or decrease in the contract price or time for performance shall be resolved in accordance with the procedures for resolving disputes provided by the Disputes Clause of this contract or, if there is none, in accordance with the disputes provisions of the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and their Vendors. Neither the existence of a claim nor a dispute resolution process, litigation or any other provision of this contract shall excuse the contractor from promptly complying with the changes ordered by the Purchasing Agency or with the performance of the contract generally.

- P. DEFAULT: In case of failure to deliver goods or services in accordance with the contract terms and conditions, the Commonwealth, after due oral or written notice, may procure them from other sources and hold the contractor responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies which the Commonwealth may have.
- Q. INSURANCE: By signing and submitting a proposal under this solicitation, the offeror certifies that if awarded the contract, it will have the following insurance coverage at the time the contract is awarded. For construction contracts, if any subcontractors are involved, the subcontractor will have workers' compensation insurance in accordance with § 25 of the Rules Governing Procurement – Chapter 2, Exhibit J, Attachment 1, and 65.2-800 et. Seq. of the Code of Virginia (available for review at <http://www.jmu.edu/procurement>) The offeror further certifies that the contractor and any subcontractors will maintain these insurance coverage during the entire term of the contract and that all insurance coverage will be provided by insurance companies authorized to sell insurance in Virginia by the Virginia State Corporation Commission.

MINIMUM INSURANCE COVERAGES AND LIMITS REQUIRED FOR MOST CONTRACTS:

1. Workers' Compensation: Statutory requirements and benefits. Coverage is compulsory for employers of three or more employees, to include the employer. Contractors who fail to notify the Commonwealth of increases in the number of employees that change their workers' compensation requirement under the Code of Virginia during the course of the contract shall be in noncompliance with the contract.
 2. Employer's Liability: \$100,000
 3. Commercial General Liability: \$1,000,000 per occurrence and \$2,000,000 in the aggregate. Commercial General Liability is to include bodily injury and property damage, personal injury and advertising injury, products and completed operations coverage. The Commonwealth of Virginia must be named as an additional insured and so endorsed on the policy.
 4. Automobile Liability: \$1,000,000 combined single limit. *(Required only if a motor vehicle not owned by the Commonwealth is to be used in the contract. Contractor must assure that the required coverage is maintained by the Contractor (or third party owner of such motor vehicle.)*
- R. ANNOUNCEMENT OF AWARD: Upon the award or the announcement of the decision to award a contract over \$100,000, as a result of this solicitation, the purchasing agency will publicly post such notice on the DGS/DPS eVA web site (www.eva.virginia.gov) for a minimum of 10 days.
- S. DRUG-FREE WORKPLACE: During the performance of this contract, the contractor agrees to (i) provide a drug-free workplace for the contractor's employees; (ii) post in conspicuous places, available to employees and applicants for employment, a statement notifying employees that the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana is prohibited in the contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition; (iii) state in all solicitations or advertisements for employees placed by or on behalf of the contractor that the contractor maintains a drug-free workplace; and (iv) include the provisions of the foregoing

clauses in every subcontract or purchase order of over \$10,000, so that the provisions will be binding upon each subcontractor or vendor.

For the purposes of this section, “drug-free workplace” means a site for the performance of work done in connection with a specific contract awarded to a contractor, the employees of whom are prohibited from engaging in the unlawful manufacture, sale, distribution, dispensation, possession or use of any controlled substance or marijuana during the performance of the contract.

T. NONDISCRIMINATION OF CONTRACTORS: An offeror, or contractor shall not be discriminated against in the solicitation or award of this contract because of race, religion, color, sex, sexual orientation, gender identity, national origin, age, disability, faith-based organizational status, any other basis prohibited by state law relating to discrimination in employment or because the offeror employs ex-offenders unless the state agency, department or institution has made a written determination that employing ex-offenders on the specific contract is not in its best interest. If the award of this contract is made to a faith-based organization and an individual, who applies for or receives goods, services, or disbursements provided pursuant to this contract objects to the religious character of the faith-based organization from which the individual receives or would receive the goods, services, or disbursements, the public body shall offer the individual, within a reasonable period of time after the date of his objection, access to equivalent goods, services, or disbursements from an alternative provider.

U. eVA BUSINESS TO GOVERNMENT VENDOR REGISTRATION, CONTRACTS, AND ORDERS: The eVA Internet electronic procurement solution, website portal www.eVA.virginia.gov, streamlines and automates government purchasing activities in the Commonwealth. The eVA portal is the gateway for vendors to conduct business with state agencies and public bodies. All vendors desiring to provide goods and/or services to the Commonwealth shall participate in the eVA Internet eprocurement solution by completing the free eVA Vendor Registration. All offerors must register in eVA and pay the Vendor Transaction Fees specified below; failure to register will result in the proposal being rejected. Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

Vendor transaction fees are determined by the date the original purchase order is issued and the current fees are as follows:

1. For orders issued July 1, 2014 and after, the Vendor Transaction Fee is:
 - a. Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$500 per order.
 - b. Businesses that are not Department of Small Business and Supplier Diversity (SBSD) certified Small Businesses: 1% capped at \$1,500 per order.
2. For orders issued prior to July 1, 2014 the vendor transaction fees can be found at www.eVA.virginia.gov.
3. The specified vendor transaction fee will be invoiced by the Commonwealth of Virginia Department of General Services approximately 60 days after the corresponding purchase order is issued and payable 30 days after the invoice date. Any adjustments (increases/decreases) will be handled through purchase order changes.

- V. AVAILABILITY OF FUNDS: It is understood and agreed between the parties herein that the Commonwealth of Virginia shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.
- W. PRICING CURRENCY: Unless stated otherwise in the solicitation, offerors shall state offered prices in U.S. dollars.
- X. E-VERIFY REQUIREMENT OF ANY CONTRACTOR: Any employer with more than an average of 50 employees for the previous 12 months entering into a contract in excess of \$50,000 with James Madison University to perform work or provide services pursuant to such contract shall register and participate in the E-Verify program to verify information and work authorization of its newly hired employees performing work pursuant to any awarded contract.
- Y. CIVILITY IN STATE WORKPLACES: The contractor shall take all reasonable steps to ensure that no individual, while performing work on behalf of the contractor or any subcontractor in connection with this agreement (each, a "Contract Worker"), shall engage in 1) harassment (including sexual harassment), bullying, cyber-bullying, or threatening or violent conduct, or 2) discriminatory behavior on the basis of race, sex, color, national origin, religious belief, sexual orientation, gender identity or expression, age, political affiliation, veteran status, or disability.

