



# Colonial Life Supplemental Products Guide

2020 – 2021

## Disclaimer

If discrepancies exist in the information contained in this Benefits Enrollment Guide and the Summary Plan Description (SPD), then Jackson County Policies and Procedures and/or applicable federal and state laws will prevail. Jackson County reserves the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan document, in entirety or in part, at any time. The waiver of this right is not subject to any statement in this guide or any other document nor through any oral representation.

Jackson County  
**Colonial Life Supplemental Products Guide**  
**Contents and Contact Information**

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Supplemental Insurance Products Available: Accident, Cancer, Critical Illness, Short-Term Disability, Hospital Confinement, Life Insurance	800-325-4368	800-880-9325	
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**Guaranteed Issue Colonial Life Products for 2020-2021 include:**

- **Short-Term Disability Insurance** – Available for all employees
- **Specified Critical Illness Insurance** – Available for New Hires Only (Hired within the last 365 days):
  - \$ 20,000 for employee
  - \$ 10,000 for spouse
  - \$ 5,000 for children
- **Term Life** – Available for New Hires Only (Hired within the last 365 days):
- **Whole Life Insurance** – Available for all employees:
  - Ages 18 - 50 up to \$ 49,000
  - Ages 51 - 60 up to \$ 29,000
  - Ages 61 - 79 up to \$ 14,000

# Financial protection that fits your needs

## With Colonial Life products:

- Coverage is available for your spouse and eligible dependent children (with most plans).
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
- You may receive benefits regardless of any insurance you may have with other companies (with most plans).



Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation. Complete this page and bring it to your personal, 1-to-1 benefits counseling session. At the session, you'll learn how these products fit into your overall benefits package and how they can help protect what you've worked so hard to build.

- Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.
- Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.
- Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

## Fill in the following information and bring with you to your Colonial Life benefits counseling session.

Name \_\_\_\_\_

Date \_\_\_\_\_

Department/Location \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits counselor.

ColonialLife.com

**Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they’re unexpected. How you care for them shouldn’t be.**

**In your lifetime, which of these accidental injuries have happened to you or someone you know?**

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor’s office

Colonial Life’s Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you’ll feel better knowing you can have greater financial security.

Accident 1.0-Preferred with Health Screening Benefit

### What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

### Will my accident claim payment be reduced if I have other insurance?

You’re paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

### What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

### Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

### How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

### Initial Care

- Accident Emergency Treatment..... \$150
- X-ray Benefit.....\$50
- Ambulance .....\$400
- Air Ambulance..... \$2,000

### Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$6,600	\$13,200
Knee (except patella)	\$3,300	\$6,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$2,640	\$5,280
Collarbone (Sternoclavicular)	\$1,650	\$3,300
Lower Jaw, Shoulder, Elbow, Wrist	\$990	\$1,980
Bone or Bones of the Hand	\$990	\$1,980
Collarbone (Acromioclavicular and Separation)	\$330	\$660
One Toe or Finger	\$330	\$660

Fractures	Non-Surgical	Surgical
Depressed Skull	\$5,500	\$11,000
Non-Depressed Skull	\$2,200	\$4,400
Hip, Thigh	\$3,300	\$6,600
Body of Vertebrae, Pelvis, Leg	\$1,650	\$3,300
Bones of Face or Nose (except mandible or maxilla)	\$770	\$1,540
Upper Jaw, Maxilla	\$770	\$1,540
Upper Arm between Elbow and Shoulder	\$770	\$1,540
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$660	\$1,320
Shoulder Blade, Collarbone, Vertebral Process	\$660	\$1,320
Forearm, Wrist, Hand	\$660	\$1,320
Rib	\$550	\$1,100
Coccyx	\$440	\$880
Finger, Toe	\$220	\$440

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) .....\$1,000 to \$12,000
- Coma.....\$10,000
- Concussion .....\$150
- Emergency Dental Work.....\$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size).....\$50 to \$800

### Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc .....\$500
- Torn Knee Cartilage .....\$500

### Surgical Care

- Surgery (cranial, open abdominal or thoracic).....\$1,500
- Surgery (hernia) .....\$150
- Surgery (arthroscopic or exploratory) .....\$250
- Blood/Plasma/Platelets .....\$300

## Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

## Accident Hospital Care

- Hospital Admission\* ..... \$1,500 per accident
  - Hospital ICU Admission\* ..... \$3,000 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement ..... \$250 per day up to 365 days per accident
  - Hospital ICU Confinement .....\$500 per day up to 15 days per accident

## Accident Follow-Up Care

- Accident Follow-Up Doctor Visit..... \$50 (up to 3 visits per accident)
- Medical Imaging Study .....\$250 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... \$35 per treatment up to 10 days
- Appliances ..... \$125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb .....\$500 - one, \$1,000 - more than 1
- Rehabilitation Unit.....\$100 per day up to 15 days per covered accident,  
and 30 days per calendar year.  
Maximum of 30 days per calendar year

## Accidental Dismemberment

- Loss of Finger/Toe .....\$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... \$7,500 – one, \$15,000 – two or more

## Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- 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 or
  - Loss or loss of use of both arms or both legs
  - Loss of the sight of both eyes
  - Loss of the hearing of both ears
  - Loss of the ability to speak
- Named Insured ..... \$25,000      Spouse .....\$25,000      Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.  
Payable once per lifetime for each covered person.

## Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$100,000
● Spouse	\$25,000	\$100,000
● Child(ren)	\$5,000	\$20,000

## Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

### Tests include:

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

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- Employee Only       Spouse Only       One Child Only       Employee & Spouse
- One-Parent Family, with Employee       One-Parent Family, with Spouse       Two-Parent Family

### When are covered accident benefits available? (check one)

- On and Off -Job Benefits       Off -Job Only Benefits

### EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: 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; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

**Colonial Life**  
1200 Colonial Life Boulevard  
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**Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.**

**In your lifetime, which of these accidental injuries have happened to you or someone you know?**

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the Emergency Room, Urgent Care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus you'll feel better knowing you can have greater financial security.

