

Jefferson County Public Schools
Open Enrollment

Colonial Life[®]
Making benefits count



Axel Halvarson
Creative Employee Benefits

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Dear JCPS Employee:

Welcome to the Open Enrollment from Creative Employee Benefits, your local Colonial Life Insurance Team. Our team has been working with Jefferson County Public Schools for more than 25 years. We take great pride in working with the JCPS family and we would like to provide the same benefits to your family as we do for our own.

As an employee of the JCPS, you have the opportunity to enroll in voluntary insurance products through Colonial Life. These benefits can enhance your current benefits portfolio, and can be customized to fit your individual needs.

All products being offered:

- Pay regardless of insurance coverage you may have with another insurance company.
- Pay the insured unless you request otherwise.
- Are portable should you leave your job.

The following insurance plans will be offered during your open enrollment.

Disability Insurance replaces a portion of your income to help make ends meet if you are disabled due to a covered accident or covered sickness. *This means that you can protect up to 66 2/3rds of your monthly salary up to a maximum of \$3,000 a month.*

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.

Accident Insurance helps offset the unexpected medical expenses – such as emergency room fees, deductibles and co-payments – that can result from a covered accident.

Critical Illness Insurance complements your major medical coverage by providing a lump-sum benefit that 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 is designed to help you with the rising costs associated with a covered hospital confinement.

Life Insurance enables you to tailor coverage for your individual needs and helps provide security for your family members. *This year we are offering a Universal Life Insurance policy with a Long Term Care Rider for the first time.*

We encourage you to take some time reviewing the enclosed product information to see where Colonial Life can help you fill your insurance gaps.

We look forward to working with you in the near future. Please contact us at 502.238.7252 to determine a time that would be best for you.

A new enrollment option for 2010 is to call our local call center to enroll over the phone. Call toll free at 1-866-265-4019. Our call center will be staffed during normal business hours. If all lines are busy, please leave a message with your name, work location, phone number and a good time to call back.

Sincerely yours,

Creative Employee Benefits

Contact Information:

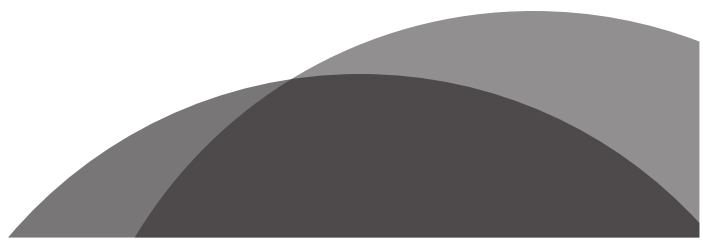
Axel Halvarson
Account Executive
Colonial Life

Jeff Harned
Assistant District Manager
Colonial Life



Disability Insurance

- * Please refer to page 8 for details concerning policy rates.
- * Please refer to the Disability Income Coverage Disclosure Statement on page 57 for complete details concerning this short-term disability policy.



Protect your income with *Short-Term Disability Protection from Colonial Life.*

You and your family rely on your income. So what would happen if you became ill or suffered a serious accident and were unable to work? Could you still pay everyday living expenses?

Disability 1000 Insurance

Colonial Life's Short-Term Disability Income Protection insurance replaces a portion of your income if you become unable to work because of a covered illness or injury. This income can help you continue paying:

- Mortgage or rent payments.
- Utility bills and other household expenses.
- Food, clothing and other necessities.
- Co-payments.
- Medical costs not covered under other plans.
- Travel and lodging expenses for treatment.

With Colonial Life's

Short-Term Disability Income Protection Insurance:

- 1 You're paid regardless of any other insurance you may have with other insurance companies.
- 2 Benefits are paid directly to you unless you specify otherwise.
- 3 You may choose the amount of your disability benefits to meet your needs, subject to income.
- 4 Your coverage is guaranteed renewable to age 70.¹
- 5 If you change jobs or leave your employer, you can take your coverage with you.
- 6 You're covered worldwide for up to 60 days.²
- 7 Waiver of Premium is included.

**26.2 million
disabling injuries were
reported in 2006; 3.7
million of those were
work related.**

Source: Injury Facts, National
Safety Council, 2008 edition

¹ Please refer to the "Renewability" section on the Disability Income Coverage Disclosure Statement included in this brochure.

² Please refer to the "Geographical Limitations" section of the Disability Income Coverage Disclosure Statement included in this brochure.

You and your family rely on your income. So what would happen if you became ill or suffered a serious accident and were unable to work? Could you still pay everyday living expenses?



Total Disability Definition

- Unable to perform the material and substantial duties of your job;
- Not, in fact, working at any job; and
- Under the regular and appropriate care of a doctor.

A disabling injury occurs every second.

Source: Injury Facts, National Safety Council, 2008 edition

Partial Disability* Definition

- You are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- You are able to work at your job or any other job for less than 20 hours per week;
- Your employer will allow you to work for less than 20 hours per week; and
- You are under the regular and appropriate care of a doctor.

** The total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.*

Pre-existing Condition

You have a pre-existing condition if you have a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months 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. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

Waiver of Premium

After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or covered sickness for more than 90 days while your policy is in effect, or after the elimination period, whichever is greater, we will waive the premium for this policy up to the maximum benefit period as long as you remain totally disabled.

The cost of unintentional injuries in 2006 was \$652.1 billion.

Source: Injury Facts, National Safety Council, 2008 edition

Please refer to the "What is not Covered by This Policy" section of the Disclosure Statement in this brochure.

Benefit Worksheet

For use by Colonial Life Benefits Representative

Flexible Benefit

Monthly Benefit Amount

Total Disability

On-Job Accident and On-Job Sickness Amount \$ _____

Off-Job Accident and Off-Job Sickness Amount \$ _____

Partial Disability (50% of Total Disability Amount)

Benefit Period Total Disability: _____ months

Partial Disability: 3 months

Elimination Period

Accident _____

Sickness _____

Premium Per Pay Period \$ _____ *The premium will vary based on benefits selected.*

Learn more about these and all of the benefits Colonial Life has to offer at coloniallife.com.

This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the Disclosure Statement within for complete details.

Applicable to policy form DIS1000. This brochure is not complete without the corresponding Disclosure Statement, including state variations where applicable.

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Making benefits count.

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

06/08

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

59188-4

Disability 1000 — KY

Optional Health Screening Rider

According to the most recent Centers for Disease Control and Prevention/National Center for Health Statistics computations, if all forms of major cardiovascular disease were eliminated, life expectancy would rise by almost seven years. If all forms of cancer were eliminated, the gain would be three years.

Source: 2007 Heart and Stroke Statistical Update - American Heart Association.

One way to reduce the risk of serious illness is through early detection with an annual health screening test.

Colonial Life's Health Screening Rider will provide a benefit if the covered person has one of the screening tests listed below while the rider and the policy to which it is attached are in force. This benefit is payable once per calendar year.

Health Screening Benefit **\$50.00**

- Blood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- 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
- Thermography

Please refer to the appropriate Outline of Coverage in this brochure for complete details.

To receive payment for your health screening benefit, it is not necessary to complete a claim form. Just call our toll-free customer service number, 1-800-325-4368, with the medical information, or visit www.coloniallife.com.

Colonial Life insurance is too valuable to lose just because you change employers. When you are covered under this plan, you may be able to keep this insurance with no increase in premium if you change employers.

Benefits Worksheet

Flexible Benefit

For use by Colonial Life Benefits Representative

Check one:

Employee

Benefit Amount: \$50.00
(payable once per calendar year for one covered person)

Premium Per Pay Period: \$ _____

SALARY SELECT LEVEL			Monthly Benefit Amount	Semi Monthly Premium			
3 Month Benefit 0/7 Elimination Period		AGES 17-49		AGES 50-69			
Annually	Hourly						
<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
\$ 8,000		\$ 3.85	\$ 400	\$ 6.20		\$ 7.20	
\$ 9,000		\$ 4.33	\$ 500	\$ 7.75		\$ 9.00	
\$ 11,000		\$ 5.29	\$ 600	\$ 9.30		\$ 10.80	
\$ 13,000		\$ 6.25	\$ 700	\$ 10.85		\$ 12.60	
\$ 15,000		\$ 7.21	\$ 800	\$ 12.40		\$ 14.40	
\$ 17,000		\$ 8.17	\$ 900	\$ 13.95		\$ 16.20	
\$ 18,000		\$ 8.65	\$ 1,000	\$ 15.50		\$ 18.00	
\$ 20,000		\$ 9.62	\$ 1,100	\$ 17.05		\$ 19.80	
\$ 22,000		\$ 10.58	\$ 1,200	\$ 18.60		\$ 21.60	
\$ 24,000		\$ 11.54	\$ 1,300	\$ 20.15		\$ 23.40	
\$ 26,000		\$ 12.50	\$ 1,400	\$ 21.70		\$ 25.20	
\$ 27,000		\$ 12.98	\$ 1,500	\$ 23.25		\$ 27.00	
\$ 29,000		\$ 13.94	\$ 1,600	\$ 24.80		\$ 28.80	
\$ 31,000		\$ 14.90	\$ 1,700	\$ 26.35		\$ 30.60	
\$ 33,000		\$ 15.87	\$ 1,800	\$ 27.90		\$ 32.40	
\$ 35,000		\$ 16.83	\$ 1,900	\$ 29.45		\$ 34.20	
\$ 36,000		\$ 17.31	\$ 2,000	\$ 31.00		\$ 36.00	
\$ 38,000		\$ 18.27	\$ 2,100	\$ 32.55		\$ 37.80	
\$ 40,000		\$ 19.23	\$ 2,200	\$ 34.10		\$ 39.60	
\$ 42,000		\$ 20.19	\$ 2,300	\$ 35.65		\$ 41.40	
\$ 44,000		\$ 21.15	\$ 2,400	\$ 37.20		\$ 43.20	
\$ 45,000		\$ 21.63	\$ 2,500	\$ 38.75		\$ 45.00	
\$ 47,000		\$ 22.60	\$ 2,600	\$ 40.30		\$ 46.80	
\$ 49,000		\$ 23.56	\$ 2,700	\$ 41.85		\$ 48.60	
\$ 51,000		\$ 24.52	\$ 2,800	\$ 43.40		\$ 50.40	
\$ 53,000		\$ 25.48	\$ 2,900	\$ 44.95		\$ 52.20	
\$ 54,000		\$ 25.96	\$ 3,000	\$ 46.50		\$ 54.00	
\$ 56,000		\$ 26.92	\$ 3,100	\$ 48.05		\$ 55.80	
\$ 58,000		\$ 27.88	\$ 3,200	\$ 49.60		\$ 57.60	
\$ 60,000		\$ 28.85	\$ 3,300	\$ 51.15		\$ 59.40	
\$ 62,000		\$ 29.81	\$ 3,400	\$ 52.70		\$ 61.20	
\$ 63,000		\$ 30.29	\$ 3,500	\$ 54.25		\$ 63.00	
\$ 65,000		\$ 31.25	\$ 3,600	\$ 55.80		\$ 64.80	
\$ 67,000		\$ 32.21	\$ 3,700	\$ 57.35		\$ 66.60	
\$ 69,000		\$ 33.17	\$ 3,800	\$ 58.90		\$ 68.40	
\$ 71,000		\$ 34.13	\$ 3,900	\$ 60.45		\$ 70.20	
\$ 72,000		\$ 34.62	\$ 4,000	\$ 62.00		\$ 72.00	
\$ 74,000		\$ 35.58	\$ 4,100	\$ 63.55		\$ 73.80	
\$ 76,000		\$ 36.54	\$ 4,200	\$ 65.10		\$ 75.60	
\$ 78,000		\$ 37.50	\$ 4,300	\$ 66.65		\$ 77.40	
\$ 80,000		\$ 38.46	\$ 4,400	\$ 68.20		\$ 79.20	
\$ 81,000		\$ 38.94	\$ 4,500	\$ 69.75		\$ 81.00	
\$ 83,000		\$ 39.90	\$ 4,600	\$ 71.30		\$ 82.80	
\$ 85,000		\$ 40.87	\$ 4,700	\$ 72.85		\$ 84.60	
\$ 87,000		\$ 41.83	\$ 4,800	\$ 74.40		\$ 86.40	
\$ 89,000		\$ 42.79	\$ 4,900	\$ 75.95		\$ 88.20	
\$ 90,000		\$ 43.27	\$ 5,000	\$ 77.50		\$ 90.00	



Cancer Insurance

- * Please refer to page 13 for details concerning policy rates.
- * Please refer to the Outline of Coverage (form C1000-O) on page 62 for complete details concerning this cancer policy.



Help protect yourself and your family from the high cost of cancer treatment with...

...Colonial Life's Cancer Insurance

The risk of developing cancer, unfortunately, is very real.

In the U.S., men have a 1 in 2 lifetime risk of developing cancer, and for women the risk is 1 in 3.¹ As serious as the threat of cancer may be, new and improved medical treatments are being introduced, and studies are showing that regular screening tests can detect some cancers in the early stages.¹

The five-year relative survival rate for screening-accessible cancers is about 86 percent.¹ If all Americans participated in regular cancer screenings, this rate could increase. But with high technology come high costs. The American Cancer Society reports that cancer costs Americans more than \$206 billion annually.¹ And much of that amount is considered indirect or hidden costs not covered by major medical plans.

Colonial Life's cancer coverage offers the protection you need to concentrate on what is most important — your care.

Features of Colonial Life's Cancer Insurance:

- 1 Pays regardless of any other insurance you have with other insurance companies.
- 2 Provides a cancer screening benefit that you can use even if you are never diagnosed with cancer.
- 3 Guaranteed renewable as long as premiums are paid when due.
- 4 Benefits paid directly to you unless you specify otherwise.
- 5 You can take your coverage with you even if you change jobs or leave your employer.
- 6 Flexible coverage options for employees and their families.

