

## Individual Disability - ISTD3000 for SC *A Risk Class*

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*	\$4,000*
0 days Accident/7 days Sickness	17-49	\$31.90	\$63.80	\$95.70	\$127.60
	50-64	\$39.00	\$78.00	\$117.00	\$156.00
	65-74	\$47.20	\$94.40	\$141.60	\$188.80

\*monthly benefit amount

## Group Accident for SC

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage, Health Screening Benefit (\$50)

### Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$17.53	\$28.64	\$31.16	\$42.27

## Group Critical Care for SC

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, \$50 Health Screening Benefit

### Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$9.26	\$16.32	\$9.75	\$16.81
	30-39	\$11.01	\$18.92	\$11.50	\$19.41
	40-49	\$14.81	\$24.62	\$15.35	\$25.16
	50-59	\$20.91	\$34.12	\$21.45	\$34.66
	60-74	\$29.11	\$46.62	\$29.65	\$47.16
\$10,000	16-29	\$11.06	\$19.02	\$11.80	\$19.76
	30-39	\$14.56	\$24.22	\$15.30	\$24.96
	40-49	\$22.16	\$35.62	\$23.00	\$36.46
	50-59	\$34.36	\$54.62	\$35.20	\$55.46
	60-74	\$50.76	\$79.62	\$51.60	\$80.46
\$15,000	16-29	\$12.86	\$21.72	\$13.85	\$22.71
	30-39	\$18.11	\$29.52	\$19.10	\$30.51
	40-49	\$29.51	\$46.62	\$30.65	\$47.76
	50-59	\$47.81	\$75.12	\$48.95	\$76.26
	60-74	\$72.41	\$112.62	\$73.55	\$113.76
\$20,000	16-29	\$14.66	\$24.42	\$15.90	\$25.66
	30-39	\$21.66	\$34.82	\$22.90	\$36.06
	40-49	\$36.86	\$57.62	\$38.30	\$59.06
	50-59	\$61.26	\$95.62	\$62.70	\$97.06
	60-74	\$94.06	\$145.62	\$95.50	\$147.06

(Continued...)

## Group Critical Care for SC

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$500/12 Cancer Treatment and Care Benefit, \$50 Health Screening Benefit

### Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$11.23	\$19.71	\$11.77	\$20.20
	30-39	\$13.88	\$23.61	\$14.37	\$24.10
	40-49	\$19.93	\$32.76	\$20.47	\$33.30
	50-59	\$29.63	\$48.01	\$30.17	\$48.55
	60-74	\$43.33	\$68.86	\$43.87	\$69.45
\$10,000	16-29	\$14.13	\$24.06	\$14.97	\$24.80
	30-39	\$19.43	\$31.86	\$20.17	\$32.60
	40-49	\$31.53	\$50.16	\$32.37	\$51.00
	50-59	\$50.93	\$80.66	\$51.77	\$81.50
	60-74	\$78.33	\$122.36	\$79.17	\$123.30
\$15,000	16-29	\$17.03	\$28.41	\$18.17	\$29.40
	30-39	\$24.98	\$40.11	\$25.97	\$41.10
	40-49	\$43.13	\$67.56	\$44.27	\$68.70
	50-59	\$72.23	\$113.31	\$73.37	\$114.45
	60-74	\$113.33	\$175.86	\$114.47	\$177.15
\$20,000	16-29	\$19.93	\$32.76	\$21.37	\$34.00
	30-39	\$30.53	\$48.36	\$31.77	\$49.60
	40-49	\$54.73	\$84.96	\$56.17	\$86.40
	50-59	\$93.53	\$145.96	\$94.97	\$147.40
	60-74	\$148.33	\$229.36	\$149.77	\$231.00

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

## Whole Life 1000 for SC

- Adult Base Plan Paid-Up at Age 95

### Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$20.56	\$38.12	\$50.12	\$65.83
35	\$30.02	\$57.04	\$77.31	\$102.08
45	\$46.08	\$89.16	\$121.62	\$161.16
55	\$77.58	\$152.16	\$193.24	\$256.66
65	\$143.39	\$283.78	\$321.49	\$427.65

### Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$27.98	\$52.96	\$65.19	\$85.91
35	\$42.73	\$82.46	\$99.87	\$132.16
45	\$63.39	\$123.79	\$159.99	\$212.32
55	\$116.25	\$229.49	\$264.36	\$351.49
65	\$216.28	\$429.57	\$426.05	\$567.06

## INDIVIDUAL DISABILITY

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Colonial Life's voluntary short-term disability insurance policy is an individual plan that is sold via payroll deduction at the workplace. It insures your employee's paycheck by replacing a portion of your employee's income if he becomes disabled because of a covered accidental injury or covered sickness.

### PRODUCT FEATURES

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- **Guarantee Issue** – Available for up to \$4,000 in monthly benefits for up to 60% of income. Additional monthly benefits up to \$6,500 are available.
- **Total Disability and Partial Disability Benefits** - Partial disability pays 50% of the total disability benefit and for up to 3 months.
- **Optional Employer-Selected Benefits** are available.
- **Renewability** - This policy is guaranteed renewable to age 75. Premiums can be changed only if we change them on all policies of this kind in the state where the policy is issued.
- **No Integration** - There is no coordination of benefits at claim with other coverages. Benefits are paid regardless of benefits received from other sources. For benefit amounts over \$4,000 per month, offsetting occurs during the application process.
- **Level Premiums** - Rates are based on issue age and are level, not step-rated.
- **Geographical Limitations (Worldwide Coverage)** – Geographical Limitations provision allows coverage for disabilities that occur outside the regularly covered geographical areas for up to 60 days.
- **Waiver of Premium** - available after 90 consecutive days of a covered disability.
- **Benefits are paid directly** to the insured unless they specify otherwise.
- **Coverage is portable** - An employee may continue this coverage if he changes jobs or leaves your company, with no evidence of insurability required.

### AVAILABLE PLANS

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This policy offers two base Individual Disability plan choices:

- Off-Job Accident/Off- Job Sickness Disability benefits
- On/Off- Job Accident/ On/Off- Job Sickness Disability benefits

The employer also has the option of including:

- First Day Hospital Benefit (Waiver of Elimination Period for First Day of Hospital Confinement Benefit.)
- Psychiatric or Psychological Condition Benefit (24 month lifetime maximum)

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Applicable to SC

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## DISABILITY BENEFITS

As the employer, you can make several choices to tailor the plan design for your employees.