Accident 1.0-Premier with Health Screening Benefit

### What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Healthcare Spending Account (HSA) guidelines

### Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

### What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

### Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

### How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.



Benefits listed are for each covered person per covered accident unless otherwise specified.

### Initial Care

- Accident Emergency Treatment..... \$200
- X-ray Benefit..... \$60
- Ambulance .....\$600
- Air Ambulance..... \$2,000

### Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$9,600	\$19,200
Knee (except patella)	\$4,800	\$9,600
Ankle – Bone or Bones of the Foot (other than Toes)	\$3,840	\$7,680
Collarbone (Sternoclavicular)	\$2,400	\$4,800
Lower Jaw, Shoulder, Elbow, Wrist	\$1,440	\$2,880
Bone or Bones of the Hand	\$1,440	\$2,880
Collarbone (Acromioclavicular and Separation)	\$480	\$960
One Toe or Finger	\$480	\$960

Fractures	Non-Surgical	Surgical
Depressed Skull	\$9,000	\$18,000
Non-Depressed Skull	\$3,600	\$7,200
Hip, Thigh	\$5,400	\$10,800
Body of Vertebrae, Pelvis, Leg	\$2,700	\$5,400
Bones of Face or Nose (except mandible or maxilla)	\$1,260	\$2,520
Upper Jaw, Maxilla	\$1,260	\$2,520
Upper Arm between Elbow and Shoulder	\$1,260	\$2,520
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$1,080	\$2,160
Shoulder Blade, Collarbone, Vertebral Process	\$1,080	\$2,160
Forearm, Wrist, Hand	\$1,080	\$2,160
Rib	\$900	\$1,800
Coccyx	\$720	\$1,440
Finger, Toe	\$360	\$720

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree) ..... \$1,000 to \$12,000
- Coma.....\$12,500
- Concussion .....\$150
- Emergency Dental Work..... \$100 Extraction, \$400 Crown, Implant, or Denture
- Lacerations (based on size)..... \$50 to \$800

### Requires Surgery

- Eye Injury .....\$300
- Tendon/Ligament/Rotator Cuff.....\$750 - one, \$1,500 - two or more
- Ruptured Disc .....\$750
- Torn Knee Cartilage .....\$750

### Surgical Care

- Surgery (cranial, open abdominal or thoracic).....\$1,500
- Surgery (hernia) .....\$150
- Surgery (arthroscopic or exploratory) .....\$300
- Blood/Plasma/Platelets .....\$300

## Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$600 per round trip up to 3 round trips
- Lodging (family member or companion).....\$150 per night up to 30 days for a hotel/motel lodging costs

## Accident Hospital Care

- Hospital Admission\* ..... \$2,000 per accident
  - Hospital ICU Admission\* ..... \$4,000 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.
- Hospital Confinement ..... \$300 per day up to 365 days per accident
  - Hospital ICU Confinement .....\$600 per day up to 15 days per accident

## Accident Follow-Up Care

- Accident Follow-Up Doctor Visit ..... \$50 (up to 4 visits per accident)
- Medical Imaging Study .....\$300 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... \$35 per treatment up to 10 days
- Appliances ..... \$125 (such as wheelchair, crutches)
- Prosthetic Devices/Artificial Limb .....\$750 - one, \$1,500 - more than 1
- Rehabilitation Unit.....\$150 per day up to 15 days per covered accident,  
and 30 days per calendar year.  
Maximum of 30 days per calendar year

## Accidental Dismemberment

- Loss of Finger/Toe ..... \$1,250 – one, \$2,400 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... \$12,000 – one, \$24,000 – two or more

## Catastrophic Accident

For severe injuries that result in the total and irrecoverable:

- 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 or
  - Loss or loss of use of both arms or both legs
  - Loss of the sight of both eyes
  - Loss of the hearing of both ears
  - Loss of the ability to speak
- Named Insured ..... \$25,000    Spouse .....\$25,000    Child(ren).....\$12,500

365-day elimination period. Amounts reduced for covered persons age 65 and over.  
Payable once per lifetime for each covered person.

## Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$50,000	\$200,000
● Spouse	\$50,000	\$200,000
● Child(ren)	\$10,000	\$40,000

## Health Screening Benefit

- \$50 per covered person per calendar year

Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per person and is subject to a 30-day waiting period.

### Tests include:

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

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

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- Employee Only       Spouse Only       One Child Only       Employee & Spouse
- One-Parent Family, with Employee       One-Parent Family, with Spouse       Two-Parent Family

### When are covered accident benefits available? (check one)

- On and Off -Job Benefits       Off -Job Only Benefits

### EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: 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; intoxication.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form Accident 1.0-HS-NC. This is not an insurance contract and only the actual policy provisions will control.