The contractor shall provide each Contract Worker with a copy of this Section and will require Contract Workers to participate in training on civility in the State workplace. Upon request, the contractor shall provide documentation that each Contract Worker has received such training.

For purposes of this Section, "State workplace" includes any location, permanent or temporary, where a Commonwealth employee performs any work-related duty or is representing his or her agency, as well as surrounding perimeters, parking lots, outside meeting locations, and means of travel to and from these locations. Communications are deemed to occur in a State workplace if the Contract Worker reasonably should know that the phone number, email, or other method of communication is associated with a State workplace or is associated with a person who is a State employee.

The Commonwealth of Virginia may require, at its sole discretion, the removal and replacement of any Contract Worker who the Commonwealth reasonably believes to have violated this Section.

This Section creates obligations solely on the part of the contractor. Employees or other third parties may benefit incidentally from this Section and from training materials or other communications distributed on this topic, but the Parties to this agreement intend this Section to be enforceable solely by the Commonwealth and not by employees or other third parties.

- Z. TAXES: Sales to the Commonwealth of Virginia are normally exempt from State sales tax. State sales and use tax certificates of exemption, Form ST-12, will be issued upon request. Deliveries against this contract shall usually be free of Federal excise and transportation taxes. The Commonwealth's excise tax exemption registration number is 54-73-0076K.

VIII. SPECIAL TERMS AND CONDITIONS

- A. AUDIT: The Contractor hereby agrees to retain all books, records, systems, and other documents relative to this contract for five (5) years after final payment, or until audited by the

Commonwealth of Virginia, whichever is sooner. The Commonwealth of Virginia, its authorized agents, and/or State auditors shall have full access to and the right to examine any of said materials during said period.

- B. CANCELLATION OF CONTRACT: James Madison University reserves the right to cancel and terminate any resulting contract, in part or in whole, without penalty, upon 60 days written notice to the contractor. In the event the initial contract period is for more than 12 months, the resulting contract may be terminated by either party, without penalty, after the initial 12 months of the contract period upon 60 days written notice to the other party. Any contract cancellation notice shall not relieve the contractor of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation.
- C. IDENTIFICATION OF PROPOSAL ENVELOPE: The signed proposal should be returned in a separate envelope or package, sealed and identified as follows:

From:	_____	_____	_____
	Name of Offeror	Due Date	Time
	_____	_____	_____
	Street or Box No.	RFP #	
	_____	_____	_____
	City, State, Zip Code	RFP Title	
	_____	_____	_____
	Name of Purchasing Officer:		

The envelope should be addressed as directed on the title page of the solicitation.

The Offeror takes the risk that if the envelope is not marked as described above, it may be inadvertently opened and the information compromised, which may cause the proposal to be disqualified. Proposals may be hand-delivered to the designated location in the office issuing the solicitation. No other correspondence or other proposals should be placed in the envelope.

- D. LATE PROPOSALS: To be considered for selection, proposals must be received by the issuing office by the designated date and hour. The official time used in the receipt of proposals is that time on the automatic time stamp machine in the issuing office. Proposals received in the issuing office after the date and hour designated are automatically non responsive and will not be considered. The University is not responsible for delays in the delivery of mail by the U.S. Postal Service, private couriers, or the intra university mail system. It is the sole responsibility of the Offeror to ensure that its proposal reaches the issuing office by the designated date and hour.
- E. UNDERSTANDING OF REQUIREMENTS: It is the responsibility of each offeror to inquire about and clarify any requirements of this solicitation that is not understood. The University will not be bound by oral explanations as to the meaning of specifications or language contained in this solicitation. Therefore, all inquiries deemed to be substantive in nature must be in writing and submitted to the responsible buyer in the Procurement Services Office. Offerors must ensure that written inquiries reach the buyer at least five (5) days prior to the time set for receipt of offerors proposals. A copy of all queries and the respective response will be provided in the form of an addendum to all offerors who have indicated an interest in responding to this solicitation. Your signature on your Offer certifies that you fully understand all facets of this solicitation. These questions may be sent by Fax to 540/568-7935.
- F. RENEWAL OF CONTRACT: This contract may be renewed by the Commonwealth for a period of seven (7) successive one year periods under the terms and conditions of the original

contract except as stated in 1. and 2. below. Price increases may be negotiated only at the time of renewal. Written notice of the Commonwealth's intention to renew shall be given approximately 90 days prior to the expiration date of each contract period.

1. If the Commonwealth elects to exercise the option to renew the contract for an additional one-year period, the contract price(s) for the additional one year shall not exceed the contract price(s) of the original contract increased/decreased by no more than the percentage increase/decrease of the other services category of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.
2. If during any subsequent renewal periods, the Commonwealth elects to exercise the option to renew the contract, the contract price(s) for the subsequent renewal period shall not exceed the contract price(s) of the previous renewal period increased/decreased by more than the percentage increase/decrease of the other services category of the CPI-W section of the Consumer Price Index of the United States Bureau of Labor Statistics for the latest twelve months for which statistics are available.

- G. SUBMISSION OF INVOICES: All invoices shall be submitted within sixty days of contract term expiration for the initial contract period as well as for each subsequent contract renewal period. Any invoices submitted after the sixty day period will not be processed for payment.
- H. OPERATING VEHICLES ON JAMES MADISON UNIVERSITY CAMPUS: Operating vehicles on sidewalks, plazas, and areas heavily used by pedestrians is prohibited. In the unlikely event a driver should find it necessary to drive on James Madison University sidewalks, plazas, and areas heavily used by pedestrians, the driver must yield to pedestrians. For a complete list of parking regulations, please go to www.jmu.edu/parking; or to acquire a service representative parking permit, contact Parking Services at 540.568.3300. The safety of our students, faculty and staff is of paramount importance to us. Accordingly, violators may be charged.
- I. COOPERATIVE PURCHASING / USE OF AGREEMENT BY THIRD PARTIES: It is the intent of this solicitation and resulting contract(s) to allow for cooperative procurement. Accordingly, any public body, (to include government/state agencies, political subdivisions, etc.), cooperative purchasing organizations, public or private health or educational institutions or any University related foundation and affiliated corporations may access any resulting contract if authorized by the Contractor.

