Aflac Pet Insurance

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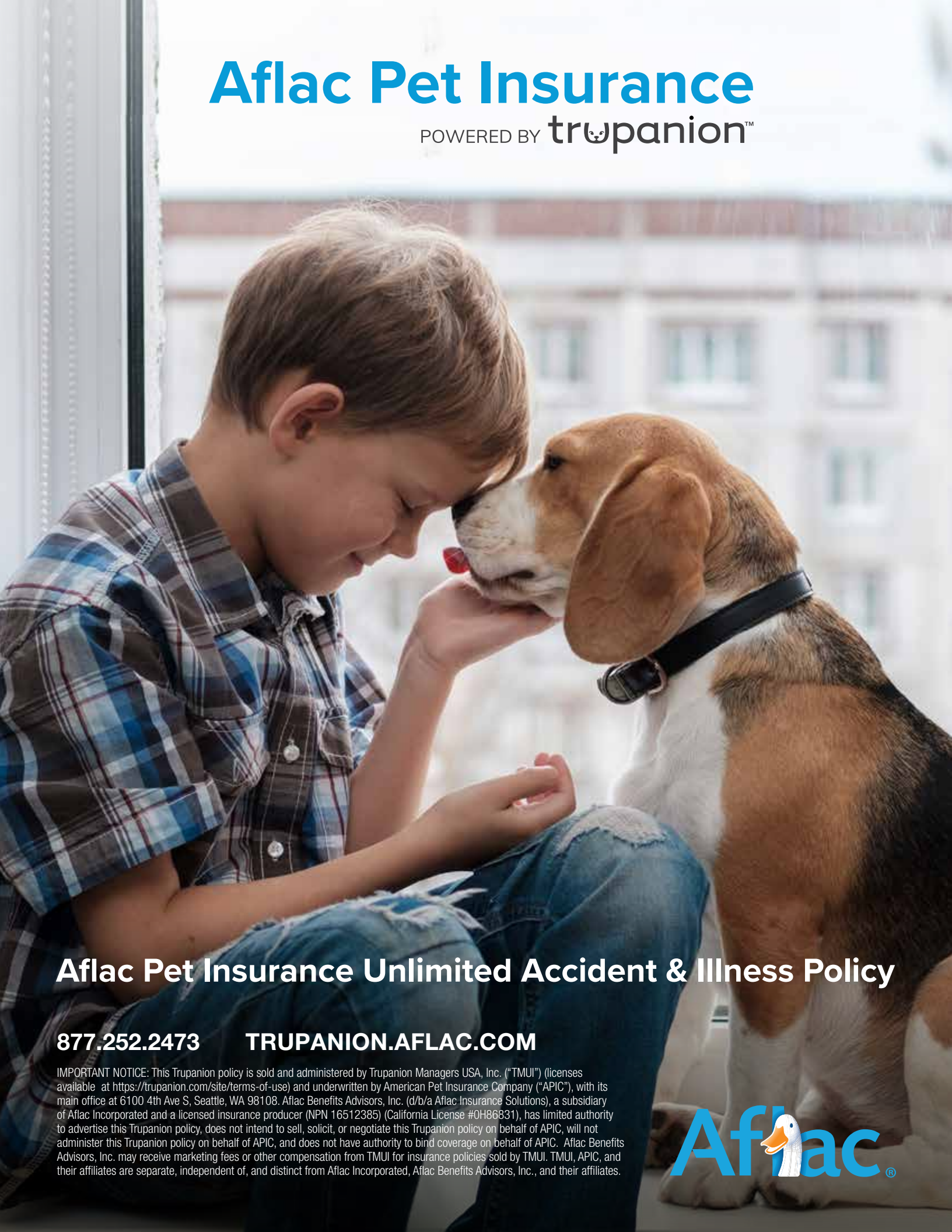

Aflac Pet Insurance Unlimited Accident & Illness Policy

877.252.2473 **TRUPANION.AFLAC.COM**

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Aflac®

Hello! Thank *You* for choosing Aflac Pet Insurance, powered by Trupanion for *Your Pet's* medical insurance needs. *We* know *You* have many options when it comes to protecting the health of *Your Pet*, and we're glad *You* placed *Your* trust in *Us*.

On the following pages, *You'll* find detailed information about what *Your* policy covers, what *You're* expected to pay, how to file a claim and much more. Please take a moment to familiarize *Yourself* with the policy, and remember: If *You* have questions, *We're* just a phone call away.

Please note: Throughout this booklet You will find key words that are capitalized and italicized. These words are defined in section 7.

Table of contents

SECTION 1.

What *We* cover

We provide the coverage described in this policy in return for the timely and successful receipt of *Your* payments, subject to the following terms and conditions:

1. ***We* cover**

   a. The *Actual Cost of Veterinary Treatment You* incur for any unexpected *Illnesses* or *Injuries*, subject to *Your Co-Insurance* and selected *Deductible*, so long as the *Illness* or *Injury* is not listed as an exclusion in Section 5 of this policy.

   b. The *Actual Cost of Veterinary Treatment You* incur for *Veterinary Treatment* related to allergies, dermatitis and otitis, subject to *Your Co-insurance* and selected *Deductible*, even if signs or symptoms were present prior to *Your Enrollment Date*.

2. **Telehealth support – 24/7 access**

   a. When *Your Pet* shows signs or symptoms of a medical issue and *You* have limited access to medical advice, *We*'re pleased to provide *You* with access to Telehealth services from Vet Connection. This toll-free telephone service gives *You* access to veterinary nurses who can help *You* with expert advice 24 hours a day, 7 days a week. Call 1.877.896.2710 and an expert will be on hand to discuss *Your Pet's* medical *Condition* before visiting a *Hospital*.