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## Accident 1.0 for NC Insurance Premiums

### On/Off-Job Accident Coverage

Coverage Level	Issue Age	Name Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
<b>Preferred</b> with health screening	17 – 80	\$ 9.76	\$ 13.37	\$ 15.08	\$ 18.68
<b>Premier</b> with health screening	17 – 80	\$ 12.24	\$ 16.76	\$ 18.32	\$22.85

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

# Cancer Insurance

## Level 2 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air Ambulance</b> .....	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
<b>Ambulance</b> .....	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
<b>Anesthesia</b>	
Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$30 per procedure
<b>Anti-nausea Medication</b> .....	\$40 per day administered or per prescription filled
Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	
<b>Blood/Plasma/Platelets/Immunoglobulins</b> .....	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
<b>Bone Marrow Donor Screening</b> .....	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
<b>Bone Marrow or Peripheral Stem Cell Donation</b> .....	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
<b>Bone Marrow or Peripheral Stem Cell Transplant</b> .....	\$4,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
<b>Cancer Vaccine</b> .....	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
<b>Companion Transportation</b> .....	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,000 per round trip]</i>	
<b>Egg(s) Extraction or Harvesting/Sperm Collection and Storage</b>	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$700
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$200
<b>Experimental Treatment</b> .....	\$250 per day
Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	
<b>Family Care</b> .....	\$40 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	
<b>Hair/External Breast/Voice Box Prosthesis</b> .....	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
<b>Home Health Care Services</b> .....	\$75 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
<b>Hospice (Initial or Daily Care)</b>	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	\$1,000
■ Daily hospice care.....	\$50 per day



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**BENEFIT DESCRIPTION** **BENEFIT AMOUNT**

**Hospital Confinement**

Hospital stay (including intensive care) required for cancer treatment  
 ■ 30 days or less ..... \$150 per day  
 ■ 31 days or more ..... \$300 per day

**Lodging** ..... \$50 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
*[70-day calendar year max.]*

**Medical Imaging Studies** ..... \$125 per study

Specific studies for cancer treatment *[\$250 calendar year max.]*

**Outpatient Surgical Center** ..... \$200 per day

Surgery at an outpatient center for cancer treatment *[\$600 calendar year max.]*

**Private Full-time Nursing Services** ..... \$75 per day

Services while hospital confined other than those regularly furnished by the hospital

**Prosthetic Device/Artificial Limb** ..... \$1,500 per device or limb

A surgical implant needed because of cancer surgery *[payable one per site, \$3,000 lifetime max.]*

**Radiation/Chemotherapy**

Weekly Benefit *[max. once per week]*

- Injected chemotherapy by medical personnel ..... \$500
- Radiation delivered by medical personnel ..... \$500

Monthly Chemotherapy Benefit *[max. once per month]*

- Self-Injected ..... \$200
- Pump ..... \$200
- Topical ..... \$200
- Oral Hormonal [1-24 months] ..... \$200
- Oral Hormonal [25+ months] ..... \$100
- Oral Non-Hormonal ..... \$200

**Reconstructive Surgery** ..... \$40 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment  
*[up to \$2,500 per procedure, including 25% for general anesthesia]*

**Second Medical Opinion** ..... \$200

A second physician's opinion on cancer surgery or treatment *[once per lifetime]*

**Skilled Nursing Care Facility** ..... \$100 per day

Confinement to a covered facility after hospital release *[up to the number of days paid for hospital confinement]*

**Skin Cancer Initial Diagnosis** ..... \$300

A skin cancer diagnosis while the policy is in force *[once per lifetime]*

**Supportive or Protective Care Drugs and Colony Stimulating Factors** ..... \$100 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
*[\$800 calendar year max.]*

**Surgical Procedures** ..... \$50 per surgical unit

Inpatient or outpatient surgery for cancer treatment *[\$3,000 max. per procedure]*

**Transportation** ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home  
*[up to \$1,000 per round trip]*

**Waiver of Premium** ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

101483



# Cancer Insurance

## Level 3 Benefits

Our cancer insurance helps provide financial protection through a variety of benefits. These benefits are not only for you but also for your covered family members.



For more information, talk with your benefits counselor.

BENEFIT DESCRIPTION	BENEFIT AMOUNT
<b>Air Ambulance</b> .....	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
<b>Ambulance</b> .....	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
<b>Anesthesia</b>	
Administered during a surgical procedure for cancer treatment	
■ General Anesthesia.....	25% of Surgical Procedures Benefit
■ Local Anesthesia.....	\$40 per procedure
<b>Anti-nausea Medication</b> .....	\$50 per day administered or per prescription filled
Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	
<b>Blood/Plasma/Platelets/Immunoglobulins</b> .....	\$175 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
<b>Bone Marrow Donor Screening</b> .....	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
<b>Bone Marrow or Peripheral Stem Cell Donation</b> .....	\$750
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
<b>Bone Marrow or Peripheral Stem Cell Transplant</b> .....	\$7,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
<b>Cancer Vaccine</b> .....	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
<b>Companion Transportation</b> .....	\$0.50 per mile
Companion travels by plane, train or bus to accompany a covered cancer patient more than 50 miles one way for treatment <i>[up to \$1,200 per round trip]</i>	
<b>Egg(s) Extraction or Harvesting/Sperm Collection and Storage</b>	
Extracted/harvested or collected before chemotherapy or radiation <i>[once per lifetime]</i>	
■ Egg(s) Extraction or Harvesting/Sperm Collection.....	\$1,000
■ Egg(s) or Sperm Storage (Cryopreservation).....	\$350
<b>Experimental Treatment</b> .....	\$300 per day
Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	
<b>Family Care</b> .....	\$50 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	
<b>Hair/External Breast/Voice Box Prosthesis</b> .....	\$350 per calendar year
Prosthesis needed as a direct result of cancer	
<b>Home Health Care Services</b> .....	\$100 per day
Examples include physical therapy, occupational therapy, speech therapy and audiology; prosthesis and orthopedic appliances; rental or purchase of durable medical equipment <i>[up to 30 days per calendar year or twice the number of days hospital confined, whichever is greater]</i>	
<b>Hospice (Initial or Daily Care)</b>	
An initial, one-time benefit and a daily benefit for treatment <i>[\$15,000 lifetime max. for both]</i>	
■ Initial hospice care <i>[once per lifetime]</i> .....	\$1,000
■ Daily hospice care.....	\$50 per day



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BENEFIT DESCRIPTION	BENEFIT AMOUNT
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**Hospital Confinement**

Hospital stay (including intensive care) required for cancer treatment

- 30 days or less ..... \$250 per day
- 31 days or more ..... \$500 per day

**Lodging** ..... \$75 per day

Hotel/motel expenses when being treated for cancer more than 50 miles from home  
[70-day calendar year max.]