Indirect Costs You Pay:

Direct Costs Most Major Medical Plans Cover:

38%

- Hospital charges
- Surgeon fees
- Physician fees
- Medication and drug costs
- Radiological fees
- Nursing costs

62%

- Loss of wages or salary
- Deductibles or coinsurance
- Travel expenses to and from treatment centers
- Lodging and meals
- Child care

*This brochure highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.***

This brochure is not complete without the Outline of Coverage (form number C1000-O and state abbreviations where used).

We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force.

Cancer Screening Benefit Tests*

- Pap Smear
- ThinPrep Pap Test ²
- CA125 (Blood test for ovarian cancer)
- Mammography
- Breast Ultrasound
- CA 15-3 (Blood test for breast cancer)
- PSA (Blood test for prostate cancer)
- Chest X-ray
- Biopsy of Skin Lesion
- Colonoscopy
- Virtual Colonoscopy
- Hemoccult Stool Analysis
- Flexible Sigmoidoscopy
- CEA (Blood test for colon cancer)
- Bone Marrow Aspiration/Biopsy
- Thermography
- Serum Protein Electrophoresis (Blood test for Myeloma)

*See the Outline of Coverage for Cancer Screening Benefits payable, as well as exclusions and limitations of this coverage.

To file a claim for a Cancer Screening Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

Additional Invasive Diagnostic Procedure

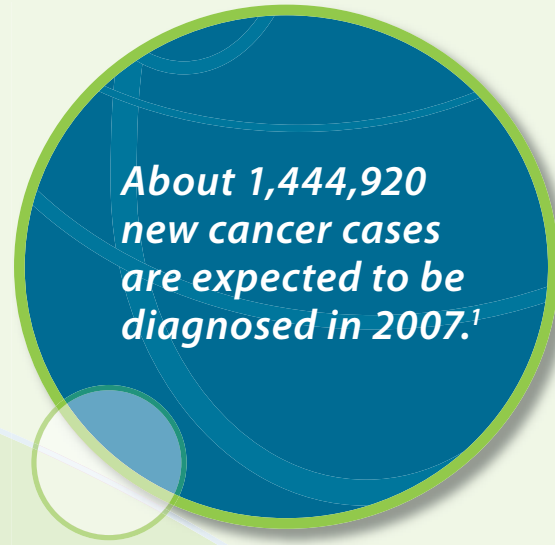
If abnormal results are received from a Cancer Screening Benefit test.

Inpatient Benefits

- Hospital Confinement
- Hospital Confinement in a U.S. Government Hospital
- Ambulance
- Air Ambulance
- Private Full-Time Nursing Services

Treatment Benefits (In-or Outpatient)

- Radiation/Chemotherapy
- Antinausea Medication
- Blood/Plasma/Platelets/Immunoglobulins
- Experimental Treatment
- Hair Prosthesis/External Breast/Voice Box Prosthesis
- Supportive/Protective Care Drugs and Colony Stimulating Factors
- Medical Imaging Studies
- Bone Marrow Stem Cell Transplant
- Peripheral Stem Cell Transplant



Transportation/Lodging Benefits

- Transportation
- Companion Transportation
- Lodging

Surgical Procedures Benefits

- Surgical Procedures (including skin cancer)
- Anesthesia (including skin cancer)
- Second Medical Opinion
- Reconstructive Surgery
- Prosthesis/Artificial Limb
- Outpatient Surgical Center

Extended Care Benefits

- Skilled Nursing Care Facility
- Family Care
- Hospice
- Home Health Care Service
- Waiver of Premium

Initial Diagnosis of Skin Cancer

We will pay this benefit for the first diagnosis of skin cancer.

¹Cancer Facts & Figures, American Cancer Society, 2007.

²ThinPrep is a registered trademark of Cytyc Corporation.

This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may not be available and may vary by state.

Benefit Worksheet

For use by Colonial Life Benefits Representative

Flexible Benefit

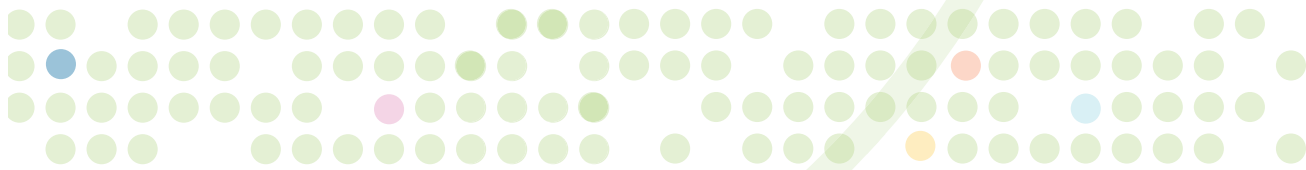
Coverage: (check one)

- Employee (Individual)
- Employee, Spouse and Dependent Children
(Two-Parent Family)
- Employee and Dependent Children
(One-Parent Family)

Premium per Pay Period \$ _____

Monthly Premium for Policy \$ _____

The premium will vary based on level of coverage and benefits selected.



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

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60307-4

Cancer 1000

Cancer 1000 Base Plan Monthly Premiums			
	Employee	Employee & Dependent Children	Employee, Spouse & Dependent Children
Level 3	26.50	30.00	45.00

Cancer 1000 Optional Riders Monthly Premiums			
	Employee	Employee & Dependent Children	Employee, Spouse & Dependent Children
Specified Disease	\$1.10	\$1.25	\$1.75
Initial Diagnosis per \$1000 of benefit	\$1.20	\$1.50	\$2.00
Progressive Payment	\$3.60	\$4.00	\$6.00

Applicable in AK, AL, AR, CO, DC, FL, HI, ID, IN, KY, LA, MI, MS, NC, ND, NE, OH, OR, RI, SC, TN, VT, WI

This information is only intended for proposal use with employers.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

2008 Colonial Life & Accident Insurance Company 1200 Colonial Life Boulevard, Columbia, South Carolina 29210



Accident Insurance

- * Please refer to page 20 for details concerning policy rates.
- * Please refer to the Outline of Coverage (Form Accident 1.0-HS-KY-R) on page 67 for complete details concerning this accident policy.

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.

Benefits listed are for each covered person per covered accident unless otherwise specified. See the attached outline of coverage for complete details.

Initial Care When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to a doctor's office, urgent care facility or the emergency room for x-rays or ride in an ambulance.

- Accident Emergency Treatment \$125
- X-ray Benefit \$30
- Ambulance \$200
- Air Ambulance \$2,000

Common Accidental Injuries

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocations (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle – Bone or Bones of the Foot (other than Toes)	\$880	\$1,760
Collarbone (Sternoclavicular)	\$550	\$1,100
Lower Jaw, Shoulder, Elbow, Wrist	\$330	\$660
Bone or Bones of the Hand	\$330	\$660
Collarbone (Acromioclavicular and Separation)	\$110	\$220
One Toe or Finger	\$110	\$220

Fracture	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Depressed Skull	\$2,750	\$5,500
Non-Depressed Skull	\$1,100	\$2,200
Hip, Thigh	\$1,650	\$3,300
Body of Vertebrae, Pelvis, Leg	\$825	\$1,650
Bones of Face or Nose (except mandible or maxilla)	\$385	\$770
Upper Jaw, Maxilla	\$385	\$770
Upper Arm between Elbow and Shoulder	\$385	\$770
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$330	\$660
Shoulder Blade, Collarbone, Vertebral Process	\$330	\$660
Forearm, Wrist, Hand	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220

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	Tendon/Ligament/Rotator Cuff	\$500 - one \$1,000 - two or more
Coma	\$10,000	Lacerations (based on size)	\$30 to \$500
Concussion	\$60	Ruptured Disc	\$500
Emergency Dental Work	\$75 Extraction \$300 Crown, Implant, or Denture	Torn Knee Cartilage	\$500
Eye Injury	\$300		

Children ages 5 to 14 account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments. The rate and severity of sports-related injury increases with a child's age.

2009 National Center for Sports Safety



In the U.S., a disabling injury takes place every second. The economic impact of these unintentional injuries amounted to \$684.4 billion in 2007. This is equivalent to about \$2,300 per capita.

Injury Facts, National Safety Council, 2009 Edition

Features of Colonial Life's Accident Insurance:

- Family coverage is available for your spouse and children.
- Your benefits are paid directly to you, unless specified otherwise.
- You're covered worldwide.
- This plan is portable; you can take it with you if you change jobs or retire.

You are paid benefits regardless of any other insurance you may have.

Surgical Care

If your covered accidental injury is serious enough to require surgical care or a transfusion, your Colonial Life policy can provide the following benefits:

- Surgery (cranial, open abdominal or thoracic) \$1,500
- Surgery (hernia) \$150
- Surgery (arthroscopic or exploratory) \$200
- Blood/Plasma/Platelets \$300

Transportation/Lodging Assistance

If a covered person must travel more than 50 miles to receive special treatment and confinement in a hospital for injuries received as the result of a covered accident, your Colonial Life policy provides benefits to help with transportation other than ambulance. Colonial Life will pay lodging costs for a hotel/motel for a family member or companion to accompany the covered person who is confined to a hospital that is more than 50 miles from his or her residence.

- Transportation \$500 per round trip up to 3 round trips
- Lodging (family member or companion) \$125 per night up to 30 days

Accident Hospital Care

Traditional health insurance policies may have per admission deductibles and co-payments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.

- Hospital Admission* \$1,250 per accident
- Hospital Confinement \$250 per day up to 365 days
- Hospital ICU Admission* \$2,500 per accident
- Hospital ICU Confinement \$500 per day up to 15 days per accident

* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.

Accident Follow-Up Care

You may require follow-up care once you are discharged from the emergency room, hospital or doctor's office. You may have to undergo physical therapy, use crutches or a wheelchair or even require the use of an artificial limb. If so, your Colonial Life policy provides the following benefits:

- Accident Follow-Up Doctor Visit \$50 (up to 3 visits per accident)
- Medical Imaging Study \$150 per accident (limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy \$25 per treatment up to 10 days
- Appliances \$100 (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, Catastrophic Accident and Accidental Death

For injuries received as a result of a covered accident that lead to an accidental dismemberment, or other specified catastrophic loss or death, this plan provides benefits that can help see you and your family through the loss.

Accidental Dismemberment

- Loss of Finger/Toe \$750 – one, \$1,500 – two or more
- Loss 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

- Named Insured
- Spouse
- Child(ren)

Accidental Death

- \$50,000
- \$50,000
- \$7,500

Common Carrier

- \$100,000
- \$100,000
- \$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

Benefit Worksheet

For use by Colonial Life Benefits Counselor

Flexible Benefit (Pre-tax)

Coverage: (check one)

- Employee Only Spouse Only One Child Only Employee/Spouse
 One-Parent Family, Employee One-Parent Family, Spouse Two-Parent Family

Plan: (check one) On and Off -Job Benefits Off -Job Only Benefits

Premium Per Pay Period \$ _____ *The premium will vary based on benefits selected.*

Learn more about these and all of the personal insurance products and services that Colonial Life offers at coloniallife.com.

This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the Outline of Coverage within for complete details.

Applicable to policy form Accident 1.0-HS-KY. This brochure is not complete without the corresponding Outline of Coverage form Accident 1.0-HS-O-KY.

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Accident and Sickness Disability Income Rider



Highlights of Colonial Life's

Accident and Sickness Disability Income Rider

- You're paid regardless of any other insurance you may have.
- Benefits are paid directly to you unless specified otherwise.
- The amount of the total disability benefit may be designed to fit your needs.
- Your coverage is guaranteed renewable to the policy anniversary date on or next following your 70th birthday.
- You're covered worldwide for up to 60 days.

Disability Definitions

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

When you consider both on- and off-job injuries, one disabling injury takes place every second.
*Source: Injury Facts, National Safety Council, 2008 edition.

Pre-Existing Condition

Pre-existing condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the rider. If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the rider is in force. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability. After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule

The rider has exclusions and limitations that may affect benefits payable. See the attached Outline of Coverage for full details.

The Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.

Colonial Life insurance is too valuable to lose just because you change employers. When you are covered under this plan, you may be able to keep this insurance with no increase in premium if you change employers.

Benefits Worksheet

For use by Colonial Life Benefits Counselor

Flexible Benefit

Check one:

Monthly Total Disability Benefit Amount

On-Job Accident and On-Job Sickness Amount: \$ _____

Off-Job Accident and Off-Job Sickness Amount:
Partial Disability (50% of Total Disability Amount) \$ _____

Elimination Period

Accident: _____

Sickness: _____

Benefit Period:

Total Disability _____

Partial Disability 3 months 3 months

Premium Per Pay Period: \$ _____

The premium will vary based on benefits selected.

Accident 1.0 Rates

Base Plans

Insured Type	Preferred with Health Screening
Named Insured	\$21.15
Employee & Spouse	\$28.97
One parent Family	\$32.67
Two Parent Family	\$40.48

Sickness Hospital Confinement Rider

Named Insured*	\$3.50
Employee & Spouse	\$7.00
One-Parent Family	\$5.50
Two-Parent Family	\$9.00

*Employee, Spouse or Child

Applicable to KY

This information is only intended for proposal use with employers.

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Critical Illness Insurance

- * Please refer to page 31 for details concerning policy rates.
- * Please refer to the Outline of Coverage (form CI-1.0-KY) on page 77 for complete details concerning this critical illness with cancer and health screening policy.

Help preserve your lifestyle with ...Colonial Life's Specified Critical Illness Insurance

Have you thought about the financial problems a critical illness can cause?

Did you know?

Nearly a third (32%) of Americans report that their family has had problems paying medical bills in the past year, with 18% reporting bills in excess of \$1,000.

- Kaiser Tracking Poll, 2008 – Kaiser Family Foundation

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.

This coverage is compatible with a Health Savings Account (HSA)

You may use this coverage in conjunction with a Health Savings Account, allowing even more flexibility when dealing with a serious illness.

