



CONTINENTAL AMERICAN INSURANCE COMPANY

Employee Enrollment Disclosures

HEALTH COVERAGE:

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 regarding my individual policy and for assistance in evaluating the suitability of my insurance coverage.

ALL COVERAGES:

Any false statement or misrepresentation in the application that was made with actual intent to deceive Continental American Life Insurance Company may result in loss of coverage under the certificate.

I certify that I am actively at work. If applicable, I certify to the best of my knowledge and believe that my spouse is not currently disabled or unable to work. If applicable, I certify to the best of my knowledge and believe that I have accurately disclosed my and my spouse's usage of tobacco products in the last 12 months.

If a covered child reaches a limiting age as specified in the certificate or a rider, it is your responsibility to notify the company.

To the best of my knowledge and belief, my answers to the questions are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued. I understand that no insurance will be in effect unless I am actively at work on the effective date of coverage, and until my application is approved and the necessary premium is paid. If I am not actively at work on the effective date of coverage, coverage will become effective on the date I return to an active work status.

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

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.

Any false statement or misrepresentation that was made in the Employee Application/Statement of Insurability 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.

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

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

(Actively at work means your ability to perform your regular employment duties for a full normal workday. You may perform these activities either at your employer's regular place of business or at a location where you are required to travel to perform the regular duties of your employment.)

CALIFORNIA MAJOR MEDICAL STATEMENTS:

Does the person to be insured have comprehensive health benefits from an insurance policy, an HMO plan, 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.

IMPORTANT NOTE REGARDING YOUR RESPONSE TO THE ABOVE QUESTION: If your answer to the above question is "Yes", you may complete your enrollment. If your answer to the above question is "No" you will need to go back and waive any Aflac Group Critical Illness, Hospital Indemnity and/or BenExtend coverage you have elected before you complete your enrollment.