**Medical Imaging Studies** ..... \$175 per study

Specific studies for cancer treatment [ \$350 calendar year max.]

**Outpatient Surgical Center** ..... \$300 per day

Surgery at an outpatient center for cancer treatment [ \$900 calendar year max.]

**Private Full-time Nursing Services** ..... \$125 per day

Services while hospital confined other than those regularly furnished by the hospital

**Prosthetic Device/Artificial Limb** ..... \$2,000 per device or limb

A surgical implant needed because of cancer surgery [payable one per site, \$4,000 lifetime max.]

**Radiation/Chemotherapy**

Weekly Benefit [max. once per week]

- Injected chemotherapy by medical personnel ..... \$750
- Radiation delivered by medical personnel ..... \$750

Monthly Chemotherapy Benefit [max. once per month]

- Self-Injected ..... \$300
- Pump ..... \$300
- Topical ..... \$300
- Oral Hormonal [1-24 months] ..... \$300
- Oral Hormonal [25+ months] ..... \$150
- Oral Non-Hormonal ..... \$300

**Reconstructive Surgery** ..... \$60 per surgical unit

A surgery to reconstruct anatomic defects that result from cancer treatment  
[up to \$3,000 per procedure, including 25% for general anesthesia]

**Second Medical Opinion** ..... \$300

A second physician's opinion on cancer surgery or treatment [once per lifetime]

**Skilled Nursing Care Facility** ..... \$100 per day

Confinement to a covered facility after hospital release [up to the number of days paid for hospital confinement]

**Skin Cancer Initial Diagnosis** ..... \$400

A skin cancer diagnosis while the policy is in force [once per lifetime]

**Supportive or Protective Care Drugs and Colony Stimulating Factors** ..... \$150 per day

Doctor-prescribed drugs to enhance or modify radiation/chemotherapy treatments  
[ \$1,200 calendar year max.]

**Surgical Procedures** ..... \$60 per surgical unit

Inpatient or outpatient surgery for cancer treatment [ \$5,000 max. per procedure]

**Transportation** ..... \$0.50 per mile

Travel expenses when being treated for cancer more than 50 miles from home  
[up to \$1,200 per round trip]

**Waiver of Premium** ..... Is available

No premiums due if the named insured is disabled longer than 90 consecutive days

The policy has limitations and exclusions that may affect benefits payable. Most benefits require that a charge be incurred. Policy may not be available in all states and may vary by state. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist (including state abbreviations where used – for example: CanAssist-TX). This chart is not complete without form #101481.

101484





# Cancer Insurance

## Wellness Benefits

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.



For more information,  
talk with your  
benefits counselor.

### Part one: Cancer wellness/health screening

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

#### Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

#### Health screening tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

### Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

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## Cancer Insurance Premiums

### With Progressive Payment Benefit, \$100 Wellness Screening Benefit

#### \$5,000 Initial Diagnosis Benefit

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 2	17 – 75	\$ 17.05	\$ 29.26	\$ 17.42	\$ 29.63
Level 3	17 – 75	\$ 19.36	\$ 34.13	\$ 19.80	\$ 34.57

#### \$10,000 Initial Diagnosis Benefit

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
Level 2	17 – 75	\$ 20.51	\$ 35.03	\$ 21.11	\$ 35.63
Level 3	17 – 75	\$ 22.82	\$ 39.90	\$ 23.49	\$ 40.57

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

# Specified Critical Illness Insurance



## How will you pay for what your health insurance won't?

Even those of us who plan for the unexpected with life, disability and health insurance may discover that some expenses can still remain unpaid. Without adequate protection, sufferers of critical illnesses might have to pull from their savings or rely on other financial sources in their time of need.

## Specified Disease Insurance helps fill the gaps in your health insurance.

With Colonial Life's Specified Critical Illness Insurance, you're paid a benefit that can help you cover:

- Deductibles, co-pays and co-insurance of your health insurance
- Home health care needs and household modifications
- Travel expenses to and from treatment centers
- Lost income
- Rehabilitation
- Child care expenses
- Everyday living expenses

## You're free to use the benefit however you choose.

And coverage is available for you and your eligible family members.

Critical Illness 1.0 with Health Screening and Subsequent Diagnosis

Covered Specified Critical Illnesses	
For this illness...	We will pay this percentage of the face amount:
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
Major Organ Failure	100%
End Stage Renal (Kidney) Failure	100%
Permanent Paralysis due to a Covered Accident	100%
Coma	100%
Blindness	100%
Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D	100%
Coronary Artery Bypass Graft Surgery	25%
The Maximum Benefit Amount for this policy is 3x the face amount for the Named Insured for all covered persons combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid.	

## You can use this coverage more than once

### Subsequent Diagnosis... of a different Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with a *different* Specified Critical Illness, we will pay the percentage of the original face amount.

### Subsequent Diagnosis... of the same Specified Critical Illness

If you receive a benefit for a Specified Critical Illness, and later you are diagnosed with the *same* Specified Critical Illness (except those listed below), we will pay 25% of the original face amount. (*Critical illnesses that do not qualify are: Coronary Artery Bypass Graft Surgery and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D.*)

Dates of Diagnoses of Specified Critical Illnesses must be separated by at least 180 days.

## Health Screening Benefit

New technology can help improve your chances of surviving a serious illness through early detection and treatment. We will pay this benefit if any covered person incurs a charge for and has any of the following screening tests performed while your policy is in force.