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 Disease	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. Please see the definitions, exclusions and other details in the Outline of Coverage.

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 face amount as shown on the chart to the left for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount payable.

- **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 face amount as shown on the Outline of Coverage, up to the Maximum Benefit Amount payable. *(Critical illnesses that do not qualify are: Coronary Artery Disease 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

\$50 per covered person per Calendar Year

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.

No Lifetime Limit

- 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 – See the Outline of Coverage for a complete list of tests.

Did you know?

An estimated 1.2 million Americans will have a first or recurrent coronary attack this year.

Heart Disease and Stroke Statistics – 2009 Update, American Heart Association.

1 in 3 men and women has some form of cardiovascular disease.

Heart Disease and Stroke Statistics – 2009 Update, American Heart Association.

Benefits are only payable for conditions diagnosed when the policy is in force.

This brochure highlights the benefits of policy form CI-1.0 or CI-1.0-PL9 (including state abbreviations where used, such as CI-1.0-TX). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

This brochure is not complete without the Outline of Coverage, form number CI-1.0-O, and state abbreviations where used.

Specified Critical Illness Insurance

Colonial Life®
Making benefits count.

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

*Have you thought
about the financial
problems a critical
illness can cause?*

Even those of us who plan for the unexpected with life, disability and medical 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.

Did you know?

1 in 3 men and women has some form of cardiovascular disease.

Heart Disease and Stroke Statistics 2009 Update, American Heart Association

Nearly a third (32%) of Americans report that their family has had problems paying medical bills in the past year.

- Kaiser Tracking Poll, 2008 - Kaiser Family Foundation

Covered Specified Critical Illnesses

For this illness...	We will pay this percentage of the face amount:
Cancer	100%
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%
Carcinoma In Situ	25%

The Maximum Benefit Amount for this policy is 100% of the face amount for each covered person. We will not pay more than 100% of the face amount for all Specified Critical Illnesses combined. The policy will terminate when the Maximum Benefit Amount for Specified Critical Illness has been paid. Please see the definitions, exclusions and other details in the Outline of Coverage.

Cancer Vaccine Benefit

\$50 One payment per covered person per lifetime

We will pay this benefit if you or a covered family member incurs a charge for and receives any cancer vaccine that is FDA approved for the prevention of cancer, while your policy is in force. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness.

Benefits are only payable for conditions diagnosed when the policy is in force.

This brochure highlights the benefits of policy form CI-1.0 or CI-1.0-PL4 (including state abbreviations where used, such as CI-1.0-TX). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

This brochure is not complete without the Outline of Coverage, form number CI-1.0-O, and state abbreviations where used.

Health Screening Benefit

\$50 per covered person per Calendar Year

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.

No Lifetime Limit

- 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 – See the Outline of Coverage for a complete list of tests.

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Critical Illness 1.0				
Critical Illness + Health Screening Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.24	\$0.36	\$0.24	\$0.36
25-29	\$0.31	\$0.47	\$0.31	\$0.47
30-34	\$0.39	\$0.60	\$0.39	\$0.60
35-39	\$0.55	\$0.84	\$0.55	\$0.84
40-44	\$0.75	\$1.15	\$0.75	\$1.15
45-49	\$1.03	\$1.58	\$1.03	\$1.58
50-54	\$1.35	\$2.08	\$1.35	\$2.08
55-59	\$1.69	\$2.59	\$1.69	\$2.59
60-64	\$2.14	\$3.28	\$2.14	\$3.28
65-70	\$2.40	\$3.68	\$2.40	\$3.68
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.34	\$0.52	\$0.34	\$0.52
25-29	\$0.47	\$0.72	\$0.47	\$0.72
30-34	\$0.64	\$0.98	\$0.64	\$0.98
35-39	\$0.95	\$1.45	\$0.95	\$1.45
40-44	\$1.26	\$1.94	\$1.26	\$1.94
45-49	\$1.66	\$2.56	\$1.66	\$2.56
50-54	\$2.11	\$3.25	\$2.11	\$3.25
55-59	\$2.70	\$4.15	\$2.70	\$4.15
60-64	\$3.28	\$5.04	\$3.28	\$5.04
65-70	\$3.71	\$5.70	\$3.71	\$5.70
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

Proposal applicable to AL, AK, AR, DC, DE, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, NE, NV, OH, OK, OR, RI, SC, TN, WI, WY

This information is only intended for proposal use with employers.

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Critical Illness 1.0				
Critical Illness + Health Screening + Cancer Monthly Premiums				
Non-Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.40	\$0.62	\$0.57	\$0.79
25-29	\$0.60	\$0.93	\$0.77	\$1.09
30-34	\$0.81	\$1.24	\$0.98	\$1.41
35-39	\$1.04	\$1.60	\$1.21	\$1.77
40-44	\$1.36	\$2.09	\$1.52	\$2.25
45-49	\$1.83	\$2.81	\$2.00	\$2.98
50-54	\$2.60	\$3.99	\$2.76	\$4.16
55-59	\$3.22	\$4.95	\$3.39	\$5.12
60-64	\$4.33	\$6.66	\$4.50	\$6.82
65-70	\$4.77	\$7.33	\$4.94	\$7.50
Rates illustrated per unit. 1 unit=\$1,000				
Tobacco				
	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
17-24	\$0.58	\$0.89	\$0.74	\$1.05
25-29	\$0.91	\$1.40	\$1.07	\$1.56
30-34	\$1.32	\$2.02	\$1.48	\$2.19
35-39	\$1.78	\$2.74	\$1.95	\$2.91
40-44	\$2.26	\$3.48	\$2.43	\$3.64
45-49	\$2.95	\$4.53	\$3.12	\$4.70
50-54	\$4.06	\$6.23	\$4.22	\$6.40
55-59	\$5.17	\$7.94	\$5.33	\$8.10
60-64	\$6.66	\$10.23	\$6.83	\$10.40
65-70	\$7.39	\$11.35	\$7.55	\$11.52
Rates illustrated per unit. 1 unit=\$1,000				
Health Screening Benefit	Named Insured	Named Insured & Spouse	Named Insured & Dependent Children	Named Insured, Spouse & Dependent Children
	\$2.15	\$3.30	\$2.15	\$3.30

To calculate the monthly premium:

Multiply the unit premium amount by the number of units of critical illness coverage purchased; then add the flat amount per policy for the health screening benefit.

Proposal applicable to AL, AK, AR, DC, DE, HI, IA, ID, IL, IN, KY, LA, MI, MO, MS, NE, NV, OH, OK, OR, RI, SC, TN, WI, WY

This information is only intended for proposal use with employers.

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Hospital Confinement Indemnity Insurance

- * Please refer to page 37 for details concerning policy rates.
- * Please refer to the Outline of Coverage (form MB3000-KY on page 82 for complete details concerning this hospital confinement indemnity policy.

How will you cover all of your medical expenses?

As major medical plans move toward larger deductibles and higher co-payments, you may be left with more gaps to fill.

Colonial Life & Accident Insurance Company's Hospital Confinement Indemnity insurance plan can help you fill those gaps and help protect against those out-of-pocket expenses that occur when it comes to you or your family members' health care.

Benefits of this plan include:

● **Wellness Benefit**

Pays \$50 for one of the wellness tests listed below. Pays one test per calendar year for employee-only coverage; or two tests per calendar year combined for family coverage. This benefit helps reimburse you for part of the expense of tests you may normally have each year.

Blood test for triglycerides
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 or virtual colonoscopy
Fasting blood glucose
Flexible sigmoidoscopy
Hemoccult stool analysis
Mammography
Pap smear or thin prep pap

PSA (blood test for prostate cancer)
Serum protein electrophoresis (blood test for myeloma)
Serum cholesterol test for HDL and LDL
Stress test on a bicycle or treadmill
Thermography

To file your wellness claim, it is not necessary to complete a claim form. Call our toll-free Customer Service number at 800.325.4368.

The following benefits are payable due to a covered accident or covered sickness:

● **Outpatient Surgical Procedure Benefit**

Pays a lump-sum benefit when a covered person requires a surgical procedure and is not confined to the hospital at the time of the surgery. The procedure must be performed in a hospital or an ambulatory surgical center. Refer to the outline of coverage for the calendar year maximum and the list of covered procedures.

● **Hospital Confinement Benefit**

Pays a lump-sum benefit if any covered person is confined. This benefit can help you pay for the deductibles associated with a hospital confinement.

● **Rehabilitation Unit Benefit**

Pays \$100 per day up to 15 days per confinement with no more than 30 days per calendar year if any covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement.

● **Waiver of Premium Benefit**

Waives the premium for the policy and any attached riders once the named insured has been confined to a hospital for 30 continuous days. The premium is then waived as long as the confinement in a hospital or rehabilitation unit continues.

Based on a typical 2006 PPO plan design, the **typical American family of four would pay \$2,210** out of their own pocket through member cost-sharing.

Medical Index 2006, June 30, 2006



Consider the following:

The United States spent nearly **\$2 trillion** on health care in 2005. Spread over the population, this amounts to about **\$6,697 per person.**

Health Care Costs,
Kaiser Family Foundation, 2007

The average length of **hospital confinement** for adults under age 65 is **almost five days.**

Advance Data from Vital and Health Statistics,
National Center for Health Statistics,
"2004 National Hospital Discharge Survey,"
May 4, 2006

Wouldn't you feel better knowing that **you or your family have the added protection** that Colonial Life can provide to help fill those unexpected gaps?

With this plan:

- Benefits are paid directly to you, unless you specify otherwise.
- Your benefits are paid regardless of any other coverage you may have with other insurance companies.
- There is no lifetime maximum to any of the benefits under this policy.
- If you change jobs or leave your employer, you can take your coverage with you at no increase in premium.

Benefit Worksheet

For use by Colonial Life Benefits Representative

Coverage: (check one)

- For you (employee only)
- For you and your spouse
- For you and your dependent children
- For you, your spouse and your dependent children

Flexible Benefit

Premium per Pay Period \$ _____

Monthly Premium \$ _____

Learn more about these and all of the benefits Colonial Life has to offer at coloniallife.com.

This coverage has exclusions and limitations that may affect benefits payable. Coverage type and benefits vary by state and may not be available in all states. See the outline of coverage within for complete details.

Applicable to policy form MB3000. This brochure is not complete without the corresponding outline of coverage form MB3000-O, including state variations where applicable, for example, MB3000-O-TX.

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Medical Bridge_{SM} 3000
Plan 2 Benefit Amount Options & Monthly Premiums

	Hospital Confinement	Outpatient Surgery Tier 1	Outpatient Surgery Tier 2
CA	\$500	\$750	\$1,500
CC	\$1,500	\$750	\$1,500

Medical Bridge 3000
Plan 2 Monthly Premiums
Base Plan + Outpatient Surgical Procedures

Employee		
	CA	CC
17-49	\$15.60	\$26.40
50-59	\$21.55	\$36.55
60-64	\$28.15	\$47.65
65-74	\$35.30	\$59.80
Employee & Spouse		
	CA	CC
17-49	\$33.40	\$56.70
50-59	\$45.90	\$78.10
60-64	\$61.05	\$103.85
65-74	\$76.55	\$130.05
Employee & Dependent Children		
	CA	CC
17-49	\$26.45	\$45.05
50-59	\$32.00	\$54.40
60-64	\$39.20	\$66.80
65-74	\$49.15	\$83.65
Employee, Spouse & Dependent Children		
	CA	CC
17-49	\$40.45	\$68.65
50-59	\$52.10	\$88.60
60-64	\$66.30	\$112.60
65-74	\$83.00	\$141.00



Term Life Insurance

* Please refer to page 43 for details concerning policy rates.

Help your loved ones have the financial security and peace of mind they deserve with...

...Term Life Insurance

If the unexpected happened to you, would your family's quality of life be secure? Ask yourself...

- ...Would my family be able to meet immediate expenses such as funeral costs and outstanding medical bills?
- ...Would my spouse have enough money for our children's education? Mortgage payments? Other outstanding debts?

Term Life Insurance from Colonial Life & Accident Insurance Company (Colonial Life) offers a predictable way to provide peace of mind for you and your family. You can help protect your loved ones from unpaid debts, secure your children's education and goals, and ensure financial stability during high-need years.

Advantages of term life insurance

Economical

Purchase the full amount of coverage you need at a low initial cost (compared to cash value insurance) – for when your need for protection is the greatest.

Not Taxable to Beneficiaries

Provide a life insurance benefit that, in most instances, is free from income tax for the beneficiary.

Pure and Simple

Provide protection for short-term obligations, such as a car loan or mortgage.

Key features of Colonial Life's Term Life Insurance

- **Flexible Term Periods**

Three term coverage periods are available to fit your needs during more financially demanding years.

- **Level Death Benefit and Guaranteed Premiums**

For the term of the policy, your premiums will not increase and your death benefit will not decrease, unless you receive an accelerated death benefit. After the end of the selected term period, premiums will increase annually at a guaranteed rate based on your age.

- **Guaranteed Renewable**

Your policy is guaranteed renewable to age 95, as long as premiums are paid when due.

- **Convertible to Cash Value Plan**

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 Provision 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 Provision**

This benefit is automatically included in your policy. If you are diagnosed with a terminal illness (condition), you can request up to 75 percent of the policy's death benefit, not to exceed \$150,000. This benefit is included at no additional premium. 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. *(State variations exist for this benefit. Please refer to your policy for details.)*

- **Portability**

Your policy is portable, which means you can take it with you at the same premium if you change jobs or retire.

Yet, many Americans are not protected against the unexpected:

- 26 percent of families with dependent children can cover expenses for only a few months if a primary wage earner dies.¹
- 22 percent of families with dependent children admit they will have immediate trouble meeting everyday living expenses.¹

¹ LIMRA International, "Facts About Life" Fact Sheet, September 2007



Plan options

Available for you and your spouse

Choice of three plan options depending on the insured's age and the term period needed.