   After a thorough discussion of *Your Pet's* clinical signs with *Our* Telehealth support team, *You* will be in a far better position to decide whether or not *Veterinary Treatment* is necessary, and within what time frame. Please note that if *You* call a different Telehealth provider than the company listed above, *Your* consultation will be treated as an *Examination* fee, which is not eligible for coverage under the terms and conditions of this policy.

SECTION 2.

Eligible claims – what *You* pay

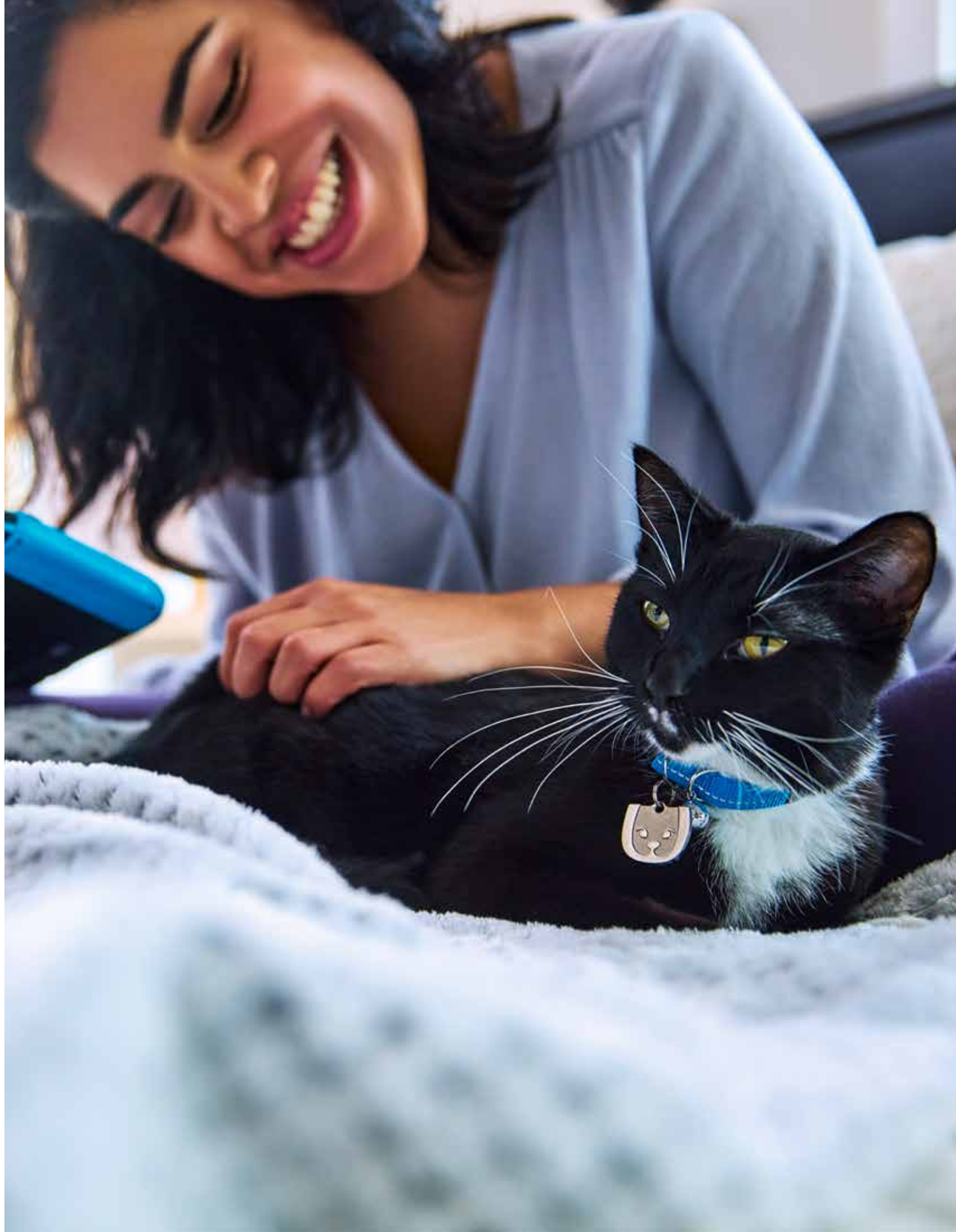
When *You* submit a claim for an eligible *Illness* or *Injury*, *You* will be responsible for paying for the following items:

1. ***Your Veterinarian's Examination*** **fee and all other ineligible items on** ***Your*** **bill.**
2. ***Your*** **selected** ***Deductible*****, which is listed on** ***Your Declaration Page*****.** Once *You* have paid *Your* selected *Deductible* amount toward *Veterinary Treatment* for any specific *Illness* or *Injury*, *You* will not need to pay a *Deductible* on any further claims related to that specific *Illness* or *Injury* for as long as *You* remain enrolled, subject to all other terms and conditions of this policy.
3. ***Your Co-Insurance*****, which can be found on** ***Your Declaration Page*****.**

SECTION 3.

How to submit a claim

1. ***We*** **can pay claims directly to** ***Hospitals*** **at checkout using** ***Our*** **patented software.** *You* often pay only *Your* share of the bill at checkout instead of paying the full bill upfront and waiting to be paid back.
2. **If** ***We*** **are unable to pay** ***Your Veterinarian*** **directly,** *You* must pay *Your Pet's* bill and submit *Your* invoice(s) for each eligible *Illness* or *Injury* online through *Your* online account or by email with a completed claim form (available to download in *Your* online account) to MyPetClaims@Trupanion.com.
3. ***We*** **may require complete medical history and records associated with** ***Your Pet*** **to process** ***Your*** **claim.** *You* agree to provide to *Us* all medical history and records associated with *Your Pet*. *You* authorize *Us* to contact any veterinary *Hospitals* to obtain all available medical records that exist for *Your Pet*. *You* authorize any veterinary *Hospitals* to release all medical records that exist for *Your Pet* to *Us*.



SECTION 4.

