

INTRODUCING ...

# Cancer Protection Assurance

Aflac's Cancer Plan (Policy Series B70000)  
... With New Enriched Features!

25A-103 NEW JERSEY  
APRIL 14, 2025

Cancer treatment is changing and Aflac is proud to be changing with it. Aflac's **Cancer Protection Assurance** provides benefits for these innovative treatments to show our policyholders we really care for them. From prevention to recovery, Aflac is with them every step of the way. Our benefits are built to help see them all the way through cancer treatment and will stay with them for life after cancer.

## POLICIES

Policy Series B70100  
Policy Series B70200

## HIGHLIGHTS OF THE PRODUCT

- All plan options have a Cancer Screening Benefit
- Available on Worksite, Union, Agent Assisted Direct and Affiliation\*
- All plan options are HSA Compatible
- Access to New policyholder resources

\*Payroll will now be known as Worksite and Association will be known as Affiliation

## NEW AND ENHANCED BENEFITS

- |   |   |
|---|---|
| ▪ Cancer Screening Benefit – <b>Increased</b>   | ▪ Annual Care Benefit – <b>New</b>  |
| ▪ A benefit for preventive surgery due to a positive genetic test result – <b>New</b> | ▪ A benefit for preventive surgery associated with internal cancer diagnosis – <b>New</b> |
| ▪ Nonsurgical Treatment and Preventative Care Benefit – <b>Enhanced</b>               | ▪ Stem Cell and Bone Marrow Transplantation Benefit – <b>Enhanced</b>                     |
| ▪ Hospital Admission Benefit – <b>New</b>   | ▪ Reconstructive Surgery Benefit – <b>Enhanced</b>  |
| ▪ Family Support Benefit – <b>New</b>   | ▪ Skilled Nursing Home Facility Benefit – <b>New</b>                                      |

The current Cancer Care plan (Policies A78100NJ, A78200NJ, A78300NJ and A78400NJ) will be withdrawn from sale effective May 2, 2025. Any Cancer Care plan applications (A78001PcNJ or A78002UcNJ) received on or after May 2, 2025, will be returned.

Please review the administrative guidelines and all forms completely. Contact your Market Trainer if you have any questions.

## *Product Development and Management*

ADW/adw

Online All the Time

Check out [sell.aflac.com](http://sell.aflac.com) for the latest production reports, Honor Clubs qualifications, resources, and tools.

American Family Life Assurance Company of Columbus  
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999-0001

# Providing Support & Recognition

## We elevate our commitment to providing support care beyond the claim ...

When a person enrolls in Aflac's cancer coverage, we promise to be there when they need us the most. We are committed to keeping that promise.

In addition to paying benefits, we have designed a host of additional support services for our policyholders so they can focus on healing and recovery. Upon diagnosis, a letter will be sent from Dan Amos to include a message of available resources for our policyholders and our philanthropic focus.

## NEW RESOURCES FOR POLICYHOLDERS

### Cancer Support Partnerships

At Aflac, we believe the support of family and friends is critical during cancer treatment and recovery.

- To help foster a community of encouragement, **MyCancerCircle** is an online group that our policyholders can use to keep supporters updated on their health. My Cancer Circle is easily accessible any time of day, via **MyAflac**. This service also provides tools for coordinating meals, transportation and medical visits, as well as enabling friends and loved ones to send messages.
- We have also partnered with **CancerCare**, a leading national organization dedicated to providing support services for our policyholders and their loved ones during treatment and beyond. At [cancercare.org](http://cancercare.org), they will have access to support groups, education workshops, informative publications and online portals and tools.

### Caregiver Recognition

We recognize the importance of caregivers and the special role they serve in our policyholder's lives. We have created custom images specifically designed for sharing with their caregivers as a meaningful message of gratitude. All are conveniently available online through their MyAflac account page.

To explore these tools, designed to help provide comfort and hope, policyholders should log on to their MyAflac account/My Policy page and click on the cancer ribbon.

### Philanthropy

Aflac has a long-term commitment to helping families facing cancer. In fact, for more than 20 years, The Aflac Foundation Inc. as well as Aflac employees and sales agents have contributed more than \$165 million toward the research and treatment of pediatric cancer. To learn more about Aflac's support, please visit [AflacChildhoodCancer.org](http://AflacChildhoodCancer.org).

