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ameriflex

Flexible Spending Accounts

There's a reason why thousands of employers choose Ameriflex to help their employees save money on everyday health care expenses. We offer the utmost in convenience when it comes to implementing, administering, and supporting FSA programs, and with our industry-leading debit card platform, participants can access multiple accounts through a single card.

HOW IT WORKS

An FSA is set up as a tax-advantaged account, allowing employees to benefit from tax savings by setting aside pre-tax dollars for out-of-pocket health care expenses. Participants can experience a savings of up to 40 percent on thousands of eligible, everyday expenses, including co-pays, dental and vision expenses, prescription drugs, and more. Employers receive matching tax savings and can help their employees manage out-of-pocket health care expenses.

THE AMERIFLEX ADVANTAGE

For Employers:

- Dedicated Account Executive at no additional charge, regardless of group size
- Free real-time, divisional reporting capabilities and free online enrollment tool
- Electronic data transfer capabilities
- Ability to connect to your current HRIS system at no additional charge
- Support for multiple tax-advantaged accounts

For Employees:

- Free debit cards for members and qualified dependents
- Customizable member messaging options (including balance reminders)
- Email substantiation requests available
- Access to dedicated Member Services team via phone and live chat
- Online claims submission available 24/7 through member portal

Ameriflex provides the most comprehensive HR services in the industry (Readers' Choice Award) and is recognized for its commitment to superior service and product innovation.



Protect your plan against negative year end health FSA balances. Contact us to learn more.



Funding made easy with our Preferred Funding solution: convenient, automated, and NO upfront prefund required. Daily and weekly invoicing options available.

Add MyPlanConnect to offer the most competitive FSA around! MyPlanConnect allows employees to match their EOBs electronically to their Ameriflex FSA transactions. The result: fewer substantiation notices, happy employees, all while maintaining your plan's compliance.

Visit myameriflex.com to calculate your savings today!



AF_FSA_Flyer 10.2015

Proposal Requests: info@myameriflex.com
Call Toll-Free: 844.423.INFO (4636)

myameriflex.com



Dependent Care FSA

SAVE MONEY ON DEPENDENT CARE EXPENSES WITH AN AMERIFLEX DEPENDENT CARE FSA

HOW IT WORKS

A Dependent Care FSA is an account that can be used to pay for the care of an eligible child, adult, or elder dependent (as defined by the IRS). Dependent Care FSAs help you save money by allowing you to set aside pre-tax dollars to pay for eligible dependent care expenses.

WHAT IS COVERED

You can use the funds in your Dependent Care FSA to pay for:

- Day care
- Before-school or after-school care
- In-home babysitting—that enables you to be gainfully employed—by someone who is not your dependent (for tax purposes)
- Care for a dependent adult/elder, enabling you to be gainfully employed
- Nanny services, nursery school, or preschool
- Summer day camps

For a full list of eligible and in-eligible expenses, please visit myameriflex.com.

Ameriflex provides the most comprehensive HR services in the industry (Readers' Choice Award) and is recognized for its commitment to superior service and product innovation.



THE AMERIFLEX ADVANTAGE

- The MyAmeriflex Card automatically synchronizes all of your Ameriflex flexible benefit accounts, allowing you to access your funds with a single debit card
- If your provider doesn't accept debit cards, Ameriflex makes the manual claim process easy. Simply file one dependent care claim each year and Ameriflex will automatically reimburse you as more funds become available in your Dependent Care FSA.
- Submit claims and supporting documentation with our easy-to-use, online Claims Submission feature
- Dedicated Member Services team available via phone, email, and live chat



Proposal Requests: info@myameriflex.com
Call Toll-Free: 844.423.INFO (4636)

myameriflex.com



Member Online Account Manager

A MORE CONVENIENT WAY TO SUBMIT YOUR HEALTH CARE CLAIMS

Ameriflex is pleased to offer several features to enhance your spending account program via the MyAmeriflex Portal (formerly the Ameriflex Convenience Portal)!

Through the online MyAmeriflex Portal, members can perform the following:

- Update demographic information
- Access dependent information
- Access and update direct deposit information
- View detailed eligible expense list
- Email the Ameriflex Member Services team
- Opt in and out of email communications
- Enter and upload claim requests and supporting documentation to expedite reimbursement process
- Online Claims Submission: Enter and upload claim requests and supporting documentation to expedite your reimbursement
- Pay Provider: Have your reimbursement sent directly to the provider

* Please note: If your employer sends eligibility data to Ameriflex via Electronic Data Interchange (EDI), you will be unable to update your demographic information through the portal. In this case you should contact your employer to update this information.

DON'T HAVE AN ONLINE ACCOUNT YET? IT'S EASY!

To create an online account, simply visit myameriflex.com. Select "Employee," then "Login." When prompted to enter your user ID and password, click "Register" and follow the instructions to complete the registration process. You will need your Member ID (SSN) and Ameriflex Convenience Card number (or Ameriflex Group ID if you do not have a Convenience Card).

Ameriflex provides the most comprehensive HR services in the industry (Readers' Choice Award) and is recognized for its commitment to superior service and product innovation.



Want to take control on-the-go? Download the MyAmeriflex Mobile App available on Google Play or the App Store

WE'RE HERE TO HELP.

If you have any questions or concerns, please feel free to contact the Ameriflex Member Services team via live chat at myameriflex.com or at 888.868.FLEX (3539).



FSA Quick Reference Guide

A PLAN THAT PUTS MORE MONEY IN YOUR POCKET

If you find yourself spending money out of pocket on medical expenses or dependent care expenses, participating in a Flexible Spending Account (FSA) can make these costs more affordable.

With an FSA, you elect to have a specified amount of money deducted from your paycheck (on a pre-tax basis) each pay period, meaning less of your hard-earned income is subject to tax. The example to the right demonstrates how you can increase your take-home pay with an FSA (if you were to elect a \$250 annual pre-tax deduction).

TYPES OF FLEXIBLE SAVINGS ACCOUNTS

HEALTH FSA

Health FSAs are one of the most popular benefit plans offered by employers because they provide employees with a practical way to pay for everyday, routine medical expenses such as copays, deductibles, and vision care. Another big advantage - employee contributions are available on the first day of the plan year.

The annual limits for health FSAs are currently set by the employer. However, the health care reform law currently imposes a \$2600 cap on annual salary reduction contributions to health FSAs offered under cafeteria plans.

