

ADDITIONS ONLY – Complete applicable questions listed below.

Is anyone to be added the mother of a child currently conceived but as yet unborn? Yes No
If yes, please provide the person's name: _____

Please note, benefits are not payable for pregnancy or childbirth within the first ten months of the Effective Date of the addition. (Complications of Pregnancy will be covered to the same extent as a Sickness.)

PLEASE INITIAL: _____

Policyholder

Person(s) to be Added _____
Last Name First Name MI Title

Sex Male Female

Relationship Spouse Child

Reason for Addition Marriage Birth Request

Date of Marriage/Birth/Request _____

New Policy/Contract Holder's Full Name _____
Last Name First Name MI

Sex Male Female Birth Date of New Policy/Contract Holder _____

Billing Name (only applicable if policy on payroll) _____
Last Name First Name MI

New Coverage Desired Individual One-Parent Family Two-Parent Family Named Insured/Spouse Only

REINSTATEMENT OF OR ADDITIONS TO POLICY ONLY – Complete applicable questions listed below.

ANSWER QUESTIONS 1 THROUGH 9 FOR REINSTATEMENTS OR ADDITIONS ON PAYROLL SALES ONLY.

ALL OF THE FOLLOWING MUST BE COMPLETED:

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn? Yes No

Please note, children born within 10 months of the Effective Date of this policy, as shown in the Policy Schedule, will not be covered for any losses or confinements that occur or begin within the first 28 days of life. PLEASE INITIAL: _____

Policyholder

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. Has anyone to be covered ever been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No

* Alzheimer's disease

* senile dementia

* uncorrected congenital heart defect (excluding mitral valve prolapse)

* kidney disease (not including kidney stones)

* systemic lupus

* insulin-dependent diabetes

* end-stage renal disease

4. Has anyone to be covered ever been medically treated or diagnosed by a member of the medical profession for acquired immune deficiency syndrome (AIDS) or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No
5. Has anyone to be covered been medically treated or diagnosed by a member of the medical profession for an internal cancer (which includes melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm) within the last five years? Yes No
6. Has anyone to be covered been hospitalized or missed five consecutive days of work within the last 36 months for any of the following? Yes No
- * angina (heart-related chest pain)
 - * heart surgery
 - * congestive heart failure
 - * heart attack
 - * Parkinson's disease
 - * transient ischemic attack (TIA) (ministroke)
 - * stroke
 - * cerebral vascular insufficiency
 - * peripheral vascular disease (circulatory problems)
 - * Crohn's disease
7. Has anyone to be covered been confined in a Hospital or received medical treatment by a member of the medical profession in an emergency room within the last 12 months for any of the following? Yes No
- * emphysema
 - * sickle cell anemia
 - * Type II diabetes
 - * hypertension
 - * ulcerative colitis
 - * liver disease or disorder (excluding Hepatitis A)
 - * chronic obstructive pulmonary disease
8. Has anyone to be covered been confined in a Hospital within the last 12 months for treatment of asthma? Yes No

9. **If any one of Questions 2 through 8 is answered yes, was it the:**

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

Any person(s) so designated will not be covered under the policy.

**COMPLETE NUMBERS 1 THROUGH 14 FOR ADDITIONS AND REINSTATEMENTS
ON NONPAYROLL SALES ONLY.**

ALL OF THE FOLLOWING MUST BE COMPLETED:

1. Is anyone to be covered the mother or father of a child currently conceived but as yet unborn? Yes No

Please note, children born within 10 months of the Effective Date of this policy, as shown in the Policy Schedule, will not be covered for any losses or confinements that occur or begin within the first 28 days of life. PLEASE INITIAL: _____

