

Aflac Group Certification Statements

I certify that the person to be insured has comprehensive health benefits from an insurance policy, an HMO plan, or an employer health benefit plan, or other coverage that satisfies minimum essential coverage under the Affordable Care Act. *Persons without such comprehensive coverage are not eligible for coverage.*

California law prohibits an HIV test from being required or used by health insurance companies as a condition for obtaining health insurance coverage.

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

If this coverage will replace any existing Aflac individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill.

I have considered all of my existing health insurance coverage with Aflac and believe this additional coverage is appropriate for my insurance needs. I further understand that I can contact Aflac at 1-800-992-3522 my current carrier regarding my individual policy and for assistance in evaluating the suitability of my insurance coverage.

Coverage will not become effective unless you are actively at work on the Certificate Effective Date. If you are not actively at work on that date, coverage will become effective on the date you return to an active work status.

CERTIFICATION: I have read the completed Employee Application /Statement of Insurability and the statements and answers that pertain to me and my spouse* and my children. I certify that these statements and answers are true and complete to the best of my knowledge and belief, and that the statements and answers will be used by the insurance company to determine insurability. I realize any false statement or misrepresentation in the Employee Application /Statement of Insurability that was made with actual intent to deceive Continental American Life Insurance Company may result in loss of coverage under the Certificate. I understand that no insurance will be in effect until my Employee Application /Statement of Insurability is approved and the necessary premium is paid.

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

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

I certify that I am actively at work.

*Spouse includes Domestic Partner as defined in California Family Code Section 297.

Any false statement or misrepresentation that was made in the Employee Application shall not bar the right to recovery under the Certificate unless such statement was made with intent to deceive Continental American Life Insurance Company or unless it materially affected either the acceptance of the risk or the hazard assumed by the Company.

To the best of my knowledge and belief, the answers to the questions on this enrollment site are true and complete.

I understand and agree to apply for insurance through this electronic process. By signing below I affirm that I have read the "Things to Consider About My Insurance Coverage" notice, which has been made available to me on this electronic enrollment site. By clicking the "Yes, I Agree" button, I agree to submit my Enrollment Form to Continental American Insurance Company through this electronic process. Your electric signature may appear as a PIN number on any paper copies of this application process Continental American Insurance Company may produce.

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 America Life Insurance Company. For groups situated in New York, coverage is underwritten by American Family Life Assurance Company of New York.



Things to Consider About My Insurance Coverage

Aflac always strives to put our customers' best interests first and therefore, as part of each open enrollment, we encourage you to conduct an annual audit of your insurance policies. Important things to consider are:

- Understanding the benefits of all your policies and ensuring you aren't unnecessarily enrolling in duplicate coverage
- Ensuring your dependent and beneficiary information is up to date
- Verifying your contact information is accurate

If you currently have Aflac individual coverage and your new Aflac group coverage will replace the individual policy, please note that there may be differences in the products.

Some differences that you will want to consider are:

1. Aflac group coverage will only pay claims for covered illnesses or injuries that occur on or after the coverage effective date;
2. Aflac individual coverage will only pay claims for covered illnesses or injuries that occur prior to the termination date;
3. Aflac group benefits are likely different from Aflac individual benefits;
4. Any accrued benefits from an Aflac individual policy will not transfer to Aflac group coverage.

If you are currently covered under an Aflac individual insurance policy and decide to keep it along with this group coverage, please carefully consider all your existing individual and group health insurance coverage and make sure this additional coverage is appropriate for your insurance needs.

For assistance or information, call us at 800.433.3036.

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1-800-433-3036 toll-free