Please note: Effective January 1, 2011, no over-the-counter medicine or drug (with the exception of insulin) may be reimbursed by a health FSA without a legal prescription.

DEPENDENT CARE FSA

Similar to an FSA, a Dependent Care FSA (DCA) is an account that can be used by employees to pay for the daily care of an eligible child or adult dependent, so long as the dependent care service allows the employee and his or her spouse to be employed. Typical DCA expenses are those incurred to have a babysitter or day-care provider take care of an employee's child (under the age of 13) while the employee and spouse are at work, or to take care of a spouse or other adult dependent who lives with the employee and is incapable of self-care.

The annual contribution limit for Dependent Care FSAs is the smallest of the following amounts: (1) \$5,000 for married individuals filing a joint return or for unmarried individuals; (2) \$2500 for married individuals filing separately; (3) the employee's earned income; or (4) the spouse's earned income, if the employee is married at the end of the taxable year. All limits are based on the employee's taxable calendar year.

Without this Plan

Gross Pay (annual)	\$ 30,000
Tax Deductions (@25%)	\$ 7,500
Total Take-Home Pay	\$ 22,500
• Unreimbursed Expenses	\$ 1,000
Total Take-Home Pay	\$ 21,500

With this Plan

Gross Pay (annual)	\$ 30,000
Tax Deductions (@25%)	\$ 7,250
Total Take-Home Pay	\$ 22,750
• Unreimbursed Expenses	\$ 1,000
Total Take-Home Pay	\$ 21,750

Result: \$250 increase in take-home pay



IMPORTANT QUESTIONS ANSWERED

WHAT HAPPENS TO UNUSED FUNDS AT THE END OF THE PLAN YEAR?

The IRS allows employers to select one of two choices to address any unused funds at the end of the plan year: A Grace Period or Rollover.

A Grace Period is a 2.5-month period following the end of a plan year during which remaining funds can be used to pay for eligible expenses. In other words, employees may be permitted to submit eligible expenses incurred during the grace period and be reimbursed from unused funds remaining at the end of the plan year. Employers can also allow a maximum rollover of up to \$500 for use in the following plan year. Please note that some employers may choose to opt out of both options. Log in to the MyAmeriflex Portal to determine whether or not a grace period or rollover is offered by your employer.

WHAT IF I WANT TO MAKE A CHANGE TO MY ELECTION?

A cafeteria plan must provide that employee elections are irrevocable and cannot be changed during the plan year. However, most employers allow employees to change their elections during the year if the employee experiences an event that falls under one of several exceptions allowed by the IRS (called “permitted change in elections events”). Specifically, an employer can design the cafeteria plan to permit an employee to change his or her election during the year if the employee experiences one of the permitted election change events. Please refer to your plan documents for any permitted election change events.

WILL ENROLLING FOR AN FSA IMPACT MY SOCIAL SECURITY BENEFITS?

Any reductions in your taxable income may also lead to a reduction in your Social Security benefits; however, for most employees, the reduction in Social Security benefits is insignificant when compared to the value of paying lower taxes.

DEPENDENT CARE TAX CREDIT VS. DEPENDENT CARE FSA

If you participate in a DCA, you cannot claim credits on your income tax return for the same expenses. Also, any amount reimbursed under this plan will reduce the amount of other dependent care expenses that you can claim for purposes of tax credits. Before you participate, you should evaluate whether the federal income tax credit will save you more money than the DCA. The relative tax advantages of each option, as well as the possible impact on your tax liability and your ability to take advantage of the Earned Income Tax Credit, may depend on the option you choose and your personal tax situation. If you are unsure about which option to choose, you should consult your tax or financial advisor.

HOW DO I FILE A CLAIM?

Filing a claim is a breeze with our MyAmeriflex Mobile App and/or MyAmeriflex Portal! After you register your account online at myameriflex.com, and you can request reimbursement, sign up for direct deposit, upload receipts, and pay a provider directly. Additional options such as email, mail, and fax are available.

For more information please visit myameriflex.com



MYAMERIFLEX CARD

The MyAmeriflex Card is a debit card that provides you with instant access to your FSA funds. When your card is swiped by an eligible merchant or provider, the system qualifies the expense to ensure that the expense and provider are eligible under your plan. It is important to remember that back-up documentation may be required to qualify an expense, so please be sure to save all of your receipts.



CRA Quick Reference Guide

HOW IT WORKS

With a Commuter Reimbursement Account (CRA), you can elect to have a specified amount of funds deducted from your gross earnings each pay period. These pre-tax dollars are set aside in a CRA to be reimbursed when a qualified expense is incurred. To be reimbursed, funds must have already been contributed to the CRA when the expense was incurred. You can use your MyAmeriflex Card at approved merchants to pay for qualified expenses.

CONTRIBUTION LIMITS

The maximum amount you may contribute for your current plan year:

- Parking Expenses—\$255/month*
- Transit Passes and Commuter Highway Vehicle Expenses (combined total) \$255/month*

* Please note that contribution limit amounts are subject to change by Congress.

ELIGIBLE EXPENSES

- **Parking Expenses** are those expenses incurred to park your vehicle on or near the business premises of your employer, or to park your car at a location from which you commuted to work by (a) mass transit facilities, (b) a commuter highway vehicle, or (c) carpool.
- **Transit Pass Expenses** are expenses incurred for a pass, token, fare card, voucher, or similar item for transportation on mass transit facilities, whether or not publicly owned, or (b) provided by any person in the business of transporting persons for compensation of hire if such transportation is provided in a vehicle with a seating capacity of at least six adults (excluding the driver).
- **Commuter Highway Vehicle (Vanpool) Expenses** are expenses incurred for transportation in a commuter highway vehicle if such transportation is in connection with travel between your residence and place of employment. A commuter highway vehicle is any highway vehicle with a seating capacity of at least six adults (not including the driver), and for which at least 80% of the mileage is for purposes of transporting employees in connection with travel between their residences and their places of employment, and on trips during which the number of employees transported for such purposes is, on average, at least half of the adult seating capacity of the vehicle.

