

Exhibit N- Critical Illness Proposed -Benefit

Aflac - Group	Metropolitan Life	Colonial Life & Accident
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Proposed Critical Illness Indemnity Plan Design

Group/Individual	Benefit	Benefit	Benefit
Benefit Waiting Period	None	None	We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date.
Reimbursement/Lump Sum Benefits	Lump Sum Benefit Spouse-Up to \$10,000 Dependent-Up to 50% of the face amount	\$5,000, \$10,000, or \$15,000	Face amounts for the employee range from \$5,000 - \$100,000 (amounts greater than \$30,000 require underwriting approval). If a spouse is covered under the employee's plan, his face amount is 50% of the employee's coverage. If dependent
Spouse/Dependent Amounts	Eligible Spouse – Means your legal spouse who is between that ages of 18 and 64. Dependent Children – Means your natural children, stepchildren, foster children, legally adopted children, or children placed for adoption, who are under age 26	50% of Employee's Amount Spouse/Domestic Partner, Children to age 26	Dependents are children placed into your custody for adoption or children for whom you are ordered by a court or administrative order to provide coverage regardless of whether you are the custodial or non-custodial parent. Dependents are up to the
Definition of Dependent			
Maximum Age to Enroll	Children to age 26	Children: to age 26	74
Reduction Schedule	No reduction	None	The face amount will reduce by 50% on the certificate anniversary date after the named insured's 75th birthday.
State Approved	Yes	Yes	TX
Guarantee Issue	Employee: Up to \$20,000 Spouse: Up to \$10,000	Yes	Guarantee Issue is available up to \$30,000 during initial enrollment.
Increment Amounts	Employee: \$10,000 or \$20,000 Spouse: \$5,000 or \$10,000	\$5,000, \$10,000, or \$15,000	Face amounts are available in increments of \$5,000.
Maximum Benefits	Employee: \$20,000 Spouse: \$10,000	300%	Max Guarantee Issue Amount: \$30,000 Max Face Amount: \$100,000
List Critical Illnesses Covered	Heart Attack (Myocardial Infarction) 100% Sudden Cardiac Arrest 100% Coronary Artery Bypass Surgery 25% Major Organ Transplant 100% Bone Marrow Transplant (Stem Cell Transplant) 100% Kidney Failure (End-Stage Renal Failure) 100% Stroke (Ischemic or Hemorrhagic) 100% Cancer Benefits Cancer (Internal or Invasive) 100% Non-Invasive Cancer 25%	Alzheimers, Coronary Artery Bypass, Full Cancer, Partial Cancer, Heart Attack, Kidney Failure, Major Organ Transplant, Stroke, Additional 22 conditions covered at 25%	Heart Attack (Myocardial Infarction) Stroke Major Organ Failure End Stage Renal (Kidney) Failure Coronary Artery Bypass Graft Surgery Permanent Paralysis due to a Covered Accident Coma Blindness Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D
Participation Requirements	No participation requirement	5%	Participation requirement is waived for initial enrollment.
Evidence of Insurability	No health questions for the first 3 years	Not required	No evidence of insurability will be required for face amounts that are within the guarantee issue amount.
Pre-Existing Conditions Limitations	No pre-existing conditions limitations	3/6	We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date.
Portable upon Group or Individual Termination	Standard-upon individual termination	Yes	Coverage is portable – an employee can continue their coverage if they change jobs or retire.
Wellness Benefit	\$50 health screening benefit included	\$50	\$50 payable once per year per covered person for 24 health screening tests
Cancer Rider Available (Yes/No)	Cancer included in base plan design	Yes	Cancer benefits are included in the plan design.
Monthly Cost: EXAMPLE RATES	Please see proposal for rates	For \$10,000 benefit: Non-Tobacco / Tobacco	Sample Rates for \$20,000 benefit amount/ non-tobacco (price per \$1,000)
Individual / Age 30	Please see proposal for rates	\$6.00 / \$7.80	\$14.80 (\$0.74)
Individual / Age 45	Please see proposal for rates	\$16.00 / \$25.20	\$31.20 (\$1.56)
Individual + Spouse / Age 30	Please see proposal for rates	\$10.20 / \$13.00	\$22.00 (\$1.10)
Individual + Spouse / Age 45	Please see proposal for rates	\$24.40 / \$38.00	\$46.80 (\$2.34)
One Parent Family / Age 30	N/A	\$10.20 / \$12.00	\$15.80 (\$0.79)
One Parent Family / Age 45	N/A	\$20.20 / \$29.40	\$32.40 (\$1.62)
Two Parent Family / Age 30	N/A	\$14.60 / \$17.20	\$23.00 (\$1.15)
Two Parent Family / Age 45	N/A	\$28.60 / \$42.20	\$48.00 (\$2.40)
SCORING (1 = worst; 5 = best)			
Account Management/Local Support (Scale 1-5) - 20%	4	4	4
Benefit Administrative Platform (Scale 1-5) - 20%	3	3	3
Experience (Scale 1-5 - 10%	4	4	4
Communication Support (Scale 1-5) 10%	4	5	4
Cost: Fees and Expenses (Scale 1-5) 20%	4	5	3
Premiums (Scale 1-5) 20%	4	5	3
Maximum Weight 100%	3.8	4.3	3.4