Policyholder

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. Has anyone to be covered ever been medically treated or diagnosed by a member of the medical profession as having any of the following? Yes No
- | | |
|---|---|
| * Alzheimer's disease | * systemic lupus |
| * senile dementia | * end-stage renal disease |
| * emphysema | * kidney failure |
| * cerebral vascular insufficiency | * kidney disease or disorder (excluding stones) |
| * transient ischemic attack (TIA) | * liver disease or disorder |
| * heart bypass surgery (involving four or more vessels) | * cirrhosis |
| * uncorrected congenital heart defect (excluding mitral valve prolapse) | * hepatitis (excluding Type A) |
| * stroke | * muscular dystrophy |
| * cardiomyopathy | * Crohn's disease |
| * Type I diabetes | * sickle cell anemia |
| * psoriatic arthritis | * cystic fibrosis |
4. Has anyone to be covered ever been medically treated or diagnosed by a member of the medical profession as having Type II diabetes diagnosed prior to age 30; Type II diabetes with complications to include retinopathy, neuropathy, or nephropathy; Type II diabetes that required insulin use within the last 12 months; or Type II diabetes with continued tobacco use? Yes No
5. Has anyone to be covered ever been medically treated or diagnosed by a member of the medical profession for acquired immune deficiency syndrome (AIDS) or has anyone to be covered tested positive for human immunodeficiency virus (HIV)? Yes No
6. Has anyone to be covered ever had or been advised to have an organ transplant, or consulted with or been evaluated by a member of the medical profession of the need to have an organ transplant? Yes No
7. Has anyone to be covered been medically treated or diagnosed by a member of the medical profession for an internal cancer (which includes melanoma of Clark's Level III or higher, or a Breslow level greater than 1.5 mm) within the last five years? Yes No
8. During the past 36 months 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 (chest pains) | * peripheral vascular disease (circulatory problems) |
| * congestive heart failure | * arrhythmia (with pacemaker or defibrillator) |
| * heart attack | * pancreatitis |
| * heart bypass surgery (involving 3 or less vessels) | * ulcerative colitis |
| * angioplasty or stent placement | * alcohol or drug abuse |
| * chronic obstructive pulmonary disease (COPD) | * parkinson's disease |
| | * multiple sclerosis |
9. During the past 12 months, has anyone to be covered missed more than seven consecutive days of work due to Injury or Sickness (excluding a normal pregnancy)? Yes No
10. During the past 12 months has anyone to be covered been treated in a Hospital or Hospital emergency room for any respiratory disorders or psoriasis? Yes No
11. During the past six months, has anyone to be covered been advised by a member of the medical profession to have tests, treatment, or surgery that has not yet been done or are they undergoing evaluation following an abnormal test result? Yes No

12. **If any one of Questions 2 through 11 is answered yes, was it the:**
 Named Insured? Spouse? Child? If "Child," please list the name of the child(ren).

Any person(s) so designated will not be covered under the policy.

13. Has anyone to be covered been treated or had surgery at a Hospital as an outpatient or inpatient (not including treatment or surgery for elective procedures, childbirth, tonsils, appendix or gallbladder) in the last five years? Yes No

If you answered "yes", please provide details about the nature of the illness, Injury or need for medical attention below.

Name of individual(s): Details:

14. Has anyone to be covered taken any medication recommended or prescribed by a member of the medical profession within the last six weeks (not including prescription contraceptives)? Yes No

If yes, please provide complete information below:

Name of Individual(s)	Name of Medication	Frequency	Date first Prescribed	Reason/medical condition

I understand that the reinstated policy will cover loss resulting only from hospitalization that begins more than 10 days after the date of reinstatement. I understand that the information on this form applies **ONLY** to my Aflac Hospital Confinement Indemnity Policy.

I have read, or had read to me, the completed application, and I realize that policy reinstatement is based upon statements and answers provided herein, and they are complete and true. All statements made in this application are deemed representations and not warranties. I realize that any material misrepresentation therein may result in loss of coverage under the policy. I understand that Aflac and I will have the same rights as provided under the policy(s) immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to the policy(s) in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy(s) Reinstatement Provision.

Signature _____

Signed and Dated at _____ on _____
City and State Date

**MAKE CHECKS PAYABLE TO AFLAC.
 FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
 VISIT OUR WEB SITE AT AFLAC.COM.**

FOR WORLDWIDE HEADQUARTERS USE ONLY

PTD _____
Lapsed _____
Reinstated _____
Premiums Applied From _____
Initials _____

No. Months Dropped _____
\$ Applied _____
No. Months _____
New PTD _____