Without a Transportation Program

Gross Monthly Pay	\$ 2,500.00
CRA Contribution	N/A
Taxable Income	\$ 2,500.00
Estimated Federal Tax (15%)	\$ 375.00
F.I.C.A. Tax	\$ 191.25
Transportation Expense	\$ 100.00
Take-Home Pay	\$ 1,833.75

With a Transportation Program

Gross Monthly Pay	\$ 2,500.00
CRA Contribution	\$ 100.00
Taxable Income	\$ 2,400.00
Estimated Federal Tax (15%)	\$ 360.00
F.I.C.A. Tax	\$ 183.60
Transportation Expense	N/A
Take-Home Pay	\$ 1,856.40

Total Estimated Monthly Savings: **\$22.65**

Total Estimated Annual Savings: **\$271.80**

Actual savings may vary depending on your circumstance.

INELIGIBLE EXPENSES

- Tunnel, bridge, or highway tolls (EZ Pass)
- Fuel, mileage, or other costs incurred to operate a personal vehicle or taxi
- Non-work related transportation or parking expenses
- Expenses incurred in traveling from your office to business or client meetings
- Transit or parking expenses incurred by your spouse and dependents
- Any claim submitted more than 180 days after the expense is incurred

UNUSED FUNDS

Excess balances will be carried over to the following month. However, you can only spend the amount of the monthly IRS limits (\$255 for parking and \$255 for transit) in any given month. For example, if you have funds roll over to the next month in your parking account and your balance is \$600, you can still only spend \$255 in that month (the IRS limit). You have the ability to adjust future contributions to avoid having an excess balance. Check with your Human Resources department to see how often you can change your election.

PARK-AND-RIDE/MASS TRANSIT

If you use mass transit, and pay for parking at a park-and-ride facility both expenses are eligible through your Commuter Reimbursement Account as long as you do not exceed the limits for each benefit. For example, if you spend \$120/month for mass transit and \$230/month for park-and-ride facilities, you can claim up to \$350/month through the Commuter Reimbursement Account.

REIMBURSEMENTS/CLAIM FORMS

You can use your MyAmeriflex Card for commuter expenses everywhere that MasterCard is accepted. As a reminder, the IRS transportation benefits ruling will be going into effect January 1, 2016, and as a result, Ameriflex will no longer be able to process cash reimbursements for manual transit claims as of January 1. This ruling does not affect parking accounts.

Please refer to our [Transit Ruling FAQ](#) for more information



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.

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 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.....\$75
- X-ray Benefit..... \$20
- Ambulance\$120
- Air Ambulance..... \$1,200

Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	Surgical
Hip	\$1,800	\$3,600
Knee (except patella)	\$900	\$1,800
Ankle – Bone or Bones of the Foot (other than Toes)	\$720	\$1,440
Collarbone (Sternoclavicular)	\$450	\$900
Lower Jaw, Shoulder, Elbow, Wrist	\$270	\$540
Bone or Bones of the Hand	\$270	\$540
Collarbone (Acromioclavicular and Separation)	\$90	\$180
One Toe or Finger	\$90	\$180

Fractures	Non-Surgical	Surgical
Depressed Skull	\$2,250	\$4,500
Non-Depressed Skull	\$900	\$1,800
Hip, Thigh	\$1,350	\$2,700
Body of Vertebrae, Pelvis, Leg	\$675	\$1,350
Bones of Face or Nose (except mandible or maxilla)	\$315	\$630
Upper Jaw, Maxilla	\$315	\$630
Upper Arm between Elbow and Shoulder	\$315	\$630
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$270	\$540
Shoulder Blade, Collarbone, Vertebral Process	\$270	\$540
Forearm, Wrist, Hand	\$270	\$540
Rib	\$225	\$450
Coccyx	\$180	\$360
Finger, Toe	\$90	\$180

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..... \$7,500
- Concussion \$60
- Emergency Dental Work..... \$50 Extraction, \$200 Crown, Implant, or Denture
- Lacerations (based on size).....\$30 to \$500

Requires Surgery

- Eye Injury.....\$200
- 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)..... \$1,000
- Surgery (hernia)\$100
- Surgery (arthroscopic or exploratory)\$150
- 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.....\$400 per round trip up to 3 round trips
- Lodging (family member or companion).....\$100 per night up to 30 days for a hotel/motel lodging costs

Accident Hospital Care

- Hospital Admission*\$750 per accident
 - Hospital ICU Admission* \$1,500 per accident
- * We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement \$175 per day up to 365 days per accident
 - Hospital ICU Confinement\$350 per day up to 15 days per accident

Accident Follow-Up Care

- Accident Follow-Up Doctor Visit \$50 (up to 2 visits per accident)
- Medical Imaging Study\$100 per accident
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances\$75 (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\$600 – one, \$1,200 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye\$6,000 – one, \$12,000 – 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 \$10,000 Spouse\$10,000 Child(ren)..... \$5,000

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	\$20,000	\$80,000
● Spouse	\$20,000	\$80,000
● Child(ren)	\$4,000	\$16,000

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)
- Cervical Cancer Screening
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- 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
- Virtual colonoscopy

Mammography\$200

- For one baseline mammogram if the covered person is between the ages of 35 and 39;
- One mammogram every two years if the covered person is 40 to 49 years of age, or more frequently if recommended by the covered person's physician; and
- One mammogram each year if the covered person is 50 years of age or older.

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: illegal occupations; 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.

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

CA LIC # _____

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Disability Insurance

Is your paycheck protected?

It's important to be financially prepared for the future. That's why you have insurance for your house, your car and your health. But if you're like many Americans, you don't have insurance for the one thing you use to pay for these expenses — your paycheck.

If an accident or illness prevented you from earning an income, how would you pay for your everyday expenses? You never know how long a disability could last, so it's important to have a backup plan.

Disability insurance from Colonial Life & Accident Insurance Company can help protect your way of life by providing a monthly benefit for a covered disability.



Just over 1 in 4 of today's
20-year-olds will become
disabled before reaching age 67.

Social Security Administration, *Social Security Basic Facts*, October 15, 2015

No matter where you are in life, a disability could prevent you from earning an income



Recent college
graduate with
first full-time job

ASHLEY

While jogging after work one evening, Ashley injured her leg. Her doctor advised her to stay off of her leg for three weeks. After using paid time off for a week, Ashley stopped receiving a paycheck.

How her disability policy helped:

Ashley used her disability benefits to help with her rent and monthly student loan payment.



New parents
living paycheck
to paycheck

EMILY & BRIAN

After having a baby, Emily went out on maternity leave. Without her income, the couple was worried about how they'd pay for everyday expenses. Fortunately, Emily purchased a disability policy from her company two years ago.