Participation in this cooperative procurement is strictly voluntary. If authorized by the Contractor(s), the resultant contract(s) will be extended to the entities indicated above to purchase goods and services in accordance with contract terms. As a separate contractual relationship, the participating entity will place its own orders directly with the Contractor(s) and shall fully and independently administer its use of the contract(s) to include contractual disputes, invoicing and payments without direct administration from the University. No modification of this contract or execution of a separate agreement is required to participate; however, the participating entity and the Contractor may modify the terms and conditions of this contract to accommodate specific governing laws, regulations, policies, and business goals required by the participating entity. Any such modification will apply solely between the participating entity and the Contractor.

The Contractor will notify the University in writing of any such entities accessing this contract. The Contractor will provide semi-annual usage reports for all entities accessing the contract. The University shall not be held liable for any costs or damages incurred by any other

participating entity as a result of any authorization by the Contractor to extend the contract. It is understood and agreed that the University is not responsible for the acts or omissions of any entity and will not be considered in default of the contract no matter the circumstances.

Use of this contract(s) does not preclude any participating entity from using other contracts or competitive processes as needed.

J. SMALL BUSINESS SUBCONTRACTING AND EVIDENCE OF COMPLIANCE:

1. It is the goal of the Commonwealth that 42% of its purchases are made from small businesses. This includes discretionary spending in prime contracts and subcontracts. All potential offerors are required to submit a Small Business Subcontracting Plan. Unless the offeror is registered as a Department of Small Business and Supplier Diversity (SBSD)-certified small business and where it is practicable for any portion of the awarded contract to be subcontracted to other suppliers, the contractor is encouraged to offer such subcontracting opportunities to SBSD-certified small businesses. This shall not exclude SBSD-certified women-owned and minority-owned businesses when they have received SBSD small business certification. No offeror or subcontractor shall be considered a Small Business, a Women-Owned Business or a Minority-Owned Business unless certified as such by the Department of Small Business and Supplier Diversity (SBSD) by the due date for receipt of proposals. If small business subcontractors are used, the prime contractor agrees to report the use of small business subcontractors by providing the purchasing office at a minimum the following information: name of small business with the SBSD certification number or FEIN, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product/service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**
2. Each prime contractor who wins an award in which provision of a small business subcontracting plan is a condition of the award, shall deliver to the contracting agency or institution with every request for payment, evidence of compliance (subject only to insubstantial shortfalls and to shortfalls arising from subcontractor default) with the small business subcontracting plan. **This information shall be submitted to: JMU Office of Procurement Services, SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.** When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm with the Department of Small Business and Supplier Diversity (SBSD) certification number or FEIN number, phone number, total dollar amount subcontracted, category type (small, women-owned, or minority-owned), and type of product or service provided. Payment(s) may be withheld until compliance with the plan is received and confirmed by the agency or institution. The agency or institution reserves the right to pursue other appropriate remedies to include, but not be limited to, termination for default.
3. Each prime contractor who wins an award valued over \$200,000 shall deliver to the contracting agency or institution with every request for payment, information on use of subcontractors that are not Department of Small Business and Supplier Diversity (SBSD)-certified small businesses. When such business has been subcontracted to these firms and upon completion of the contract, the contractor agrees to furnish the purchasing office at a minimum the following information: name of firm, phone number, FEIN number, total dollar amount subcontracted, and type of product or service provided. **This information shall be submitted to: JMU Office of Procurement Services, Attn: SWAM Subcontracting Compliance, MSC 5720, Harrisonburg, VA 22807.**

- K. AUTHORIZATION TO CONDUCT BUSINESS IN THE COMMONWEALTH: A contractor organized as a stock or nonstock corporation, limited liability company, business trust, or limited partnership or registered as a registered limited liability partnership shall be authorized to transact business in the Commonwealth as a domestic or foreign business entity if so required by Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law. Any business entity described above that enters into a contract with a public body shall not allow its existence to lapse or its certificate of authority or registration to transact business in the Commonwealth, if so required under Title 13.1 or Title 50, to be revoked or cancelled at any time during the term of the contract. A public body may void any contract with a business entity if the business entity fails to remain in compliance with the provisions of this section.
- L. PUBLIC POSTING OF COOPERATIVE CONTRACTS: James Madison University maintains a web-based contracts database with a public gateway access. Any resulting cooperative contract/s to this solicitation will be posted to the publicly accessible website. Contents identified as proprietary information will not be made public.
- M. CRIMINAL BACKGROUND CHECKS OF PERSONNEL ASSIGNED BY CONTRACTOR TO PERFORM WORK ON JMU PROPERTY: The Contractor shall obtain criminal background checks on all of their contracted employees who will be assigned to perform services on James Madison University property. The results of the background checks will be directed solely to the Contractor. The Contractor bears responsibility for confirming to the University contract administrator that the background checks have been completed prior to work being performed by their employees or subcontractors. The Contractor shall only assign to work on the University campus those individuals whom it deems qualified and permissible based on the results of completed background checks. Notwithstanding any other provision herein, and to ensure the safety of students, faculty, staff and facilities, James Madison University reserves the right to approve or disapprove any contract employee that will work on JMU property. Disapproval by the University will solely apply to JMU property and should have no bearing on the Contractor's employment of an individual outside of James Madison University.
- N. INDEMNIFICATION: Contractor agrees to indemnify, defend and hold harmless the Commonwealth of Virginia, its officers, agents, and employees from any claims, damages and actions of any kind or nature, whether at law or in equity, arising from or caused by the use of any materials, goods, or equipment of any kind or nature furnished by the contractor/any services of any kind or nature furnished by the contractor, provided that such liability is not attributable to the sole negligence of the using agency or to failure of the using agency to use the materials, goods, or equipment in the manner already and permanently described by the contractor on the materials, goods or equipment delivered.
- O. ADDITIONAL GOODS AND SERVICES: The University may acquire other goods or services that the supplier provides than those specifically solicited. The University reserves the right, subject to mutual agreement, for the Contractor to provide additional goods and/or services under the same pricing, terms, and conditions and to make modifications or enhancements to the existing goods and services. Such additional goods and services may include other products, components, accessories, subsystems, or related services that are newly introduced during the term of this Agreement. Such additional goods and services will be provided to the University at favored nations pricing, terms, and conditions.
- P. PRIME CONTRACTOR RESPONSIBILITIES: The contractor shall be responsible for completely supervising and directing the work under this contract and all subcontractors that he may utilize, using his best skill and attention. Subcontractors who perform work under this