## Comparison of the Aflac Cancer Protection Assurance and Cancer Care for New Jersey

*NOTE: Please refer to your state approved brochures for actual benefit language.*

	Cancer Protection Assurance Policy B70100NJ	Cancer Protection Assurance Policy B70200NJ	Preferred Cancer Care Policy A78100NJ	Select Cancer Care Policy A78200NJ	Classic Cancer Care Policy A78300NJ	Premier Cancer Care Policy A78400NJ
Cancer Screening Benefit	\$50 per Calendar Year, once per Covered Person	\$50 per Calendar Year, once per Covered Person	\$25 per Calendar Year, per Covered Person	\$40 per Calendar Year, per Covered Person	\$75 per Calendar Year, per Covered Person	\$100 per Calendar Year, per Covered Person
Prophylactic Surgery Benefit (Due to a Positive Genetic Test Result) (New)	\$250 payable once per Covered Person, per lifetime	\$350 payable once per Covered Person, per lifetime	Not Available			
Initial Diagnosis Benefit	Not Available	Not Available	(Insured/Spouse) \$1,000; (Child) \$2,000	(Insured/Spouse) 2,000; (Child) \$4,000	(Insured/Spouse) \$4,000; (Child) \$8,000	(Insured/Spouse) \$6,000; (Child) \$12,000
Nonsurgical Treatment and Preventative Care Benefits (Radiation Therapy, Chemotherapy, Immunotherapy, Experimental Chemotherapy)	\$1,875 once per Calendar Month	\$2,250 once per Calendar Month	Benefits paid individually as separate benefits			
Hormonal Therapy Benefit	\$25 once per Calendar Month	\$40 once per Calendar Month	\$135/mo up to 24 mo per prescription; after 24 mo, \$50/mo; up to \$405/mo for Oral/Topical Benefit	\$135/mo up to 24 mo per prescription; after 24 mo, \$50/mo; up to \$405/mo for Oral/Topical Benefit	\$250/mo up to 24 mo per prescription; after 24 mo, \$75/mo; up to \$750/mo for Oral/Topical Benefit	\$400/mo up to 24 mo per prescription; after 24 mo, \$100/mo; up to \$1,200/mo for Oral/Topical Benefit
Topical Chemotherapy Benefit	Not Available		\$100/mo per prescription up to \$405 per month for Oral/Topical Benefit	\$100/mo per prescription up to \$405 per month for Oral/Topical Benefit	\$150/mo per prescription up to \$750 per month for Oral/Topical Benefit	\$200/mo per prescription up to \$1,200 per month for Oral/Topical Benefit
Antinausea Benefit	\$100 once per Calendar Month	\$150 once per Calendar Month	\$50 per month	\$50 per month	\$100 per month	\$150 per month
Stem Cell Transplantation Benefit	\$7,000 lifetime max, per Covered Person	\$10,000 lifetime max, per Covered Person	\$3,500; lifetime max \$3,500	\$3,500; lifetime max \$3,500	\$7,000; lifetime max \$7,000	\$10,000; lifetime max \$10,000
Bone Marrow Transplantation Benefit	\$100 Stem Cell Donor \$750 Bone Marrow Donor	\$150 Stem Cell Donor \$1,000 Bone Marrow Donor	\$3,500; lifetime max \$3,500; \$500 to donor	\$3,500; lifetime max \$3,500; \$500 to donor	\$7,000; lifetime max \$7,000; \$750 to donor	\$10,000; lifetime max \$10,000; \$1,000 to donor
Blood and Plasma Benefit	Inpatient: \$50 times number of days confined Outpatient: \$140 per day	Inpatient: \$75 times number of days confined Outpatient: \$250 per day	Inpatient: \$85 times the number of days confined; Outpatient: \$140 per day	Inpatient: \$85 times the number of days confined; Outpatient: \$140 per day	Inpatient: \$100 times the number of days confined; Outpatient: \$175 per day	Inpatient: \$150 times the number of days confined; Outpatient: \$250 per day
Surgery/Anesthesia Benefit	\$100–\$3,400 Anesthesia: additional 25% of surgical benefit	\$140–\$5,000 Anesthesia: additional 25% of surgical benefit	\$50–\$1,700 Anesthesia: additional 25% of surgical benefit	\$50–\$1,700 Anesthesia: additional 25% of surgical benefit	\$100–\$3,400 Anesthesia: additional 25% of surgical benefit	\$140–\$5,000 Anesthesia: additional 25% of surgical benefit
Skin Cancer Surgery Benefit	\$65–\$400	\$75–\$600	\$20–\$200	\$20–\$200	\$35–\$400	\$50–\$600
Prophylactic Surgery Benefit (With Correlating Internal Cancer Diagnosis) (New)	\$250 once per Covered Person, per lifetime	\$350 once per Covered Person, per lifetime	Not Available			
Hospital Admission Benefit	\$400 per confinement, per Covered Person, up to twice per Calendar Year	\$800 per confinement, per Covered Person, up to twice per Calendar Year	Not Available			
Hospital Confinement Benefit	\$125/day, per Covered Person, no lifetime max	\$150/day, per Covered Person, no lifetime max	\$100 (Insured/Spouse) \$125 (Child)	\$100 (Insured/Spouse) \$125 (Child)	\$200 (Insured/Spouse) \$250 (Child)	\$300 (Insured/Spouse) \$375 (Child)
Extended-Stay Hospital Benefit	\$125/day, per Covered Person, no lifetime max	\$150/day, per Covered Person, no lifetime max	Not Available			
Family Support Benefit	\$1,000 per Calendar Year, per covered Child, no lifetime max	\$1,000 per Calendar Year, per covered Child, no lifetime max	Not Available			
Outpatient Hospital Surgical Room Benefit	\$200 (in addition to Surgical/Anesthesia Benefit)	\$300 (in addition to Surgical/Anesthesia Benefit)	\$100 (in addition to Surgical/Anesthesia Benefit)	\$100 (in addition to Surgical/Anesthesia Benefit)	\$200 (in addition to Surgical/Anesthesia Benefit)	\$300 (in addition to Surgical/Anesthesia Benefit)
Extended-Care Facility Benefit	\$100/day, up to 100 days, per Calendar year, per Covered Person	\$150/day, up to 100 days per Calendar year, per Covered Person	\$75/day, up to 100 days per year	\$75/day, up to 100 days per year	\$100/day, up to 100 days per year	\$150/day, up to 100 days per year