- **10-year level term:** Provides coverage for 10 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability.
- **20-year level term:** Provides coverage for 20 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability.
- **30-year level term:** Provides coverage for 30 years with guaranteed level premiums and may be renewed annually thereafter without evidence of insurability.

Optional coverage for your spouse and dependent children

Available at an additional cost

Your Spouse - Two Options

- **Term life policy:** Cover your spouse with a term life insurance policy that offers guaranteed premiums and level death benefits equivalent to those available to you – whether or not you buy a policy for yourself.
- **Term life rider:** Add a term rider for your spouse to your policy, up to a maximum death benefit of \$50,000. Two term period options are available: 10-year and 20-year (*20-year rider available with a 20- or 30-year term policy only*).

Your Dependent Children

- **Children's term life rider:** Add a term rider to your policy and cover all of your eligible dependent children with up to \$10,000 in coverage each – for one low premium.

Added protection with optional riders

Create a plan that meets your individual needs by adding one or more of these benefit riders to your term life insurance coverage for an additional cost:

- **Waiver of Premium Benefit 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.

- **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. 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.

56 percent of married parents with children under 18 believe they need additional life insurance.¹

See your Colonial Life benefits representative for additional information specific for your state.

This coverage contains limitations and exclusions that may affect benefits payable.

Term Life Insurance Worksheet

Primary

Name _____

Base Policy Term Period:

- 10 Year – Issue ages: 15-75
in WA: 15-70
- 20 Year – Issue ages: 15-65
in WA: 15-60
- 30 Year – Issue ages: 15-45

Age _____ Face Amount \$ _____

Tobacco/Nontobacco

Policy Premium \$ _____

Children's Term Rider* \$ _____
Issue ages: 14 days to 18 years
\$ _____ face amount

Spouse Term Rider – choose one: \$ _____
 10-year term
Issue ages: 15-65
\$ _____ face amount

20-year** term
Issue ages: 15-50
\$ _____ face amount

Accidental Death Benefit \$ _____
Issue ages: 15-65

Waiver of Premium Benefit \$ _____
Issue ages: 15-55

TOTAL PREMIUM \$ _____

Spouse

Name _____

Base Policy Term Period:

- 10 Year – Issue ages: 15-75
in WA: 15-70
- 20 Year – Issue ages: 15-65
in WA: 15-60
- 30 Year – Issue ages: 15-45

Age _____ Face Amount \$ _____

Tobacco/Nontobacco

Policy Premium \$ _____

Children's Term Rider* \$ _____
Issue ages: 14 days to 18 years
\$ _____ face amount

Accidental Death Benefit \$ _____
Issue ages: 15-65

Waiver of Premium Benefit*** \$ _____
Issue ages: 15-55

TOTAL PREMIUM \$ _____

Plan design availability may vary by age, by state and by employer option.

*The Children's Term Rider may be added to either the primary or spouse policy, not both.

**Not available with a 10-year term policy; primary insured must have a minimum 20-year term policy.

***Available for the spouse policy, subject to home office approval.

Exclusions and Limitations

If the insured commits suicide within two years (one year in CO and ND) from the issue date, whether he is sane or insane, we will not pay the death benefit. We will terminate this policy and return the premium 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. This policy has exclusions, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details, call or write your insurance agent or the company, whichever is applicable.

Product may vary by state.

Learn more about Colonial Life at coloniallife.com.



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Term Life 1000
Sample Monthly Premiums
10 Year Term Policy

Issue Age	\$10,000 Face Amount		\$25,000 Face Amount		\$50,000 Face Amount		\$75,000 Face Amount	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
25	\$5.13	\$5.74	\$6.83	\$8.35	\$9.67	\$12.71	\$12.50	\$17.06
35	5.13	6.17	6.83	9.42	9.67	14.83	12.50	20.25
45	6.48	9.88	10.21	18.69	16.42	33.38	22.63	48.06
55	9.83	20.12	18.58	44.29	33.17	84.58	47.75	124.88
65	19.58	35.67	42.96	83.17	81.92	162.33	120.88	241.50
75	55.20	74.87	132.00	181.17	260.00	358.33	388.00	535.50

Issue Age	\$100,000 Face Amount		\$200,000 Face Amount		\$300,000 Face Amount		\$500,000 Face Amount	
	Non tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non tobacco	Tobacco
25	\$15.33	\$21.42	\$25.00	\$37.00	\$34.50	\$51.50	\$54.83	\$83.17
35	15.33	25.67	25.00	43.00	34.50	59.00	54.83	95.67
45	28.83	62.75	48.67	88.50	67.75	122.00	110.25	200.67
55	62.33	165.17	105.67	192.00	134.25	262.75	221.08	435.25
65	159.83	320.67	224.50	354.33	281.00	513.00	465.67	852.33
75	516.00	712.67	567.17	725.83	754.25	1,050.25	1,254.42	1,747.75

Term Life 1000
Sample Monthly Premiums
20 Year Term Policy

Issue Age	\$10,000 Face Amount		\$25,000 Face Amount		\$50,000 Face Amount		\$75,000 Face Amount	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
25	\$5.22	\$5.90	\$7.04	\$8.75	\$10.08	\$13.50	\$13.13	\$18.25
35	5.53	7.07	7.81	11.67	11.63	19.33	15.44	27.00
45	7.66	12.33	13.15	24.81	22.29	45.63	31.44	66.44
55	13.24	23.83	27.10	53.56	50.21	103.13	73.31	152.69
65	28.94	45.24	66.35	107.10	128.71	210.21	191.06	313.31

Issue Age	\$100,000 Face Amount		\$200,000 Face Amount		\$300,000 Face Amount		\$500,000 Face Amount	
	Non tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non tobacco	Tobacco
25	\$16.17	\$23.00	\$27.50	\$40.83	\$38.00	\$57.50	\$60.67	\$93.17
35	19.25	34.67	33.50	63.33	47.50	89.50	76.50	146.50
45	40.58	87.25	72.00	140.83	103.25	203.75	169.42	336.92
55	96.42	202.25	168.00	303.83	241.00	441.75	399.00	733.58
65	253.42	416.42	403.17	614.33	578.00	895.00	960.67	1,489.00

**Term Life 1000
Sample Monthly Premiums
30 Year Term Policy**

Issue Age	\$10,000 Face Amount		\$25,000 Face Amount		\$50,000 Face Amount		\$75,000 Face Amount	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
25	\$5.55	\$7.07	\$7.88	\$11.67	\$11.75	\$19.33	\$15.63	\$27.00
35	6.29	8.92	9.73	16.29	15.46	28.58	21.19	40.88
45	9.85	14.70	18.63	30.75	33.25	57.50	47.88	84.25

Issue Age	\$100,000 Face Amount		\$200,000 Face Amount		\$300,000 Face Amount		\$500,000 Face Amount	
	Non tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non tobacco	Tobacco
25	\$19.50	\$34.67	\$33.50	\$59.17	\$46.00	\$82.50	\$74.00	\$134.83
35	26.92	53.17	49.00	100.83	70.75	143.75	115.25	236.92
45	62.50	111.00	116.50	217.50	171.50	317.75	283.17	526.92

**Term Life 1000
Sample Monthly Premiums
Optional Riders**

10-Year Spouse Term Rider						
Issue Age	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$2.13	\$4.25	\$5.31	\$6.38	\$8.50	\$10.63
35	2.28	4.57	5.71	6.85	9.13	11.42
45	5.08	10.17	12.71	15.25	20.33	25.42
55	12.68	25.37	31.71	38.05	50.73	63.42
65	31.17	62.33	77.92	93.50	124.67	155.83

20-Year Spouse Term Rider						
Issue Age	\$10,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$2.22	\$4.43	\$5.54	\$6.65	\$8.87	\$11.08
35	2.91	5.82	7.27	8.73	11.63	14.54
45	6.85	13.70	17.13	20.55	27.40	34.25

Accidental Death Benefit Rider Monthly Rate	
Per \$1,000 benefit	\$.08

Child's term rider	
\$1,000	\$.50
\$2,000	1.00
\$3,000	1.50
\$4,000	2.00
\$5,000	2.50
\$6,000	3.00
\$7,000	3.50
\$8,000	4.00
\$9,000	4.50
\$10,000	5.00



Universal Life Insurance

Life is always changing,
so you need life insurance that can change with it.

Universal Life Insurance

As time passes, we all face different challenges and opportunities – getting married, buying a home, having children. But with each stage of life, one thing stays the same: the need to protect the life you’re building for you and your loved ones.

Whatever stage of life you’re in, life insurance can help you secure your family’s future. With Colonial Life & Accident Insurance Company’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.

The Features of Universal Life Insurance

- **Provides a death benefit (to age 100) that can be paid to your beneficiaries tax-free.**
- **Offers flexible premiums and death benefit amounts.**
You can change your premium payments and/or death benefit amount to adapt to your changing needs and goals with every life stage, subject to IRS and underwriting guidelines.
- **Builds cash value at current credited interest rates.**
Cash value:
 - Is guaranteed to be credited at a minimum guaranteed interest rate of 4 percent.
 - Grows on a tax-deferred basis.
- **Offers two plan options from which to choose:**
 - Option A establishes a basic program of cash value life insurance – offers a level death benefit; builds cash value at current credited interest rates.
 - Option B offers a death benefit that increases as the policy’s cash value increases.
- **Provides access to the policy’s cash value when needed.**
 - You may borrow against your policy’s cash value or take cash withdrawals from the cash value if needed. But keep in mind that loans and withdrawals can reduce the cash value and death benefit and may even cause your policy to terminate.
- **Includes an Accelerated Death Benefit.**
 - Allows you to be advanced up to 75 percent of the death benefit, not to exceed \$150,000, upon diagnosis of a terminal illness of the insured. (State variations exist for this benefit. Please refer to your policy for details.)

The typical married couple would need to double its current coverage to meet the expert recommendation of having enough life insurance to replace income for 7 to 10 years.

- LIMRA, “Facts About Life” Fact Sheet, September 2007

It is important to remember that, as with any universal life policy, your policy’s projected cash value may change over time due to fluctuations in interest rates, changes in the cost of insurance, non-payment of premiums, or certain policy changes. We encourage you to maintain consistent premium payments and repay any outstanding loans in a timely fashion to help avoid an early termination of coverage under your policy.

To provide you with a valuable record of your policy activity, Colonial Life mails you a universal life annual report each year showing what you have paid, how much cash value you have, plus the status of any loans, interest credited, administrative charges and projected termination dates. Be sure to review the universal life annual report carefully.

More than 1 in 3 parents without life insurance say their children's college plans would end if their family's primary wage earner died.

- KRC Research, 2006, national telephone survey of Americans with children under age 18



Life insurance choices for your family

Available at an additional cost

● Your Spouse

- **Universal Life Policy:** Provide your spouse a universal life insurance policy with the same flexible features available to you – whether or not you buy a policy on yourself.
- **Spouse Term Rider:** Add term life insurance for your spouse to your policy.
 - Choose a death benefit from \$5,000 to \$50,000.
 - Choose to convert the term rider later to a cash value life insurance policy – without providing proof of good health – if the rider terminates before the spouse's 70th birthday.

● Your Children

- **Universal Life Policy for Each Eligible Child:**
 - Purchase a policy while children are young because premiums are lower.
 - They can keep the coverage even if health problems develop in the future.
 - Available whether or not you buy a policy on yourself.
 - Opportunity to increase coverage at the child's ages 18, 21 and 24 without providing proof of good health.
- **Children's Term Rider:**
 - Add term life insurance to your policy to cover all your eligible children for one premium.
 - Choose a death benefit from \$1,000 to \$10,000.
 - Choose to convert the term 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.

26 percent of families with dependent children **can cover expenses for only a few months if a primary wage earner dies.**

- LIMRA, "Facts About Life" Fact Sheet, September 2007

Additional Coverage Options

Help meet your individual needs by adding one or more of these optional riders to your universal life policy at an additional cost. Riders have limitations and exclusions that affect benefits payable and that may vary by state. Refer to the rider for your state for complete details.

● Accidental Death Benefit Rider

- Pays an additional benefit if you die as a result of an accidental bodily injury before age 70.
- 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 percent 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 seatbelt.

● Additional Coverage Term Rider

- Add 20-year level term coverage of up to 100 percent of your policy's death benefit.
- 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.
- Premiums remain level for the duration of the rider.

● Guaranteed Purchase Option Rider

- Increase your universal life coverage without providing proof of good health.
- Increase your coverage under your universal life policy at the second, fifth and eighth policy years or when specified life events occur.
- Premium determined by your age at the time of the increase and amount of insurance you choose.

● Waiver of Monthly Deductions Rider

- Waives all monthly deductions (cost of insurance for your universal life policy and any riders) if you become totally disabled before age 65 and you satisfy the six-month (180 days in MO) elimination period.
- Premiums waived by this provision don't have to be repaid.
- Your policy's cash value remains intact and continues earning interest.

Your Universal Life Benefits Outline

Name-Primary _____ Age _____ Tobacco / Nontobacco
 Name-Spouse _____ Age _____ Tobacco / Nontobacco
 Name-Juvenile _____ Age _____ Tobacco / Nontobacco*

	Primary	Spouse	Juvenile*
	<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
Initial Death Benefit	\$ _____	\$ _____	\$ _____
Cash Value at Age 65 Based on Guaranteed Rate of 4%	\$ _____	\$ _____	\$ _____
Death Benefit at Age 65 Based on Guaranteed Rate of 4%	\$ _____	\$ _____	\$ _____

**Only applies to full-time dependent students aged 18-24 who are issued an adult policy*

Your Universal Life Premiums

Policy Premium	<input type="radio"/> Weekly	\$ _____	\$ _____	\$ _____
	<input type="radio"/> Monthly			
Spouse Term Rider		\$ _____	\$ _____	
\$ _____ Death Benefit				
Children's Term Rider		\$ _____	\$ _____	
\$ _____ Death Benefit				
Accidental Death Benefit Rider		\$ _____	\$ _____	\$ _____
Additional Coverage Term Rider		\$ _____	\$ _____	\$ _____
\$ _____ Death Benefit				
Guaranteed Purchase Option Rider		\$ _____	\$ _____	\$ _____
Waiver of Monthly Deductions Rider		\$ _____	\$ _____	\$ _____
TOTAL PREMIUM		\$ _____	\$ _____	\$ _____

This worksheet assumes that illustrated interest and cost of insurance rates remain unchanged. Current interest rates may be changed by the company on a monthly basis. Current cost of insurance rates is lower than or equal to the maximum cost of insurance rates for your current age. We cannot change your rates due to a deterioration of your health. Any rate change must be made on everyone your age in your state.