contract shall be responsible to the prime contractor. The contractor agrees that he is as fully responsible for the acts and omissions of his subcontractors and of persons employed by them as he is for the acts and omissions of his own employees.

- Q. **SUBCONTRACTS:** No portion of the work shall be subcontracted without prior written consent of the purchasing agency. In the event that the contractor desires to subcontract some part of the work specified herein, the contractor shall furnish the purchasing agency the names, qualifications and experience of their proposed subcontractors. The contractor shall, however, remain fully liable and responsible for the work to be done by its subcontractor(s) and shall assure compliance with all requirements of the contract.
- R. **CONFIDENTIALITY OF PERSONALLY IDENTIFIABLE INFORMATION:** The contractor assures that information and data obtained as to personal facts and circumstances related to faculty, staff, students, and affiliates will be collected and held confidential, during and following the term of this agreement, and will not be divulged without the individual's and the agency's written consent and only in accordance with federal law or the Code of Virginia. *This shall include FTI, which is a term of art and consists of federal tax returns and return information (and information derived from it) that is in contractor/agency possession or control which is covered by the confidentiality protections of the Internal Revenue Code (IRC) and subject to the IRC 6103(p)(4) safeguarding requirements including IRS oversight. FTI is categorized as sensitive but unclassified information and may contain personally identifiable information (PII).* Contractors who utilize, access, or store personally identifiable information as part of the performance of a contract are required to safeguard this information and immediately notify the agency of any breach or suspected breach in the security of such information. Contractors shall allow the agency to both participate in the investigation of incidents and exercise control over decisions regarding external reporting. Contractors and their employees working on this project may be required to sign a confidentiality statement.

IX. METHOD OF PAYMENT

The contractor will be paid on the basis of invoices submitted in accordance with the solicitation and any negotiations. James Madison University recognizes the importance of expediting the payment process for our vendors and suppliers; however, vendor enrollment for E-Payments has temporarily been suspended as we transition to a new bank. Once we are operational with our new bank, we will ask that our vendors and suppliers enroll in our bank's single use Commercial Card Number process or electronic deposit (ACH) to your bank account so that future payments are made electronically. Contractors signed up for the single use Commercial Card Number process will receive the benefit of being paid in Net 15 days. Additional information is available online at: <http://www.jmu.edu/financeoffice/accounting-operations-disbursements/cash-investments/vendor-payment-methods.shtml>

X. PRICING SCHEDULE

The Offeror shall provide rates for all available individual and family plans, including the cost of any add-on services or additional offerings. Specify any enrollment fees if applicable.

Specify any associated charge card processing fees, if applicable, to be billed to the university. Vendors shall provide their VISA registration number when indicating charge card processing fees. Any vendor requiring information on VISA registration may refer to <https://usa.visa.com/support/small-business/regulations-fees.html> and for questions <https://usa.visa.com/dam/VCOM/global/support-legal/documents/merchant-surcharging-qa-for-web.pdf>.

XI. ATTACHMENTS

Attachment A: Offeror Data Sheet

Attachment B: Small, Women, and Minority-owned Business (SWaM) Utilization Plan

Attachment C: Standard Contract Sample

Attachment D: Zone Map

Attachment E: AFLAC Supplemental Insurance Data

ATTACHMENT A

OFFEROR DATA SHEET

TO BE COMPLETED BY OFFEROR

1. QUALIFICATIONS OF OFFEROR: Offerors must have the capability and capacity in all respects to fully satisfy the contractual requirements.
2. YEARS IN BUSINESS: Indicate the length of time you have been in business providing these types of goods and services.

Years _____ Months _____

3. REFERENCES: Indicate below a listing of at least five (5) organizations, either commercial or governmental/educational, that your agency is servicing. Include the name and address of the person the purchasing agency has your permission to contact.

CLIENT	LENGTH OF SERVICE	ADDRESS	CONTACT PERSON/PHONE #
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4. List full names and addresses of Offeror and any branch offices which may be responsible for administering the contract.

5. RELATIONSHIP WITH THE COMMONWEALTH OF VIRGINIA: Is any member of the firm an employee of the Commonwealth of Virginia who has a personal interest in this contract pursuant to the [CODE OF VIRGINIA](#), SECTION 2.2-3100 – 3131?

[] YES [] NO

IF YES, EXPLAIN: _____

ATTACHMENT B

Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Offeror Name: _____ **Preparer Name:** _____

Date: _____

Is your firm a **Small Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Woman-owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Minority-Owned Business Enterprise** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Is your firm a **Micro Business** certified by the Department of Small Business and Supplier Diversity (SBSD)? Yes _____ No _____

If yes, certification number: _____ Certification date: _____

Instructions: *Populate the table below to show your firm's plans for utilization of small, women-owned and minority-owned business enterprises in the performance of the contract. Describe plans to utilize SWaMs businesses as part of joint ventures, partnerships, subcontractors, suppliers, etc.*

Small Business: "Small business " means a business, independently owned or operated by one or more persons who are citizens of the United States or non-citizens who are in full compliance with United States immigration law, which, together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the previous three years.