Premium or coverage changes

1. **Changes to *Your Premium***
   - **a.** What will not cause a change to *Your Pet's Premium*:
     - i. *Your Pet's Premium* will not change based on *Your Pet's* individual claims experience.
   - **b.** What will cause a change in *Your Pet's Premium*:
     - **i.** *Your Pet's Renewal Date*.
       1. *Your Premium* reflects the expected cost of *Veterinary Treatment* to be claimed by all of *Our* insured *Pets* in *Your* geographic area. *Your Premium* may be adjusted on *Your Pet's Renewal Date* to account for a change in the expected cost of *Veterinary Treatment* for all *Pets* enrolled with *Us* who share *Your Pet's* characteristics, such as breed, age at enrollment, and location.
       2. If *We* adjust *Your Premium*, *We* will notify *You* in writing by mail or email (to the last address known to Us) at least thirty (30) days before *Your* change takes effect.
     - **ii.** If *You* are enrolled through *Your* employer, and *You* are no longer eligible to receive this benefit because either *Your* employment status has changed or *Your* employer has removed medical insurance for *Your Pet* from *Your* benefit package, *Your Pet's Premium* may be impacted.
   - **c.** What may cause a change in *Your Pet's Premium*:
     - **i.** If *Your* address changes. *We* require notification within thirty (30) days of an address change.

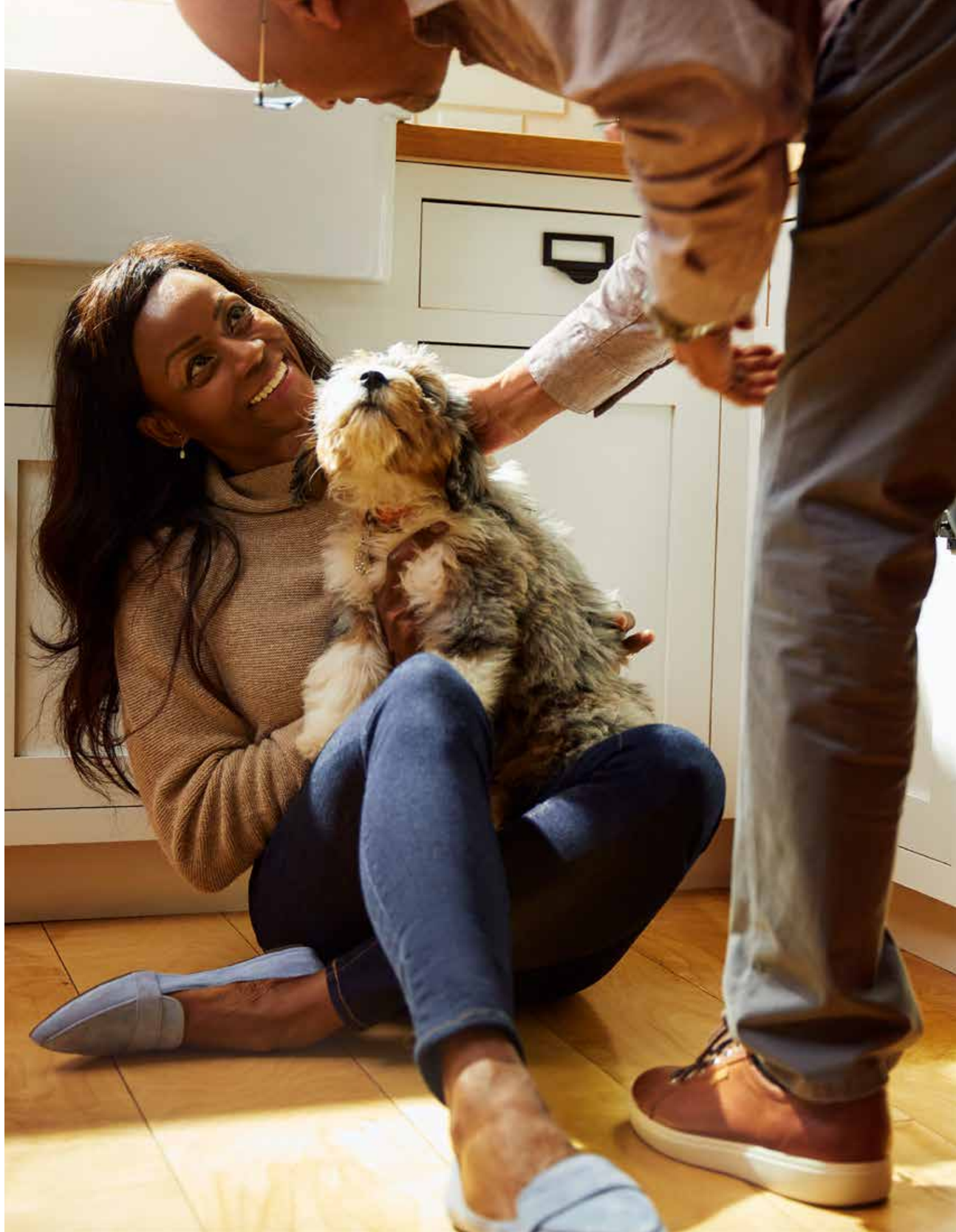
2. ***Member*-initiated changes**
   - **a.** Downgrades:
     - **i.** Once enrolled in the Aflac Pet Insurance Unlimited Accident & Illness policy, *You* will not be permitted to downgrade *Your* coverage to the Aflac Pet Insurance Accident Only policy at any time or for any reason.
     - **ii.** *You* may be permitted to lower *Your Premium* by downgrading *Your* coverage to the Aflac Pet Insurance Basic Accident & Illness policy at any time. Any claims submitted following *Your* decision to downgrade *Your* coverage will be subject to *Your* new, lower benefit level.
     - **iii.** *You* may be permitted to lower *Your Premium* by increasing *Your Deductible* at any time. *Your* new *Deductible* will take effect on *Your* next billing date. Claims submitted after a *Deductible* change for the treatment of *Illnesses* or *Injuries* that exist at or before *Your Deductible* change will be subject to the higher *Deductible* amount.
     - **iv.** Once enrolled in the Aflac Pet Insurance Unlimited Accident & Illness/Basic Accident & Illness/Accident Only policy, *You* will not be permitted to lower *Your Deductible* at any time or for any reason.

