



Aflac Final Expense Whole Life insurance

For the purpose of this Guideline, the timeframes listed are based on the generic state applications. In states where timeframes differ from the generic application, the time frame listed on the application will override the timeframes in this guideline.

MODIFIED/STANDARD LEVEL/PREFERRED LEVEL	
P A R T A	CURRENTLY
	Confined in/advised to enter hospital
	Confined in/advised to enter nursing home
	Confined in/advised to enter skilled nursing facility
	Confined in/advised to enter psychiatric facility
	Confined in/advised to enter correctional facility
	Use of wheelchair or mobility scooter due to chronic illness
	Physical/mental impairment requiring assistance with ADL
	ONE YEAR
	Used/advised to use oxygen equipment (excluding CPAP for sleep apnea)
	Had or advised to have kidney dialysis
	Advised to have any medical procedure, surgery or diagnostic test not started, completed or test results unknown (excludes HIV)
	EVER
	Received or advised to receive organ or bone marrow transplant
	Received or advised to receive amputation caused by disease
	Received or advised to receive amputation caused by complication of diabetes
	Diagnosed or tested positive for HIV, ARC or AIDS
	ALS/Lou Gehrig's Disease
	Huntington's Disease
	Sickle Cell Anemia
	Alzheimer's Disease
	Dementia
	Mental Incapacity
	Congestive heart failure
	Pulmonary fibrosis
	Any terminal condition or end-stage Disease
	Cerebral Palsy
	Cystic fibrosis
Muscular dystrophy	
Un-operated heart defects	
Had or diagnosed with more than one occurrence of same or different type of cancer.	
2 YEARS	
Had, diagnosed with, received or advised to receive chemotherapy or radiation fro any form of cancer (excluding Basal or Squamous cell skin cancer)	
P A R T B	2 YEARS
	Alcohol abuse
	Drug abuse (prescribed or illegal)
	Used illicit drugs
	Convicted/plead guilty to DUI
	Complications of diabetes
	Kidney Disease
	ONE YEAR
	Angina (chest pain)
	Heart attack
	Cardiomyopathy
	Any type of heart or circulatory procedure or surgery
	Stroke
	TIA
	Aneurysm
Brain tumor	
P A R T C	TWO YEARS
	Angina (chest pain)
	Heart attack
	Cardiomyopathy
	Any type of heart or circulatory procedure or surgery
	Stroke
	TIA
	Aneurysm
	Brain tumor
	EVER
	Parkinson's disease
	Multiple Sclerosis
	Systemic Lupus
	COPD
	Chronic bronchitis
Emphysema	
Any other chronic respiratory condition	
<p>The applicant will qualify for the Preferred Level Benefit if they can answer "No" to all conditions. Any "Yes" answer to a condition under Part C of the application, the applicant may qualify for the Standard Level Benefit. Any "Yes" answer to a condition under Part B of the application, the applicant may qualify for the Modified Benefit. Any "Yes" answer to a condition under Part A of the application, the applicant does not qualify for coverage.</p>	

Coverage is underwritten by Tier One Insurance Company, a subsidiary of Aflac Incorporated