- 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)

*24 tests included – No Lifetime Limit*

*This policy has exclusions and limitations. Premium will vary based on plan chosen. This is not an insurance contract and only the actual policy provisions will control. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Applicable to policy form CI-1.0 or CI-1.0-PL6 (including state abbreviations where used, such as CI-1.0-TX).*

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## Specified Critical Illness Insurance Premiums

### With Subsequent Diagnosis Coverage, Health Screening Benefit

#### Non-Tobacco Rates

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
<b>\$5,000</b>	17-24	\$ 1.54	\$ 2.35	\$ 1.54	\$ 2.35
	25-29	\$ 1.71	\$ 2.63	\$ 1.71	\$ 2.63
	30-34	\$ 1.89	\$ 2.93	\$ 1.89	\$ 2.93
	35-39	\$ 2.44	\$ 3.76	\$ 2.44	\$ 3.76
	40-44	\$ 2.81	\$ 4.31	\$ 2.81	\$ 4.31
	45-49	\$ 3.51	\$ 5.37	\$ 3.51	\$ 5.37
	50-54	\$ 4.34	\$ 6.67	\$ 4.34	\$ 6.67
	55-59	\$ 5.24	\$ 8.03	\$ 5.24	\$ 8.03
	60-64	\$ 6.37	\$ 9.78	\$ 6.37	\$ 9.78
	65-70	\$ 7.61	\$ 11.70	\$ 7.61	\$ 11.70
<b>\$10,000</b>	17-24	\$ 2.10	\$ 3.18	\$ 2.10	\$ 3.18
	25-29	\$ 2.42	\$ 3.74	\$ 2.42	\$ 3.74
	30-34	\$ 2.79	\$ 4.34	\$ 2.79	\$ 4.34
	35-39	\$ 3.90	\$ 6.00	\$ 3.90	\$ 6.00
	40-44	\$ 4.64	\$ 7.10	\$ 4.64	\$ 7.10
	45-49	\$ 6.02	\$ 9.23	\$ 6.02	\$ 9.23
	50-54	\$ 7.68	\$ 11.81	\$ 7.68	\$ 11.81
	55-59	\$ 9.48	\$ 14.54	\$ 9.48	\$ 14.54
	60-64	\$ 11.74	\$ 18.04	\$ 11.74	\$ 18.04
	65-70	\$ 14.24	\$ 21.87	\$ 14.24	\$ 21.87
<b>\$15,000</b>	17-24	\$ 2.65	\$ 4.01	\$ 2.65	\$ 4.01
	25-29	\$ 3.14	\$ 4.84	\$ 3.14	\$ 4.84
	30-34	\$ 3.69	\$ 5.74	\$ 3.69	\$ 5.74
	35-39	\$ 5.35	\$ 8.24	\$ 5.35	\$ 8.24
	40-44	\$ 6.46	\$ 9.90	\$ 6.46	\$ 9.90
	45-49	\$ 8.54	\$ 13.08	\$ 8.54	\$ 13.08
	50-54	\$ 11.03	\$ 16.96	\$ 11.03	\$ 16.96
	55-59	\$ 13.73	\$ 21.04	\$ 13.73	\$ 21.04
	60-64	\$ 17.12	\$ 26.30	\$ 17.12	\$ 26.30
	65-70	\$ 20.86	\$ 32.05	\$ 20.86	\$ 32.05
<b>\$25,000</b>	17-24	\$ 3.76	\$ 5.67	\$ 3.76	\$ 5.67
	25-29	\$ 4.57	\$ 7.06	\$ 4.57	\$ 7.06
	30-34	\$ 5.49	\$ 8.56	\$ 5.49	\$ 8.56
	35-39	\$ 8.26	\$ 12.71	\$ 8.26	\$ 12.71
	40-44	\$ 10.11	\$ 15.48	\$ 10.11	\$ 15.48
	45-49	\$ 13.57	\$ 20.79	\$ 13.57	\$ 20.79
	50-54	\$ 17.72	\$ 27.25	\$ 17.72	\$ 27.25
	55-59	\$ 22.22	\$ 34.06	\$ 22.22	\$ 34.06
	60-64	\$ 27.87	\$ 42.83	\$ 27.87	\$ 42.83
	65-70	\$ 34.11	\$ 52.40	\$ 34.11	\$ 52.40