This brochure is applicable to policy forms ICC07-UL1000 / UL1000 and rider forms ICC07-R-UL-ACDTH / R-UL-ACDTH, ICC07-R-UL-ACR / 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-UL-WOMD and applicable state versions.

Exclusions and Limitations

If the insured commits suicide within two years (one year in Missouri and North Dakota) from the coverage effective date or the date of reinstatement (not applicable in Louisiana), whether he is sane or insane, 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, within two years (one year in Missouri and North Dakota) 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, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company.



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Long-Term Care and Restoration of Benefits Riders



Help preserve your independence and assets with Colonial Life's Optional Long-Term Care Benefit Rider

Long-term care costs, like most health care costs, are rising quickly. Purchasing coverage while you're in good health gives you access to long-term care benefits if you need them. At the same time, you may be able to maintain more control of your personal finances.

How much does long-term care really cost?

Many people greatly underestimate the real cost of long-term care. Seniors underestimate the cost of long-term care by 100 percent – estimating around \$35,000 a year when the national average is closer to \$70,000 per year for nursing home care.¹

Nursing Homes	Assisted Living Facilities	Home Care
Private room: \$70,912/year or \$194/day	Private one-bedroom unit: \$32,294/year or \$88.50/day	Home health aides: \$25.32/hour For 4 hours of home care per day: \$36,967/year or \$101.28/day

Genworth "Cost of Care" survey, 2006.

In addition to underestimating the cost, 59 percent of Americans over age 45 incorrectly believe that Medicare will pay for an extended nursing home stay.²

And long-term care benefits are not just for the elderly. Approximately 40 percent of people who use long-term care services are working-aged adults. They may have been in an accident, suffered a chronic illness or had a stroke.²

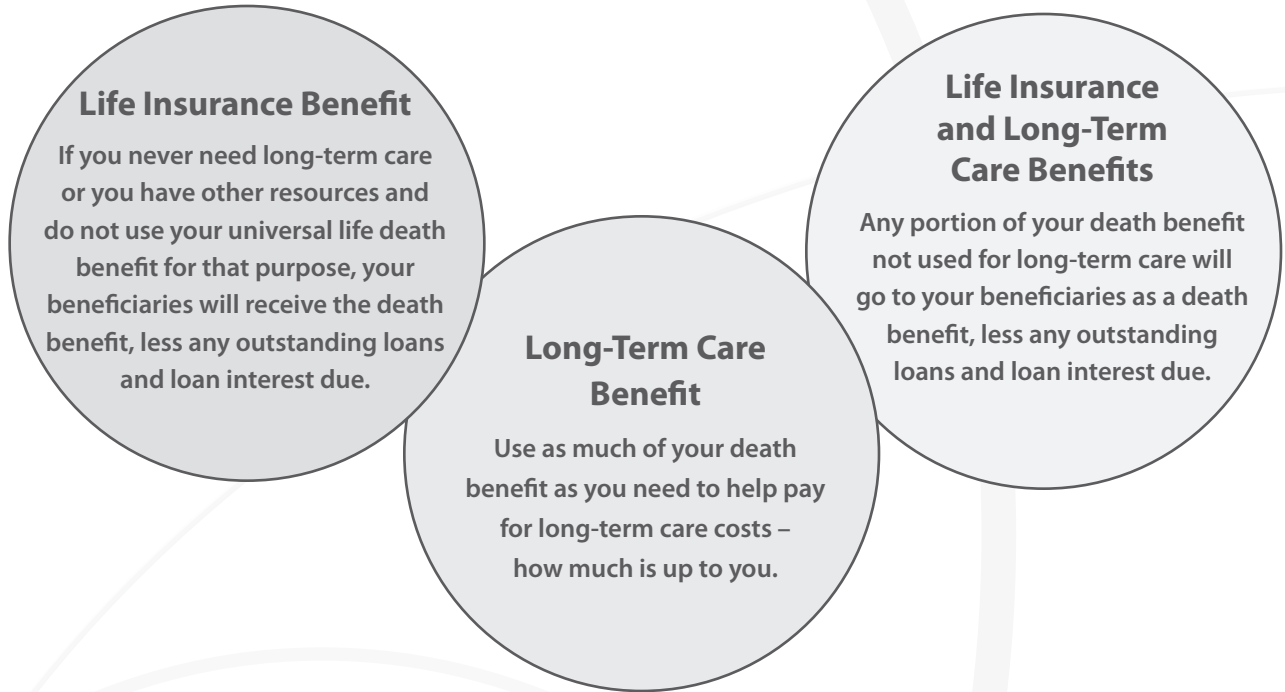
About one out of four U.S. households is involved in the care of an older relative or friend.

Society for Human Resource Management, "2006 Benefits Survey Report," June 2006.

Two kinds of protection

Purchasing Colonial Life & Accident Insurance Company's Long-Term Care Benefit Rider on your Colonial Life Universal Life policy provides you with two kinds of insurance protection in one convenient policy – life insurance benefits and long-term care benefits.

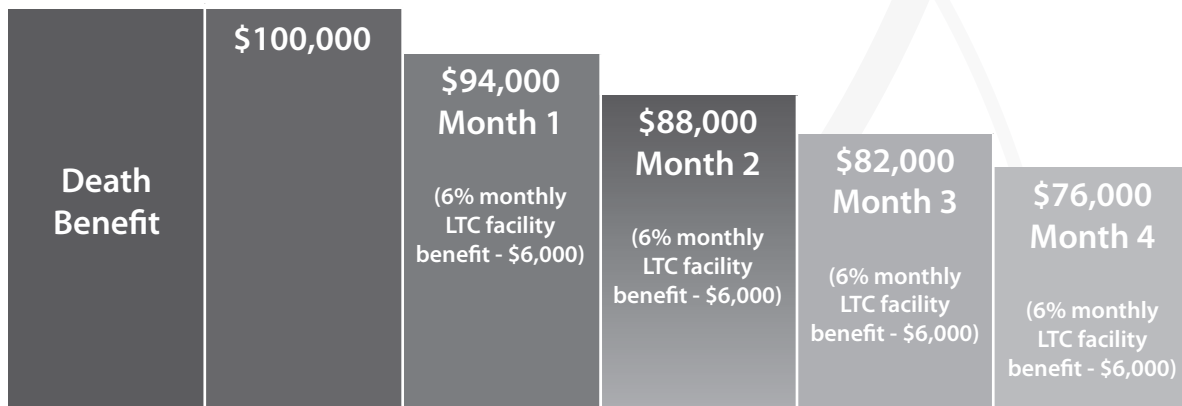
This approach allows you to use your policy's death benefit in different ways:



How does it work?

Colonial Life's Long-Term Care Benefit Rider advances a portion of your universal life policy's death benefit to provide monthly payments for qualified long-term care services needed because of a chronic illness, serious accident, sudden illness or cognitive impairment. *(The insured must be unable to perform at least two of the six Activities of Daily Living (ADLs) or require substantial supervision due to severe cognitive impairment to receive benefits under this rider. Please see your Outline of Coverage or benefits representative for complete details.)*

Example showing effect on a universal life policy death benefit when receiving monthly long-term care facility benefits under the rider:



With long-term benefits, you can help preserve your savings and assets and have more choice in where you receive your qualified long-term care services. It provides coverage for various care settings – including the home.

Note: In addition to reducing the death benefit, long-term care benefits under this rider will also proportionally reduce the policy's fund value, indebtedness, amount available for loans and withdrawals, surrender charges, and amount available for advance of the death benefit under any provision of the policy or any rider other than this rider.

Death Benefit Advances

The amount of the monthly death benefit advance is based on the care setting:

Care Setting	Monthly Benefit*
LTC Facility, such as a nursing home	6% of Death Benefit
Assisted Living Facility	6% of Death Benefit
Home Health Care Agency or Licensed Home Health Care Professional	4% of Death Benefit
Adult Day Care	4% of Death Benefit

Built-in Waiver of Monthly Deductions benefit waives all monthly deductions made on the universal life policy while long-term care benefits are being paid under the rider.

**Monthly benefit for each benefit period, less any policy loans, as of the end of the 90-day elimination period. Amount of monthly benefit may vary by state and may not be available in all states. See the Outline of Coverage within for complete details.*

Restore your death benefit with the Restoration of Benefits Rider

Concerned about depleting your universal life insurance death benefit? You may purchase a Restoration of Benefits Rider along with the Long-Term Care Benefit Rider. This additional rider automatically restores your death benefit on a monthly basis when a long-term care benefit is paid. The maximum restoration amount is equal to your policy's death benefit, so the rider will fully restore the death benefit one time.

	Month 1	Month 2	Month 3	Month 4
Death Benefit Before LTC Benefit	\$100,000	\$100,000	\$100,000	\$100,000
6% Monthly LTC Facility Benefit	- \$6,000	- \$6,000	- \$6,000	- \$6,000
Remaining Restoration Benefit	\$94,000	\$88,000	\$82,000	\$76,000
Restoration Benefit	+ \$6,000	+ \$6,000	+ \$6,000	+ \$6,000
Death Benefit After Restoration Benefit	\$100,000	\$100,000	\$100,000	\$100,000

Purchasing this additional rider allows you to use your long-term care benefits if you need them and help you protect your beneficiaries. Even if you use 100 percent of your death benefit for qualified long-term care services, your universal life death benefit will not be affected.

*Combination life insurance and
long-term care coverage –
a convenient, cost-effective way
to help protect your loved ones.*

¹Press release: "Nation's Insurance Commissioners Help Consumers Cope With Cost, Confusion Regarding Health Insurance," June 19, 2006, National Association of Insurance Commissioners, 2006 NAIC survey

²American Association of Homes and Service for the Aging, "Aging Services: The Facts," http://www2.aahsa.org/aging_services/default.asp#2, last updated: 11/30/2007

**Learn
more about
Colonial Life at
coloniallife.com**

This coverage has exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See the Outline of Coverage within for complete details.

Applicable to rider forms R-UL-LTC and R-UL-RB. This brochure is not complete without the corresponding Outlines of Coverage forms R-UL-LTC-O and R-UL-RB-O, including state variations where applicable; for example, R-UL-LTC-O-TX and R-UL-RB-O-TX.

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Making benefits count.

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Outlines of Coverage

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202 • (800) 325-4368
DISABILITY INCOME COVERAGE DISCLOSURE STATEMENT
(Applicable to Policy Form DIS 1000-KY)

Read your policy carefully. This disclosure provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

Renewability. Your policy is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued. *Policy anniversary date* occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your policy is designed to provide coverage for disabilities that result from covered accidents or covered sicknesses subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided by the Policy. We will pay the total disability benefit shown in the Policy Schedule if you become totally disabled and are totally disabled longer than the elimination period as the result of a covered accident or covered sickness while the policy is in force.

If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

If you do not have a job when you become totally disabled, we will pay the total disability benefit only as long as you are confined to your place of residence and surrounding area and cannot perform two of five Activities of Daily Living and you are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability in the Policy Schedule, except as described in the Geographical Limitations provision, for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a partial disability benefit or a total disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability. If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown in the Policy Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of 10 calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive total or partial disability benefits.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Policy Schedule.

Time Limits

After the policy has been in force for 12 months from the effective date of the policy, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown in the Policy Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the policy when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown in the Policy Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- You do not send us satisfactory proof of loss when we request it; or
- You notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by specific name or specific description in the policy.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words in the Policy

Activities of Daily Living mean the following:

1. Dressing – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
2. Transferring – the ability to move in or out of a chair or bed
3. Eating – the ability to get nourishment into the body once it has been prepared
4. Preparing meals
5. Toileting – the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing

A *covered accident* is an accident which:

- occurs after the effective date of the policy;
- is of a type listed on the Policy Schedule;
- occurs while the policy is in force; 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 injury, which:

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

A *doctor* means a person, other than you or a family member, who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For the purposes of this definition, *family member* means your spouse, son, daughter, mother, father, sister or brother.

Elimination period means the period of time during which no benefits are payable, as shown in the Policy Schedule.

Material and substantial duties of your job are defined as those job duties which:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different work site or in a different building.

Off-job accident means an accident that occurs while you are not working at any job for pay or benefits.

Off-job sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-job accident means an accident that occurs while you are working at any job for pay or benefits.

On-job sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or any other job for less than 20 hours per week;
- your employer will allow you to work for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing condition means your having a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the policy.

Recurrent disability means your becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related condition. The latter disability will be considered a recurrent disability.

Totally disabled means you are:

- unable to perform the material and substantial duties of your job;
- not in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the regular and appropriate care of a doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) which disable(s) you.

What Is Not Covered by the Policy

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

- addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor;
- operating, learning to operate, or serving as a crew member of or jumping or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or any similar activities;
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- having a pre-existing condition as described and limited by the policy;
- having a psychiatric or psychological condition including, but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202 (800) 325-4368

HEALTH SCREENING RIDER

OUTLINE OF COVERAGE (Applicable to Rider Form R-HSR, including state abbreviations where applicable)

THIS RIDER IS NOT A MEDICARE SUPPLEMENT RIDER

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

- Alaska
Alabama
Arkansas
Arizona
Colorado
Connecticut
Delaware
District of Columbia
Georgia
Hawaii
Iowa
Illinois
Indiana
Kentucky
Louisiana
Maryland
Maine
Michigan
Minnesota
Mississippi
Montana
North Carolina
North Dakota
Nebraska
New Jersey
New Mexico
Ohio
Oklahoma
Oregon
Pennsylvania
South Dakota
Tennessee
Utah
Vermont
Washington
West Virginia
Wyoming

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. This coverage is guaranteed renewable for life as long as the policy to which it is attached is in force and premiums are paid when they are due. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued.