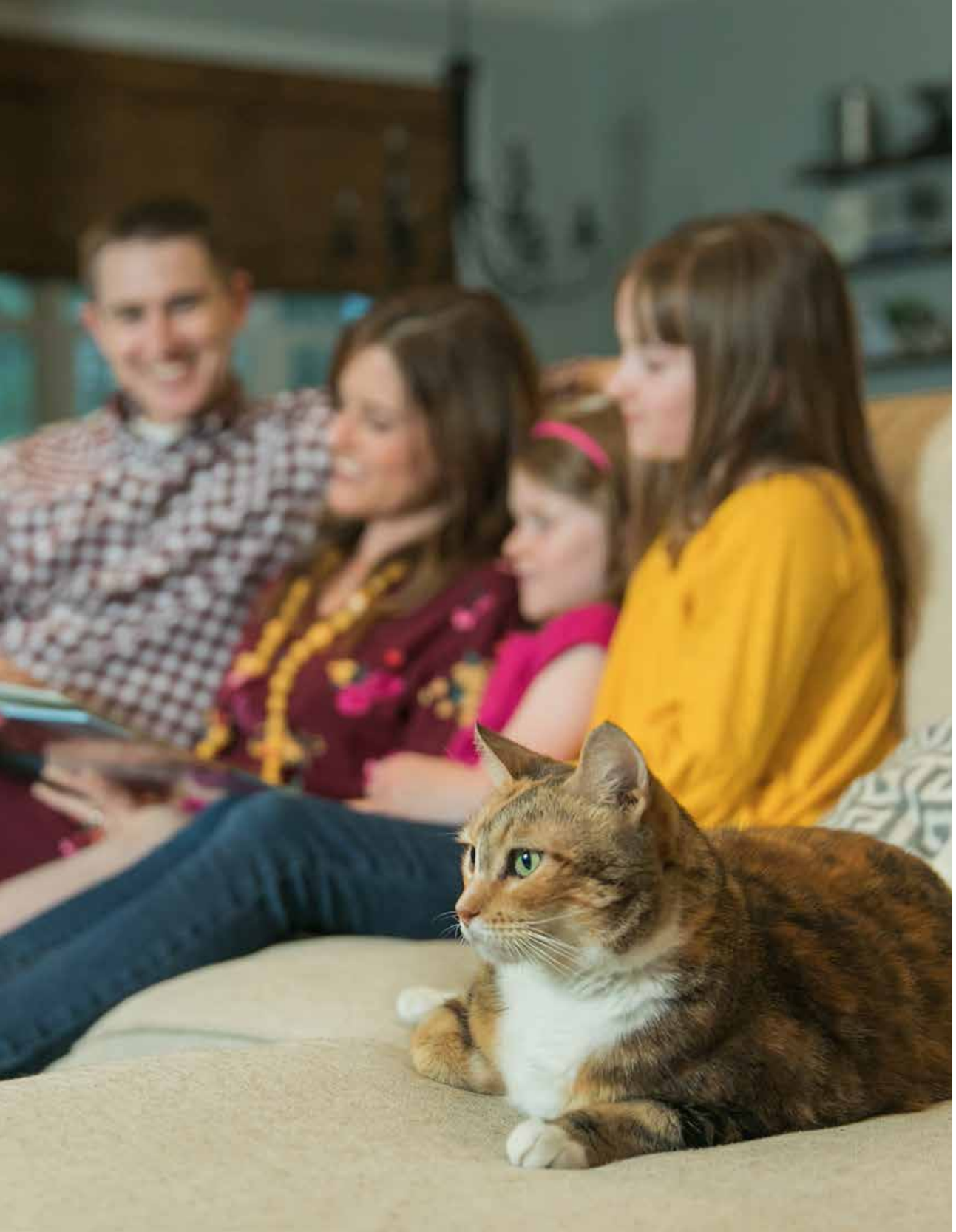
b. Adding or removing any available endorsement(s):

i. *You* may only add endorsements to *Your Membership* on *Your Enrollment Date* or *Your Renewal Date*.

ii. *You* may only remove endorsements on *Your Renewal Date*.

iii. If *You* remove an endorsement from *Your Membership*, there will be a minimum twelve (12) month *Waiting Period* before *You* can re-add it to *Your Membership*.





SECTION 5.

What *We* do not cover

We do not offer coverage for:

1. **Problems that started before *You* enrolled**
   - **a.** *Illnesses* or *Injuries* determined to be present prior to *Your Enrollment Date*.
   - **b.** *Veterinary Treatment* for *Dental Illness*, including resorptive lesion(s), if *Your Pet* has any signs or evidence of periodontal disease, periodontitis, gingivitis, tartar, stomatitis, or resorptive lesions prior to *Your Enrollment Date*.
   - **c.** *Conditions* with an increased likelihood of occurring based on any previous signs or symptoms or abnormal laboratory results or tests, even if not noted in *Your Pet's* medical records, regardless of lack of diagnosis.
   - **d.** *Illnesses* (including *Dental Illnesses*), *Injuries*, or *Behaviors* masked or controlled by *Veterinary Treatment*, *Medication* (including *Supplements* and herbs), or prescription food.
   - **e.** Problems that vary from the medically desired functional state and are outwardly observable or reasonably known to be present prior to *Your Enrollment Date*.
   - **f.** The *Actual Cost of Treatment* for the following if signs or evidence presented anywhere in *Your Pet's* body prior to *Your Enrollment Date*: luxating patella, glaucoma, entropion, ectropion, elbow dysplasia, hip dysplasia, intervertebral disc disease, cataracts, or prolapse of the tear gland of the third eyelid (cherry eye).
   - **g.** Any internal or external growth if a growth of the same type determined by diagnostic testing or medical records descriptions (including exact location and size) is present prior to *Your Enrollment Date*.
   - **h.** *Veterinary Treatment* related to retained deciduous teeth if *Your Pet* enrolled at or after six (6) months of age.
     - **i.** This exclusion does not apply to skin allergies, otitis, or dermatitis, as described in Section 1, 1.b. of this policy.