How her disability policy helped:

Emily's benefits helped the couple pay for their growing family's ongoing expenses, and they didn't have to use any of the money they'd been saving for a bigger house.



50-year-old
father of the bride

LEWIS

Lewis suffered a heart attack and had to have surgery. He needed to take an unpaid leave of absence from work to recover. During this time, he received his usual monthly bills.

How his disability policy helped:

Lewis' disability benefits helped provide him with the comfort of knowing that his bills wouldn't get in the way of giving his daughter the wedding of her dreams.

The examples above are for illustrative purposes only. Benefits and benefit amounts may vary. The certificate and policy have exclusions and limitations. For complete details, see your Colonial Life benefits counselor.

Approximately 90%
of all disabilities
are caused by illnesses
rather than accidents.

Council for Disability Awareness, 2014 Long-Term Disability Claims Review, 2014.
Represents over 75% of the commercial disability insurance marketplace.



Your bills continue, even if your paycheck doesn't

Think about your ongoing monthly expenses — everything from your mortgage or rent to your groceries and utilities. If a disability left you without a paycheck, you might rely on savings as a backup plan, but would you have enough?

Disability insurance can help you pay for your expenses and keep you focused on what really matters — recovery.

Coverage advantages

- Benefits are paid directly to you (unless you specify otherwise), and you can use them however you'd like.
- At enrollment, you can choose the disability benefit amount to best meet your needs (subject to income).
- You're paid regardless of any insurance you may have with other companies.
- Disability benefits may also be available if you return to work part-time.



Meet with a benefits counselor

By attending a 1-to-1 counseling session with a Colonial Life benefits counselor, you can learn more about disability insurance and how it can help protect your paycheck and your family's way of life. Your benefits counselor can also review the rest of your insurance coverage and help you determine where you may need additional financial protection.



How much should you have in savings?

A single person with few recurring expenses and no dependents

SAVINGS = 3 MONTHS OF LIVING EXPENSES

A dual-income couple with children and recurring expenses

SAVINGS = 6 MONTHS OF LIVING EXPENSES

BankofAmerica.com, *How much do you need in your emergency fund?* (2016)



Cancer Insurance

How would cancer impact your way of life?

Hopefully, you and your family will never face cancer. If you do, a financial safety net can help you and your loved ones focus on what matters most — recovery.

If you were diagnosed with cancer, you could have expenses that medical insurance doesn't cover. In addition to your regular, ongoing bills, you could have indirect treatment and recovery costs, such as child care and home health care services.

Help when you need it most

Cancer coverage from Colonial Life & Accident Insurance Company can help protect the lifestyle you've worked so hard to build. It provides benefits you can use to help cover:

- Loss of income
- Out-of-network treatment
- Lodging and meals
- Deductibles and co-pays

[One family's journey]

Paul and Kim were preparing for their second child when they learned Paul had cancer. They quickly realized their medical insurance wouldn't cover everything. Thankfully, Kim's job enabled her to have a cancer insurance policy on Paul to help them with expenses.



DOCTOR'S SCREENING

Wellness benefit

Paul's wellness benefit helped pay for the screening that discovered his cancer.



SECOND OPINION

Travel expenses

When the couple traveled several hundred miles from their home to a top cancer hospital, they used the policy's lodging and transportation benefits to help with expenses.



SURGERY

Out-of-pocket costs

The policy's benefits helped with deductibles and co-pays related to Paul's surgery and hospital stay.

For illustrative purposes only



With cancer insurance:

- Coverage options are available for you and your eligible dependents.
- Benefits are paid directly to you, unless you specify otherwise.
- You're paid regardless of any insurance you may have with other companies.
- You can take coverage with you, even if you change jobs or retire.



ONLY 5%
of ALL
CANCERS
are hereditary.

American Cancer Society, *Cancer Facts & Figures*, 2013

Cancer insurance provides benefits to help with cancer expenses — from diagnosis to recovery.



TREATMENT

Experimental care

Paul used his plan's benefits to help pay for experimental treatments not covered by his medical insurance.



RECOVERY

Follow-up evaluations

Paul has been cancer-free for more than four years. His cancer policy provides a benefit for periodic scans to help ensure the cancer stays in check.

Our cancer insurance offers more than 30 benefits that can help you with costs that may not be covered by your medical insurance.

Treatment benefits (inpatient or outpatient)

- Radiation/chemotherapy
- Anti-nausea medication
- Medical imaging studies
- Supportive or protective care drugs and colony stimulating factors
- Second medical opinion
- Blood/plasma/platelets/immunoglobulins
- Bone marrow or peripheral stem cell donation
- Bone marrow or peripheral stem cell transplant
- Egg(s) extraction or harvesting/sperm collection and storage
- Experimental treatment
- Hair/external breast/voice box prosthesis
- Home health care services
- Hospice (initial or daily care)

Surgery benefits

- Surgical procedures
- Anesthesia
- Reconstructive surgery
- Outpatient surgical center
- Prosthetic device/artificial limb

Travel benefits

- Transportation
- Companion transportation
- Lodging

Inpatient benefits

- Hospital confinement
- Private full-time nursing services
- Skilled nursing care facility
- Ambulance
- Air ambulance

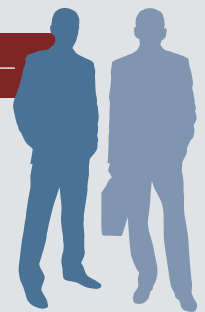
Additional benefits

- Family care
- Cancer vaccine
- Bone marrow donor screening
- Skin cancer initial diagnosis
- Waiver of premium



LIFETIME RISK OF DEVELOPING CANCER

MEN
1 in 2



WOMEN
1 in 3



American Cancer Society, *Cancer Facts & Figures*, 2013



ColonialLife.com

Optional riders

For an additional cost, you may have the option of purchasing additional riders for even more financial protection against cancer. Talk with your benefits counselor to find out which of these riders are available for you to purchase.

- **Initial diagnosis of cancer rider** — Pays a one-time, lump-sum benefit for the initial diagnosis of cancer. You may choose a benefit amount in \$1,000 increments between \$1,000 and \$10,000. If your dependent child is diagnosed with cancer, we will pay two and a half times (\$2,500 - \$25,000) the chosen benefit amount.
- **Initial diagnosis of cancer progressive payment rider** — Provides a lump-sum payment of \$50 for each month the rider has been in force after the waiting period and before cancer is first diagnosed.
- **Specified disease hospital confinement rider** — Pays \$300 per day if you or a covered family member is confined to a hospital for treatment for one of the 34 specified diseases covered under the rider.