## Comparison of the Aflac Cancer Protection Assurance and Cancer Care for New Jersey (Continued)

*NOTE: Please refer to your state approved brochures for actual benefit language.*

	Cancer Protection Assurance Policy B70100NJ	Cancer Protection Assurance Policy B70200NJ	Preferred Cancer Care Policy A78100NJ	Select Cancer Care Policy A78200NJ	Classic Cancer Care Policy A78300NJ	Premier Cancer Care Policy A78400NJ
<b>Skilled Nursing Home Facility Benefit</b>	\$100/day, up to 100 days, per Covered Person	\$150/day, up to 100 days, per Covered Person	Not Available			
<b>Home Health Care Benefit</b>	\$100/day; up to 100 days, per Covered Person	\$150/day; up to 100 days, per Covered Person	\$50 per day	\$50 per day	\$100 per day	\$150 per day
<b>Hospice Care Benefit</b>	\$1,000 once (1st day) \$50/day thereafter; \$12,000 lifetime max	\$1,000 once (1st day) \$50/day thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max	\$1,000 (1st day) \$50 thereafter; \$12,000 lifetime max
<b>Nursing Services Benefit</b>	\$100/day, per Covered Person, no lifetime max	\$150/day, per Covered Person, no lifetime max	\$50 per day	\$50 per day	\$100 per day	\$150 per day
<b>Surgical Prosthesis Benefit</b>	\$2,000; lifetime max \$4,000 per Covered Person	\$3,000; lifetime max \$6,000 per Covered Person	\$1,000; lifetime max \$2,000	\$1,000; lifetime max \$2,000	\$2,000; lifetime max \$4,000	\$3,000; lifetime max \$6,000
<b>Nonsurgical Prosthesis Benefit</b>	\$175 per occurrence; lifetime max \$350 per Covered Person	\$250 per occurrence; lifetime max \$500 per Covered Person	\$90 per occurrence; lifetime max \$180 per Covered Person	\$90 per occurrence; lifetime max \$180 per Covered Person	\$175 per occurrence; lifetime max \$350 per Covered Person	\$250 per occurrence; lifetime max \$500 per Covered Person
<b>Reconstructive Surgery Benefit</b>	\$100–\$2,000 (Breast) \$500 (Other) Anesthesia: 25% of this Benefit	\$150–\$3,000 (Breast) \$700 (Other) Anesthesia: 25% of this Benefit	\$110–\$1,000 Anesthesia: 25% of this Benefit	\$110–\$1,000 Anesthesia: 25% of this Benefit	\$220–\$2,000 Anesthesia: 25% of this Benefit	\$350–\$3,000 Anesthesia: 25% of this Benefit
<b>Egg Harvesting, Storage (Cryopreservation) and Implantation Benefit</b>	\$1,000; \$200 (storage); \$200 (Embryo transfer); lifetime max \$1,400	\$1,500; \$250 (storage); \$250 (Embryo transfer) lifetime max \$2,000	\$500 oocytes extracted; \$175 for storage; \$675 lifetime max	\$500 oocytes extracted; \$175 for storage; \$675 lifetime max	\$1,000 oocytes extracted; \$350 for storage; \$1,350 lifetime max	\$1,500 oocytes extracted; \$500 for storage; \$2,000 lifetime max
<b>Annual Care Benefit (New)</b>	\$1,000/anniversary date of Cancer Diagnosis; lifetime max 5 years	\$1,000/anniversary date of Cancer Diagnosis; lifetime max 5 years	Not Available			
<b>Ambulance Benefit</b>	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground; or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air	\$250 ground or \$2,000 air
<b>Transportation Benefit</b>	\$1,000/Month, per Covered Person, no lifetime max	\$1,000/Month, per Covered Person, no lifetime max	\$ .35 per mile; max \$1,000	\$ .35 per mile; max \$1,000	\$ .40 per mile; max \$1,200	\$ .50 per mile; max \$1,500
<b>Lodging Benefit</b>			\$50/day; max 90 days	\$50/day; max 90 days	\$65/day; max 90 days	\$80/day; max 90 days
<b>Bone Marrow Donor Screening Benefit</b>	Paid in Cancer Screening Benefit	Paid in Cancer Screening Benefit	\$40	\$40	\$40	\$40
<b>Medical Imaging with Diagnosis Benefit</b>	Paid in Cancer Screening Benefit	Paid in Cancer Screening Benefit	\$75; two per year	\$75; two per year	\$135; two per year	\$200; two per year
<b>NCI Evaluation/Consultation Benefit</b>	Not Available		\$500	\$500	\$500	\$1,000
<b>Injected Chemotherapy Benefit</b>	Paid under Nonsurgical Treatment Benefit	Paid under Nonsurgical Treatment Benefit	\$300 per week	\$300 per week	\$600 per week	\$900 per week
<b>Nonhormonal Oral Chemotherapy Benefit</b>	Paid under Nonsurgical Treatment Benefit	Paid under Nonsurgical Treatment Benefit	\$135/prescription up to \$405 per month for Oral/Topical Benefit	\$135/prescription up to \$405 per month for Oral/Topical Benefit	\$250/prescription up to \$750 per month for Oral/Topical Benefit	\$400/prescription up to \$1,200 per month for Oral/Topical Benefit
<b>Radiation Therapy Benefit</b>	Paid under Nonsurgical Treatment Benefit	Paid under Nonsurgical Treatment Benefit	\$175 per week	\$175 per week	\$350 per week	\$500 per week
<b>Experimental Treatment Benefit</b>	Paid under Nonsurgical Treatment Benefit	Paid under Nonsurgical Treatment Benefit	\$175/week if charged; \$75/week no charge	\$175/week if charged; \$75/week no charge	\$350/week if charged; \$100/week no charge	\$500/week if charged; \$125/week no charge
<b>Immunotherapy Benefit</b>	Paid under Nonsurgical treatment and Preventative Care Benefit	Paid under Nonsurgical Treatment and Preventative Care Benefit	\$175 once per month \$875 lifetime max	\$175 once per month \$875 lifetime max	\$350 once per month \$1,750 lifetime max	\$500 once per month \$2,500 lifetime max
<b>Waiver of Premium Benefit</b>	No	No	Yes	Yes	Yes	Yes
<b>Continuation of Coverage</b>	Yes	Yes	Yes	Yes	Yes	Yes
<b>Optional Riders:</b>						
<b>Initial Diagnosis Building Benefit Rider</b>	Not Available		Annual build of \$100 per unit; 1-5 units available			
<b>Dependent Child Rider</b>	Not Available		\$10,000 one-time payment payable upon initial diagnosis of Dependent Child (up to age 26)			
<b>Specified-Disease Benefit Rider</b>	Not Available		Not Available			
<b>Primary SHE w/First-Occurrence Bldg Benefit Rider</b>	Not Available		\$5,000 (Insured/Spouse); \$7,500 (Child) \$500 Annual Building Benefit and other additional benefits			
<b>Primary SHE w/First-Occurrence Bldg Benefit and Primary SHE Recovery Benefit Rider</b>	Not Available		\$5,000 (Insured/Spouse); \$7,500 (Child) \$500 Annual Building Benefit and other additional benefits; \$500 Monthly Recovery Benefit and other additional benefits			
<b>Return of Premium Benefit Rider</b>	Not Available		Not Available			