2. **Cranial cruciate ligament ruptures within the first six (6) months of *Your Membership***
   - **a.** *We* do not cover the cost of treatment for cranial cruciate ligament ruptures if they occur or recur prior to *Your Enrollment Date* or in the six (6) months following *Your Enrollment Date*.
   - **b.** If signs or evidence of cranial cruciate ligament weakness, instability, tear, partial tear, or rupture is present on one side of the body prior to *Your Enrollment Date* or in the first six (6) months following *Your Enrollment Date*, a cranial cruciate ligament rupture will not be eligible for coverage on either side of the body.

3. **Routine or preventive care**
   - **a.** *We* do not cover the costs associated with routine or preventive care including, but not limited to: *Vaccinations*, titer tests, genetic/DNA tests, diagnostic/screening tests, and parasite prevention.
   - **b.** *We* do not cover routine dental care including, but not limited to: *Dental Prophylaxis* and associated costs, open or closed root planing, toothbrushes, toothpastes, and dental foods, chews, and rinses.

4. **Claims if *You* do not do the following**
   - **a.** Protect *Your Pet* from the exacerbation and/or recurrence of any *Injury* or *Illness* after its initial occurrence.
   - **b.** Administer *Vaccinations* and *Preventive Veterinary Treatment* or *Medication* as recommended by *Your Veterinarian* to protect against *Illness*. *We* do not pay for *Illnesses* (including treatment or diagnostics) that can be prevented by *Vaccination*, preventive *Medication*, or *Veterinary Treatment* if *You* did not provide that preventive care to *Your Pet*. This includes, but is not limited to: parasitic infection, infestation, treatment, diagnostics, or control for internal or external parasites for which there are readily available preventive treatments.
     - **i.** If *You* provide *Vaccinations* for *Your Pet* per the recommendations of *Your Veterinarian* and *Your Pet* still contracts an *Illness* that the *Vaccine* intended to prevent, *We* will cover the cost of treating that *Illness*.
     - **ii.** If *Your Pet* receives *Veterinary Treatment* for *Dental Prophylaxis*, spay, neuter, *Vaccinations*, or gastropexy per the recommendations of *Your Veterinarian* and there are complications from that *Veterinary Treatment*, *We* will cover the cost to treat those complications for *Your Pet*.
   - **c.** Act prudently in the care and protection of *Your Pet*. As such, *You* must follow *Your Veterinarian's* advice regarding *Your Pet's* treatment, diagnostics, and regularly scheduled wellness *Examinations* and *Dental Prophylaxis*.
   - **d.** Follow *Your Veterinarian's* advice about dental care. If recommended, *Your Pet* must undergo *Dental Prophylaxis* performed by or under the *Direct Supervision* of a *Veterinarian* within the timeframe recommended by *Your Veterinarian*. If *Your Veterinarian* does not provide a recommended timeframe, the specified treatment must be completed within six (6) months of the recommendation. If *You* are not following the recommendations of *Your Veterinarian* as it relates to dental care, *You* will no longer receive coverage for *Dental Illnesses*, but *You* may continue to receive coverage for dental *Injuries*.

5. **Other exclusions**

   We do not cover at any time for any reason the costs, fees, or expenses associated with:
   - **a.** *Examination* fees;
   - **b.** Any cost incurred that does not qualify as *Veterinary Treatment* as defined in *Your* policy, including *Experimental* treatments;
   - **c.** Prescription pet food;
   - **d.** Rehabilitation, acupuncture, chiropractic care, physical therapy, or rehabilitative services including, but not limited to: electro-acupuncture, chiropractic, e-stim therapy, treadmill therapy, laser therapy, therapeutic exercises, range of motion exercises, stretching, joint mobilization, gait training, therapeutic ultrasound therapy, cryo-therapy, or heat therapy;
   - **e.** Any *Condition* primarily manifested as stemming from the *Behavior* of *Your Pet* which results in wanton destructive, self-destructive, or aggressive patterns of *Behavior*. This would include any *Injuries* which occur as a result of *Your Pet's Behavior* including, but not limited to: *Recurrent Dietary Indiscretions*, *Recurrent Foreign Body Ingestions*, *Recurrent Injuries* caused by aggressive *Behavior*, or *Recurrent* oral toxicities. If the same or similar activities described above occur more than twice over the life of *Your Pet*, it will be deemed a pattern of *Behavior* that will no longer remain eligible for coverage;
   - **f.** *Veterinary Treatment* costs for teeth other than canine and carnassial teeth will be limited to estimated extraction cost;
   - **g.** Complications or sequelae to *Illnesses*, *Injuries*, procedures, diagnostic tests, treatments, and/or *Medications* excluded or restricted by the coverage outlined in this policy;
   - **h.** Compilation or transmission of medical records, insurance claim forms, or claims;
   - **i.** Administrative charges, shipping costs, or postage;
   - **j.** *Veterinary Treatments* or diagnostics in the absence of signs or symptoms that indicate an *Illness* or *Injury*;
   - **k.** Elective, cosmetic, or preventive procedures including, but not limited to: tail docking, ear cropping, declawing, dew claw removal, microchip implantation, and associated costs of each;
   - **l.** Anal gland expression;
   - **m.** Spaying or neutering at any time for any reason, unless recommended by *Your Veterinarian* following an *Illness* or *Injury* that involves damage to the reproductive organs;
   - **n.** Cremation, burial, and additional post-mortem costs;
   - **o.** *Boarding* including, but not limited to: medical *Boarding*, daycare, day stay, and day observation;
   - **p.** Transport expenses, travel, or mileage fees;
   - **q.** Bedding, housing, crates, cages, ramps, feeding bowls/platforms, feeding, exercise, non-prescribed special diets, raw food diets, pet foods, routine or preventive *Supplements*, bathing (including bathing intended as *Veterinary Treatment* for an eligible *Condition*), non-medicated shampoo, grooming, nail trims, ear cleaning, ear irrigation, toys, clothes, leashes, collars, electronic or other wearables, non-*Hospital* based diagnostic equipment or treatment equipment, and/or treats;
   - **r.** *Illnesses* or *Injuries* that arise from *Your* intentional or reckless activity. Permitting *Your Pet* to be in the company of someone *You* know or should know is a danger to *Your Pet* will be deemed reckless and resulting *Injuries* will not be eligible for coverage;
   - **s.** *Illnesses* and *Injuries* from activities related to training for or participating in racing, including track and sled racing;