<b>Plan Structure</b>	<ul style="list-style-type: none"> <li>• Off-Job Accident and Off-Job Sickness</li> <li>• On/Off-Job Accident / On/Off-Job Sickness</li> </ul> <p>Please note that the on-Job benefit is 50% of the off Job benefit. The employer may choose to offer the Off-Job plan, the On/Off-Job plan or both plans in the account.</p>
<b>Benefit Amount</b>	<p>\$400 to \$6,500 (offered in \$100 increments)</p> <p>Up to 60% of income for coverage amounts from \$400 to \$6,500.</p> <p>The employer may choose a lower maximum benefit amount and/or lower maximum income replacement.</p>
<b>Benefit Periods</b>	<p>The employer can choose a maximum of two benefit periods.</p> <ul style="list-style-type: none"> <li>• 3 months</li> <li>• 6 months</li> <li>• 12 months</li> <li>• 24 months</li> </ul>
<b>Elimination Periods</b>	<p>0/7, 7/7, 7/14, 0/14, 14/14, 0/30, 30/30 60/60, 90/90, and 180/180</p> <p>Choice of elimination periods based on benefit periods selected. The employer may consider limiting the number of elimination period choices to best fit needs and for ease of enrollment.</p> <p>Elimination period means a period of total disability during which no benefits are payable. The first number represents accident elimination period /the second number represents sickness elimination period.</p> <p>If \$4,100 to \$6,500 in monthly benefits is selected, a 3, 6, 12 or 24 month benefit period with a 14/14, 30/30, 60/60, 90/90 or 180/180 elimination period is available.</p>
<b>Additional Disability Benefits Riders</b>	<p>The Additional Disability Benefit Rider provides policyholders the ability to purchase additional disability coverage on a <b>guarantee issue</b> basis after their initial enrollment.</p> <p>Policyholders can purchase a maximum of two riders, at two separate intervals. Each rider is available for <b>one or two disability</b> units (\$100 or \$200/monthly).</p> <p><i>Rider coverage, when combined with the base plan may not exceed up to 60% and up to \$4,000 in monthly benefits. For amounts greater than \$4,000, standard underwriting guidelines apply.</i></p>

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## **OPTIONAL EMPLOYER-SELECTED BENEFITS**

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As the employer, you can also include optional benefits to tailor the plan design for your employees. If one or both optional employer benefits are selected then all Individual Disability policies in the account will include the benefit(s).

### **Waiver of Elimination Period for First Day of Hospital Confinement Benefit (First Day Hospital)**

This benefit waives the elimination period, or a portion of it, if the insured is hospitalized for a covered disability and he has an elimination period of 30 days or less.

- Disability benefits will begin on the earlier of the first day of hospital confinement or the first day after the elimination period.
- Elimination periods of greater than 30 days may be offered in the account, but those plans will not include this benefit.

### **Psychiatric or Psychological Conditions Benefit (Mental or Nervous)**

This benefit pays the monthly disability benefits when an insured is disabled due to a psychiatric or psychological condition.

- The Psychiatric or Psychological Conditions exclusion will be waived and is removed from the contract.
- The 3 month plan will provide benefits up to 3 months per occurrence for Psychiatric or Psychological Conditions. The 6, 12 and 24 month plans can provide benefits up to 6 months per occurrence for Psychiatric or Psychological Conditions.
- The lifetime cumulative maximum is 24 months of Psychiatric or Psychological Conditions benefits.

## **OPTIONAL EMPLOYEE-SELECTED BENEFITS**

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As the employer, you can also include an optional benefit that the employee can choose at the point-of-sale if an insured would like to purchase.

### **Health Screening Rider**

- \$50 per calendar year for one of 24 health screening tests
- 30 day waiting period
- Rider is guaranteed renewable to age 75

## **PREMIUM INFORMATION**

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- Issue age-banded, one risk class and unisex. Age bands of 17-49, 50-64 and 65-74.
- Premiums are based on the account's industry risk classification and optional employer benefits.
- Premiums rates are based on issue age and are level, not step-rated. Premiums do not increase because the policyholder ages.

## **PARTICIPATION REQUIREMENTS**

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To offer this plan, we require 3 eligible employees and a minimum of 1 enrolled eligible employee. Certain underwriting levels have separate participation requirements.

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## ELIGIBILITY REQUIREMENTS

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- Offered to all permanent, benefit-eligible employees age 17-74 who work at least 20 hours per week on a regular basis.
- The employee must be actively at work at the time of application.
- Seasonal and temporary employees are not eligible. Spouses and children are not eligible.

## UNDERWRITING

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### **Guarantee Issue (GI)** *For accounts with 100+ eligible employees*

Guarantee Issue allows employees to purchase Colonial Life Disability coverage without having to answer health questions.

- Colonial Life will issue coverage on a Guarantee Issue basis during the initial enrollment if the greater of 5 lives or 15% participation is met, and for new hires.
- Guarantee Issue is available up to 60% of income for up to \$4,000 in monthly benefits.
- Short Term Disability is the primary product presented during your enrollment.
- No more than 4 Colonial Life insurance products are presented during your enrollment.
- Our benefit representatives will be provided access to your employees through individual enrollment sessions.
- Employees must be actively at work and there must be a defined enrollment period.
- For amounts in excess of the Guarantee Issue limits, specifically when an employee applies for \$4,100 - \$6,500 in monthly benefits, Guarantee Issue is not available and health questions will apply. If the applicant does not qualify for these higher benefit levels, we can Guarantee Issue a lower amount (up to 60% of income, up to \$4,000).
- Pre-existing conditions limitation may apply.
- For accounts with 250+ lives, Underwriting Risk Manager approval is required.

### **Post Enrollment Guarantee Issue (PEGI)** *For accounts with 5+ eligible employees*

Post Enrollment Guarantee Issue requires each applicant to answer eligibility and three health questions. If participation is met, then we will guarantee issue policy coverage to all applicants regardless of health. If participation is not met, eligibility and health question information will be evaluated based on underwriting guidelines.

- PEGI is up to 60% of income for up to \$4,000 in monthly benefits.
- Meet a greater of 3 enrolled lives or 10% participation requirement with our short-term disability plan.
- Employees must be actively at work and there must be a defined enrollment period.
- If 10% of your employees participate during the initial enrollment, we will continue to offer Post Enrollment Guarantee Issue to new hires.
- For amounts in excess of the Post Enrollment Guarantee Issue limits, specifically when an employee applies for \$4,100 - \$6,500 in monthly benefits, guarantee issue is not available and additional health questions will apply. If the applicant does not qualify for these higher benefit levels, we can guarantee issue a lower amount (up to 60% of income, up to \$4,000) if the account meets the participation guideline.
- Pre-existing conditions limitation may apply.

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**Standard Issue (SI)** *For accounts with 3+ benefit eligible employees*

- Benefit amounts up to 60% of income for up to \$4,000 in monthly benefits. Each applicant will be asked eligibility and three health questions.
- Benefit amounts for \$4,100 - \$6,500 in monthly benefits, and additional health questions will apply.
- Pre-existing conditions limitation may apply.

## DEFINITIONS

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### **Total Disability**

If the benefit period shown on the Policy Schedule is 12 months or less, **Totally Disabled or Total Disability** means you are unable to perform the material and substantial duties of your occupation; not, in fact, working at any occupation for wage or profit; and under the regular and appropriate care of a physician.

After the first year of disability, total disability means you are unable to engage in any employment or occupation for which you are qualified by reason of education, training or experience and under the regular and appropriate care of a physician.