If cancer impacts your life, you should be able to focus on getting better — not on how you'll pay your bills. Talk with your Colonial Life benefits counselor about how cancer insurance can help provide financial security for you and your family.

WAITING PERIOD

The policy and its riders may have a waiting period. Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. If your cancer has a date of diagnosis before the end of the waiting period, coverage for that cancer will apply only to losses commencing after the policy has been in force for two years, unless it is excluded by name or specific description in the policy.

EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

- If the diagnosis or treatment of cancer is received outside of the territorial limits of the United States and its possessions; or
- For other conditions or diseases, except losses due directly from cancer.

The policy and its riders may have additional 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 rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-TX).

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4-15 | 101481-1

Cancer Insurance

Level 2 Benefits

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

Air ambulance	\$2,000 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Ambulance	\$250 per trip
Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	
Anesthesia	
Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$30 per procedure
Anti-nausea medication	\$40 per day administered or per prescription filled
Doctor-prescribed medication for radiation or chemotherapy <i>[\$160 monthly max.]</i>	
Blood/plasma/platelets/immunoglobulins	\$150 per day
A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	
Bone marrow donor screening	\$50
Testing in connection with being a potential donor <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell donation	\$500
Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	
Bone marrow or peripheral stem cell transplant	\$4,000 per transplant
Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	
Cancer vaccine	\$50
An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	
Companion transportation	\$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>	
Egg(s) extraction or harvesting/sperm collection and storage	
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
Experimental treatment	\$250 per day
Hospital, medical or surgical care for cancer <i>[\$12,500 lifetime max.]</i>	
Family care	\$40 per day
Inpatient or outpatient treatment for a covered dependent child <i>[\$2,000 calendar year max.]</i>	
Hair/external breast/voice box prosthesis	\$200 per calendar year
Prosthesis needed as a direct result of cancer	
Home health care services	\$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]</i>	
Hospice (initial or daily care)	
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 [max. of 30 days per covered person

per calendar year]

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. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist-CA. This chart is not complete without form number 101481.

CA LIC# _____

Cancer Insurance

Level 3 Benefits

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
Air ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$2,000 per trip
Ambulance Transportation to or from a hospital or medical facility <i>[max. of two trips per confinement]</i>	\$250 per trip
Anesthesia Administered during a surgical procedure for cancer treatment	
■ General anesthesia	25% of surgical procedures benefit
■ Local anesthesia	\$40 per procedure
Anti-nausea medication Doctor-prescribed medication for radiation or chemotherapy <i>[\$200 monthly max.]</i>	\$50 per day administered or per prescription filled
Blood/plasma/platelets/immunoglobulins A transfusion required during cancer treatment <i>[\$10,000 calendar year max.]</i>	\$175 per day
Bone marrow donor screening Testing in connection with being a potential donor <i>[once per lifetime]</i>	\$50
Bone marrow or peripheral stem cell donation Receiving another person's bone marrow or stem cells for a transplant <i>[once per lifetime]</i>	\$750
Bone marrow or peripheral stem cell transplant Transplant you receive in connection with cancer treatment <i>[max. of two bone marrow transplant benefits per lifetime]</i>	\$7,000 per transplant
Cancer vaccine An FDA-approved vaccine for the prevention of cancer <i>[once per lifetime]</i>	\$50
Companion transportation 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>	\$0.50 per mile
Egg(s) extraction or harvesting/sperm collection and storage 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
Experimental treatment Hospital, medical or surgical care for cancer <i>[\$15,000 lifetime max.]</i>	\$300 per day
Family care Inpatient or outpatient treatment for a covered dependent child <i>[\$2,500 calendar year max.]</i>	\$50 per day
Hair/external breast/voice box prosthesis Prosthesis needed as a direct result of cancer	\$350 per calendar year
Home health care services 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]</i>	\$100 per day
Hospice (initial or daily care) 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 [max. of 30 days per covered person
per calendar year]

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. Coverage may vary by state and may not be available in all states. For cost and complete details, see your benefits counselor.

This chart highlights the benefits of policy form CanAssist-CA. This chart is not complete without form number 101481.

CA LIC# _____

Cancer Insurance

Specified Disease Hospital Confinement Rider

In addition to cancer, there are many other diseases that could lead to a costly hospital stay. Fortunately, there's a way to help protect your family's financial future.

At an additional cost, Colonial Life & Accident Insurance Company offers an optional specified disease rider for your cancer insurance. This rider adds valuable coverage for a variety of specified diseases.

Specified diseases

- Adrenal hypofunction (Addison's disease)
- Botulism
- Bubonic plague
- Cerebral palsy
- Cholera
- Cystic fibrosis
- Diphtheria
- Encephalitis (including encephalitis contracted from West Nile virus)
- Huntington's chorea
- Legionnaires' disease
- Lou Gehrig's disease (amyotrophic lateral sclerosis)
- Lyme disease
- Malaria
- Meningitis (bacterial)
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia gravis
- Necrotizing fasciitis
- Osteomyelitis
- Poliomyelitis
- Rabies
- Reye's syndrome
- Scleroderma
- Scarlet fever
- Sickle cell anemia
- Systemic lupus
- Tetanus
- Toxic epidermal necrolysis
- Toxic shock syndrome
- Tuberculosis (mycobacterial)
- Tularemia
- Typhoid fever
- Variant Creutzfeldt-Jakob disease (mad cow disease)
- Yellow fever

For more information, talk with your Colonial Life benefits counselor.

Rider benefits

We will pay this benefit if after the waiting period* you incur charges for and are confined to a hospital for treatment of one of the specified diseases listed above.

Rider features

- Guaranteed renewable as long as your cancer insurance policy is in force.
- Covers the same family members as your cancer insurance policy.
- Pays benefits regardless of any insurance you have with other companies.
- Pays benefits directly to you, unless you specify otherwise.

*Waiting period means the first 30 days following each insured person's coverage effective date during which time no benefits are payable.

This rider 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 rider form R-CanAssistSpDis (including state abbreviations where used, for example: R-CanAssistSpDis-TX).

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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
- Hemoccult stool analysis
- Human papillomavirus screening test
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy
- Any FDA-approved cervical cancer screening tests
- Any generally accepted cancer screening test not listed

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 one of the covered cancer wellness tests in part one, and the doctor has determined that an additional invasive diagnostic test or surgical procedure is necessary. 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-CA.