Woman-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more women, and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWaM Program, all certified women-owned businesses are also a small business enterprise.**

Minority-Owned Business Enterprise: A business concern which is at least 51 percent owned by one or more minorities or in the case of a corporation, partnership or limited liability company or other entity, at least 51 percent of the equity ownership interest in which is owned by one or more minorities and whose management and daily business operations are controlled by one or more of such individuals. **For purposes of the SWaM Program, all certified minority-owned businesses are also a small business enterprise.**

Micro Business is a certified Small Business under the SWaM Program and has no more than twenty-five (25) employees **AND** no more than \$3 million in average annual revenue over the three-year period prior to their certification.

All small, women, and minority owned businesses must be certified by the Commonwealth of Virginia Department of Small Business and Supplier Diversity (SBSD) to be counted in the SWaM program. Certification applications are available through SBSD at 800-223-0671 in Virginia, 804-786-6585 outside Virginia, or online at <http://www.sbsd.virginia.gov/> (Customer Service).

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT B (CNT'D)
Small, Women and Minority-owned Businesses (SWaM) Utilization Plan

Procurement Name and Number: _____

Date Form Completed: _____

Listing of Sub-Contractors, to include, Small, Woman Owned and Minority Owned Businesses
for this Proposal and Subsequent Contract

Offeror / Proposer:

Firm

Address

Contact Person/No.

Sub-Contractor's Name and Address	Contact Person & Phone Number	SBSD Certification Number	Services or Materials Provided	Total Subcontractor Contract Amount (to include change orders)	Total Dollars Paid Subcontractor to date (to be submitted with request for payment from JMU)

(Form shall be submitted with proposal and if awarded, again with submission of each request for payment)

RETURN OF THIS PAGE IS REQUIRED

ATTACHMENT C



**COMMONWEALTH OF VIRGINIA
STANDARD CONTRACT**

Contract No. _____

This contract entered into this _____ day of _____, 20____, by _____ hereinafter called the "Contractor" and Commonwealth of Virginia, James Madison University called the "Purchasing Agency".

WITNESSETH that the Contractor and the Purchasing Agency, in consideration of the mutual covenants, promises and agreements herein contained, agree as follows:

SCOPE OF CONTRACT: The Contractor shall provide the services to the Purchasing Agency as set forth in the Contract Documents.

PERIOD OF PERFORMANCE From _____ through _____

The contract documents shall consist of:

- (1) This signed form;
- (2) The following portions of the Request for Proposals dated _____:
 - (a) The Statement of Needs,
 - (b) The General Terms and Conditions,
 - (c) The Special Terms and Conditions together with any negotiated modifications of those Special Conditions;
 - (d) List each addendum that may be issued
- (3) The Contractor's Proposal dated _____ and the following negotiated modification to the Proposal, all of which documents are incorporated herein.
 - (a) Negotiations summary dated _____.

IN WITNESS WHEREOF, the parties have caused this Contract to be duly executed intending to be bound thereby.

CONTRACTOR:

PURCHASING AGENCY:

By: _____
(Signature)

By: _____
(Signature)

(Printed Name)

(Printed Name)

Title: _____

Title: _____

ATTACHMENT D

Zone Map



Virginia Association of State College & University Purchasing Professionals (VASCUPP)

List of member institutions by zones

<u>Zone 1</u> George Mason University (Fairfax)	<u>Zone 2</u> James Madison University (Harrisonburg)	<u>Zone 3</u> University of Virginia (Charlottesville)
<u>Zone 4</u> University of Mary Washington (Fredericksburg)	<u>Zone 5</u> College of William and Mary (Williamsburg) Old Dominion University (Norfolk)	<u>Zone 6</u> Virginia Commonwealth University (Richmond)
<u>Zone 7</u> Longwood University (Farmville)	<u>Zone 8</u> Virginia Military Institute (Lexington) Virginia Tech (Blacksburg) Radford University (Radford)	<u>Zone 9</u> University of Virginia - Wise (Wise)

ATTACHMENT E

AFLAC Supplemental Insurance Data

AFLAC supplemental policies pay cash benefits directly to the insured. Employees choose the policy(ies) that best suit their needs and have the premiums payroll deducted.

Below we have listed the five plans offered at James Madison University along with a brief description of each plan:

- **Accident Plan** - Provides benefits for any type of accident including bee stings, sprains, breaks, or poison ivy. It pays for the initial visit and follow-ups. This plan includes a yearly wellness benefit of \$60 for getting a checkup or physical.
- **Cancer Plan** - Features a first occurrence benefit, hospital confinement and outpatient treatment benefits. Each covered person receives a \$75 yearly wellness benefit for getting diagnostic tests (mammogram, pap smear, chest x-rays, PSA, ThinPrep and virtual colonoscopy).
- **Critical Care** - Aflac's Critical Care Protection helps employees recuperate without the stress or worry over financial setbacks. It covers incidents such as heart attack, stroke and more. It pays cash benefits directly to the policyholder even if you're NOT admitted to an intensive care unit. No lifetime maximum and guaranteed-renewable.
- **Hospital Protection** - Most major medical insurance is not designed to cover all hospitalization costs, and when a hospital stay is necessary the immediate cost of care can be more than people are prepared for. Aflac's Hospital Advantage can help to cover those unforeseen costs with real cash benefits to the policyholder. Payment is made for any sickness or injury that requires hospital confinement, ER visit, or surgery.

JMU semi-monthly pre-taxed premiums are listed below:

<u>Accident</u> Ages 18-75	Individual	Insured & Spouse	1-Parent Family	Two- Parent Family
	\$10.99	\$15.60	\$18.46	\$23.92

<u>Cancer</u> Ages 18-70	Individual	Insured & Spouse	1-Parent Family	Two- Parent Family
	\$13.45	n/a	\$16.45	\$22.75
<i>Specified Disease Rider (optional)</i>	\$.50	n/a	\$.75	\$1.00
<i>Building Benefit Rider (optional)</i>	\$1.50	n/a	\$2.25	\$3.25

<u>Critical Care</u>	Individual	Insured & Spouse	1-Parent Family	Two- Parent Family
Ages 18-35	\$4.68	\$6.70	\$5.20	\$7.74

Ages 36-45	\$7.28	\$11.18	\$7.54	\$12.35
Ages 46-55	\$10.14	\$16.77	\$10.47	\$18.20
Ages 56-70	\$13.65	\$24.57	\$13.98	\$26.26

<u>Hospitalization</u>	Individual	Insured & Spouse	1-Parent Family	Two-Parent Family
Ages 18-75	\$26.78	\$44.85	\$36.08	\$47.26

Short-term disability plan for accident/sickness on a semi-monthly after-tax basis.