**Partial Disability** means you are unable to perform the material and substantial duties of your occupation for more than half of the normally scheduled hours per week; you are able to work at your occupation or any other occupation for no more than half of normally scheduled hours per week; your employer will allow you to work for no more than half of your normally scheduled hours per week; and you are under the regular and appropriate care of a physician. To qualify for partial disability, total disability benefit must have been paid for 14 days immediately prior to being partially disabled. Partial disability pays 50% of the total disability benefit and for up to 3 months.

**Waiver of Premium Benefit** After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or covered sickness for more than 90 consecutive days (while the policy is in force), or after the elimination period shown in your policy schedule (whichever is greater), we will waive the premium for the policy and any attached riders for as long as you remain disabled. The premium will be waived up to the maximum benefit period shown in your policy schedule.

You must pay all premiums to keep the policy and any attached riders in force until you have been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in force, or for the elimination period shown on the policy schedule, whichever is greater.

There is no limit to the number of times you can receive the Waiver of Premium benefit. This Waiver of Premium benefit does not apply to any period that you are totally or partially disabled due to an accident or sickness which is excluded by name or specific description in the policy.

**Geographical Limitations (Worldwide Coverage)** If you become totally disabled as the result of a covered accident or a covered sickness while outside the covered geographical areas, the Geographical Limitations provision may allow us to provide benefits. You must be totally disabled longer than the elimination period shown in the policy schedule, and the maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of

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the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica. After the 60 day period, benefits will not be paid until you return to the covered geographical areas.

## WHAT IS NOT COVERED

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**Pre-existing Condition** means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice, or had taken medication within 12 months before the coverage effective date.

After the policy has been in force for 12 months from the Policy Coverage Effective Date shown on the Policy Schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months after the Policy Coverage Effective Date and the elimination period has been satisfied.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

### General Exclusions and Limitations

- Cosmetic Surgery
- Felonies or Illegal Occupations
- Flying
- Giving Birth: Giving birth within the first nine months after the coverage effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy are subject to the Pre-Existing Condition Limitation Period shown on the policy schedule and are administered consistently with any other sickness.
- Hazardous Avocations
- Intoxicants and Narcotics
- Pre-Existing Conditions
- Psychiatric or Psychological Conditions *(If employer optional benefit is selected, this exclusion will be removed.)*
- Racing
- Semi-professional or Professional Sports
- Substance Abuse
- Suicide or Injuries Which You Intentionally Do to Yourself
- War or Armed Conflict

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to a sample policy or see your Colonial Life representative. This information is only intended for proposal use with employers.

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## Group Accident

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Colonial Life's Group Accident insurance is an indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident. These benefits can help with the out-of-pocket medical and non-medical expenses associated with an accident.

## Product Features

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- Composite Rates - Premiums are composite, which means all eligible applicants in an account have the same rate basis, regardless of risk class or age
- All coverage is Guaranteed Issue
- Employees can choose whether they want individual or family coverage
- Benefits are paid directly to the insured unless specified otherwise
- Benefits are paid in addition to other insurance your employees may have
- Benefit amounts are the same for employee, spouse and dependent children, with the exception of lower amounts for accidental death and catastrophic accident benefits for children
- Coverage is portable. An employee can take this coverage with him if he changes jobs or leaves your company while the master policy is in force
- Coverage is available if a covered person is injured while traveling
- Coverage available for: Named Insured (Employee); Employee and Spouse; One-Parent Family (Employee and Dependent Children); Two-Parent Family (Employee, Spouse and Dependent Children)
- In multi-state enrollments, situs state rules apply for Group Accident

## Available Plans:

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- Value Plan
- Plan 1
- Plan 2
- Plan 3

The employer can choose a maximum of two plans to offer their employees. However, the Value Plan and Plan 3 may not be offered together.

Either On/Off Job or Off-Job only accident coverage is available for the account based on employer choice.

The employer also has the option of including:

- Health Screening Benefit
- Hospital Confinement due to Covered Sickness



## Accident Coverage Benefits

Colonial Life pays these benefits once per covered person for each covered accident unless otherwise noted.

Accident Benefits	Value Plan	Plan 1	Plan 2	Plan 3
<b>Accident Emergency Treatment- 4 visits per person per calendar year</b> (Doctor's office, urgent care facility or emergency room)	\$50 per visit	\$75 per visit	\$125 per visit	\$125 per visit
<b>Accident Follow-Up Doctor Visit –</b> (Doctor's office, urgent care facility or emergency room)	\$50/visit 2 visits per covered accident; 8 visits per calendar year	\$50/visit 2 visits per covered accident; 8 visits per calendar year	\$50/visit 3 visits per covered accident; 12 visits per calendar year	\$50/visit 4 visits per covered accident; 16 visits per calendar year
<b>Accidental Death</b>	\$15,000 EE/SP; \$3,000 CH	\$20,000 EE/SP; \$4,000 CH	\$25,000 EE/SP; \$5,000 CH	\$50,000 EE/SP; \$10,000 CH
<b>Accidental Death: Common Carrier</b>	\$60,000 EE/SP; \$12,000 CH	\$80,000 EE/SP; \$16,000 CH	\$100,000 EE/SP; \$20,000 CH	\$200,000 EE/SP; \$40,000 CH
<b>Accidental Dismemberment: Loss of Finger/Toe Loss of Hand/Foot/Sight</b>	(1)\$300;(2+)\$600 (1)\$3,000;(2+)\$6,000	(1)\$450;(2+)\$900 (1)\$4,500;(2+)\$9,000	(1)\$750;(2+)\$1,500 (1)\$7,500;(2+)\$15,000	(1)\$1,500;(2+)\$3,000 (1)\$15,000;(2+)\$30,000
<b>Ambulance - Air</b>	\$500	\$1,000	\$1,500	\$2,000
<b>Ambulance - Ground</b>	\$50	\$100	\$200	\$400
<b>Appliances</b> (such as wheelchair, crutches)	\$25	\$50	\$100	\$200
<b>Blood/Plasma/Platelets</b>	\$150	\$300	\$300	\$500
<b>Burns</b> (based on size and degree)	2 <sup>nd</sup> Degree 36% of body: \$750 3 <sup>rd</sup> Degree 9sq”–18sq”: \$1,500 >18sq”–35sq”: \$3,000 Over 35 sq”: \$9,000	2 <sup>nd</sup> Degree 36% of body: \$750 3 <sup>rd</sup> Degree 9sq”–18sq”: \$1,500 >18sq”–35sq”: \$3,000 Over 35 sq”: \$9,000	2 <sup>nd</sup> Degree 36% of body: \$1,000 3 <sup>rd</sup> Degree 9sq”–18sq”: \$2,000 >18sq”–35sq”: \$4,000 Over 35 sq”: \$12,000	2 <sup>nd</sup> Degree 36% of body: \$1,500 3 <sup>rd</sup> Degree 9sq”–18sq”: \$3,000 >18sq”–35sq”: \$6,000 Over 35 sq”: \$18,000
<b>Burns - Skin Graft</b>	50% of burn benefit	50% of burn benefit	50% of burn benefit	50% of burn benefit
<b>Catastrophic Accident</b> (For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss or loss of use of one arm and one leg; loss or loss of use of both arms or both legs; loss of sight of both eyes; loss of hearing of both ears; loss of the ability to speak.) 365-day elimination period	\$25,000 EE/SP; \$12,500 CH	\$25,000 EE/SP; \$12,500 CH	\$50,000 EE/SP; \$25,000 CH	\$75,000 EE/SP; \$37,500 CH
<b>Coma</b> (duration of at least 14 consecutive days)	\$5,000	\$5,000	\$10,000	\$20,000
<b>Concussion</b>	\$100	\$100	\$150	\$200
<b>Dislocation</b> (Based on joint and if repaired by open or closed reduction)	\$60 - \$2,400	\$90 - \$3,600	\$150 - \$6,000	\$200 - \$8,000
<b>Emergency Dental Work</b>	\$75 (crown, implant or denture) or \$25 (extraction)	\$150 (crown, implant or denture) or \$50 (extraction)	\$300 (crown, implant or denture) or \$100 (extraction)	\$600 (crown, implant or denture) or \$200 (extraction)