CA LIC# _____



Term Life Insurance

Help protect the people who depend on you

If something happened to you, the last thing your family should have to worry about is financial burdens. Funeral expenses, medical bills and taxes could be just the beginning. How would they cover ongoing living expenses, such as a mortgage, utilities and health care?

Plan for the future with term life insurance from Colonial Life & Accident Insurance Company.

The advantages of term life insurance

- Level death benefit.
- Lower cost option compared with cash value insurance.
- Coverage for specified periods of time, which can be during high-need years.
- Benefit for the beneficiary that is typically free from income tax.

Benefits and features

- Guaranteed premiums do not increase during the term.
- Coverage is guaranteed renewable to age 95 as long as premiums are paid when due.
- You can convert it to cash value insurance.
- Portability allows you to take it with you if you change jobs or retire.
- An accelerated death benefit is included.



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

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

Benefits worksheet

For use with your Colonial Life
benefits counselor

HOW MUCH COVERAGE DO YOU NEED?

YOU \$ _____
FACE AMOUNT

Select the term period

- 10-year term
- 20-year term
- 30-year term

SPOUSE \$ _____
FACE AMOUNT

Select the term period

- 10-year term
- 20-year term
- 30-year term

Select any optional riders:

- Spouse term life rider
\$ _____ face amount
for _____-year term period
- Children's term life rider
\$ _____ face amount
- Waiver of premium benefit rider
- Accidental death benefit rider

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

ColonialLife.com

Cash value policy conversion

You can convert your policy to a Colonial Life cash value life insurance policy any time through age 75 (unless you have used the accelerated death benefit or waiver of premium benefit rider) with no evidence of insurability. Premiums will be based on your age at the time you convert your policy.

Accelerated death benefit

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice. Please refer to your policy for details.

Spouse coverage options

Two options are available for spouse coverage at an additional cost:

1. **Spouse term life policy:** Offers guaranteed premiums and level death benefits equivalent to those available to you – whether or not you buy a policy for yourself.
2. **Spouse term life rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000; 10-year and 20-year are available (20-year rider only available with a 20- or 30-year term policy).

Dependent coverage

You may add a children's term life rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. The children's term life rider may be added to either the primary or spouse policy, not both.

Waiver of premium benefit rider

This rider waives all premiums (for the policy and any riders) if you become totally and permanently disabled before the age of 65. To be considered permanent, your total disability must continue with no interruptions for at least six consecutive months. Premiums waived by this rider do not have to be repaid. This rider is available for the spouse policy as well, subject to home office approval.

Accidental death benefit rider

This rider provides an additional benefit to the beneficiary if the insured dies as a result of an accident before age 70. The benefit doubles if the injury resulting in death occurs while insured is a fare-paying passenger on a public conveyance, such as a commercial aircraft or taxicab. An additional seatbelt benefit is also payable.

EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in CO and ND) from the coverage effective date, whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. In MO, should death occur as a result of suicide, our company is responsible only for the return of premiums paid when application is made with intent to commit suicide.

You will receive a policy summary or illustration (whichever is applicable to your state) when your policy is issued if this policy has exclusions, limitations or reductions of benefits. For costs and complete details, call or write your Colonial Life benefits counselor or the company. This brochure is applicable to policy forms TERM1000, R-TERM1000-ADB, R-TERM1000-CTR, R-TERM1000-STR, R-TERM1000-WAIVER (and applicable state variations, for example: TERM1000-TX, R-TERM1000-ADB-TX-1, R-TERM1000-CTR-TX, R-TERM1000-STR-TX and R-TERM1000-WAIVER-TX-1). See your Colonial Life benefits counselor for additional information specific for your state. This coverage contains limitations and exclusions that may affect benefits payable. Product may vary by state.



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 it needs?

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 Colonial Life's Whole Life Insurance.

What is whole life insurance?

Whole life insurance can help provide protection for you and those who depend on you. You won't have to worry about becoming uninsurable later in life, and your premiums won't increase as you get older.

With whole life insurance, you receive a guaranteed death benefit, which can help with funeral costs and other immediate expenses. Also, throughout the life of the policy, you can access its cash value through a policy loan, and use the money for emergencies.

What are the advantages of Colonial Life's Whole Life Insurance?

- Your premiums will never increase because of changes in your health or age.
- You can take the policy with you even if you change jobs or retire, with no increase in premium.
- A guaranteed purchase option means you can purchase additional whole life coverage — without having to answer health questions — at three different points in the future.
- With the accelerated death benefit, you can request 75 percent of your policy's death benefit if you are diagnosed with a terminal illness.
- An immediate \$3,000 claim payment can help your designated beneficiary pay for funeral costs or other expenses.



**50% of U.S. households
(58 million) say they need
more life insurance.**

Facts About Life, LIMRA 2013



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

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

Benefits worksheet

For use with your Colonial Life benefits counselor

HOW MUCH COVERAGE DO YOU NEED?

YOU \$ _____
FACE AMOUNT

Select the option:

- Paid-Up at Age 65
- Paid-Up at Age 95

SPOUSE \$ _____
FACE AMOUNT

Select the option:

- Paid-Up at Age 65
- Paid-Up at Age 95

Select any optional riders:

Spouse Term Life Rider
\$ _____ face amount
for _____-year term period

Children's Term Life Rider
\$ _____ face amount

Waiver of Premium Benefit Rider

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

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Product options

Paid-Up at Age 65 or Paid-Up at Age 95

These two plan design options allow you to select what age your premium payments will end. You can choose to have your policy paid up when you reach age 65 or 95.

Accelerated Death Benefit

If you are diagnosed with a terminal illness, you can request up to 75 percent of the policy's death benefit, up to \$150,000.

Guaranteed Purchase Option

If you are age 55 or younger when you purchase the policy, you have the option 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.

\$3,000 Immediate Claim Payment

This payment can help meet immediate needs, such as funeral costs, by providing an initial death benefit payment of \$3,000 to the designated beneficiary.

Additional coverage options

Spouse Whole Life Policy

This policy offers a guaranteed death benefit, guaranteed level premiums and guaranteed cash value accumulation – whether or not you buy a policy on yourself.