# Cancer Protection Assurance Administrative Guidelines

## Eligibility

Aflac's **Cancer Protection Assurance** may be issued to applicants age 18 through 75 on Worksite (payroll), Employee Direct Billing (EDB) and Union; ages 18 through 69 on Agent Assisted Direct and Affiliation (Association).

**NOTE: Both the Spouse/Civil Union Partner and the Primary Insured must meet the age requirement to be covered.** Coverage for Dependent Children will continue until the Dependent Child's 26th birthday.

We will not accept any **Cancer Protection Assurance** applications marked "new" for anyone over the age of 75 (Worksite) or 69 (Agent Assisted Direct). Internal replacements (conversions) are allowed up to age 99.

**Cancer Protection Assurance** policies are eligible for pre-tax deduction under Section 125.

**Cancer Protection Assurance** is available for purchase by the field force through Agent's Account 00316.

The effective date can be advanced up to 120 days from the enrollment date. With any sales where the effective date is advanced more than 60 days, Statement of Understanding **A13072** must be completed and submitted with electronic applications on Everwell. Statement of Understanding **A13072SURE** must be completed and submitted with paper applications.

## Other Cancer Coverage

**Cancer Protection Assurance** plan (Series B70000) can be solicited in accounts where other Aflac cancer products have been sold in the past.

## Applications

**Cancer Protection Assurance** has four applications: **B70001NJ** for Worksite, **B70001UNJ** for Union, **B70002NJ** for Agent Assisted Direct and **B70002ANJ** for Affiliation.

### Application Type Chart

This chart describes what conditions constitute a new application, an internal replacement application and a downgrade of coverage application.