Applicable to AL, AZ, HI, LA, MS, NE, RI, SC, WI, WV

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Accident Benefits	Value Plan	Plan 1	Plan 2	Plan 3
<b>Eye Injury</b>	\$100	\$200	\$300	\$400
<b>Fracture</b> (Based on bone and if repaired by open or closed reduction)	\$60 - \$3,000	\$90 - \$4,500	\$150 - \$7,500	\$200 - \$10,000
<b>Hospital Admission</b> <sup>1</sup>	\$500	\$500	\$1,000	\$1,500
<b>Hospital Confinement</b> <sup>2</sup>	\$100/day, up to 365 days	\$100/day, up to 365 days	\$200/day, up to 365 days	\$300/day, up to 365 days
<b>Hospital Confinement Due to Covered Sickness benefit</b> (Optional Benefit)	\$100/day, max 30 days	\$100/day, max 30 days	\$100/day, max 30 days	\$100/day, max 30 days
<b>Hospital ICU Admission</b> <sup>1</sup>	\$500	\$750	\$1,500	\$2,500
<b>Hospital ICU Confinement</b> <sup>2</sup>	\$200/day, up to 15 days	\$200/day, up to 15 days	\$400/day, up to 15 days	\$600/day, up to 15 days
<b>Rehabilitation Unit Confinement</b> <sup>3</sup>	\$25/day, up to 15 days per covered accident, and up to 30 days per calendar year	\$50/day, up to 15 days per covered accident, and up to 30 days per calendar year	\$100/day, up to 15 days per covered accident, and up to 30 days per calendar year	\$150/day, up to 15 days per covered accident, and up to 30 days per calendar year
<b>Knee Cartilage - Torn</b>	\$250	\$500	\$500	\$1,250
<b>Laceration</b> (based on size and repair)	No Stitches: \$25 With stitches less than 2": \$75 2'-6": \$300 greater than 6": \$600	No Stitches: \$25 With stitches less than 2": \$75 2'-6": \$300 greater than 6": \$600	No Stitches: \$25 With stitches less than 2": \$75 2'-6": \$300 greater than 6": \$600	No Stitches: \$50 With stitches less than 2": \$150 2'-6": \$600 greater than 6": \$1,200
<b>Lodging (Companion)</b> (per day up to 30 days)	\$50	\$100	\$150	\$200
<b>Medical Imaging Study</b> (Limit one per covered person per calendar year)	\$50	\$100	\$150	\$400
<b>Pain Management</b> (Epidural Anesthesia)	\$50	\$50	\$100	\$150
<b>Prosthetic Device/Artificial Limb</b>	\$250 (1); \$500 (2+)	\$500 (1); \$1,000 (2+)	\$500 (1); \$1,000 (2+)	\$1,000 (1); \$2,000 (2+)
<b>Ruptured Disc with Surgical Repair</b>	\$200	\$500	\$500	\$1,200
<b>Surgery- Cranial, Open Abdominal, Thoracic</b>	\$500	\$1,000	\$1,500	\$2,000
<b>Surgery- Hernia</b>	\$50	\$100	\$200	\$250
<b>Surgery – Exploratory and Arthroscopic</b>	\$100	\$100	\$150	\$250
<b>Tendon/Ligament/Rotator Cuff</b>	\$200(1); \$300(2+)	\$500(1); \$750(2+)	\$500(1); \$750(2+)	\$1,200(1); \$1,800(2+)
<b>Therapy - Occupational and Physical Therapy</b> (per day, up to 10 days)	\$10	\$15	\$25	\$40
<b>Transportation</b> (per trip, up to 3 trips per accident)	\$200	\$400	\$500	\$600
<b>X-Ray Benefit</b>	\$10	\$20	\$30	\$50

<sup>1</sup>We will not pay the hospital admission benefit and the hospital ICU admission benefit for the same covered accident simultaneously.

<sup>2</sup>We will not pay the hospital confinement benefit and the hospital ICU confinement benefit simultaneously.

<sup>3</sup>We will not pay the hospital confinement benefit and the rehabilitation unit confinement benefit simultaneously.

## Optional Employer-Selected Benefits

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### Health Screening Benefit

The employer chooses whether to offer the Group Accident plan with the Health Screening benefit. Only one health screening benefit amount per plan, per account may be chosen by the employer.

- Available amounts: \$25, \$50 or \$100
- Payable once per calendar year per covered person
- 30-day waiting period

Tests include:

- |  |  |  |
|--|--|--|
| • Blood test for triglycerides           | • Electrocardiogram (EKG, ECG)         | • Serum cholesterol test to determine level of HDL and LDL |
| • Bone marrow testing                    | • Fasting blood glucose test           | • Serum protein electrophoresis (blood test for myeloma)   |
| • Breast ultrasound                      | • Flexible sigmoidoscopy               | • Stress test on a bicycle or treadmill                    |
| • CA 15-3 (blood test for breast cancer) | • Hemocult stool analysis              | • Skin cancer biopsy                                       |
| • CA125 (blood test for ovarian cancer)  | • Mammography                          | • Thermography   |
| • Carotid doppler                        | • Pap smear                            | • ThinPrep pap test  |
| • CEA (blood test for colon cancer)      | • PSA (blood test for prostate cancer) | • Virtual colonoscopy                                      |
| • Chest x-ray                            |  |  |
| • Colonoscopy                            |  |  |
| • Echocardiogram (ECHO)                  |  |  |

### Hospital Confinement due to Covered Sickness

The employer chooses whether to offer the Group Accident plan with Hospital Confinement due to Covered Sickness.

- Pays \$100 per day if an insured is confined in a hospital because of a covered sickness
- Pays benefits for up to 30 days per confinement
- 12/12 Pre-existing Condition Limitation applies

## Eligibility Requirements

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- Issue ages are 17+ for both employee and spouse
- The employee is actively working at least 15 hours per week
- The employee must be actively at work at the time of application
- Dependent children (as defined in the certificate)

## Participation Requirement

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To offer this plan, we require a minimum of 10 enrolled eligible employees.