## Specified Critical Illness Insurance Premiums

### With Subsequent Diagnosis Coverage, Health Screening Benefit

#### Tobacco Rates

Coverage Level	Issue Age	Named Insured	Employee & Spouse	One-Parent Family	Two-Parent Family
<b>\$5,000</b>	17-24	\$ 1.77	\$ 2.72	\$ 1.77	\$ 2.72
	25-29	\$ 2.07	\$ 3.18	\$ 2.07	\$ 3.18
	30-34	\$ 2.47	\$ 3.80	\$ 2.47	\$ 3.80
	35-39	\$ 3.23	\$ 4.96	\$ 3.23	\$ 4.96
	40-44	\$ 4.04	\$ 6.20	\$ 4.04	\$ 6.20
	45-49	\$ 5.05	\$ 7.75	\$ 5.05	\$ 7.75
	50-54	\$ 6.23	\$ 9.55	\$ 6.23	\$ 9.55
	55-59	\$ 7.77	\$ 11.95	\$ 7.77	\$ 11.95
	60-64	\$ 9.25	\$ 14.21	\$ 9.25	\$ 14.21
	65-70	\$ 11.21	\$ 17.24	\$ 11.21	\$ 17.24
<b>\$10,000</b>	17-24	\$ 2.56	\$ 3.92	\$ 2.56	\$ 3.92
	25-29	\$ 3.16	\$ 4.84	\$ 3.16	\$ 4.84
	30-34	\$ 3.94	\$ 6.09	\$ 3.94	\$ 6.09
	35-39	\$ 5.47	\$ 8.40	\$ 5.47	\$ 8.40
	40-44	\$ 7.08	\$ 10.89	\$ 7.08	\$ 10.89
	45-49	\$ 9.11	\$ 13.98	\$ 9.11	\$ 13.98
	50-54	\$ 11.47	\$ 17.58	\$ 11.47	\$ 17.58
	55-59	\$ 14.56	\$ 22.38	\$ 14.56	\$ 22.38
	60-64	\$ 17.51	\$ 26.90	\$ 17.51	\$ 26.90
	65-70	\$ 21.44	\$ 32.95	\$ 21.44	\$ 32.95
<b>\$15,000</b>	17-24	\$ 3.34	\$ 5.12	\$ 3.34	\$ 5.12
	25-29	\$ 4.24	\$ 6.50	\$ 4.24	\$ 6.50
	30-34	\$ 5.42	\$ 8.37	\$ 5.42	\$ 8.37
	35-39	\$ 7.71	\$ 11.84	\$ 7.71	\$ 11.84
	40-44	\$ 10.13	\$ 15.57	\$ 10.13	\$ 15.57
	45-49	\$ 13.17	\$ 20.21	\$ 13.17	\$ 20.21
	50-54	\$ 16.71	\$ 25.61	\$ 16.71	\$ 25.61
	55-59	\$ 21.34	\$ 32.81	\$ 21.34	\$ 32.81
	60-64	\$ 25.77	\$ 39.60	\$ 25.77	\$ 39.60
	65-70	\$ 31.66	\$ 48.67	\$ 31.66	\$ 48.67
<b>\$25,000</b>	17-24	\$ 4.91	\$ 7.52	\$ 4.91	\$ 7.52
	25-29	\$ 6.41	\$ 9.83	\$ 6.41	\$ 9.83
	30-34	\$ 8.37	\$ 12.94	\$ 8.37	\$ 12.94
	35-39	\$ 12.18	\$ 18.71	\$ 12.18	\$ 18.71
	40-44	\$ 16.22	\$ 24.94	\$ 16.22	\$ 24.94
	45-49	\$ 21.30	\$ 32.67	\$ 21.30	\$ 32.67
	50-54	\$ 27.18	\$ 41.67	\$ 27.18	\$ 41.67
	55-59	\$ 34.91	\$ 53.67	\$ 34.91	\$ 53.67
	60-64	\$ 42.30	\$ 64.98	\$ 42.30	\$ 64.98
	65-70	\$ 52.11	\$ 80.10	\$ 52.11	\$ 80.10

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.



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You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If a covered accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

### Can you afford to not protect your income?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

		MONTHLY EXPENSES
		Round to the nearest hundred.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc.)	\$
4	Food and necessities	\$
5	Other expenses	\$
<b>Total monthly expenses (add lines 1-5 together)</b>		<b>\$</b>

### Benefits worksheet

#### How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: \_\_\_\_\_

Choose a monthly benefit amount between \$400 and \$6,500.\*

*If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.*

#### What is the benefit period?

Benefit period: \_\_\_\_\_ months

The partial disability benefit period is three months.

#### When may my total disability benefits start?

After an accident: \_\_\_\_\_ days

After a sickness: \_\_\_\_\_ days

\*Subject to income requirements



## Product information

### Total disability definition

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a physician.

### How partial disability works

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

### Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

### Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

### Issue age

Coverage is available from ages 17 to 74.

### Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

**For more information, talk with your benefits counselor.**

### EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for benefits due to being pregnant before the policy coverage effective date shown in the policy schedule, if medical advice, diagnosis, care or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown on the policy schedule. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

Pre-existing condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended with the one year period immediately preceding the Policy Coverage Effective Date shown on the Policy Schedule. If you are age 65 or older when this policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

After this 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.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-NC and rider form ISTD3000-ADIB-NC. This is not an insurance contract and only the actual policy and rider provisions will control.

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## Individual Disability - ISTD3000 for NC *AA Risk Class*

Applicable to policy form Individual Disability

### ● Off Job Accident & Off Job Sickness with Health Screening Rider

#### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,000*	\$1,200*	\$1,500*
0 days Accident/7 days Sickness	17-49	\$12.23	\$14.96	\$17.68	\$21.76
	50-64	\$14.26	\$17.49	\$20.72	\$25.57
	65-74	\$19.47	\$24.00	\$28.53	\$35.33
0 days Accident/14 days Sickness	17-49	\$9.09	\$11.03	\$12.97	\$15.88
	50-64	\$10.42	\$12.69	\$14.96	\$18.37
	65-74	\$15.26	\$18.74	\$22.22	\$27.44
7 days Accident/7 days Sickness	17-49	\$11.49	\$14.03	\$16.57	\$20.38
	50-64	\$13.01	\$15.92	\$18.84	\$23.22
	65-74	\$18.32	\$22.57	\$26.82	\$33.19
14 days Accident/14 days Sickness	17-49	\$7.95	\$9.60	\$11.25	\$13.73
	50-64	\$9.35	\$11.36	\$13.36	\$16.36
	65-74	\$13.30	\$16.29	\$19.28	\$23.77

\*monthly benefit amount

#### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$800*	\$1,000*	\$1,200*	\$1,500*
0 days Accident/7 days Sickness	17-49	\$15.00	\$18.42	\$21.83	\$26.96
	50-64	\$19.06	\$23.49	\$27.92	\$34.57
	65-74	\$29.00	\$35.91	\$42.82	\$53.19
0 days Accident/14 days Sickness	17-49	\$11.38	\$13.89	\$16.40	\$20.17
	50-64	\$14.26	\$17.49	\$20.72	\$25.57
	65-74	\$21.28	\$26.26	\$31.25	\$38.72
0 days Accident/30 days Sickness	17-49	\$8.43	\$10.20	\$11.97	\$14.63
	50-64	\$11.38	\$13.89	\$16.40	\$20.17
	65-74	\$16.63	\$20.45	\$24.27	\$30.00
7 days Accident/7 days Sickness	17-49	\$14.08	\$17.26	\$20.45	\$25.22
	50-64	\$18.14	\$22.34	\$26.54	\$32.84
	65-74	\$27.52	\$34.06	\$40.61	\$50.42
14 days Accident/14 days Sickness	17-49	\$10.28	\$12.51	\$14.74	\$18.09
	50-64	\$12.75	\$15.60	\$18.45	\$22.73
	65-74	\$19.43	\$23.96	\$28.48	\$35.26

\*monthly benefit amount

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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# Hospital Confinement Indemnity Insurance Plan 3



For more information,  
talk with your  
benefits counselor.