Spouse Term Life Rider

You can purchase term life coverage for your spouse, with a maximum death benefit of up to \$50,000. 10-year and 20-year coverage periods are available, based on the policy you select. You can choose to convert this coverage to a cash value policy within certain time periods later on – without having to answer health questions.

Dependent Coverage

You may purchase up to \$10,000 in term life coverage for each of your eligible dependent children and pay one premium. You can later convert this coverage to a cash value life insurance policy – without having to answer health questions – upon your 70th birthday or the child's 25th birthday, whichever comes first. You can add this additional coverage to either the primary or the spouse policy, but not both.

Waiver of Premium Benefit Rider

Your premiums on the whole life policy and any riders attached to it will be waived if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period (the amount of time until benefits are payable).

EXCLUSIONS AND LIMITATIONS

If the insured commits suicide within two years (one year in ND) from the coverage effective date or the date of reinstatement (not applicable in AR), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid, 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 product is underwritten by Colonial Life & Accident Insurance Company. This brochure is applicable to policy forms ICC07-WL-NGPO-65/WL-NGPO-65, ICC07-WL-NGPO-95/WL-NGPO-95, ICC08-WL-GPO-65/WL-GPO-65, ICC08-WL-GPO-95/WL-GPO-95 and rider forms ICC07-R-WL-CTR/R-WL-CTR, ICC07-R-WL-STR-10/R-WL-STR-10, ICC07-R-WL-STR-20/R-WL-STR-20, ICC07-R-WL-WOP/R-WL-WOP and applicable state variations.

Are you prepared for all the changes life has in store?

With Colonial Life’s Universal Life insurance, you have the flexibility you need to protect the life you’re building – when your needs change, when you set or attain new goals, even when unexpected challenges arise.

What are the advantages of Universal Life Insurance?

- Offers flexible premiums and death benefit amounts.
- Builds cash value at current credited interest rates.
- Provides access to the policy’s cash value when needed.
- Provides a death benefit (to age 100) that can be paid to beneficiaries tax-free.

What benefits and features are included?

- Offers two plan design options: level death benefit (Option A) or increasing death benefit (Option B).
- Includes an Accelerated Death Benefit.
- Allows you to borrow against your policy’s cash value or take cash withdrawals from cash value if needed.

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do you need?		
<input type="radio"/> You	<input type="radio"/> Spouse	<input type="radio"/> Juvenile
\$ _____ face amount	\$ _____ face amount	\$ _____ face amount
<input type="radio"/> Option A	<input type="radio"/> Option A	<input type="radio"/> Option A
<input type="radio"/> Option B	<input type="radio"/> Option B	<input type="radio"/> Option B
Select any optional riders:		
<input type="radio"/> Accidental Death Benefit Rider		
<input type="radio"/> Additional Coverage Term Rider		
<input type="radio"/> Guaranteed Purchase Option Rider		
<input type="radio"/> Waiver of Monthly Deductions Rider		

How much will it cost?

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

Frequently asked questions about Colonial Life's Universal Life Insurance

What's the difference between Option A and Option B?

- Option A offers a level death benefit and builds cash value at current credited interest rates.
- Option B offers a death benefit that increases as the policy's cash value increases.

What is the Accelerated Death Benefit?

If you are diagnosed with a terminal illness, you can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if you use the benefit, and your death benefit will then be reduced by the amount you receive. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice.

What spouse coverage options are available?

Two options are available for spouse coverage at an additional cost:

1. **Spouse Universal Life Policy:** Offers the same flexible features available to you—whether or not you buy a policy on yourself.
2. **Spouse Term Life Rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000. Choose to convert the term rider later to a cash value policy—without providing proof of good health—if the rider terminates before the spouse's 70th birthday.

What dependent coverage is available?

Two options are available for dependent coverage at an additional cost:

1. **Universal Life Policy for each eligible child:** Purchase a policy while children are young and premiums are lower 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.
2. **Children's Term Life Rider:** Add a Children's Term Life Rider to cover all of your eligible dependent children with up to \$10,000 in coverage each for one premium. You may choose to convert this rider later to a cash value life insurance policy – without providing proof of the child's good health – upon your 70th birthday or the child's 25th birthday, whichever comes first.

What is the Waiver of Monthly Deductions Rider?

This rider waives all premiums on the universal life policy and any riders attached to it if you become totally disabled before your 65th birthday and you satisfy the six-month (180 days in MO) elimination period. Your cash value will remain intact and continue to earn interest. Also, any premiums waived by this rider do not have to be repaid.

What is the Accidental Death Benefit Rider?

This rider pays an additional benefit if you die as a result of an accidental bodily injury before age 70. The benefit doubles if the accidental bodily injury occurs while you are a fare-paying passenger within a public conveyance such as a subway or city bus. An additional 25% of the accidental death benefit will be paid should the insured die due to an accidental bodily injury sustained while driving or riding in a private passenger vehicle and wearing a seat belt.

What is the Additional Coverage Term Rider?

This rider adds a 20-year level term coverage of up to 100 percent of your policy's death benefit. You may choose to convert the additional coverage term rider to any new or existing cash value life insurance plan – without providing proof of good health – if the universal life policy terminates or the additional coverage term rider terminates. The premiums remain level for the duration of the rider.

What is the Guaranteed Purchase Option Rider?

This rider allows you to increase your universal life coverage without providing proof of good health at the 2nd, 5th and 8th policy years or when specified life events occur. The premium is determined by your age at the time of the increase and amount of insurance you choose.

Exclusions and Limitations -If the insured commits suicide within two years (one year in MO and ND) from the coverage effective date or the date of reinstatement (not applicable in LA), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid minus any loans, loan interest and withdrawals to you. We will not pay any increases in death benefits if the insured commits suicide, whether he is sane or insane (not applicable in AZ), within two years (one year in AZ, MO, and ND) from the coverage effective date of the increase. Our only obligation will be to refund the premiums paid for the increase in the event of suicide. You will receive a policy summary or illustration (whichever is applicable in your state) when your policy is issued. This policy has exclusions, limitations or reductions of benefits. 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 ICC07-UL1000 / UL1000 and rider forms ICC07-R-UL-ACDTH / R-UL-ACDTH, ICC07-R-ULACR / R-UL-ACR, ICC07-R-UL-CTR / R-UL-CTR, ICC08-R-UL-GPO / R-UL-GPO, ICC07-R-UL-STR / R-UL-STR, ICC07-R-UL-WOMD / R-ULWOMD and applicable state variations.