## Definitions

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**Pre-existing Condition** means a sickness or physical condition, whether diagnosed or not, for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

After the certificate has been in force for 12 months from the coverage effective date, we will pay benefits for any pre-existing condition not otherwise excluded by name or specific description if the covered confinement began more than 12 months after the coverage effective date of the certificate.

*Pre-existing Conditions apply to the Hospital Confinement due to Covered Sickness benefit only.*

## What is Not Covered

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**Accident Coverage Plans** will not provide benefits for losses that are caused by, contributed to by or occur as a result of a covered person's:

- Hazardous avocations
- Felonies or illegal occupations
- Racing
- Semi-professional or professional sports
- Sickness
- Suicide or self-inflicted injuries
- War or armed conflict

In addition to the exclusions listed above, we also will not pay the **Catastrophic Accident benefit** for injuries that are caused by or are the result of:

- Birth
- Intoxicants and narcotics

In addition to the base plan exclusions listed above, the **Hospital Confinement due to Covered Sickness benefit** will not provide benefits for losses that are caused by, contributed to by or occurs as a result of a covered person's:

- Accidental Injuries
- Alcoholism or Drug Addiction
- Dental Care
- Elective Procedures
- Pre-Existing Condition
- Psychiatric or Psychological Conditions
- War or Armed Conflict
- Well Baby Care Exclusion
- Giving Birth Limitation. We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the coverage effective date as a result of a normal pregnancy

## Underwriting Guidelines

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### Guaranteed Issue

- Available during all enrollments and for new hires during the new hire eligibility period
- All coverage is Guaranteed Issue so there are no health questions
- The Pre-existing Condition Limitation only applies to Hospital Confinement due to Covered Sickness

## Premium Information

- Premiums are composite for all ages, with specific issue ages
- Named Insured (Employee); Employee and Spouse; One-Parent Family (Employee and Dependent Children); Two-Parent Family (Employee, Spouse and Dependent Children)

<b>Sample Monthly Premiums</b>				
<b>Sample Plan Design</b>	<b>Value Plan</b>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<u>Employee Only - On/Off Job Coverage</u> <i>Only</i>	\$6.92	\$9.67	\$14.93	\$23.69
<u>Employee Only - On/Off Job Coverage</u> <i>with \$50 Health Screening benefit</i>	\$9.52	\$12.27	\$17.53	\$26.29
<u>Employee Only - On/Off Job Coverage</u> <i>with Hospital Confinement due to Covered Sickness</i>	\$9.92	\$12.67	\$17.93	\$26.69
<u>Employee Only - On/Off Job Coverage</u> <i>with \$50 Health Screening benefit and Hospital Confinement due to Covered Sickness</i>	\$12.52	\$15.27	\$20.53	\$29.29

## **Group Critical Care**

Colonial Life's Group Critical Care insurance helps your employees and their families maintain financial security during the lengthy, expensive recovery period of a serious medical event such as cancer, heart attack or stroke. It provides a lump sum benefit to help with the out-of-pocket medical and/or non-medical expenses of a critical illness and/or cancer. There are options as well to include ongoing benefits for the extended treatment and care of cancer (internal or invasive) or carcinoma in situ.

Coverage is available to: Employee; Employee and Spouse; One-Parent family (Employee and Dependent Children); and Two-Parent Family (Employee, Spouse and Dependent Children).

Face amounts for the employee range from \$5,000 - \$100,000 (amounts greater than \$50,000 require underwriting approval), in \$1,000 increments. If a spouse is covered under the employee's plan, their face amount is 50% of the employee's coverage. If dependent child(ren) are covered, their face amount is also 50% of the employee's coverage.

## **Features**

- Benefits are paid in addition to other insurance your employees may have with other insurance companies.
- Benefits are paid directly to the covered person unless they specify otherwise.
- This product combines cancer and critical illness coverage in a single policy.
- May include an innovative Cancer Treatment and Care Benefit which can assist with the extended costs associated with the treatment and care of cancer (internal or invasive) or carcinoma in situ.
- This product will pay multiple times for the same or different covered conditions.
- Coverage is portable – an employee can continue their coverage if they change jobs or retire.
- Benefits may be used however the covered person chooses. Typical uses include:
  - Out-of-pocket medical and/or non-medical expenses
  - Home health care needs/home modifications
  - Recovery and rehabilitation
  - Child care or caregiver expenses
  - Travel expenses to and from treatment centers.
- Guaranteed Issue for all covered insureds with participation.
- Health Savings Account (HSA)-compliant option available.
- Rates are guaranteed for one year.
- The Face Amount will reduce by 50% on the certificate anniversary date after the named insured's 75<sup>th</sup> birthday.

## **Benefits**

As the employer, you will make several choices to tailor the plan design for your employees.



## Plan Design

You will choose one plan design for your employees from the five that are available, which offer lump sum benefits for critical illness and/or cancer, plus an optional ongoing benefit for cancer treatment and care.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
<b>Critical Illness Benefit</b>	•	•	•		
<b>Diagnosis of Cancer Benefit</b>	•	•		•	•
<b>Cancer Treatment and Care Benefit</b>	•			•	

## Health Savings Account

As the employer, you will decide whether to offer an HSA-compliant plan. A benefit for Coronary Artery Disease is applicable in lieu of the benefit for Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.

## Critical Illness Benefit (If included in plan selected by the employer)

Included in Plans 1, 2 and 3

As the employer, you will choose one of two coverage options:

- **Full Critical Illness Coverage:** includes all of the conditions in the chart below.
- **Basic Critical Illness Coverage:** includes the conditions with the asterisk, “\*”, in the chart below.

For this critical illness:	We will pay this percentage of the face amount:		
Heart Attack (Myocardial Infarction)*	100%	Basic	Full
Stroke*	100%		
Major Organ Failure *	100%		
End Stage Renal (Kidney) Failure *	100%		
Coronary Artery Bypass Graft Surgery (Coronary Artery Disease applicable in lieu of benefit for Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.)*	25%		
Permanent Paralysis due to a Covered Accident	100%		
Coma	100%		
Blindness	100%		
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%		

**Benefit Payable Upon Subsequent Diagnosis of a Critical Illness –Employees can use this coverage more than once.**

**This plan includes coverage for subsequent diagnosis of a different critical illness.**

- If the employee receives a benefit for a critical illness, and is later diagnosed with a *different* critical illness, we will pay the original percentage of the face amount for that particular critical illness.



**This plan includes coverage for subsequent diagnosis of the same critical illness.**

- If the employee receives a benefit for a critical illness and is later diagnosed with the *same* critical illness (except those listed below), we will pay 25% of the original face amount. *Critical Illness conditions that do not qualify are: Coronary Artery Bypass Graft Surgery/ Coronary Artery Disease<sup>1</sup> and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*

**Dates of Diagnoses of a covered Critical Illness must be separated by at least 180 days.**

<sup>1</sup> Coronary Artery Disease applicable in lieu of Coronary Artery Bypass Graft Surgery when the employer selects the HSA-compliant plan.