APPLICATION TYPE	SELECT WHEN	ENROLLMENT PLATFORM
New (Select New on the application)	The applicant does not have any existing cancer coverage with Aflac or a plan that has terminated within the last six months and is applying for a <b>Cancer Protection Assurance</b> policy for the first time. <b>NOTE:</b> If the applicant only has a Lump Sum Critical Illness policy that includes cancer coverage or a Lump Sum Cancer Benefit Rider; then they would still select "NEW" on the application.	Everwell; Paper
Internal Replacement (Select Internal Replacement on the application)	The applicant has existing cancer coverage (prior series) with Aflac and is applying to convert/upgrade to the <b>Cancer Protection Assurance</b> policy.	Everwell; Paper
	The applicant has an existing <b>Cancer Protection Assurance</b> policy and wants to increase their cancer benefit amount, and/or change their existing policy option. <b>NOTE:</b> This is considered a conversion within the same series. Conversions within the same series are allowed on this plan.	
	<b>Other Internal Replacement Notes:</b> <ul style="list-style-type: none"><li>If the other Aflac coverage question is answered "yes", then the internal replacement must be selected. Current policy number(s) must be indicated.</li></ul>	Everwell; Paper

	<ul style="list-style-type: none"> <li>If the replacement question is answered “yes” and/or the other Aflac coverage question is answered “yes”, then a replacement notice must be required at the time of application.</li> <li>The Proposed Insured’s initials must be initialed in the Internal Replacement section of the Applicant’s Statements and Agreements section if the application is for Internal Replacement and initials are required for downgrades.</li> </ul>	
Downgrade (Select Downgrade on the application)	<ul style="list-style-type: none"> <li>The applicant has an existing Series B70000 <b>Cancer Protection Assurance</b> policy and wants to decrease to a lower policy series.</li> </ul> <p><i>See the Downgrade section for more details.</i></p>	Everwell; Paper

### Medicaid Eligibility Card Question

This question must be answered. If the answer to the question is “yes”, New Jersey law prohibits the sale of this policy; therefore, do not submit the application.

The comprehensive hospital and medical services and supplies question must be answered. If the answer to the question is “no”, a policy will not be issued. If “yes”, but the spouse/civil union partner and/or dependent children do not, their names must be listed. Any person(s) listed will not be covered.

The other health insurance question must be answered. If “yes”, the name of the company(ies) which issued the insurance, the type of coverage, and where possible, the policy number must be listed.

### \*Actively Working Question (Proposed Insured)

This question must be answered. Applicants must be actively working in order to obtain coverage. If the answer to this question is “no”, a policy will not be issued; therefore, do not submit the application.

*\*Worksite (Payroll) and Union Applications only*

### Replacement Question (Proposed Insured and Spouse/Civil Union Partner, if applicable)

This question must be answered. If the answer to the question is “yes”, the applicant must read and sign Replacement Notice [A-8691-NJ](#).

### Other Cancer Coverage Question

The other cancer coverage question must be answered. If the applicant marks “yes” to this question, they will be required to provide their policy number(s). The application will be processed as an internal replacement or downgrade of that coverage. Please see the application chart for more details. **NOTE:** Replacement Notice [A8692](#) will also be required.

A policyholder **may** have both a previous Aflac Lump Sum Critical Illness with cancer coverage or a Lump Sum Cancer policy and a **Cancer Protection Assurance** policy. If the policyholder has **either** a prior Aflac cancer plan, such as Maximum Difference **or** Cancer Care, he/she must convert that policy to the **Cancer Protection Assurance**. Internal replacement within Series B70000 is allowed (e.g., *converting from Policy Series B70100 to Policy Series B70200*).

If the applicant is the Named Insured on Cancer coverage with Aflac, excluding Aflac Lump Sum Specified Disease/Cancer Benefit Rider or a Lump Sum Cancer policy that was in force within the last six months, but is now terminated, they must submit an application for reinstatement of that coverage before applying to replace it. Do not submit an application until the previous coverage has been reinstated. If they are not eligible to reinstate their previous coverage, then they are not eligible for this policy.

## Underwriting

If your current cancer coverage is a Series B70200 and you are applying to decrease your current coverage by selecting a lower Series B70100 policy level, then it is considered a downgrade. Therefore, underwriting is not required for a decrease in cancer coverage only.



For Applications [B70001NJ](#) and [B70001UNJ](#), **Question 1** is required to be completed. If Question 1 is answered “yes”, complete Questions 2 – 4; if “no”, skip to Question 4.

**If Question 2 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Child is indicated.

**If Question 3 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. Cancer History Form [B70030NJ](#) must be completed and additional underwriting may be required.

**If Question 4 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will be issued Skin Cancer Exclusion Rider [A78131NJ](#). Benefits will not be payable under the policy for the indicated individual(s) for the treatment of skin cancer. If “yes” and this is an internal replacement, the person(s) so designated is/are not eligible for the replacement coverage.** The Proposed Insured must initial the application. If an applicant has had nonmelanoma skin cancer and has been cancer-free from nonmelanoma skin cancer for over five years, headquarters will issue the policy with full coverage.