t. Any claim for loss that arises from a nuclear reaction, radiation, radioactive contamination, or the discharge of a nuclear device or a chemical, biological, biochemical, or electromagnetic weapon, device, agent, or material, whether controlled or uncontrolled, accidental or otherwise; or

u. Any claim for loss that arises from war, invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection, strikes, riots, or civil commotion.

SECTION 6.

Our guidelines

1. ***Your Membership* will renew automatically every year as long as *Your* payments are current.** If *You* are enrolled through *Your* employer, *Your Membership* will renew automatically every year as long as *You* remain employed and *Your* employer chooses to continue offering this *Membership* as a benefit. If *Your* payments are not kept current, *We* may attempt to contact *You* to process *Your* payment and keep *Your* coverage. If *Your* employment status changes, *We* may attempt to contact *You* to obtain a different method of payment to keep *Your* coverage intact. If *We* are unable to reach *You* to resolve a lack of payment, *We* may cancel *Your Membership* by mailing a notice of cancellation to *You* at *Your* last known address at least 10 days before the effective date of cancellation.

2. ***You* may cancel *Your Membership* by notifying *Us* by phone, mail, fax, or email,** and *Your* cancellation will be effective the day *We* receive this notice.

3. **No coverage will be provided for any *Veterinary Treatment* costs or losses** incurred during any period of time in which *Your Membership* is not active.

4. ***Your* successful payments constitute *Your* acceptance of all terms and conditions contained in this policy.**

5. **All *Veterinary Treatment(s)* and care must be provided by a qualified, appropriately-licensed *Veterinarian*** with the necessary training and expertise or by a staff member at the authorization and under the *Direct Supervision* of a *Veterinarian*.

6. **Coverage for *Veterinary Treatments* may be provided under *Your Membership* only while *Your Pet* is in the United States of America, Puerto Rico, Canada or Australia,** or any region under American, Canadian, or Australian government control, such as military installations/bases in foreign countries.

7. ***We* will prorate costs** if the claimed items are applicable to more than one eligible or ineligible *Condition* or procedure.

8. **If *We* incorrectly pay a claim for any *Illness*, *Injury*, or *Behavior* that is not eligible under the terms and conditions of this policy,** that payment by *Us* does not waive *Our* right to apply the terms and conditions of this policy appropriately to any other submitted claims.

9. **This coverage is not transferable to other *Pets*.**

10. **Insurance fraud unfairly increases costs for all *Members*.** If any *Member* provides *Us* or makes a claim that involves false, misleading, and/or dishonest information, or fails to provide all of the information *We* requested, *We* may not pay the claim, *We* may cancel *Your Membership* and coverage for all of *Your Pets*, and *We* may report instances of fraud to the appropriate governmental authorities.

11. ***You* must be the personal and individual *Owner* of the insured *Pet*.**

12. **In the event that *You* transfer ownership of *Your Pet* to a different *Owner,*** *We* can arrange for continued coverage if *We* are contacted within thirty (30) days from the date ownership transfers.

13. **In the event of a disagreement concerning the coverage of a claim, *You* may request a secondary review of *Our* denial.** If *You* pursue a secondary review of *Your* claim and *We* are still unable to agree on the outcome, *You* remain entitled to seek remedies under applicable law. In the event *You* bring legal action against *Us* in *Your* chosen jurisdiction, *You* agree not to object to *Our* request to appear electronically.

14. **Recovery from third parties; subrogation; reimbursement; setoff:** If *You* are entitled to indemnity under any other pet health insurance, *We* will contact *Your* pet health insurance provider to come to an agreement regarding how payment will be prorated between *Our* companies. It is *Your* responsibility to notify *Us* if another pet health insurance policy is in force. Failure to do so may be considered concealment and may result in the non-payment of any outstanding claims. If *We* make a payment to *You* and *You* are also entitled to receive payment from a third party, *Our* obligation is subrogated to that right to the extent the amount *You* received from *Us*, together with the amount *You* received from the third party, exceeds the sum required to fully compensate *You* for *Your* loss. *You* will help *Us* recover any payments subject to subrogation and reimburse *Us* to the extent *You* recover from a third party (up to the amount of *Our* payments to *You* to the extent such payments, together with the amount *You* received from the third party, were in excess of the sum required to fully compensate *You* for *Your* loss). *We* may set off or recoup any liability owed to *You* pursuant to *Your Membership* against any amount *We* determine, in good faith, that *You* are liable for to *Us* including, without limitation, any overpayments *We* may have made to *You* due to subrogation, error, or otherwise.

15. **Severability:** If any part of this policy conflicts with applicable laws, rules, and/or regulations of the state or province in which *Your Membership* is issued, this policy will be amended to conform to such applicable law, rules, or regulation while attempting to preserve the original intent of this policy where possible.