Short-term Disability			Elimination Period Accident/Sickness – 0/14 days							
Annual Income	\$20,000	\$22,000	\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000
	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
Age										
18-49	\$17.55	\$19.31	\$21.06	\$22.82	\$24.57	\$26.33	\$28.08	\$29.84	\$31.59	\$33.35
50-64	\$20.80	\$22.88	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52
65-74	\$29.25	\$32.18	\$35.10	\$38.03	\$40.95	\$43.88	\$46.80	\$49.73	\$52.65	\$55.58
<i>Benefit Period 12 months</i>										



October 26, 2020

ADDENDUM NO.: One

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# LBS-1090**
Dated: October 7, 2020
Commodity: Employee Voluntary Benefits/Services
RFP Closing On: ~~November 4, 2020 at 2:00 pm EST~~
November 10, 2020 at 2:00 pm EST

Please note the clarifications and/or changes made on this proposal program:

1. Question: Please provide either A) a census in Excel format of eligible participants with their Age or Date of Birth, gender (male/female), and Hire Date, or B) a summary census broken down by age bands and gender (male/female).

Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.

2. Question Can you provide a census on all part time and full time eligible employees? The census data should consist of:
 1. Gender
 2. Date of Birth

Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.

3. Question: Please describe any enrollment issues or billing problems that JMU experiences now with the voluntary benefit program.

Answer: JMU has in the past experienced issues with seamless enrollment changes as it relates to payroll accounting. These are currently resolved.

4. Question: Who is JMU’s current broker/advisor for the AFLAC program?

Answer: JMU contracts directly with AFLAC.

5. Question: How are voluntary benefits enrolled now, online or through worksite meetings?

MSC 5720
752 Ott Street, Room 1042
Wine Price Building
Harrisonburg, VA 22807
Office of 540.568.3145 Phone
PROCUREMENT SERVICES 540.568.7935 Fax

Answer: Enrollment is currently done online *and* through worksite meetings. JMU's preference is for Contractors to provide both types of enrollment with on-campus meetings offered monthly.

6. Question: Can you please provide any more details on the AFLAC plans, such as a benefits booklet or certificate of coverage document?

Answer: The AFLAC benefit brochures are attached.

7. Question: Will JMU allow advisors/TPAs to quote AFLAC's newer voluntary benefit programs, which have several advantages over their older programs?

Answer: JMU invites all offerors to submit a proposal that can provide voluntary benefit services as described in RFP# LBS-1090. Offerors should clearly outline all associated administrative fees as well as benefit/service cost.

8. Question: To help quote competitive short-term disability, legal and home & auto, can you please provide us with an employee census (Gender, Date of Birth, Salary, occupation, and zip-code) in excel format?

Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled "YOB GENDER all active employees ft pt" is attached.

9. Question: How many of the 793 part-time employees are eligible for coverage and/or payroll deduction access?

Answer: All part-time employees would be eligible for these coverages, if they meet the requirements established by the plan. All voluntary benefits are currently payroll deducted.

10. Question: Can you provide a claims report for AFLAC disability that includes the open, closed, and incurred claims for the previous three years?

Answer: This is not being shared publicly by AFLAC due to HIPAA concerns.

11. Question: For the in-force carriers in place, could you provide us a copy of the Summary plan description (SPDs)/certificate of coverage and benefit booklets for each of the plans?

Answer: Benefits booklets are attached. Home, Pet, and Auto Insurance are individually written policies.

12. Question: What is the accumulated sick leave policy for JMU?

Answer: Classified employees participate in either the [Virginia Sickness & Disability Plan](#) or the [Traditional Sick Leave Plan](#) through the Commonwealth of Virginia, based on date of hire. Administrative & Professional Faculty and Instructional faculty have the choice of either the Virginia Sickness & Disability Plan or the [JMU Faculty & Sickness Disability Plan](#).

13. Question: Can you provide us the number of participants enrolled in each plan, and the total annual premium for each line of coverage?

Answer:

AFLAC: Refer to RFP# LBS-1090, Attachment E for all AFLAC current policy rates. Current enrollment counts are as follow:

**Accident- 186
Cancer- 181
Hospital- 92
Short-Term Disability- 8
Critical Care- 34**

MetLife:

	Current Enrollment	Earned Premiums (Oct 2019-Sept 2020)		
Home Owners	7	\$4,220		
Pet Insurance	14	\$5,504.20		
Auto	11	\$11,018		
Renters	0	0		

LegalShield:

	Current Enrollment	Total Annual Premium/Each
Individual Legal	1	\$179.28
Family Legal	5	\$191.40
Individual IDShield	8	\$101.28
Family IDShield	26	\$191.28
Individual Legal & IDShield Combo	1	280.80
Family Legal & IDShield Combo	10	\$346.80

Financial Integrity Resources Management (FIRM)

	Current Enrollment	Estimated Annual Program
--	---------------------------	---------------------------------

		Contribution
Virginia 529 College	30	\$80,500
ABLE Tax-advantage Savings Plan for individuals with disabilities	0	0

14. Question: What is the effective start date of the new contract?

Answer: The specific contract start date is unknown at this time but anticipated to be prior to April 2021.

15. Question: When do you anticipate implementation and marketing (open enrollment) of the selected voluntary programs?

Answer: JMU anticipates open enrollment in May 2021 along with health insurance and FSAs.

16. Question: To help us understand appropriate voluntary benefit plan design, can you please provide us a summary plan description including deductibles on your core major medical insurance?

Answer: Various core major medical health insurance plans are offered through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>

17. Question: Who is the current administrator for the Section 125 pre-tax benefits?

Answer: There are four (4) pre-tax plans offered by the University and all are through AFLAC. Refer to RFP LBS 1090, Attachment E for this information in regards to AFLAC plans.

18. Question: Is the Section 125 administrator for pretax voluntary provided and/or paid by AFLAC? a. If yes, would you expect selected vendor to provide same Section 125 plan document and administrative service at no cost to JMU?