Coverage Provided by the Rider. The rider is designed to provide coverage ONLY for the benefit listed below. This coverage is subject to any limitations or exclusions.

Health Screening Amount: \$50/YEAR

We will pay this benefit if one of the covered persons has one of the health screening tests defined in this outline performed after the waiting period. This benefit is payable once per calendar year. There is no limit to the number of years a covered person can receive benefits for health screening tests, as long as the rider and the policy to which it is attached are in force.

Important Words in the Rider

Health Screening Test means blood test for triglycerides, bone marrow testing, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest X-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemoccult 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 or thermography.

Waiting Period means the first 30 days following the effective date of the rider.

R-HSR-O



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

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Cancer 1000 Level 3 Benefit Chart and Outline of Coverage

(Form Number C1000-O and State Abbreviations where used)

We will pay benefits if certain routine cancer screening tests are performed or if cancer is diagnosed after the waiting period and while your policy is in force, and if the cancer or treatment is not excluded by name or specific description in the policy.

This policy has limitations that may affect benefits payable. Most benefits require that a charge be incurred. See the attached Outline of Coverage for complete details of benefits, exclusions and limitations. Policy may not be available in all states and may vary by state.

Cancer Screening Benefits

■ Part I. Cancer Screening/Wellness Benefits per calendar year per insured person		\$100
<ul style="list-style-type: none"> • Pap Smear • ThinPrep Pap Test • CA125 (Blood test for ovarian cancer) • Mammography • Breast Ultrasound • CA 15-3 (Blood test for breast cancer) • PSA (Blood test for prostate cancer) • Chest X-ray • Biopsy of Skin Lesion 	<ul style="list-style-type: none"> • Colonoscopy • Virtual Colonoscopy • Hemocult Stool Analysis • Flexible Sigmoidoscopy • CEA (Blood test for colon cancer) • Bone Marrow Aspiration/Biopsy • Thermography • Serum Protein Electrophoresis (Blood test for Myeloma) 	

To file a claim for a Cancer Screening/Wellness Benefit test, it is not necessary to complete a claim form. Call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

■ Part II. Additional Invasive Diagnostic Procedure (as a result of an abnormal cancer screening test as shown in Part I) per calendar year per insured person	\$100
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Cancer Benefits

■ Inpatient Benefits	
Hospital Confinement, Days 1-30, per day	\$300
Hospital Confinement, Days 31+, per day	\$600
Hospital Confinement in a US Government Hospital Days 1-30, per day	\$300
Hospital Confinement in a US Government Hospital Days 31+, per day	\$600
Ambulance per trip, limit 2 trips per confinement	\$200
Air Ambulance per trip, limit 2 trips per confinement	\$1,000
Private Full Time Nursing Services per day	\$150

This chart highlights the benefits of policy form C1000 (including state abbreviations where used). This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY. **This chart is not complete without the attached Outline of Coverage (form number C1000-O and state abbreviations where used).**

THIS IS A CANCER-ONLY POLICY.

■ Treatment Benefits (In- or Outpatient)	
Radiation/Chemotherapy per day for the day administered or for the day prescription filled or pump filled up to monthly maximum shown below. <u>Monthly Maximums:</u> Injected by Medical Personnel: no monthly limit Self Injected: \$2,400 Pump: \$1,200 Topical: \$1,200 Oral: \$1,200 Any Other Method Not Listed: \$1,200	\$300
Antinausea Medication per day administered or per day prescription filled subject to monthly maximum below – Monthly Maximum: \$200	\$50
Blood/Plasma/Platelets/Immunoglobulins per day – up to \$10,000 per calendar year	\$200
Experimental Treatment per day – up to \$10,000 per lifetime	\$300
Hair/External Breast/Voice Box Prosthesis per calendar year	\$200
Supportive or Protective Care Drugs & Colony Stimulating Factors, per day – up to \$1,200 calendar year maximum	\$150
Medical Imaging Studies per study – up to \$500 calendar year maximum	\$250
Bone Marrow Stem Cell Transplant per lifetime	\$10,000
Bone Marrow Stem Cell Donation Benefit per lifetime	\$1,000
Peripheral Stem Cell Transplant per lifetime	\$5,000

■ Transportation/Lodging Benefits	
Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Companion Transportation (\$ per mile) – up to \$1,500 maximum per round trip	0.50
Lodging per day up to 70 days per calendar year	\$75

■ Surgical Procedures Benefits	
Surgical Procedures-Unit Value – up to \$5,000 maximum per procedure	\$60
Anesthesia Benefit for General Anesthesia Anesthesia Benefits for local anesthesia , \$40 per procedure	25% of benefit paid for surgical procedure
Second Medical Opinion (limit once per malignant condition)	\$300
Reconstructive Surgery unit value – up to \$3,000 maximum per procedure for Surgery and Anesthesia, limit 2 per site	\$60
Prosthesis/Artificial Limb per device, limit 1 per site – up to \$6,000 lifetime maximum	\$3,000
Outpatient Surgical Center per day – up to \$900 calendar year maximum	\$300

■ Extended Care Benefits	
Skilled Nursing Care Facility per day up to days confined in hospital	\$100
Family Care per day	\$60
Hospice per day, no lifetime limit	\$70
Home Health Care Services per day up to greater of 30 days/per calendar year or 2 times number of days confined in hospital	\$75
Waiver of Premium	Yes

■ Initial Diagnosis of Skin Cancer (Once per Lifetime)	\$300
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COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202
1-800-325-4368

SPECIFIED DISEASE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form C1000, including state abbreviations where applicable)

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Read your policy carefully. This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

Renewability. Your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued.

Cancer. Your policy is designed to provide coverage ONLY for cancer and cancer screening procedures, subject to any limitations in your policy. The policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

This policy provides benefits if the first date of diagnosis of cancer or the performance of a cancer screening test occurs: while your policy is in force; after the waiting period has been satisfied; and if the cancer or treatment is not excluded by name or specific description in the policy. Drugs received for the treatment of cancer must be approved by the United States Food and Drug Administration and treatment for cancer must be received within the United States. If the first date of diagnosis of your cancer is before the end of the waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years. Any cancer screening test performed before the end of the waiting period will not be covered. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will only pay benefits for the treatment of cancer performed during the 45 day period before your death.

CANCER SCREENING BENEFITS

**Cancer Screening/
Wellness Benefit - Part I** **\$100/year**

We will pay this benefit once per calendar year for each insured that has a covered cancer screening test performed. We will pay this benefit regardless of the results of the test. No lifetime limit.

**Cancer Screening/
Wellness Benefit - Part II** **\$100/year**

We will pay this benefit for each insured that incurs charges for and has an additional invasive diagnostic procedure performed as the result of an abnormal cancer screening test as shown in Part I. Invasive diagnostic means a diagnostic test which requires an incision or an insertion of an instrument into the body. We will pay this benefit regardless of the outcome of tests in Part II. No lifetime limit.

CANCER BENEFITS

AIR AMBULANCE **\$1,000/trip**

We will pay this benefit if you incur charges for a professional air ambulance to transport you on the advice of a doctor to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

AMBULANCE **\$200/trip**
We will pay this benefit if you incur charges for and are transported by a professional ambulance service to or from a hospital where you are confined as an inpatient for the treatment of cancer. No lifetime limit other than two trips each time you are confined as an inpatient for the treatment of cancer.

ANESTHESIA **25% of the amount of the Surgery benefit paid;**
Local anesthesia: \$40/procedure
We will pay 25% of the amount of the surgery benefit paid if you incur charges for and receive general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist during a surgical procedure performed for the treatment of cancer. If you receive and incur charges for local anesthesia during a surgical procedure performed for the treatment of cancer, we will pay the amount indicated above. If you have more than one surgical procedure performed at the same time, we will pay the benefit for the procedure performed which has the highest dollar value. No lifetime limit.

ANTINAUSEA MEDICATION **See below**
\$50/day up to **\$200/month** for medication administered in a doctor's office, clinic or hospital;
\$50/day up to **\$200/month** for each day you have a prescription filled
We will pay this benefit if you incur charges for medication that is prescribed by your doctor for nausea as a result of radiation and/or chemotherapy treatments. We will only pay one antinausea medication benefit per day, regardless of the number of medications you receive in the same day. No lifetime limit.

**BLOOD/PLASMA/
PLATELETS/
IMMUNOGLOBULINS** **\$200/day, up to \$10,000/calendar year**
We will pay this benefit for each day you incur charges for and receive a transfusion of blood/plasma/platelets/immunoglobulins during the treatment of cancer. No lifetime limit.

**BONE MARROW STEM
CELL TRANSPLANT** **See below**
\$10,000/lifetime if you incur charges for and receive a bone marrow stem cell transplant for the treatment of cancer
\$ 1,000/lifetime if you incur charges for bone marrow stem cell donation in connection with the transplant procedure
We will pay these benefits only once per lifetime for each insured. Benefits for a peripheral stem cell transplant are only available under the Peripheral Stem Cell Transplant benefit.

COMPANION TRANSPORTATION **\$0.50/mile up to \$1,500 per round trip**
We will pay this benefit for one companion to accompany you to another city (more than 50 miles one way from the city where you live) where you are receiving treatment for internal cancer on the advice of a doctor. We will pay this benefit if your companion incurs charges for commercial travel (train, plane, or bus) to and from this destination or for non-commercial travel (use of personal car). If the Air Ambulance or Transportation benefit is paid, the Companion Transportation benefit will not exceed the greater of the other two benefits paid. If you and your companion travel together in a personal car, we will only pay the Transportation benefit or the Companion Transportation benefit, but not both. No lifetime limit.

EXPERIMENTAL TREATMENT **\$300/day; up to lifetime maximum of \$10,000**
We will pay this benefit if you incur charges for receiving hospital, medical or surgical care in connection with experimental treatment of internal (not skin) cancer prescribed by a physician. Treatment must be received in an experimental cancer treatment program within the United States. Payment of this benefit is in place of payment of any other benefit for the same covered treatments.

FAMILY CARE **\$60/day**
We will pay this benefit for each day your insured child incurs charges for receiving treatment for internal (not skin) cancer on an inpatient or outpatient basis from a licensed medical practitioner. This benefit is paid in addition to any other applicable benefits. Self-administered treatment or treatment within the home is excluded. No lifetime limit.

**HAIR/EXTERNAL BREAST/
VOICE BOX PROSTHESIS** **\$200/calendar year**
We will pay this benefit if you incur charges for receiving a Hair, External Breast, or Voice box Prosthesis needed as a direct result of cancer. No lifetime limit.

HOME HEALTH CARE SERVICES \$75/day

We will pay this benefit if you incur charges for and receive covered services provided by a home health agency when required by your doctor instead of confinement in a hospital. We will pay the greater of: 1) 30 days per calendar year; or 2) twice the number of days you were confined to a hospital during a calendar year for the treatment of cancer. We will not pay this benefit for housekeeping services, childcare or food services other than dietary counseling. No lifetime limit.

HOSPICE \$70/day

We will pay this benefit for each day you incur charges for and receive covered care provided by a hospice as the result of cancer. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you, and you are expected to live for 6 months or less. We will not pay this benefit if you are confined to a hospital, to a U.S. Government Hospital or to a skilled nursing care facility. No lifetime limit.

HOSPITAL CONFINEMENT \$300/day for first 30 days; \$600/day for 31st day thereafter

We will pay this benefit if you incur charges for confinement to a hospital (including intensive care) for the treatment of cancer. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. We will not pay this benefit if you are confined to a U.S. Government Hospital. No lifetime limit.

HOSPITAL CONFINEMENT IN A U.S. GOVERNMENT HOSPITAL \$300/day for first 30 days; \$600/day for 31st day thereafter

We will pay this benefit if you are confined to a U. S. Government Hospital (including intensive care) for the treatment of cancer. This benefit is payable in place of all other benefits except: Cancer Screening, Air Ambulance, Ambulance, Companion Transportation, Family Care, Hair Prosthesis/External Breast Prosthesis/Voice Box Prosthesis, Lodging, Skilled Nursing Care Facility, Skin Cancer Initial Diagnosis, Transportation, and Waiver of Premium. If less than 30 days separates periods of confinement, we will consider second and subsequent periods to be continuations of the prior period. No lifetime limit.

LODGING \$75/day up to 70 days per calendar year

We will pay this benefit for each day that you or your adult companion incurs charges for lodging while you are being treated for cancer more than 50 miles from your residence. No lifetime limit.

MEDICAL IMAGING STUDIES \$250/study up to \$500 per calendar year

We will pay this benefit if you incur charges for having a covered medical image study performed that was prescribed by your doctor for the treatment of internal (not skin) cancer and performed after the initial diagnosis of cancer. No lifetime limit.

OUTPATIENT SURGICAL CENTER \$300/day up to \$900 per calendar year

We will pay this benefit if you incur charges for having surgery performed at an outpatient surgical center for the treatment of internal (not skin) cancer. This does not include surgery in the emergency room or while confined to the hospital. No lifetime limit.

PERIPHERAL STEM CELL TRANSPLANT \$5,000/lifetime

We will pay this benefit if you incur charges for receiving a peripheral stem cell transplant for the treatment of cancer. We will pay this benefit only once per lifetime for each person insured under the policy.

PRIVATE FULL-TIME NURSING SERVICES \$150/day

We will pay this benefit if you use and incur charges for full-time nursing services (at least 8 hours during any 24-hour period), required and authorized by your doctor and performed by a registered, a licensed practical or a licensed vocational nurse while you are confined to a hospital for the treatment of cancer. No lifetime limit.