16. **Entire contract:** This policy, the *Declaration Page*, and any endorsement(s) contain all the agreements between *You* and *Us* and supersede any prior agreements or understandings between *Us*.

SECTION 7.

Definitions

1. **“Actual Cost of Veterinary Treatment”** means the retail cost of the fees/costs the treating *Veterinarian* charges, regardless of whether the customer has insurance coverage.

2. **“Behavior”** means actions, conduct, or habits that vary from the medically or socially desired functional state for the physical and mental wellbeing of *Your Pet*.

3. **“Boarding”** means a service offered where *Your Pet* is provided housing, food, water, and/or exercise or enrichment for a set amount of time in exchange for a fee. This could include giving *Medications* or providing treatments, even in an overnight *Hospital* setting, that could be given by someone other than a veterinary professional or given as a convenience to the *Pet Owner*.

4. **“Condition”** means any disease, disorder, sickness, *Illness, Injury*, and/or syndrome characterized by a loss of normalcy manifest by clinical signs or symptoms or for which abnormalities of laboratory or other tests exist.

5. **“Co-Insurance”** means the percentage of the veterinary bill that *You* are responsible to pay for an eligible *Condition* and can be found on *Your Declaration Page*.

6. **“Declaration Page”** means the page included with *Your* policy that outlines information about *Your Pet*, coverage, and payment.

7. **“Deductible”** means the monetary amount *You* pay for an *Illness* or *Injury* prior to receiving coverage for that *Condition*. Once *You* meet the *Deductible* amount for a specific *Illness* or *Injury*, this policy will pay out all future losses for that specific *Illness* or *Injury* for as long as *You* retain coverage, subject to all other terms and conditions of this policy. *Your Deductible* can be found on *Your Declaration Page*.

8. **“Dental Illness”** means any signs or evidence of resorptive lesion(s), periodontal disease, periodontitis, gingivitis, or stomatitis.

9. **“Dental Prophylaxis”** means scaling, cleaning, and polishing of the teeth as well as associated fees (including, but not limited to, anesthesia, pre-anesthetic blood work, and fluids).

10. **“Dietary Indiscretion”** means the ingestion of a food item, such as human food, rotting food, or garbage that causes *Illness* or *Injury* or the ingestion of a non-food item that does not require active treatment in order for it to pass through or be ejected from the gastrointestinal system.

11. **“Direct Supervision”** means a licensed *Veterinarian* is readily available on the premises where *Your Pet* receives *Veterinary Treatment* and has assumed responsibility for the care given to *Your Pet* by a person working under their authority and direction.

12. **“Enrollment Date”** means the date and time *Your Pet* enrolls with *Us*, which will be on the first of the month following the date *You* or *Your* employer request enrollment.

13. **“Examination”** and other derivations mean an *Examination* performed by or under the Direct or indirect *Supervision* of a *Veterinarian* including physicals, physical consultations, inpatient *Examinations*, in-*Hospital Examinations*, health certificates, consultations (including *Behavioral* or nutritional consultations), office visits, office calls, office fees, and/or referral, recheck, or telemedicine consultations.

14. **“Experimental”** means any *Veterinary Treatment*, diagnostic, *Medication*, *Supplement*, herb, or other therapy not generally accepted by the veterinary medical community as effective and proven specifically for dogs and/or cats for *Your Pet’s* covered *Condition*. This includes those:

    a. Not widely recognized in veterinary-specific, peer-reviewed journals as conforming to accepted veterinary medical practices;

    b. Currently in clinical trials or in need of further study; and/or

    c. Rarely used, novel, unknown, or lacking authoritative evidence of safety and efficacy.

15. **“Foreign Body Ingestion”** means an incident in which *Your Pet* ingests a non-food item that will not pass through or be ejected from the gastrointestinal system without the assistance of *Veterinary Treatment*.

16. **“Hospital”** means all veterinary facility types and/or means by which *Your Pet* receives *Veterinary Treatment*. This term includes, but is not limited to: veterinary teaching *Hospitals*, veterinary *Hospitals*, veterinary clinics, mobile and/or house call veterinary practices, emergency veterinary *Hospitals*, referral veterinary *Hospitals*, veterinary care centers, and veterinary specialty centers.

17. **“Illness”** means any sickness, disease, or any change to *Your Pet’s* normal healthy state, including *Dental Illness*, not caused primarily by an *Injury*.

18. **“Injury”** means physical harm or damage to *Your Pet*, including dental *Injury*, caused by an event and not more directly related to an underlying disease process.

19. **“Medication”** means any proven and accepted forms of medicine which is prescribed and/or recommended by *Your Veterinarian*, as evidenced in *Your Pet’s* medical records.

20. **“Member”** means the individual listed as the primary or secondary *Owner* on the *Declaration Page*.

21. **“Membership”** means the status of receiving coverage for eligible *Injuries* and *Illnesses* in exchange for the timely receipt of *Your* payment.

22. **“Owner”** means the individual(s) legally responsible for *Your Pet’s* care.

23. **“Pet”** means a domestic cat or dog owned for companionship or as a service dog and not owned for commercial reasons.

24. **“Premium”** means the payment *You* or Your employer makes to *Us* to keep *Your Membership* active.

25. **“Preventive Veterinary Treatment”** means proven and accepted forms of care designed to avert and avoid *Illnesses* and is performed or distributed by a licensed *Veterinarian*.

26. **“Recurrent”** means that the same or a similar activity occurs more than twice over the course of *Your Pet’s* life.

27. **“Renewal Date”** means the anniversary of the date and time *Your Pet* enrolled with *Us*. *You* may request to make changes to *Your Membership* at any time, however, some of these changes are restricted to take effect only on *Your Renewal Date*.