If an Insured, who was issued a policy with Skin Cancer Exclusion Rider [A78131NJ](#), has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage is in force and has been skin cancer treatment free for five years while covered under the policy, they can submit Application to Remove Skin Cancer Exclusion Rider [A78130](#) to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

**Question 5** must be completed. If Question 5 is answered “yes”, check whether it is for the Named Insured, Spouse/Civil Union Partner or Child and indicate the name(s). **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, the policy will not be issued.** The additional children question must be answered if a Child is indicated.

For Applications [B70002NJ](#) and [B70002ANJ](#), **Question 1** is required to be completed. If Question 1 is answered “yes”, complete Questions 2 – 7; if “no”, complete Questions 4 – 7.

**If Question 2 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy.**

**If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Child is indicated.

**If Question 3 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner , or Child and enter the name(s) on the application. Cancer History Form [B70030NJ](#) must be completed and additional underwriting may be required.

**If Question 4 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will be issued Skin Cancer Exclusion Rider [A78131NJ](#). Benefits will not be payable under the policy for the indicated individual(s) for the treatment of Skin Cancer. If “yes” and this is an internal replacement, the person(s) so designated is/are not eligible for the replacement coverage.** The Proposed Insured must initial the application. If an applicant has had nonmelanoma skin cancer and has been cancer-free from nonmelanoma skin cancer for over ten years, headquarters will issue the policy with full coverage.

If an insured, who was issued a policy with Skin Cancer Exclusion Rider [A78131NJ](#), has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage is in force and has been skin cancer treatment free for five years while covered under the policy, they can submit Application to Remove Skin Cancer Exclusion Rider [A78130](#) to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

**If any one of Questions 5 – 7 is answered “yes”**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Proposed Insured, a policy will not be issued.** The additional children question must be answered if a Child is indicated.

## Applicant's Statements and Agreements (Applies to all applications)

The Proposed Insured is required to do the following, or the application **will pend**:

- Read and initial the policy provisions.
- Read and initial the policy provisions for effective date of policy.
- Acknowledge receipt of, if applicable, Replacement Notice, Guide to Health Insurance for People with Medicare, Outline of Coverage and Electronic Delivery Notice.
- Read and initial the Statement and Agreement acknowledging if the application is for an internal replacement/downgrade.

## Downgrades

### Current Aflac Cancer Coverage Questions

If a policyholder has a **Cancer Protection Assurance** Series B70200 policy and is applying to decrease their current coverage by selecting a lower Series B70100 policy level, then it is a downgrade. Downgrade should be selected on the application.

Available Downgrade Policy Options	
Policyholder's Current Policy Options	Downgrade Policy Options that can be Selected
Series B70200	Series B70100
Series B70100	Downgrades Not Allowed (No available options)

### Additional Notes:

- If applying for a downgrade, Downgrade Notice and Acknowledgement Form **B70031NJ** must be completed.
- Family member(s) cannot be added to a policy during a downgrade; however, they can be deleted.

## Billing Methods

### PAYROLL:

All payment billing modes (weekly, biweekly, semimonthly, monthly, quarterly, semiannual and annual) are available on payroll.

**NOTE:** It is Aflac's procedure to require initial premiums to be submitted with applications when the account is billed quarterly, semi-annually and annually.

In an effort to reduce the number of pended applications that fall into this category, Everwell will not allow new or existing groups to be transmitted with these bill modes.

To assist you in changing the current bill mode on an account, please call the Customer Service Center at 1-800-GO-AFLAC (1-800-462-3522).

**NOTE:** For EBMO accounts, the Billable Premium and Mode fields should match the account's payroll deduction frequency. The billing frequency can be found on New Account Authorization **M0138**.

**Example:** An applicant is paid weekly for a total of 52 payroll deductions per year. The amount entered in the Billable Premium field should be the annual premium divided by 52. Using SmartQuote<sup>SM</sup> to calculate the billable premium will avoid rounding errors. Indicate **Weekly** as the mode on the application.

- When submitting applications on paper for an EBMO account, use Everwell to calculate the correct premium by entering the appropriate modal factor (weekly, biweekly or semimonthly). The mode on the application must equal the deduction frequency.
- When submitting applications on an account that was **established** as an EBMO account, Everwell will make this calculation automatically when you receive your download.
- When submitting applications on an account that has been **changed** to EBMO, you must obtain a current download prior to writing applications. This will let Everwell know that the account is now an EBMO account. Everwell will then determine the billable premium and mode based on the account's payroll deduction frequency.



**Cancer Protection Assurance** can be offered to Employee Direct Billing (EDB) accounts. EDB allows Aflac to sell direct-billed policies at payroll rates for employers who will not or cannot take payroll deductions from their employees' paycheck. Aflac will bill the account's employees directly through bank draft or credit card billing. To establish an account on EDB, the associate must submit Nonpayroll Association Form Questionnaire [M0192R5](#).

#### **AGENT ASSISTED DIRECT AND AFFILIATION:**

Payment billing modes monthly, quarterly, semiannual and annual are available on Agent Assisted Direct and Affiliation. Payment Authorization Form [A91195](#) is required for Agent Assisted Direct and Affiliation business. Payment Authorization Agreement [A91195PAA](#) will be used with **paper** applications. If immediate coverage is required, the draft date must be the same date the application is transmitted to headquarters (prior to 6 p.m. ET).