PROSTHESIS/ARTIFICIAL LIMBS \$3,000/device or limb, up to \$6,000/lifetime

We will pay this benefit if you incur charges for a surgically implanted prosthetic device or artificial limb received as a direct result of cancer surgery. We will pay for no more than one of the same type of prosthetic device or artificial limb per site.

RADIATION/CHEMOTHERAPY **See below**

We will pay the amount indicated below if you incur charges for and receive covered radioactive or chemical treatments which are approved for destruction of malignant cells during the treatment of internal (not skin) cancer by the United States Food and Drug Administration and are prescribed by your doctor for the treatment of cancer. No lifetime limit.

Chemotherapy:

- **\$300/day** for each day you receive chemotherapy treatments injected by medical personnel in a doctor's office, clinic or hospital.
- **\$300/day** for each day you have a prescription filled for oral chemotherapy up to a monthly maximum of **\$1,200**.
- **\$300/day** for each day you have a prescription filled for topical chemotherapy up to a monthly maximum of **\$1,200**.
- **\$300/day** for each day you have a pump for chemotherapy initially filled and any day the pump is refilled up to a monthly maximum of **\$1,200**.
- **\$300/day** for each day you have chemotherapy injected by yourself or someone other than personnel in a doctor's office, clinic or hospital, up to a monthly maximum of **\$2,400**.
- **\$300/day** for each day you receive chemotherapy by a delivery method other than the ones mentioned above up to a monthly maximum of **\$1,200**.

Radiation:

- **\$300/day** for each day you receive radioactive treatments delivered by medical personnel in a doctor's office, clinic or hospital.
- **\$300/day** for each day you receive radioactive treatments by a delivery method other than the one mentioned above up to a monthly maximum of **\$1,200**.

We will only pay one radiation or chemotherapy benefit per day regardless of the number of radioactive or chemotherapy treatments you receive on the same day.

RECONSTRUCTIVE SURGERY **\$60/surgical unit up to a maximum of \$3,000 per procedure including general anesthesia**

We will pay this benefit if you incur charges for a reconstructive surgical procedure that requires an incision, is performed by a doctor for the treatment of cancer and is due to internal (not skin) cancer. We will pay up to 25% of the Reconstructive Surgery benefit if you have general anesthesia administered during a reconstructive surgical procedure. We will pay no more than the maximum amount indicated above per procedure. We will pay for no more than two procedures per site. No lifetime limit.

SECOND MEDICAL OPINION **\$300/malignant condition**

We will pay this benefit if you choose to obtain and incur charges for the opinion of a second physician on recommended cancer surgery or treatment following the positive diagnosis of internal (not skin) cancer. We will pay this benefit only once for each cancerous condition. This benefit is not payable for skin cancer treatment or reconstructive surgery.

SKILLED NURSING CARE FACILITY **\$100/day**

We will pay this benefit for each day you are confined and incur charges for a skilled nursing care facility if your confinement begins within 14 days after you are released from a hospital. We will pay this benefit for no more than the number of days we paid you the Hospital Confinement or Hospital Confinement in a U.S. Government Hospital benefit for your most recent confinement. No lifetime limit.

SKIN CANCER INITIAL DIAGNOSIS **\$300/lifetime**

We will pay this benefit when you are diagnosed for the first time as having skin cancer. We will pay this benefit only once per lifetime for each person insured by this policy.

SUPPORTIVE OR PROTECTIVE CARE DRUGS AND COLONY STIMULATING FACTORS **\$150/day up to \$1,200 calendar year maximum**

We will pay this benefit if you incur charges for and receive supportive or protective care drugs and/or colony stimulating factors prescribed by your doctor for the treatment of cancer. No lifetime limit.

SURGICAL PROCEDURES **\$60/unit up to \$5,000/procedure**

We will pay this benefit if you incur charges for and receive surgical procedures performed for treatment of cancer. If you have more than one surgical procedure performed at the same time and through the same incision, we will consider them to be one procedure and pay the benefit that has the highest dollar value. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay each one. No lifetime limit.

TRANSPORTATION**\$0.50/mile, up to \$1,500 per round trip**

We will pay this benefit if you incur charges for travel to another city (more than 50 miles one way from the city where you live) to receive treatment for cancer on the advice of your doctor. We will pay this for travel to and from your destination for commercial travel (train, plane or bus); or for noncommercial travel (use of personal car). No lifetime limit.

WAIVER OF PREMIUM

If the named insured becomes disabled because of cancer for longer than 3 continuous months (90 days), and the first date of diagnosis is after the waiting period and while this policy is in force, you will not be required to pay premiums to keep your policy in force as long as you are disabled. A month is 30 days. Disabled means you are unable to work at any job for which you are qualified by reason of education, training or experience; you are not, in fact, working at any job for pay or benefits; and you are under the care of a doctor for the treatment of cancer. If you do not have a job, we will not require you to pay premiums only as long as you are kept at home because of your cancer and are under the care of a doctor. No lifetime limit.

DEFINITIONS

Bone Marrow Stem Cell Transplant: means the harvesting, storage, and reinfusion of bone marrow stem cells from a matched donor or yourself, performed under general anesthesia or intravenous (IV) sedation.

Cancer: means a disease which is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. Pre-malignant conditions or conditions with malignant potential are not to be construed as cancer for the purposes of this policy.

Cancer Screening Test: means a biopsy of skin lesion, bone marrow aspiration/biopsy, 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, mammography, Pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, ThinPrep Pap test, or virtual colonoscopy.

Confined or Confinement: means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Date of Diagnosis: is the day the tissue specimen, blood sample(s), and/or titer(s) are taken upon which the first diagnosis of cancer is based.

Dependents: means your natural children, step-children, legally adopted children or children placed into your custody for adoption who are: unmarried; chiefly dependent on you or your spouse for support; living with you in a regular parent-child relationship; and younger than age 25.

Doctor or Physician: means a person, other than yourself or a family member, who is licensed by the state to practice a healing art, performs services for you which are allowed by his/her license and performs services for which benefits are provided by this policy.

Experimental treatment: means drugs or chemical substances that are pending approval by the United States Food and Drug Administration for use in the treatment of cancer and surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.

Family Member: means your spouse, son, daughter, mother, father, sister or brother.

Hospice: means an organization that provides care for the terminally ill that is: licensed by a governmental agency; accredited by the Joint Commission on Accreditation of Hospitals; or qualified to receive benefit payments from Medicare or Medicaid. The organization must have on its staff at least one doctor and one registered nurse and must keep complete medical records for each patient.

Hospital: means a place that is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis X-ray equipment, a laboratory, and an operating room where surgical operations take place. A hospital does not include a nursing home, an extended care facility, a skilled nursing care facility; a rest home, a home for the aged, an assisted living center, a hospice care facility, a rehabilitation center, or a place for alcoholics or drug addicts.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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1.800.325.4368 www.coloniallife.com
A Stock Company

ACCIDENT ONLY INSURANCE COVERAGE

THE POLICY PROVIDES LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

OUTLINE OF COVERAGE (Applicable to Policy Form Accident 1.0-HS-KY-R)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to **READ THE POLICY CAREFULLY.**

Renewability. The policy is guaranteed renewable as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered person per covered accident unless specified otherwise. We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accident Emergency Treatment - \$125

Benefit payable if, as the result of a covered accident, a covered person is injured and requires examination and treatment by a doctor in a hospital emergency room, urgent care center, or doctor's office (other than acupuncturist or occupational or physical therapist) within 72 hours after covered accident. A charge must be incurred for the treatment. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accident Follow-Up Doctor Visit - \$50, Maximum of three visits per covered person per covered accident

Benefit payable in the amount and up to the maximum number of visits for initial treatment more than 72 hours after the covered accident or follow-up treatment (other than occupational or physical therapy) provided by a doctor in a doctor's office, urgent care facility or emergency room for injuries received due to a covered accident. Treatment must begin within 60 days of the covered accident, be completed with 365 days of the covered accident, not be for routine examination or preventative testing and a charge must be incurred. We will not pay the Accident Emergency Treatment and the Accident Follow-Up Doctor Visit benefits for visits on the same day.

Accidental Death - Named Insured \$50,000 Spouse \$50,000 Children \$10,000

Benefit payable if a covered person is injured in a covered accident and the injury causes the covered person to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit.

Accidental Death - Common Carrier - Named Insured \$100,000 Spouse \$100,000 Children \$20,000

Benefit payable if, as the result of a covered accident, a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the covered person to die within 90 days after the accident. Common carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accidental Dismemberment (Loss of Finger, Toe, Hand, Foot or Sight of An Eye)

\$750 Payable for loss of: one finger or one toe

\$1,500 Payable for loss of: two or more fingers, or two or more toes or any combination of two or more fingers or toes.

\$7,500 Payable for loss of: one hand, or one foot, or sight of one eye.

\$15,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, any combination of two or more hands, feet, or the sight of an eye.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident and a charge is incurred, as the result of a covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot. Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Air Ambulance - \$2,000

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 48 hours after the covered accident.

Ambulance - \$200

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities for treatment for injuries received in a covered accident and a charge is incurred. Transportation must occur within 90 days after the covered accident.

Appliance - \$100

Benefit payable if, as the result of a covered accident, an appliance is prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident and a charge must be incurred. For purposes of this benefit, appliance means a back brace, cane, crutches, leg brace, walker and wheelchair.

Blood/Plasma/Platelets - \$300

Benefit payable if, as the result of a covered accident, a covered person requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets, they are administered within 90 days after the covered accident, and a charge is incurred.

Burn - Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor within 72 hours after the accident for burns as described below, and a charge must be incurred.

\$1,000 - Second degree burns covering a total of at least 36% of the body surface

\$2,000 - Third degree burns covering at least 9 square inches but less than 18 square inches

\$4,000 - Third degree burns covering at least 18 square inches but less than 35 square inches

\$12,000 - Third degree burns covering 35 or more square inches

Burn - Skin Graft - 50% of applicable burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy and for which a charge is incurred.

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs:	Covered Person	Benefit Amount
Prior to the covered person's attaining age 65	Named Insured	\$25,000
	Spouse	\$25,000
	Child(ren)	\$12,500
After the covered person's attaining age 65 and prior to the covered person's attaining age 70	Named Insured	\$12,500
	Spouse	\$12,500
	Child(ren)	\$6,250
After the covered person's attaining age 70	Named Insured	\$6,250
	Spouse	\$6,250
	Child(ren)	\$3,125

Benefit payable if any covered person sustains a catastrophic loss as the result of a covered accident and is under the appropriate care of a doctor during the elimination period and remains alive at the end of the elimination period.

Catastrophic loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss of the sight of both eyes; or
- Loss or loss of use of both arms or both legs; or
- Loss of the hearing of both ears; or
- Loss of one hand and one foot; or
- Loss of the ability to speak.
- Loss or loss of use of one arm and one leg; or

For purposes of this benefit, the following definitions apply. Loss of a hand means that the hand is cut off through or above the wrist joint. Loss of a foot means that the foot is cut off through or above the ankle joint. Loss of an arm means the arm is cut off above the elbow. Loss of a leg means the leg is cut off above the knee. Loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. Loss of use of a leg means the loss of function of the entire leg from the hip to the foot. Loss of sight of both eyes means at least 80 percent of vision is permanently lost in both eyes, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of hearing of both ears means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. Loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident. The catastrophic accident benefit will be payable once per lifetime for each covered person in this policy.

Coma - \$10,000

Benefit payable if any covered person is diagnosed with or treated for a coma lasting for a period of at least seven consecutive days resulting from a covered accident. The condition must require intubation for respiratory assistance, be diagnosed or treated by a doctor within 90 days after the covered accident, and a charge must be incurred. For purposes of this benefit, coma means a continuous state of profound unconsciousness characterized by the absence of eye opening, motor response and verbal response. The term “coma” does not include any medically induced coma.

Concussion - \$60

Benefit payable if any covered person sustains a concussion diagnosed by a doctor within 72 hours from date of covered accident as the result of a covered accident and a charge is incurred.

Dislocation (Separated Joint)

<u>Complete Dislocation of Joint</u>	<u>Closed Reduction (with Anesthesia)</u>	<u>Open Reduction (with Anesthesia)</u>
Hip	\$2,200	\$4,400
Knee (except patella)	\$1,100	\$2,200
Ankle - bone or bones of the foot (other than toes)	\$880	\$1,760
Collarbone (sternoclavicular)	\$550	\$1,100
Lower jaw, shoulder (glenohumeral), elbow, wrist	\$330	\$660
Bone or bones of the hand (other than fingers)	\$330	\$660
Collarbone (acromioclavicular and separation), one toe or finger	\$110	\$220
Incomplete dislocation	25% of applicable amount for closed reduction of joint involved or dislocation reduction without anesthesia.	

Benefit payable if, as the result of a covered accident, any covered person has a dislocation diagnosed by a doctor within 90 days after the accident; reduction must require correction with anesthesia by a doctor, for which a charge is incurred. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. An incomplete dislocation is a dislocation in which the joint is not completely separated. Benefit payable only for the first dislocation of a joint after the policy coverage effective date. Subsequent dislocations of the same joint after the policy coverage effective date will not be covered under this benefit.

Emergency Dental Work - \$300 - Broken tooth repaired with a crown, dentures or implant
\$75 - Broken tooth resulting in extraction

The specified dental services must be required by a covered person as the result of injuries received in an accident, must begin within 60 days of the covered accident and a charge must be incurred for the services. Each Emergency Dental Work benefit is payable only once per covered person per covered accident, regardless of the number of teeth involved.

