

___Yes___No **Cancer Care Plan:** circle one
Individual Insured & Spouse Single Parent Family Two Parent Family

Answer/Acknowledge you understand the following

- Has anyone to be covered ever been diagnosed or treated for cancer or an associated cancerous condition of any type or form? YES/NO
- Has anyone to be covered ever been diagnosed or treated for a nonmelanoma skin cancer? **YES/NO**
- 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. This policy contains a 30-day waiting period. If a Covered Person has Cancer or an Associated Cancerous Condition diagnosed before coverage has been in force 30 days, benefits for treatment of that Cancer or Associated Cancerous Condition will apply only to treatment occurring after two years from the Effective Date of the policy or, at my option, I may elect to void the policy from its beginning and receive a full refund of premium.”

___Yes___No **Critical Illness:** circle one
Individual Insured & Spouse Single Parent Family Two Parent Family

Answer the following

- In the last 5 years, has anyone to be covered been advised to have any of the following: **yes/no**
 - Major organ transplant
 - Coronary artery bypass surgery
 - Angioplasty or stent placement
- In the last 5 years, has anyone to be covered been diagnosed/related for the following: **yes/no**
 - Heart attack
 - Stroke or transient ischemic attack (TIA)
 - Impaired kidney function (other than stones or acute infection)

___Yes___No **Hospital Choice Plan:** circle one
Individual Insured & Spouse Single Parent Family Two Parent Family

I understand that the following conditions apply (please initial)

- Coverage is not provided for any illness, disease, infection, disorder, condition, or injury for which, within the 12-month period before the Effective Date of coverage,** prescription medication was taken or medical testing, 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. Care or treatment caused by a Pre-existing Condition, including deliveries for children if the pregnancy existed prior to the Effective Date of coverage, will not be covered **unless it begins more than 12 months after the Effective Date of coverage**
- Aflac will not pay benefits for a loss that is caused by or occurs as a **result of pregnancy or childbirth if the pregnancy is in existence on the Effective Date** of this policy (complications of such pregnancy are covered to the same extent as a Sickness).
- This policy contains a **30-day waiting period for Sickness** (excluding newborns) that begins on the Effective Date of the policy. Benefits are not payable for any illness, disease, infection, disorder, or condition that is medically evaluated, diagnosed, or treated by a Physician before coverage has been in force 30 days, **unless the loss begins more than 12 months** after the Effective Date of coverage.

___Yes___No **Dental:** circle one
Individual Insured & Spouse Single Parent Family Two Parent Family

___Yes___No **Vision:** circle one

Individual

Insured & Spouse

Single Parent Family

Two Parent Family