Our Individual Medical Bridge<sup>SM</sup> insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement** ..... \$ \_\_\_\_\_

Maximum of one benefit per covered person per calendar year

**Observation room** ..... \$100 per visit

Maximum of two visits per covered person per calendar year

**Rehabilitation unit confinement** ..... \$100 per day

Maximum of 15 days per confinement with a 30-day maximum per covered person per calendar year

### Waiver of premium

Available after 30 continuous days of a covered hospital confinement of the named insured

### Diagnostic procedure

■ Tier 1 ..... \$250

■ Tier 2 ..... \$500

Maximum of \$500 per covered person per calendar year for all covered diagnostic procedures combined

### Outpatient surgical procedure

■ Tier 1 ..... \$ \_\_\_\_\_

■ Tier 2 ..... \$ \_\_\_\_\_

Maximum of \$ \_\_\_\_\_ per covered person per calendar year for all covered outpatient surgical procedures combined

The following is a list of common diagnostic procedures that may be covered.

### Tier 1 diagnostic procedures

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Diagnostic radiology**
  - Nuclear medicine test
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver – biopsy**
- **Lymphatic – biopsy**
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal – biopsy**
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid – biopsy**
- **Urologic**
  - Cystoscopy

### Tier 2 diagnostic procedures

- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Positron emission tomography scan (PET scan)



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The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your policy.

### Tier 1 outpatient surgical procedures

- **Breast**
  - Axillary node dissection
  - Breast capsulotomy
  - Lumpectomy
- **Cardiac**
  - Pacemaker insertion
- **Digestive**
  - Colonoscopy
  - Fistulotomy
  - Hemorrhoidectomy
  - Lysis of adhesions
- **Skin**
  - Laparoscopic hernia repair
  - Skin grafting
- **Ear, nose, throat, mouth**
  - Adenoidectomy
  - Removal of oral lesions
  - Myringotomy
  - Tonsillectomy
  - Tracheostomy
  - Tympanotomy
- **Gynecological**
  - Dilation and curettage (D&C)
  - Endometrial ablation
  - Lysis of adhesions
- **Liver**
  - Paracentesis
- **Musculoskeletal system**
  - Carpal/cubital repair or release
  - Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
  - Removal of orthopedic hardware
  - Removal of tendon lesion

### Tier 2 outpatient surgical procedures

- **Breast**
  - Breast reconstruction
  - Breast reduction
- **Cardiac**
  - Angioplasty
  - Cardiac catheterization
- **Digestive**
  - Exploratory laparoscopy
  - Laparoscopic appendectomy
  - Laparoscopic cholecystectomy
- **Ear, nose, throat, mouth**
  - Ethmoidectomy
  - Mastoidectomy
  - Septoplasty
  - Stapedectomy
  - Tympanoplasty
- **Eye**
  - Cataract surgery
  - Corneal surgery (penetrating keratoplasty)
  - Glaucoma surgery (trabeculectomy)
  - Vitrectomy
- **Gynecological**
  - Hysterectomy
  - Myomectomy
- **Musculoskeletal system**
  - Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
  - Arthroscopic shoulder surgery
  - Clavicle resection
  - Dislocations (open reduction with internal fixation)
  - Fracture (open reduction with internal fixation)
  - Removal or implantation of cartilage
  - Tendon/ligament repair
- **Thyroid**
  - Excision of a mass
- **Urologic**
  - Lithotripsy

### EXCLUSIONS

We will not pay benefits for losses which are caused by: alcoholism or drug addiction, dental procedures, elective procedures and cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide or injuries which any covered person intentionally does to himself or herself, or war. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition. Pre-existing conditions are those conditions whether diagnosed or not, for which a covered person received medical advice, diagnosis or care, or treatment was received or recommended within the one-year period immediately preceding the effective date of the policy. If a covered person is 65 or older when the policy is issued, pre-existing conditions will include only conditions specifically eliminated by rider.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number IMB7000-NC. This is not an insurance contract and only the actual policy provisions will control.

## Hospital Confinement Insurance Premiums

**\$1,000 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500, Diagnostic Procedure Benefit, \$50 Health Screening Benefit**

Issue Age	Named Insured	Employee & Spouse	Employee and Dependent Children	Employee, Spouse and Dependent Children
17 – 49	\$ 14.64	\$ 27.58	\$ 18.44	\$ 31.38
50 – 59	\$ 19.18	\$ 36.18	\$ 22.99	\$ 39.99
60 – 64	\$ 23.84	\$ 45.05	\$ 27.65	\$ 48.86
65 – 74	\$ 31.54	\$ 59.64	\$ 35.75	\$ 63.83

### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.



## Term Life Insurance

### Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

#### Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

#### Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>1</sup>
- Premium savings for face amounts over \$250,000 based on your health

[1-in-3]

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.