Answer: Yes, AFLAC provides pretax administration. Offerors should outline any applicable administrative cost within their proposals.

19. Question: What is the Section 125 Plan year?

Answer: July 1 – June 30 (fiscal year)

20. Question: What are the Section 125 open enrollment dates?

Answer: May 1-15 each year

21. Question: How many benefit fairs and locations do you expect carrier participation?

Answer: JMU typically has an annual benefits fair at one central location. Our carriers are on campus monthly to provide one-on-one meetings.

22. Question: Will employees at these sites be permitted to attend group and/or individual meetings? Will there be rooms available to conduct these meetings?

Answer: Employees are allowed time away from work to attend HR-sponsored events such as the benefits fair. Additionally, employees are allowed time away from work to attend individual benefit-related meetings. For those monthly visits by vendors, we do have one central meeting room available in the Human Resource Office.

23. Question: Are there any specific goals/ improvement opportunities that JMU recognizes as important?

Answer: The university is committed to offering a variety of robust voluntary benefits. The preference is to make all voluntary benefits offered available to all employees, whether full or part-time.

24. Question: Are any of the current plans offered pre-tax? If so, which plans?

Answer: There are four (4) pre-tax plans offered by the University and all are through AFLAC. Refer to RFP LBS 1090, Attachment E for this information in regards to AFLAC plans.

25. Question: Would JMU consider an offer that includes FSA administration?

Answer: JMU employees have the option to participate in an FSA through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/flexible-spending-accounts>

26. Question: Would JMU consider offering all plans, including core, through one full services benefits administration platform?

Answer: No. Core medical insurance is offered to employees by the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>

27. Question: Can you provide a copy of your current medical plan?

Answer: Various major medical plans are offered through the Commonwealth of Virginia. More information can be found at <https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees>

28. Question: Who is your payroll vendor?

Answer: JMU's Payroll Department handles all university payroll.

29. Question: Assuming you offer an HSA, are your current plans HSA compatible?

Answer: JMU does not offer employees an HSA.

30. Question: Will the current policies remain on payroll deduction or will employees be encouraged to keep plans individually if they do not want to update their coverage?

Answer: Current policies will not continue to remain on payroll deduction. Employees that elect to keep their current plans would manage them individually.

31. Question: What other disability coverage is offered to JMU employees in addition to the AFLAC plan? Can you provide details?

Answer: Classified employees participate in either the [Virginia Sickness & Disability Plan](#) or the [Traditional Sick Leave Plan](#) through the Commonwealth of Virginia, based on date of hire. Administrative & Professional Faculty and Instructional faculty have the choice of either the Virginia Sickness & Disability Plan or the [JMU Faculty & Sickness Disability Plan](#)

32. Question: What are your expectations regarding benefit plan year and open enrollment dates?

Answer: The benefit plan year will be based on the fiscal year (July – June). Open enrollment for state health benefits, FSAs, and supplemental health insurance is May 1-15.

33. Question: To ensure a competitive offer for Short-term Disability, the following census information is requested:

- DOB/Age
- Gender
- Salary
- Occupation
- Class
- An identifier (name or EE ID)

Answer: A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.

34. Question: Please provide a copy of booklet or certificate for the current Short-Term Disability plan.

Answer: The AFLAC benefit brochures are attached.

35. Question: Is the group looking for group voluntary products or individually owned voluntary products?

Answer: Individually owned voluntary products.

36. Question: Will you accept bids from multiple requesters or one per company?

- Answer:** Offerors should include all proposed voluntary benefits/services in one (1) response to RFP# LBS-1090. JMU reserves the right to select from amongst the offered benefits/services and to make multiple awards for RFP# LBS-1090.
37. Question: Can you provide the full benefit plans of the current voluntary coverages?
- Answer:** Benefits booklets are attached. Home, Pet, and Auto Insurance are individually written policies.
38. Question: Do plans need to be HSA compliant?
- Answer:** No.
39. Question: Please provide a census that includes DOB, gender, salary, and job title.
- Answer:** A Summary Census (Excel file) with eligible employees YOB and gender titled “YOB GENDER all active employees ft pt” is attached.
40. Question: When is open enrollment?
- Answer:** May 1-15
41. Question: When is the effective date for the Supplemental Health Insurance?
- Answer:** July 1
42. Question: Will Supplemental Health Insurance enrollment be aligned with Core enrollment?
- Answer:** Yes.
43. Question: Will the incumbent voluntary benefits continue to be payroll deducted or will they be removed from payroll?
- Answer:** Current policies will not continue to remain on payroll deduction. Employees that elect to keep their current plans would manage them individually.
44. Question: Can you describe the current method used for open enrollment?
- Answer:** Employees are sent email communication, as well as mailed communications. Employees enrolled in text messaging also receive a text reminder. Human Resources creates an open enrollment website. Group meetings and face-to-face meetings are scheduled.
45. Question: Will the selected vendor be allowed to conduct group meetings and meet with each employee face-to-face (in-person or virtually)?
- Answer:** Employees may voluntarily schedule one-on-one meetings. COVID guidelines will dictate whether the meetings are in-person or virtual.
46. Question: What HR/payroll system is currently being used?

Answer: PeopleSoft Release 9.2.

47. Question: What enrollment technology platform is used? Please describe how that vendor/administrator would work with us to enroll and administer our products efficiently?

Answer: Email communication as well as mailed communications would be used, as well as the HR benefits website. Employees enrolled in text messaging would also receive a text reminder. Voluntary group meetings and face-to-face meetings would be scheduled for interested employees.

48. Question: What effective date is JMU targeting for roll-out/enrollments?

Answer: JMU anticipates open enrollment May 1-15, 2021

49. Question: Is JMU interested in Long Term Care policies?

Answer: JMU is interested in seeing additional voluntary benefits services in addition to the ones that we already offer.

50. Question: Does the University have a requirement or preference as to how supporting documentation (e.g. organizational chart or plan details) should be included in responses?

Answer: It is preferred that responses appear directly beneath the questions, if possible. Plan documents, organizational charts, or other multi-page items can be included as an attachment.