**Cancer Benefits**

As the employer, you will decide whether to include:

**Diagnosis of Cancer Benefit (if included in plan selected by the employer)**

**All benefits are payable once per covered person per lifetime.**

**Included in Plans 1, 2, 4 and 5**

Benefits are paid as a lump sum when the covered person is diagnosed with one of the following:

<b>Condition</b>	<b>We will pay:</b>
Cancer (internal or invasive)	100% of face amount
Carcinoma in Situ	25% of face amount
Skin Cancer	\$500 flat amount
Cancer Vaccine Benefit	\$50 payable if a covered person incurs a charge for and receives any cancer vaccine approved by the FDA for the prevention of cancer.

**Cancer Treatment and Care Benefit (if included in plan selected by the employer)**

**Included in Plans 1 and 4**

Employees will choose monthly benefits of either \$500 or \$1,000 per calendar month and may also choose a 12- or 24-month benefit period .This benefit is payable one time per month up to the maximum number of benefit periods, when a covered person incurs charges for and receives any of the listed treatment or services in a given month:

<b>Benefit Period (months)</b>	<b>Monthly Benefit</b>
12 or 24	\$500 or \$1,000
<b>Covered Cancer Treatments:</b>	Hospice Care
	Confinement
	Chemotherapy
	Radiation
	Surgery

### **Health Screening Benefit – if included in plan selected by the employer**

\$50 or \$100 payable once per year per covered person for 24 health screening tests such as:

- Stress test on a bicycle or treadmill
- Serum cholesterol test to determine levels of HDL and LDL
- Carotid doppler
- Electrocardiogram (ECG/EKG)
- Echocardiogram (ECHO)
- Chest x-ray
- Colonoscopy
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)

### **Optional Rider (if selected by the employee)**

An optional rider is available and can be purchased at an additional cost to provide extra coverage and benefit.

#### **First Diagnosis Building Benefit Rider**

- This rider pays a lump sum benefit upon diagnosis of a covered critical illness or cancer (internal or invasive), in addition to the covered person's face amount.
- The benefit amount builds for each covered person each rider year the rider is in force up to a maximum of 10 rider years, as long as the benefit isn't used. The rider builds by \$1,000 for the named insured; \$500 for the spouse; and, \$500 for each covered dependent child.
- If the employee is diagnosed with a covered critical illness or cancer (internal or invasive) before the end of the first rider year, the rider will pay one-half of the annual building benefit amount.
- The benefit is paid only once per lifetime per covered person. Critical Illness conditions that do not apply to the rider include Coronary Artery Bypass Graft Surgery and Coronary Artery Disease. Cancer conditions that do not apply to the rider include skin cancer and carcinoma in situ.

#### **Eligibility Requirements**

- Issue ages are 16-74 for both the employee and spouse.
- The employee is actively working at least 15 hours per week.
- The employee must be actively at work at the time of application.
- Dependent children (as defined in the certificate).

#### **Participation Requirements)**

To offer this plan, we require a minimum of 10 applications.

#### **Premium Information**

Premiums are based on plan type chosen, age, and tobacco status.

## Underwriting

### Guaranteed Issue (GI)

- We will issue employee and family coverage on a GI basis during the initial enrollment if participation is met, and for new hires who apply within 31 days after satisfying their eligibility period.
- Participation requirements for GI are shown below and vary based on account size.

Number of Eligible Lives	Participation Requirement	Maximum Face Amount*	Cancer Treatment and Care Benefit
15-199	Greater of 15 lives or 15%	\$10,000	\$500 for 12 months
200-499	15%	\$15,000	\$500 for 12 months
500+	15%	\$20,000	\$500 for 12 months

- No health questions are required to be completed up to the face amounts shown above. If the face amount applied for exceeds the guaranteed issue amount, underwriting with Evidence of Insurability (EOI) will be required.

### Post Enrollment Guaranteed Issue (PEGI)

- We will issue employee and family coverage on a PEGI basis according to the criteria listed below. If participation is met, policies will be issued regardless of answers to the health questions up to the face amount listed. If participation is not met, policies will be issued or declined based on answers to the health questions. The questions referenced below under Simplified Issue will be asked of each applicant.
- Participation requirements for PEGI are shown below and vary based on account size.

Number of Eligible Lives	Participation Requirement	Maximum Face Amount*	Cancer Treatment and Care Benefit
15-199	Greater of 15 lives or 15%	\$10,000	\$500 for 12 months
200-499	15%	\$15,000	\$500 for 12 months
500+	15%	\$20,000	\$500 for 12 months

- If the face amount applied for exceeds the PEGI amount, underwriting with EOI will be required.

### Simplified Issue (SI)

- Applicable to face amounts of \$5,000-\$30,000.
- Cancer Treatment and Care Benefit of \$500 for 12 months or 24 months; or, \$1,000 for 12 months if the employer chooses a plan that includes this benefit.
- The First Diagnosis Building Benefit Rider is always underwritten at the SI level regardless of the face amount applied for.
- Depending on the plan design chosen, answers to two to four health questions are required. If one of the SI health questions is answered “yes” by the proposed insured, spouse, or dependent, they are not eligible for coverage. In addition, a tobacco usage question must be answered to determine types of rates (tobacco or non-tobacco). The tobacco usage question does not affect eligibility.

### **Simplified Issue Level 1**

- Applicable to face amounts of \$31,000-\$100,000.
- Cancer Treatment and Care Benefit of \$1,000 for 24 months if the employer chooses a plan that includes this benefit.
- Depending on the plan design chosen, answers to three to seven health questions are required. The information will be evaluated to determine eligibility for coverage. In addition, a tobacco usage question must be answered to determine types of rates (tobacco or non-tobacco). The tobacco usage question does not affect eligibility.

### **Pre-existing Condition Limitation**

We will not pay a benefit for a pre-existing condition that occurs during the 12 month period after the Coverage Effective Date.

**Pre-existing Condition** means having a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the Coverage Effective Date.

### **What is Not Covered**

**Exclusions And Limitations For Critical Illness** - We will not pay the Critical Illness Benefit or Benefit Payable Upon Subsequent Diagnosis of a Critical Illness that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; psychiatric or psychological conditions; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

**Exclusions And Limitations For Cancer** - We will not pay the Diagnosis of Cancer Benefit, Diagnosis of Carcinoma in Situ Benefit, the Cancer Treatment and Care Benefit or the Skin Cancer Benefit for a covered person's cancer (internal or invasive), carcinoma in situ or skin cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having cancer (internal or invasive), carcinoma in situ or skin cancer. No Pre-existing Condition Limitation will be applied for dependent children who are born or adopted while the named insured is covered under the policy, and who are continuously covered from the date of birth or adoption.

The above list includes all the exclusions and limitations, but it does not include the definition of these exclusions and limitations. Please see your Colonial Life benefits counselor for additional information.

## Whole Life

Colonial Life's Whole Life 1000 is an individually owned, whole life insurance plan with guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and is guaranteed for the life of the policy (to age 100), provided premiums are paid when due.

