

How long could you afford to go without a paycheck?

Help protect your paycheck with Colonial Life's short-term disability insurance.

You use your paycheck mainly to pay for your home, your car, groceries, medical bills and utilities. What if you couldn't go to work due to an accident or sickness?

Monthly Expenses:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
			Total \$ _____

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

Who's being covered?

- You only
- You and your spouse
- You and your dependent children
- You, your spouse and your dependent children

How much coverage do I need?

On-Job Accident/On-Job Sickness \$ _____ Off-Job Accident/Off-Job Sickness \$ _____

Select **One** Benefit Period Option:

On-Job

Off-Job

● **Total Disability**

- | | | | |
|--------------------------------|----------------|----------------|----------------|
| <input type="radio"/> Option A | First 3 months | \$ _____/month | \$ _____/month |
| | Next 9 months | \$ _____/month | \$ _____/month |
| <input type="radio"/> Option B | First 6 months | \$ _____/month | \$ _____/month |
| | Next 6 months | \$ _____/month | \$ _____/month |

When will my benefits start?

After an Accident: _____ days

After a Sickness: _____ days

How much will it cost?

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

Employee Coverage

In addition to disability coverage, this plan also provides employees with benefits for medical fees related to accidents, hospital confinement, accidental death and dismemberment, as well as fractures and dislocations.

Even if you're not disabled, the following benefits are payable for covered accidental injuries:

Medical Fees for Accidents Only

Doctor's Office or Urgent Care Facility Visit (Once per covered accident)	\$75
X-Ray and Other Diagnostic Imaging (Once per covered accident)	\$75
Emergency Room Visit (Once per covered accident)	\$150

Hospital Confinement Benefit or US Government Hospital Confinement Benefit for Accident or Sickness

Pays in addition to disability benefit.

- Benefits begin on the first day of confinement in a hospital for a covered accident or sickness.
Up to 3 months \$1,200/month (\$40/day)
The Hospital Confinement benefit and US Government Hospital Confinement benefit increases to \$6,000/month (\$200/day) when the Total Disability benefit ends at age 70

Accidental Death and Dismemberment Benefits

Benefits payable for death or dismemberment.

- Accidental Death \$25,000
- Loss of a Finger or Toe
 Single Dismemberment \$750
 Double Dismemberment \$1,500
- Loss of a Hand, Foot or Sight of an Eye
 Single Dismemberment \$7,500
 Double Dismemberment \$15,000
- Accidental Death Common Carrier \$50,000

Complete Fractures

Complete Fractures requiring closed reduction

Hip, Thigh	\$1,500
Vertebrae	1,350
Pelvis	1,200
Skull (depressed)	1,125
Leg	900
Foot, Ankle, Kneecap	750
Forearm, Hand, Wrist	750
Lower Jaw	600
Shoulder Blade, Collarbone	600
Skull (simple)	525
Upper Arm, Upper Jaw	525
Facial Bones	450
Vertebral Processes	300
Coccyx, Rib, Finger, Toe	120

Complete Dislocations

Complete Dislocations requiring closed reduction with anesthesia

Hip	\$1,350
Knee	975
Collarbone - sternoclavicular	750
Shoulder	750
Collarbone - acromioclavicular separation	675
Ankle, Foot	600
Hand	525
Lower Jaw	450
Wrist	375
Elbow	300
One Finger, Toe	120

For a fracture or dislocation requiring an open reduction, your benefit would be 1½ times the amount shown.

Additional Features

- Waiver of Premium
- Worldwide Coverage

Optional Spouse and Dependent Coverage

You may cover one or all of the eligible dependent members of your family for an additional premium.

Medical Fees for Accidents Only

Doctor's Office or Urgent Care Facility Visit (Once per covered accident)	\$75
X-Ray and Other Diagnostic Imaging (Once per covered accident)	\$75
Emergency Room Visit (Once per covered accident)	\$150

Hospital Confinement Benefit or US Government Hospital Confinement Benefit for Accident or Sickness

- Up to 3 months

\$1,200/month (\$40/day)

Accidental Death and Dismemberment Benefits

- Accidental Death
- | | |
|------------|----------|
| Spouse | \$10,000 |
| Child(ren) | \$5,000 |
- Loss of a Finger or Toe

Single Dismemberment	\$500
Double Dismemberment	\$1,000
 - Loss of a Hand, Foot or Sight of an Eye

Single Dismemberment	\$750
Double Dismemberment	\$1,500
 - Accidental Death Common Carrier
- | | |
|------------|----------|
| Spouse | \$20,000 |
| Child(ren) | \$10,000 |

Here are some frequently asked questions about Colonial Life's disability insurance:

Will my disability income payment be reduced if I have other insurance?

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

When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform all of the material and substantial duties of your regular occupation; and
- Not engaged in any other employment or occupation for wage or profit; and
- Under the regular and appropriate care of a doctor.

When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or after your 70th birthday. The Hospital Confinement benefit increases when the Total Disability Benefit ends.

What is a pre-existing condition?

A pre-existing condition is when you have a sickness or physical condition for which you were treated, had medical testing, received medical advice, or had taken medication within 12 months testing, or before the effective date of your policy.

If you become disabled because of a pre-existing condition, Colonial Life will not pay for any disability period if it begins during the first 12 months the policy is in force.

EXCLUSIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by or are the result of: intoxication or drug addiction; aviation; giving birth as the result of a normal pregnancy, including elective Cesarean, in which conception occurred prior to the 30th day after the effective date of this policy; felonies or illegal jobs; having a pre-existing condition as described and limited by the policy; mental or emotional disease or disorder; committing or trying to commit suicide or injuring yourself intentionally; being exposed to war or any act of war or serving in the armed forces of any country or authority.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ED DIS 1.0-NJ. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

Colonial Life

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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 continue to pay your premiums when they are due.

Can my premium change?

You may choose the amount of coverage to meet your needs (subject to your income.) You can elect more or less coverage which will change your premium. Colonial Life can change your premium only if we change it on all policies of the same class in the state where your policy was issued.

What is a covered accident or a covered sickness?

A covered accident is an accident which:

- Occurs on or after the effective date of the policy;
- Occurs while the policy is in force;
- Is of a type listed on the Policy Schedule; and
- Is not excluded by name or specific description in the policy.

A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an accident which:

- Causes losses beginning while the policy is in force;
- Is diagnosed after the effective date of the policy;
- Is of a type listed on the Policy Schedule; and
- Is not excluded by name or specific description in the policy.