- **For Everwell Applications:** For processing through Everwell, the ONLY billing methods offered are bank draft, credit card, and list bill.
- **For Paper Applications:** We no longer require premiums to be submitted with paper applications.
- **Bank Draft:** The transit/ABA number is required to be entered when offering bank draft. It has to be eight or nine digits. The bank account number can be from 1 to 24 digits. Premiums will be drafted on the requested draft date following the date the application is received in headquarters.  
**NOTE:** The draft date cannot be the 29th, 30th or 31st.
- **Credit Card:** The credit card expiration date field is required to be entered as mm/yyyy or mm/yy. Premium is not required to be submitted with the application because it will be drafted on the requested draft date following the date the application is received in headquarters.

#### **Reinstatement/Additions**

Use [B7003NJ](#) for all **Cancer Protection Assurance** policy reinstatements or additions. Reinstatements are only allowed for up to two years after the policy lapse date.

**Question 1** is required to be completed. If Question 1 is answered "yes", complete Questions 2 – 7; if "no", complete Questions 4 – 7.

**If Question 2 is answered "yes"**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Policyholder, the policy will not be reinstated.** The additional children question must be answered if a Child is indicated.

**Question 3 must be answered "yes" or "no"**. Check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. Cancer History Form [B70030CHNJ](#) must be completed and additional underwriting may be required.

**If Question 4 is answered "yes"**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. Skin Cancer Exclusion Rider [A78131NJ](#) will be issued and benefits will not be payable under the policy for the indicated individual for the treatment of skin cancer. If such individual has not had an occurrence or recurrence of any nonmelanoma skin cancer during any 5-year period coverage was in force and has been skin cancer treatment free for five years while covered under the policy, they can submit Application to Remove Skin Cancer Exclusion Rider [A78130](#) to request removal of the rider. This form is subject to underwriting by headquarters. The exclusion rider will remain on the policy if the request to remove the rider is not approved.

**If any one of Questions 5 – 7 is answered "yes"**, check whether it is the Named Insured, Spouse/Civil Union Partner or Child and enter the name(s) on the application. **Any person(s) so designated will not be covered under the policy. If the named person is the Policyholder, the policy will not be reinstated.** The additional children question must be answered if a Child is indicated.

#### **Authorization to Obtain Information**

Form [A90063R14NJ](#) will be required to be submitted with any **Cancer Protection Assurance** plan enrollment application (new, conversion or reinstatement). If the form is not received with the application, **the application will pend.**

## Suitability Notice

Form **A99999** will be required to be submitted with any **Cancer Protection Assurance** plan enrollment application when the application is completed in the presence of an agent (new, conversion or reinstatement). Both the applicant's and agent's signatures are required. Form **A99999EE** will be required to be completed by the applicant when no agent is present at time of application. If the form is not received with the application, **the application will pend.**

## Notice of Information Practices

New Jersey requires Notice of Information Practices Form **A10642NJ**. A condensed version of this form is included on the applications; therefore, there is no need to complete the form. However, if the applicant should request the extended version, form **A10642NJ** must be provided.

## Electronic Delivery Notice

Electronic Delivery Notice **M2202** is required to be provided to the applicant when using paper applications as long as an electronic delivery option is available.

## Consent for Electronic Transactions, Records & Signatures

Consent for Electronic Transactions, Records, and Signatures **A2202R** is required to be provided to the applicant when enrolling electronically for this series as long as an electronic delivery option is available.

## Notice of Non-Insurance Benefits Endorsement

Form **A91320** will be included with all issued policies.

## Premium Rates

Rate Sheet **MRS099NJ** contains the premium rates for the **Cancer Protection Assurance** plan. Premium rates are listed for the base plan. **NOTE:** While Worksite, EDB and Union rates are fixed, regardless of age (18-75), Agent Assisted Direct and Affiliation rates are age banded (18-49, 50-64 and 65-69).

## Commissions

Aflac's **Cancer Protection Assurance** plan production will count toward nationally sponsored contests and the Stock Bonus program. Standard associate base plan commissions are as follows:

	<u>First Year</u> <u>18-65</u>	<u>Renewals</u> <u>18-65</u>	<u>Stock</u> <u>18-65</u>
<b>Worksite (Payroll) and Union</b>			
New Associate	40.00%	7.00%	6.0%
New Associate APO	53.15%	3.50%	2.0%
Veteran Associate	31.30%	10.00%	6.0%
<b>Agent Assisted Direct and Affiliation (Association)</b>			
New Associate	40.00%	7.00%	6.0%
New Associate APO	40.00%	7.00%	2.0%
Veteran Associate	40.00%	7.00%	6.0%

Persistency tier adjustments apply to first year commissions for Worksite business. Standard conversion commissions will be paid and production credit given to the converting associate and his or her hierarchy based on the incremental increase system.