## Adult Base Plan Benefits

Two Plan Options	<p>Available for employee and spouse.</p> <ul style="list-style-type: none"> <li>▪ Paid-Up at Age 65 Plan The policy is paid-up at the original face amount when the insured reaches age 65, with no additional premiums due.</li> <li>▪ Paid-Up at Age 95 Plan The policy is paid-up at the original face amount when the insured reaches age 95, with no additional premiums due.</li> </ul>
Death Benefit	<ul style="list-style-type: none"> <li>▪ \$5,000 to \$300,000</li> </ul>
Guaranteed Purchase Option	<ul style="list-style-type: none"> <li>▪ Provides the policyowner the right to buy additional insurance on the life of the insured without providing evidence of insurability if the policy is purchased before age 55.</li> <li>▪ There are three option dates to purchase additional insurance; the second, fifth and eighth policy anniversary dates. A life event option can be exchanged for an anniversary option.</li> <li>▪ Life event options are the date of the insured's marriage, birth of a living child, adoption of a child or a legal divorce.</li> <li>▪ Additional amounts of insurance of the same plan may be purchased on each option date up to the initial face amount not to exceed a total combined maximum of \$100,000 for all Guaranteed Purchase Options.</li> </ul>
Immediate Claims Payment	<p>Helps meet immediate needs with a payment of \$3,000 to the designated beneficiary upon certification of the insured's death. The remainder of the claim will be processed and the balance provided to the designated beneficiary.</p>
Accelerated Death Benefit Provision	<ul style="list-style-type: none"> <li>▪ If the insured is diagnosed with a terminal illness and has a life expectancy of 12 months or less, the policyowner can request up to 75 percent of the death benefit, to a maximum of \$150,000.</li> <li>▪ A \$200 one time administrative fee will be charged.</li> </ul>
Endows	<p>The policy endows at age 100.</p>

Coverage Options	<p>If the policy ends due to unpaid premiums, the policyowner has several options:</p> <ul style="list-style-type: none"> <li>▪ Extended Term Insurance Option – the policyowner can use the accumulated net cash surrender value as a net single premium to purchase term life insurance.</li> <li>▪ Reduced Paid-Up Life Insurance Option – the policyowner can use the accumulated net cash surrender value as a net single premium to purchase a smaller amount of fully paid-up life insurance.</li> <li>▪ Automatic Premium Loan Provision – If this provision is in effect, Colonial Life will lend the policyowner the amount needed to pay an overdue premium provided the cash surrender value is great enough to pay the premiums plus interest.</li> </ul>
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### Juvenile Plan Benefits

Same as the adult plan, with these differences

Coverage	Employees do not have to purchase coverage on themselves to purchase policies for their children or grandchildren.
Plan Design	Paid-Up at Age 65 Plan: The policy is paid-up at the original face amount when the insured reaches age 65, with no additional premiums due.
Death Benefit	<ul style="list-style-type: none"> <li>▪ Minimum death benefit of \$10,000</li> <li>▪ Maximum death benefit of \$300,000</li> </ul>
Guaranteed Purchase Option	<ul style="list-style-type: none"> <li>▪ Allows the policyowner the right to purchase additional amounts of insurance without providing evidence of insurability.</li> <li>▪ The option may be exercised at ages 18, 21, and 24.</li> <li>▪ Additional amounts of insurance of the same plan may be purchased on each option date up to the initial face amount not to exceed a total combined maximum of \$100,000 for all Guaranteed Purchase Options.</li> </ul>
Dependent Children Age 18-26	Dependent children ages 18-26 who are full-time students may be issued a tobacco distinct adult policy.

### Optional Riders

Policyowners may select to enhance their whole life policy by adding optional rider(s) at an additional premium.

#### Accidental Death Benefit Rider

- Benefit equal to the death benefit of the policy, not to exceed \$150,000.
- Pays an additional death benefit if the primary insured dies as a result of an accidental bodily injury before age 70.
- Benefit amount doubles if the accidental bodily injury occurs while the insured is a fare-paying passenger within a public conveyance, such as a subway or city bus.
- An additional 25 percent of the accidental death benefit will be paid if the insured dies due to an accidental bodily injury sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

Applicable to AK, AL, AR, CA, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY PS01630

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9/2017 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210

## Spouse Term Riders

### Choice of 10-year or 20-year Spouse Term Riders

- Provides a level death benefit for the designated 10- or 20-year term period with guaranteed level premiums.
- No spouse signature required.
- Face amounts: \$5,000 - \$50,000
- Rates are level, uni-tobacco and unisex.
- May not exceed face amount of base plan.
- Conversion available to a cash value plan without evidence of insurability.
- May be added to a spouse base policy.
- Can be added after purchase of the base plan.

### Children's Term Rider

- One premium provides level term coverage for all eligible dependent children of the primary insured who are at least 14 days of age, unmarried, under age 19, and living with the insured in a regular parent-child relationship.
- Face amounts: \$1,000 - \$10,000, in \$1,000 increments.
- Coverage is convertible without evidence of insurability to a cash value life insurance plan for up to five times the rider's face amount.
- If the main insured dies before the child is age 25, paid-up insurance will be provided for each child until the child's 25<sup>th</sup> birthday.
- No health questions.
- Can be added after the purchase of the base plan.

### Waiver of Premium Rider

- Available on employee and spouse policies.
- Waives the total premium if the insured is totally disabled due to an accidental bodily injury or sickness before age 65.
- Must meet the elimination period of 6 months continuous total disability. Premiums paid during this period will be refunded when the claim is approved.
- Terminates on the policy anniversary following the insured's 65<sup>th</sup> birthday.
- Available only at purchase of base plan.

## Features

- Individual whole life insurance plan that provides cash value protection with guarantees to individuals in the payroll deduction market.
- Guaranteed level premiums, guaranteed cash value and a guaranteed death benefit.
- Tax-free benefits are paid to the beneficiary, regardless of other life insurance and Social Security.
- Family Coverage available through a separate spouse policy or term rider for the spouse and a separate child policy or term rider for the dependent children.
- \$3,000 immediate claims payment provides immediate funds to the designated beneficiary.
- No spouse signature required on spouse policies or riders with face amounts up to \$50,000.
- Automatic Premium Loan for non-payment of premiums available.
- \$100 minimum loan available.
- Portable Coverage – Insured can keep his policy if he changes jobs or retires.

Applicable to AK, AL, AR, CA, CO, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY PS01630

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## Eligibility Requirements

### Employee

- Actively at work at the date of enrollment.
- Employed full-time (20+ hours per week).
- Employed with present employer for at least 90 days.
- Paid-Up at Age 65 plan issue ages: 16-45.
- Paid-Up at Age 95 plan issue ages: 16-79.

### Spouse

Must be the spouse of an employee.

- Individual Policy
  - Paid-Up at Age 65 plan issue ages: 16-45.
  - Paid-Up at Age 95 plan issue ages: 16-79.
- 10-Year Spouse Term Rider
  - Available with both the Paid-Up at Age 65 plan and Paid-Up at Age 95 plan.
  - Issue Ages: 16-55.
- 20-Year Spouse Term Rider
  - Available with both the Paid-Up at Age 65 plan and Paid-Up at Age 95 plan.
  - Spouse Issue Ages for Paid-Up at Age 65 plan: 16-45.
  - Spouse Issue Ages for Paid-Up at Age 95 plan: 16-50.