Help establish your child's financial foundation with life insurance.

You can't predict your child's future, but you can help to protect it. Colonial Life's Juvenile Universal Life Insurance is an easy way to help establish a financial foundation for your child's future. No matter what the future brings, your child will have the flexibility of a universal life policy to help prepare for different life stages. In addition to having a policy that can remain in force, your child can take advantage of additional coverage options during adulthood.

What are the advantages of Juvenile Universal Life Insurance?

- Offers flexible premiums and death benefit amounts.
- Builds cash value at current credited interest rates.
- Provides access to the policy's cash value when needed.
- Offers affordable rates that are generally lower for children than adults.
- Allows children to assume full ownership of their policies when they are old enough.

What benefits and features are included?

- Two plan design options: level death benefit (Option A) or increasing death benefit (Option B).
- An Accelerated Death Benefit.
- Allows the policyowner to borrow against the policy's cash value or take cash withdrawals from cash value if needed.
- A Guaranteed Purchase Option.
- Rates that will not increase because the child gets older.

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

How much coverage do you need?

Juvenile \$ _____ face amount

Option A Option B

How much will it cost?

Your cost will vary based on the level of coverage selected.

Frequently asked questions about Colonial Life's Juvenile Universal Life Insurance

What's the difference between Option A and Option B?

- Option A offers a level death benefit and builds cash value at current credited interest rates.
- Option B offers a death benefit that increases as the policy's cash value increases.

What is the Accelerated Death Benefit?

If the covered person is diagnosed with a terminal illness, the policyowner can request up to 75% of the policy's death benefit, not to exceed \$150,000. We deduct a fee only if the benefit is used, and the death benefit will then be reduced by the amount received. In addition, there may be tax consequences for receiving the accelerated benefit; ask your tax advisor for advice.

What is the Guaranteed Purchase Option?

This policy provides three options for purchasing additional coverage without providing proof of good health. If your child is between ages 0 and 17 when you purchase the policy, the Guaranteed Purchase Option automatically included with the policy allows three coverage increases for your child at ages 18, 21 and 24 – regardless of health, occupation or any other factors – when it may be needed for new responsibilities. Total coverage of up to \$100,000 or the initial death benefit amount of the child's policy, whichever is less, is available. Your dependent children between the ages of 18 and 24, if full-time students, can apply for the same flexible adult policy that you can.

Exclusions and Limitations -If the insured commits suicide within two years (one year in MO and ND) from the coverage effective date or the date of reinstatement (not applicable in LA), whether he is sane or insane (not applicable in AZ), we will not pay the death benefit. We will terminate this policy and return the premiums paid minus any loans, loan interest and withdrawals to you. We will not pay any increases in death benefits if the insured commits suicide, whether he is sane or insane (not applicable in AZ), within two years (one year in AZ, MO, and ND) from the coverage effective date of the increase. Our only obligation will be to refund the premiums paid for the increase in the event of suicide. A policy summary or illustration (whichever is applicable in your state) will be available when your policy is issued. The policy has exclusions, limitations or reductions of benefits. 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 form ICC08-UL1000J, UL1000J and applicable state versions.



Policyholder Service Guide

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal.

Getting started

The easiest way to manage your business with us is through the [My Colonial Life policyholder section of ColonialLife.com](#).

To sign up for the website:

1. Visit [ColonialLife.com](#).
2. Click [Register](#) at the top right.
3. On the sign-up page, click [Join the Policyholder Website](#).

After providing some basic information, you'll be ready to go.

Consider your options

Whether online or by phone, we'll provide the service you need.

Need	ColonialLife.com	800-325-4368
Submit your claim using our eClaims system	✓	
File health screening/wellness and doctor's office visit claims (up to 18 months)	✓	✓
Check the status of your claim	✓	✓
Review, print or download a copy of your policy/certificate	✓	
Access claim and service forms	✓	✓
Update your contact information	✓	✓
Access your claim correspondence	✓	
Complete a notification for a life claim	✓	✓

Filing claims

eClaims

With the eClaims feature on [ColonialLife.com](#), you can file claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- With eClaims, you can file most claims online, including:
 - Accident
 - Hospital confinement indemnity
 - Disability
 - Critical illness
 - Cancer
 - Vision*
- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the [Claims Center](#) and select [File an Online Claim](#) to get started.



Contact us

Online

ColonialLife.com

Log in and click on [Contact Us](#) to email us.

Telephone

1-800-325-4368

Contact Center representatives are available Monday through Friday, 8 a.m. to 8 p.m. ET.

Information is available 24/7 through our automated phone system.

Please have your Social Security or policy number ready when you call.

Hearing-impaired customers

Customers with a Telecommunications Device for the Deaf (TDD) should call **803-798-4040**.

If you do not have a TDD, call Voice Telephone Interpretation Services at **844-495-6105** to reach us.


Colonial Life[®]
The benefits of good hard work.[®]

ColonialLife.com

Health screening/wellness claims

- The quickest way to receive the applicable benefits for your health screening/wellness services is to file online.
- For health screening/wellness claims within 18 months of the date you are filing the claim, click on [File a Wellness Claim Online](#) on the Claims Center page. If you do not want to file online, you can use the automated customer service center at **1-800-325-4368**.
- For health screening/wellness claims over 18 months, you'll be directed to print out a paper claim form under the claims and service forms section on the [Claims Center](#) page.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on [claims and service forms](#).
- For instructions on how to correctly complete your claim form, [view the claims videos](#) on the Claims Center page.
- Be sure that you complete all sections of the claim form. Also, include a diagnosis from your doctor, along with copies of any appropriate bills, if required.
- Keep a copy of your claim information for your records.
- When we receive information regarding your claim, you'll be notified by telephone or email. If you select the electronic messaging option, you'll receive a call when the claim is processed.

Claim tips and information

- When submitting your claim, make sure to include all required supporting documentation, as this will allow us to process your claim quicker.
- To view correspondence pertaining to your claim, visit ColonialLife.com. Once you log in to your secure account, select [My Correspondence](#) from the home page.
- Whether you submit your claims online or by paper form, you can select optional services that authorize us to:
 - Communicate claims information via electronic messaging to your phone number.
 - Send claim benefits overnight by deducting a fee from your claim payment.
 - Release information to your benefits representative, plan administrator or family member.

You can always check the status of your claim on the My Colonial Life site at ColonialLife.com.

*Applicable to vision rider on the individual dental plan

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