**NOTE: Commissions are only payable for ages 18-65. Commissions will not be paid for age 66 and over.** New associate and veteran associate refer to specific contract types, not length of service with Aflac. Commissions on new products may differ from a similar product or from the previous version of a product. Please order new schedules, which are available through customer service, before submitting business.

Market offices should send an email to [commissions@aflac.com](mailto:commissions@aflac.com) if they will be using a broker structure to write this product. Please provide the structures that will be used.

## Claims

Claim Form **S00220 NJ** provides easy-to-read instructions for filing cancer claims. A copy of the itemized hospital bill and the attending physician's statement are required. A pathology report diagnosing cancer is needed for the **first claim** submitted. Additional pathology reports will be needed only if cancer has spread or occurred in another site. Follow-up confinements will require the physician's diagnosis as proof that the confinement is for cancer treatment. Send all bills for other covered items of expense with each claim (e.g., ambulance, lodging).

### **For additional Benefits:**

<b>Benefit</b>	<b>Claim Form Number</b>
Cancer Screening	<b>CW06197CA NJ</b>
Bone Marrow Donor Screening	<b>CW91265BM</b>
Cancer Treatment Certification	<b>S000222</b>

**NOTE:** All claim forms must be signed, dated and returned to headquarters.

Please visit [www.aflac.com/claimforms](http://www.aflac.com/claimforms) to connect with SmartClaim® and initiate the claims process online or to obtain a claim form.

## Product Resources

Resources are available on [sell.aflac.com](http://sell.aflac.com) to help you position and sell **Cancer Protection Assurance**. Essential Product Information Center (EPIC) is available on the Products and Services tab.

## Brochures/Outlines of Coverage

**Cancer Protection Assurance** will have three brochures to help establish the need for this product.

Brochure **B70175NJ** will be used with Policy B70100NJ and Brochure **B70275NJ** will be used with Policy B70200NJ.

**NEW PRODUCT FORMS**  
**APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE**

Policy <a href="#">B70100NJ**</a>	Agent Assisted Direct Application <a href="#">B70002NJ</a>
Policy <a href="#">B70200NJ**</a>	Affiliation Application <a href="#">B70002ANJ</a>
Brochure/Outline of Coverage Option 1 <a href="#">B70175NJ</a>	Reinstatement/Addition Application <a href="#">B70003NJ</a>
Brochure/Outline of Coverage Option 2 <a href="#">B70275NJ</a>	Premium Rates <a href="#">MRS099NJ</a>
Notice and Acknowledgment of Downgrade Form <a href="#">B70031NJ</a>	Cancer History Form <a href="#">B70030NJ</a>
Worksite Application <a href="#">B70001NJ</a>	Additions/Reinstatement Cancer History Form <a href="#">B70030CHNJ</a>
Union Application <a href="#">B70001UNJ</a>	

**CLAIM FORMS**  
**APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE**

Bone Marrow Donor Screening Claim Form <a href="#">CW91265BM*</a>	Claim Form <a href="#">S00220 NJ*</a>
Cancer Screening Claim Form <a href="#">CW06197CA NJ*</a>	Cancer Treatment Certification Claim Form <a href="#">S000222*</a>

**STANDARD PRODUCT FORMS**  
**APPROVED FOR USE WITH CANCER PROTECTION ASSURANCE**

Statement of Understanding (Everwell) <a href="#">A13072**</a>	Skin Cancer Rider <a href="#">A78131NJ</a>
Statement of Understanding <a href="#">A13072SURE</a>	Application to Remove Skin Cancer Rider <a href="#">A78130</a>
Transmittal <a href="#">M0018R2</a>	New Account Authorization <a href="#">M0138</a>
Guide to Med Supp <a href="#">A105712024</a>	Nonpayroll Association Questionnaire <a href="#">M0192R5</a>
Privacy Practices Notice <a href="#">A-90070**</a>	Request for Change <a href="#">H-L0046</a>
Privacy Practices Notice <a href="#">A-90069**</a>	Payment Authorization Agreement (Everwell) <a href="#">A91195**</a>
Authorization to Obtain Information <a href="#">A90063R14NJ</a>	Payment Authorization Agreement <a href="#">A91195PAA</a>
Replacement Notice <a href="#">A-8691-NJ</a>	Electronic Delivery Notice <a href="#">M2202</a>
Replacement Notice <a href="#">A8692</a>	Consent for Electronic Transactions, Records & Signatures <a href="#">A2202R</a>
Abbreviated Notice of Information Practices <a href="#">A10642NJ</a>	Notice of Non-Insurance Benefits Endorsement <a href="#">A91320**</a>
Suitability Notice <a href="#">A99999</a>	Cancer Protection Assurance Administrative Guidelines <a href="#">N170515NJ**</a>
Suitability Notice <a href="#">A99999EE</a>	

\*Available on [sell.aflac.com](http://sell.aflac.com)

\*\*Not available for ordering

QUANTITY LIMITS: The monthly quantity limits differ by level.  
For your monthly quantity limits, refer to the Forms Management List in Web Ordering.

**Please order only the supplies that are needed.**  
**Any savings in print costs can be used for other field force programs.**

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