### Dependent Child

- Individual Policy
  - Issue ages, 0-17, (18-26 if a full-time student).
  - Dependent students ages 18-26 are issued adult plans and the tobacco question is required on the application.
- Children's Term Rider
  - Issue ages: 14 days-18 years for children; 16-65 for the primary insured.
  - Meets the definition of an insured child.
  - Can be added after purchase of base plan.

### Waiver of Premium Rider

- Issue ages: 16-55 for employee and spouse policies.

## Participation Requirements

To offer this plan, we require only 3 eligible applicants.

## Premium Information

### Employee and Spouse Policy

- Level, unisex premiums.
- Employee and spouse policies are tobacco distinct.
- Two rate bands based on face amount: \$5,000 - \$50,000 / \$50,001 - \$300,000

### Juvenile Policy

- Level, unisex premiums.
- Juvenile policies issued up to age 17 are unitobacco.

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- Dependent students ages 18-26 are issued a tobacco distinct adult plan.
- Two rate bands based on face amount: \$10,000 - \$50,000 / \$50,001 - \$300,000

## What Is Not Covered

If the insured commits suicide, whether he is sane or insane, within two years from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, minus any loans and loan interest.

## Whole Life 1000 Sample Premium and Rider Rates

### Adult Paid-Up at Age 65 Plan

#### Sample Non-Tobacco Monthly Premiums and Guaranteed Cash Values at Age 65

Issue Age	\$5/wk-\$21.67/mo		\$6/wk-\$26/mo		\$10/wk-\$43.33/mo		\$16/wk-\$69.33/mo		\$24/wk-\$104/mo	
	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value
25	\$22,512	\$10,716	\$27,738	\$13,203	\$48,643	\$23,154	\$91,284	\$43,451	\$138,990	\$66,159
35	\$14,368	\$6,839	\$17,703	\$8,427	\$31,045	\$14,777	\$54,297	\$25,845	\$82,673	\$39,352
45	\$7,562	\$3,600	\$9,318	\$4,435	\$16,340	\$7,778	\$26,873	\$12,792	\$40,918	\$19,477

#### Sample Tobacco Monthly Premiums and Guaranteed Cash Values at Age 65

Issue Age	\$5/wk-\$21.67/mo		\$6/wk-\$26/mo		\$10/wk-\$43.33/mo		\$16/wk-\$69.33/mo		\$24/wk-\$104/mo	
	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value
25	\$16,816	\$9,064	\$20,720	\$11,168	\$36,336	\$19,585	\$72,827	\$39,254	\$110,887	\$59,768
35	\$10,058	\$5,421	\$12,393	\$6,680	\$21,733	\$11,714	\$35,743	\$19,265	\$66,338	\$35,756
45	\$5,797	\$3,125	\$7,142	\$3,850	\$12,525	\$6,751	\$20,600	\$11,103	\$31,366	\$16,906

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**Adult Paid-Up at Age 95 Plan**

**Sample Non-Tobacco Monthly Premiums and Guaranteed Cash Values at Age 65**

Issue Age	\$5/wk-\$21.67/mo		\$6/wk-\$26/mo		\$10/wk-\$43.33/mo		\$16/wk-\$69.33/mo		\$24/wk-\$104/mo	
	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value
25	\$26,571	\$10,655	\$32,740	\$13,129	\$64,190	\$25,740	\$105,570	\$42,334	\$160,742	\$64,458
35	\$17,270	\$6,234	\$21,279	\$7,682	\$37,316	\$13,471	\$66,947	\$24,168	\$101,934	\$36,798
45	\$10,831	\$3,163	\$13,346	\$3,897	\$23,404	\$6,834	\$38,491	\$11,239	\$63,856	\$18,646
55	\$6,256	\$1,064	\$7,709	\$1,311	\$13,519	\$2,298	\$22,234	\$3,780	\$33,854	\$5,755
65					\$7,182	\$1,738	\$11,811	\$2,858	\$17,984	\$4,352
75							\$5,399	\$1,911	\$8,221	\$2,910

**Sample Tobacco Monthly Premiums and Guaranteed Cash Values at Age 65**

Issue Age	\$5/wk-\$21.67/mo		\$6/wk-\$26/mo		\$10/wk-\$43.33/mo		\$16/wk-\$69.33/mo		\$24/wk-\$104/mo	
	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value	Face Amt.	Guar. Cash Value
25	\$18,682	\$8,444	\$23,019	\$10,405	\$40,366	\$18,245	\$80,000	\$36,160	\$121,809	\$55,058
35	\$11,746	\$4,769	\$14,472	\$5,876	\$25,380	\$10,304	\$41,740	\$16,946	\$78,193	\$31,746
45	\$7,726	\$2,503	\$9,520	\$3,084	\$16,695	\$5,409	\$27,457	\$8,896	\$41,807	\$13,545
55			\$5,077	\$919	\$8,903	\$1,611	\$14,643	\$2,650	\$22,295	\$4,035
65					\$4,727	\$1,168	\$7,774	\$1,920	\$11,838	\$2,924
75									\$6,412	\$2,174

**Juvenile Plan**

**Sample Monthly Premium (Uni-tobacco) - \$25,000 Policy Face Amount**

Issue Age	Weekly Premium	Monthly Premium	Guar. Cash Value at Age 65
14 days	\$2.56	\$11.08	\$12,050
5 years	\$2.76	\$11.96	\$12,050
10 years	\$3.22	\$13.96	\$12,050
15 years	\$3.90	\$16.90	\$12,050

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**Sample Rider Monthly Premiums  
10-Year Spouse Term Rider**

Issue Age	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$2.70	\$5.40	\$6.75	\$8.10	\$10.80	\$13.50
35	\$4.00	\$8.00	\$10.00	\$12.00	\$16.00	\$20.00
45	\$5.80	\$11.60	\$14.50	\$17.40	\$23.20	\$29.00
55	\$15.00	\$30.00	\$37.50	\$45.00	\$60.00	\$75.00

**20-Year Spouse Term Rider**

Issue Age	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$2.80	\$5.60	\$7.00	\$8.40	\$11.20	\$14.00
35	\$4.20	\$8.40	\$10.50	\$12.60	\$16.80	\$21.00
45	\$7.40	\$14.80	\$18.50	\$22.20	\$29.60	\$37.00

**Accidental Death Benefit Rider**

Issue Ages 16-65	Sample Monthly Premium per \$1,000 Death Benefit
	\$0.08

**Waiver of Premium Rider Monthly Rate**

Issue Age	Sample Rates per \$1,000
25	\$0.02
35	\$0.03
45	\$0.07
55	\$0.30

**Children's Term Rider**

Face Amount	Monthly Rate
\$1,000	\$0.50
\$2,000	\$1.00
\$3,000	\$1.50
\$4,000	\$2.00
\$5,000	\$2.50
\$6,000	\$3.00
\$7,000	\$3.50
\$8,000	\$4.00
\$9,000	\$4.50
\$10,000	\$5.00

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