51. Question: Does the University have a preference as to how our responses to the questions for "Other Voluntary Benefits Services" on page 3 are formatted? Will you accept a pdf of the questions and our responses?

Answer: It is preferred that responses appear directly beneath the questions, if possible.

The University requires hardcopy, sealed proposals be mailed, express mailed, or hand delivered directly to the University as specified on the signature page of RFP# LBS-1090. Refer to Section V. Proposal Preparation and Submission for instructions regarding including electronic proposal versions with the hardcopy proposal.

52. Question: Will an electronic version of our proposal suffice? Or are printed/mailed copies mandated?

Answer: The University requires hardcopy, sealed proposals be mailed, express mailed, or hand delivered directly to the University as specified on the signature page of RFP# LBS-1090. Refer to Section V. Proposal Preparation and Submission for instructions regarding including electronic proposal versions with the hardcopy proposal.

53. Question: Our firm provides Long Term Disability to several universities in the state for employees who participate in the optional Retirement programs often managed by TIAA. Typically these are the faculty members. Does JMU provide a long term disability option to your optional retirement plan participants or is everyone including the Faculty covered by VRS?

Answer: **JMU offers a voluntary long-term disability plan to faculty members who are not enrolled in the Virginia Sickness & Disability Plan, as well as to classified employees in the Traditional Sick Leave Plan. Offeror should provide details on any voluntary long-term disability plans they are offering.**

54. Question: The RFP states that the University will consider payroll deduction as the method of payment for voluntary benefits/services. Are you able to confirm if the Supplemental Health plans will be payroll deducted?

Answer: **It is JMU's preference that the Contractor provide payroll deduction combined with direct billing for supplemental health insurance premiums. This is the current practice at JMU so that when an employee experiences a lapse in paychecks (e.g. long holidays or leave of absence), the current provider will direct bill the employee. The direct bill option also allows for plans to be portable if the employee terminates employment with the University. Offerors should provide detail on their plan and options for managing employee premium payments and any responsibilities that JMU Payroll would have in the process.**

55. Question: Can you provide Census data for everyone currently on any voluntarily insurance policy?

Answer: **A Summary Census (Excel file) with eligible employees YOB and gender titled "YOB GENDER all active employees ft pt" is attached.**

56. Question: Can you provide claims data for the last 24-36 months?

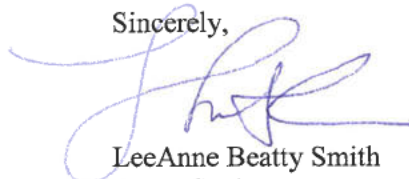
Answer: **This is not being shared publicly by AFLAC due to HIPAA concerns.**

57. Question: Can you provide any High Cost Claimants for the last 24-36 Months?

Answer: **This is not being shared publicly by AFLAC due to HIPAA concerns.**

Signify receipt of this addendum by initialing "Addendum #1 ____" on the signature page of your proposal.

Sincerely,



LeeAnne Beatty Smith
Buyer Senior
Phone: 540-568-7523



November 5, 2020

ADDENDUM NO.: TWO

TO ALL OFFERORS:

REFERENCE: Request for Proposal No: **RFP# LBS-1090**
Dated: October 7, 2020
Commodity: Employee Voluntary Benefits/Services
RFP Closing On: ~~November 4, 2020 at 2:00 pm EST~~
~~November 10, 2020 at 2:00 pm EST~~
November 12, 2020 at 2:00 pm EST

Please note the clarifications and/or changes made on this proposal program:

The closing date and time has been extended to November 12, 2020 at 2:00 pm EST.

1. Question: Would JMU be interested in developing and implementing employee financial education programs or financial wellness training?

Answer: JMU is not interested in acquiring training and development services for our employees.

2. Question Is it possible to get census data to include hire date and home zip code?

Answer: An excel file with this data is attached.

3. Question: Can you provide a census of the Optional Retirement Plan employees who are participating in the plan with UNUM for Long Term Disability? Fields needed are Gender, Date of Birth, Job Description, and Annual Salary.

Answer: JMU will not be sharing this information publicly.

4. Question: Can you provide a copy of the most recent renewal from UNUM that outlines the rates in force and claims utilization information from the past five (5) years for Long Term Disability?

Answer: A summary of LTD premiums and claims is attached as a separate document.

5. Question: Can you provide a copy of the UNUM certification of coverage so we can provide a similar or strengthened plan for employees?

Answer: The UNUM certification of coverage is attached as a separate document.

MSC 5720
752 Ott Street, Room 1042
Wine Price Building
Harrisonburg, VA 22807
Office of 540.568.3145 Phone
PROCUREMENT SERVICES 540.568.7935 Fax

6. Question: Do you have any SWAM vendors or spending being used now that you would like to continue receiving funding?

Answer: No.

7. Question: Do you anticipate extending the bid due date?

Answer: The closing date has been extended until November 12, 2020 at 2:00 pm EST.

8. Question: What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?

Answer: Reference RFP# LBS-1090, Section IV- Evaluation and Award Criteria. No additional details will be provided.

9. Question: Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com?

Answer: No.

10. Question: Other than your own website, where was this bid posted?

Answer: RFP# LBS-1090 was posted on www.eva.virginia.gov

11. **Question:** Our question is in regards to this request: "Identify the amount of sales your company had during the last twelve months with each VASCUPP Member Institution. A list of VASCUPP Members can be found at: www.VASCUPP.org."

Can you clarify how you define "sales your company had"? Is this gross revenue, net revenue, amount of members, etc?

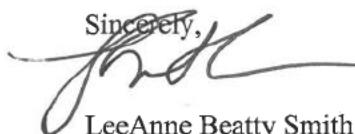
Answer: JMU defines "sales your company had" as the gross revenue collected by your firm from each VASCUPP institution.

12. Question: We are an independent Insurance broker, and have two carriers who are interested in submitting responses to JMU, in partnership with our firm. Is it acceptable for us to submit two proposals (as the lead), both for the area of Supplemental Life?

Answer: Yes.

Signify receipt of this addendum by initialing "Addendum #2 ____" on the signature page of your proposal.

Sincerely,



LeeAnne Beatty Smith
Buyer Senior
Phone: 540-568-7523