54% of Americans would have trouble paying living expenses immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

## How much coverage do you need?

YOU \$ \_\_\_\_\_

**Select the term period:**

- 10-year
- 15-year
- 20-year
- 30-year

SPOUSE \$ \_\_\_\_\_

**Select the term period:**

- 10-year
- 15-year
- 20-year
- 30-year

**Select any optional riders:**

- Spouse term life rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- Children's term life rider  
\$ \_\_\_\_\_ face amount
- Accidental death benefit rider
- Chronic care accelerated death benefit rider
- Critical illness accelerated death benefit rider
- Waiver of premium benefit rider

To learn more,  
talk with your Colonial Life  
benefits counselor.

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## Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

### Spouse term life rider

Your spouse may receive a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

### Children's term life rider

You can purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>1</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.<sup>2</sup> Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>1</sup> A subsequent diagnosis benefit is included.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.<sup>3</sup>

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

3 You must resume premium payments once you are no longer disabled.

### EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) 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, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC and applicable state variations.

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## Term Life (ITL5000) for NC

Applicable to policy form ITL5000

### ● 20-Year Term Base Plan

#### Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$6.71	\$10.77	\$10.54	\$13.81	\$17.08
35	\$7.69	\$13.23	\$11.58	\$15.37	\$19.17
45	\$9.68	\$18.21	\$21.79	\$30.69	\$39.58
55	\$18.06	\$39.14	\$46.33	\$67.50	\$88.66
65	\$41.00	\$61.54	\$119.08	\$176.62	\$234.16

#### Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$10.48	\$20.21	\$18.21	\$25.31	\$32.42
35	\$11.72	\$23.29	\$20.62	\$28.94	\$37.25
45	\$15.89	\$33.73	\$45.46	\$66.19	\$86.91
55	\$33.93	\$78.83	\$106.04	\$157.06	\$208.08
65	\$70.14	\$103.68	\$203.37	\$303.05	\$402.73

#### Important Notice

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## Whole Life Insurance

You can't predict your family's future, but you can be prepared for it.

You like to think that you'll be there for your family in the years to come. But if something happened to you, would your family have the income they need?

It's not easy to think about such serious circumstances, but it's important to make sure your family is financially protected. You can gain peace of mind with whole life insurance from Colonial Life.



In the U.S., medical spending in the **last 12 months** of life is nearly \$80,000 per person.

HealthAffairs.org, End-Of-Life Medical Spending In Last Twelve Months Of Life Is Lower Than Previously Reported, July 2017.



Your cost will vary based on the level of coverage you select.

Talk with your benefits counselor for information about what level of coverage would work best for you.

### Advantages of whole life insurance

- Permanent coverage that stays the same throughout the life of the policy
- Guaranteed level premiums that do not increase because of changes in health or age
- Access to the policy's cash value through a policy loan for emergencies<sup>1</sup>
- Benefit for the beneficiary that is typically tax-free

### Benefits and features

- Two plan options to choose what age your premium payments will end – Paid-Up at Age 70 or Paid-Up at Age 100
- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>2</sup>
- Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- Pays cash surrender value at age 100 (when the policy ends)



# Benefits worksheet

For use with your  
benefits counselor

## HOW MUCH COVERAGE DO YOU NEED?

**YOU** \$ \_\_\_\_\_

**Select the option:**

- Paid-Up at Age 70  
 Paid-Up at Age 100

**SPOUSE** \$ \_\_\_\_\_

**Select the option:**

- Paid-Up at Age 70  
 Paid-Up at Age 100

**DEPENDENT STUDENT** \$ \_\_\_\_\_

- Paid-Up at Age 70  
 Paid-Up at Age 100

### Select any optional riders:

- Spouse term life rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- Children's term life rider  
\$ \_\_\_\_\_ face amount
- Accidental death benefit rider
- Chronic care accelerated death benefit rider
- Critical illness accelerated death benefit rider
- Guaranteed purchase option rider
- Waiver of premium benefit rider

To learn more, talk with your  
benefits counselor.

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## Additional coverage options

### Spouse term life rider

Cover your spouse up to a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

### Juvenile whole life policy

You can purchase a policy while children are young and premiums are low – whether or not you buy a policy on yourself. You may also increase the coverage when the child is 18, 21 and 24 without providing proof of good health. The plan is paid-up at age 70.

### Children's term life rider

You may purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>2</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>2</sup> A subsequent diagnosis benefit is included.

### Guaranteed purchase option rider

If you are age 50 or younger when you purchase the policy, you can add the rider, which allows you to purchase additional whole life coverage – without having to answer health questions – at three different points in the future. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

<sup>1</sup> Loan should be repaid to protect the policy's value.

<sup>2</sup> Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

## EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) 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 without interest, minus any loans and loan interest to you. Product may vary by state. For costs and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO and applicable state variations.

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6-19 | 101935

## Whole Life (IWL5000) for NC

Applicable to policy forms ICC19-IWL500-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO

● Adult Base Plan Paid-Up at Age 100

**Non-Tobacco Rates**

ISSUE AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
25	\$10.37	\$14.05	\$17.73	\$21.42	\$25.10
35	\$13.57	\$18.86	\$24.15	\$29.44	\$34.72
45	\$19.34	\$27.51	\$35.68	\$43.85	\$52.02
55	\$30.55	\$44.32	\$58.10	\$71.87	\$74.75
65	\$54.11	\$64.37	\$84.83	\$105.29	\$125.75

**Tobacco Rates**

ISSUE AGE	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
25	\$15.75	\$22.12	\$28.50	\$34.87	\$41.25
35	\$19.80	\$28.20	\$36.60	\$45.00	\$53.40
45	\$27.12	\$39.17	\$51.23	\$63.29	\$75.35
55	\$47.02	\$69.03	\$91.05	\$113.06	\$103.50
65	\$84.06	\$86.22	\$113.96	\$141.70	\$169.44

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## **JACKSON COUNTY**

### **Human Resources Department**

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