28. **“Supplement”** means a product (including, but not limited to, vitamins, herbs or nutraceuticals) given or applied to *Your Pet* which is recommended or prescribed by *Your Pet’s Veterinarian* to treat a medical *Condition* (as noted in *Your Pet’s* medical records). Any *Supplement*, including proprietary blends, must be manufactured and labeled with guaranteed ingredient analysis.

29. **“Vaccination”** and derivations thereof mean the administration of a legally approved commercial *Vaccination* by a *Veterinarian* in accordance with the manufacturer’s recommendations to prevent disease.

30. **“Veterinarian”** means a *Veterinarian* licensed to practice and in good standing in the area where *Your Pet* is treated or examined.

31. **“Veterinary Treatment”** means proven and accepted forms of care as documented in *Your Pet’s* medical records, including but not limited to: diagnostic tests, surgeries, procedures, *Medications*, *Supplements*, orthotic devices, prosthetic devices, carts, and nursing care.

32. **“Waiting Period”** is defined as the period of time after *Your Enrollment Date* that must elapse before coverage is available.

33. **“We,” “Us,” “Our,”** and other derivations mean Aflac Pet Insurance, Trupanion Managers USA, Inc. or American Pet Insurance Company, as applicable. Trupanion Managers USA, Inc. handles many of the administrative processes for this insurance on behalf of the applicable underwriter. These terms should be interpreted in that context.

34. **“You,” “Your,”** and other derivations mean the insured/spouse/partner (*Owner*) named on the *Declaration Page*.

35. **“Your Pet”** means the dog or cat named on the *Declaration Page*.

SECTION 8.

Contact *Us*

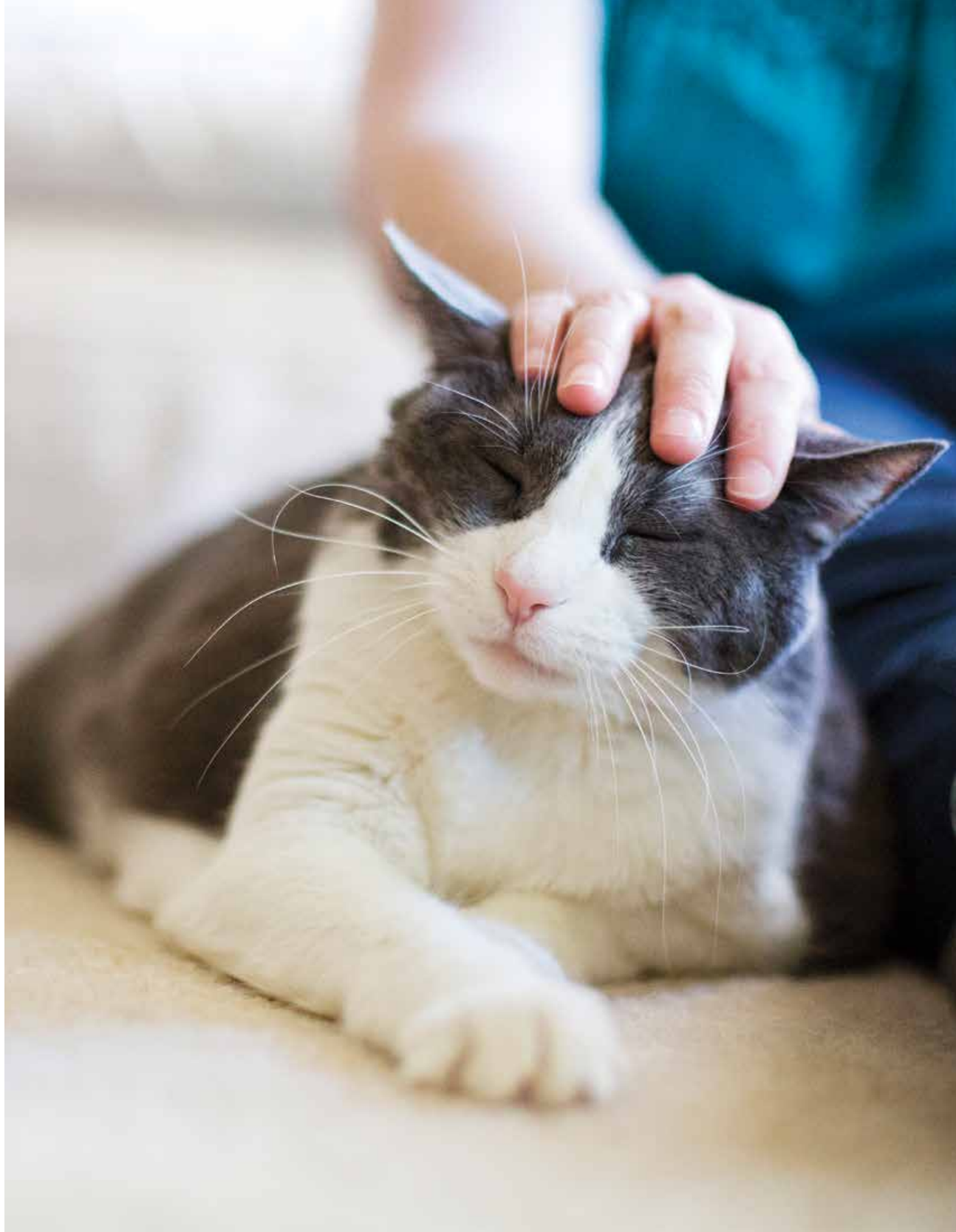
Any written notice to *Us* may be delivered to:

Aflac Pet Insurance
American Pet Insurance Company
6100 - 4th Ave S.
Seattle, WA 98108-3234

Email: MyPetCare@Trupanion.com
Phone: 877.252.2473

We are here to help *You* budget for veterinary expenses in case *Your Pet* becomes sick or hurt, and therefore agree to provide *Your Pet* the financial protection afforded by this coverage:

Tricia Plouf
President, American Pet Insurance Company



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