Eye Injury - \$300

Benefit payable if, as the result of a covered accident, a covered person requires surgery on or the removal of a foreign object from the eye by a doctor within 90 days after the covered accident and a charge is incurred. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed reduction	Open reduction
Skull (except bones of face or nose) depressed skull fracture	\$2,750	\$5,500
Skull (except bones of face or nose) non-depressed skull fracture	\$1,100	\$2,200
Hip, thigh (femur)	\$1,650	\$3,300
Vertebrae, body of (excluding vertebral processes), pelvis (except coccyx), leg	\$825	\$1,650
Bones of face or nose (except mandible or maxilla)	\$385	\$770
Upper jaw, maxilla (except alveolar process), upper arm between elbow and shoulder	\$385	\$770
Lower jaw, mandible (except alveolar process), kneecap, foot (except toes), ankle	\$330	\$660
Shoulder blade, collarbone, vertebral processes, forearm, hand, wrist (except fingers)	\$330	\$660
Rib	\$275	\$550
Coccyx	\$220	\$440
Finger, Toe	\$110	\$220
Chip Fracture	25% of the applicable amount for closed reduction for the bone involved as listed above.	

Benefit payable if, as the result of a covered accident, a covered person has a fracture diagnosed by a doctor within 90 days after the accident. The fracture must require open (surgical) or closed (non-surgical) reduction by a doctor, and a charge is incurred for the reduction. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. If a covered person has a fracture and a dislocation in a covered accident, maximum benefit payable will be two times the amount for the bone or joint involved with the highest benefit amount. A chip fracture is a fracture in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

Health Screening - \$50 per covered person per calendar year

Benefit payable once per calendar year for one of the health screening tests defined in this outline performed after the waiting period and while coverage under the policy is in force. Health screening test is defined as: 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, hemoccult 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. Waiting Period means the first 30 days following any covered person's policy coverage effective date during which time this benefit is not payable.

Hospital Admission - \$1,250

Benefit payable if, as the result of a covered accident, a covered person is confined in a hospital within six months after the accident and a charge is incurred. Payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Admission benefit and the Hospital Intensive Care Unit Admission benefit for the same covered accident.

Hospital Confinement - \$250 per day up to 365 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is initially confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident, and a charge is incurred. We will not pay this benefit for emergency room treatment, outpatient treatment, or confinement of less than 20 hours to an observation unit. We will not pay the Hospital Confinement benefit and the Hospital Intensive Care Unit confinement benefit concurrently. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Admission - \$2,500 - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is admitted directly to a hospital intensive care unit within 30 days after the covered accident and a charge is incurred; payable once per covered accident. We will not pay this benefit for emergency room treatment, outpatient treatment, or a stay of less than 20 hours in an observation unit. We will not pay the Hospital Intensive Care Unit Admission benefit and the Hospital Admission benefit for the same covered accident.

Hospital Intensive Care Unit Confinement - \$500 per day up to 15 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is confined to a hospital intensive care unit. Hospital intensive care unit confinement must begin within 30 days after the accident, and a charge must be incurred. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - \$500 - one per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person is treated by a doctor for a torn knee cartilage within 60 days after the covered accident. The torn knee cartilage must be repaired through surgery within 12 months after the covered accident, and a charge must be incurred for the repair. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will pay under the Surgery - Exploratory and Arthroscopic benefit.

Laceration

\$60 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$260 - Total of all lacerations is at least two but less than six inches long (5.08 to 15.23 centimeters) and repaired by stitches

\$500 - Total of all lacerations is six inches or longer (15.24 centimeters or longer) and repaired by stitches

\$30 - Laceration(s) with no repair

Benefit payable if, as the result of a covered accident, a covered person has a laceration that is repaired by a doctor within 72 hours after the covered accident, and a charge must be incurred for the repair. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Accidental Dismemberment (Loss of a Finger, Toe, Hand, Foot or Sight of an Eye) benefit.

Lodging - \$125 per night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital as the result of a covered accident, and a charge is incurred. Hospital must be more than 50 miles from the residence of the covered person.

Medical Imaging Study - \$150 payable once per covered person per covered accident and once per calendar year

Benefit payable if, as the result of a covered accident, a covered person receives one of the following imaging studies. Study must be prescribed by a doctor and performed in an office or in a hospital on an inpatient or outpatient basis, and a charge must be incurred. Studies include: Computed Tomography (CT) imaging or Computed Axial Tomography (CAT Scan), Electroencephalogram (EEG), or Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI).

Occupational Or Physical Therapy - \$25 per day up to 10 days per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person requires occupational or physical therapy treatment. Therapy must begin within 60 days after the covered accident and be completed within six months after the covered accident, and a charge must be incurred. Must be prescribed by a doctor and rendered by a licensed physical or occupational therapist and performed in an office or in a hospital on an inpatient or outpatient basis.

Prosthetic Device/Artificial Limb

\$500 - One prosthetic device or artificial limb

\$1,000 - Two or more devices or artificial limbs.

Benefit payable if, as the result of a covered accident, a covered person requires a prosthetic device/artificial limb prescribed by a doctor for functional use when the covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident, and a charge must be incurred. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Rehabilitation Unit Confinement - \$100 per day, up to 15 days per covered person per covered accident, and a maximum of 30 days per calendar year

Benefit payable if, as the result of a covered accident, a covered person is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident, and a charge is incurred. We will not pay both the Rehabilitation Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Ruptured Disc - \$500

Benefit payable if, as the result of a covered accident, a covered person receives a ruptured disc in his spine. The ruptured disc must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident. A charge must be incurred for the repair.

Surgery - Cranial, Open Abdominal and Thoracic - \$1,500**Hernia - \$150**

Cranial, open abdominal and thoracic surgery benefit payable if as a result of a covered accident, a covered person undergoes cranial, open abdominal or thoracic surgery other than hernia repair within 72 hours of a covered accident and a charge is incurred. Surgery must be for repair of internal injuries. Hernia surgery benefit payable if, as the result of a covered accident, a covered person undergoes hernia surgery. The hernia must be diagnosed within 30 days, and surgery must be performed within 60 days after the covered accident. A charge must be incurred for the repair. If cranial, open abdominal or thoracic (other than hernia repair) surgery and hernia surgery are performed as a result of the same covered accident, we will pay only the Cranial, Open Abdominal or Thoracic benefit.

Surgery - Exploratory and Arthroscopic - \$200

Payable if any covered person undergoes exploratory or arthroscopic surgery within 60 days of covered accident to explore or repair injuries received as the result of a covered accident. Hernia repair is not covered under this benefit.

Tendon/Ligament/Rotator Cuff

\$500 - Repair of one tendon, ligament or rotator cuff

\$1,000 - Repair of two or more of the above.

Benefit payable if, as the result of a covered accident, a covered person receives a torn, ruptured or severed tendon/ligament/rotator cuff. It must be treated by a doctor within 60 days, and repaired through surgery within one year after the covered accident, and a charge must be incurred.

Transportation - \$500 per round trip up to three round trips per covered person per covered accident

Benefit payable if, as the result of a covered accident, a covered person must travel more than 50 miles one way for special treatment and confinement in a hospital, and a charge is incurred. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

X-ray - \$30

Payable if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident.

IMPORTANT WORDS IN THE POLICY

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

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 the Accident Type listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person which are allowed by his license. Doctor or physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

An **Emergency Room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **Hospital** means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

Notwithstanding the above, a hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; a place for alcoholics or drug addicts; or an assisted living facility.

A **Hospital Intensive Care Unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards

customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

A hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in the policy.

A **Hospital Sub-Acute Intensive Care Unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **Injury** means a wound to a covered person's body that is caused solely by or is the result of a covered accident.

An **Observation Unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **Occupational Therapist** is a person, who: possesses the designation "Occupational Therapist Registered (OTR);" is licensed by the state to practice occupational therapy; performs services which are allowed by his license and performs services for which benefits are provided by the policy. For purposes of this definition, occupational therapist does not include any covered person or anyone related to any covered person by blood or marriage.

An **Off-Job Accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **On-Job Accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **Physical Therapist** is a person who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by the policy; and practices according to the Code of Ethics of the American Physical Therapy Association. For purposes of this definition, physical therapist does not include any covered person or anyone related to any covered person by blood or marriage.

A **Rehabilitation Unit** means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

An **Urgent Care Facility** means a place other than a doctor's office, hospital or emergency room that provides emergency care and treatment for injured people.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven or any similar activities.
- committing or attempting to commit a felony or engaging in an illegal occupation.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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:

- injuries to a dependent child received during his birth.
- any covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

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A Stock Company

ACCIDENT SICKNESS DISABILITY INCOME RIDER OUTLINE OF COVERAGE (Applicable to Rider Form R-ASD-1.0-KY-Rev-1)

THE RIDER IS NOT A MEDICARE SUPPLEMENT RIDER. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read Your Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR RIDER CAREFULLY**.

Renewability. Your rider is guaranteed renewable to the policy anniversary date on or next following your 70th birthday. Your premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Policy anniversary date occurs annually on the same date and in the same month as the date for which we first received premium.

Disability Income Coverage. Your rider is designed to provide coverage for disabilities that result from a covered accident or covered sickness subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Coverage Provided By The Rider.

Total Disability and Partial Disability: We will pay the applicable Total Disability benefit shown on the Rider Schedule if you become totally disabled and are totally disabled longer than the elimination period shown on the Rider Schedule as the result of a covered accident or a covered sickness while the rider is in force.

We will pay the total benefit for as long as the coverage is in force and you remain totally disabled after the elimination period up to the benefit period and in the amount shown on the Rider Schedule, except as described in the Geographical Limitations provision. If benefits are payable for less than a full month, we will pay benefits in a daily amount. The daily amount is 1/30th of the monthly amount shown on the Rider Schedule.

If you do not have a job when you become totally disabled, we will pay the Total Disability benefit only as long as you are confined to your place of residence and surrounding area and cannot perform two of five Activities of Daily Living and are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability on the Rider Schedule except as described in the Geographical Limitations provision for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the Total Disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a Partial Disability benefit or a Total Disability benefit, but not both.

Recurrent Disability: A recurrent disability will be treated as:

- a continuation of the previous disability, not a new disability, if you have returned to work for less than six months.
- a new disability, if you have returned to work for six months or more, working at least the same number of hours you were working before the previous disability began.
- a new disability, if you did not have a job before the previous disability began and you have ceased to be disabled for six months or more.
- a continuation of the previous disability for any circumstances not specifically listed above.

A new disability is subject to a new elimination period, and a new benefit period applies. A disability that is considered a continuation of a previous disability is not subject to a new elimination period, and a new benefit period does not apply.

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

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

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will your being disabled due to more than one condition extend the benefit period beyond the benefit period shown on the Rider Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of 10 calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and

- during such time you are no longer qualified to receive Total Disability or Partial Disability benefits.

If you stated your age incorrectly in your application and if, based on your correct age, we would not have issued this rider, then our only responsibility will be to refund the premiums paid for the covered period not covered, if any.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the rider was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Rider Schedule.

Time Limits

After the rider has been in force for 12 months from the effective date of the rider, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began 12 months after the effective date and the elimination period has been satisfied.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60-day period, benefits will not be paid until you return to the covered geographical areas.

If you are still totally or partially disabled as defined in the rider when you return from outside the covered geographical areas, we will determine your remaining applicable benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown on the Rider Schedule. We will pay the monthly benefit amount shown on the Rider Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while the rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- you do not send us satisfactory proof of loss when we request it; or
- you notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled or after the expiration of the benefit period shown on the Rider Schedule, whichever occurs first.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by name or specific description in the rider.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words In The Rider

Activities of Daily Living mean the following:

- Dressing - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
- Transferring - the ability to move in or out of a chair or bed
- Eating - the ability to get nourishment into the body once it has been prepared
- Preparing meals
- Toileting - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

Covered Accident means an accident that:

- occurs on or after the effective date of the rider;
- is of an Accident Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition that:

- occurs on or after the effective date of the rider;
- is of a Sickness Type listed on the Rider Schedule;
- occurs while the rider is in force; and
- is not excluded by name or specific description in the rider.

Doctor or Physician means a person who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For purposes of this definition, doctor does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or business interest with any covered person.

Elimination Period means the period of time during which no benefits are payable, as shown on the Rider Schedule.

Material and Substantial Duties of Your Job means those job duties that:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different worksite or in a different building.

Off-Job Accident means an accident which occurs while you are not working at any job for pay or benefits.

Off-Job Sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-Job Accident means an accident which occurs while you are working at any job for pay or benefits.

On-Job Sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially Disabled means:

- you are unable to perform the material and substantial duties of your job for 20 hours or more per week;
- you are able to work at your job or your place of employment for less than 20 hours per week;
- your employer will allow you to return to your job or place of employment for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing Condition means a sickness or physical condition for which you were treated, received medical advice or had taken medication within 12 months before the effective date of the rider.

Recurrent Disability means becoming disabled, ceasing to be disabled, then becoming disabled again for the same or related conditions. The latter disability will be considered a recurrent disability.

Totally Disabled means you are:

- unable to perform the material and substantial duties of your job;
- not, in fact, working at any job; and
- under the regular and appropriate care of a doctor.

Under the Regular and Appropriate Care of a Doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) that disable(s) you.

You and Your, for the purpose of the rider only, refer to the Named Insured identified on the Rider Schedule.

What Is Not Covered By The Rider

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

- giving birth within the first nine months after the effective date of the rider as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven; or other similar activities;
- committing or attempting to commit a felony or engaging in an illegal occupation;
- being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician;
- having a pre-existing condition as defined and limited by the rider;
- having a psychiatric or psychological condition such as affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the rider;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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A Stock Company

LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS

OUTLINE OF COVERAGE (Applicable to Policy Form CI-1.0-KY)

PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY

If you received treatment, testing or medical advice or took medication for a sickness or physical condition within 12 months before the effective date of this policy, we will not pay a benefit for a Specified Critical Illness that occurs as a result of that sickness or physical condition if the Specified Critical Illness has a Date of Diagnosis within the first 12 months after the effective date of the policy.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to **READ THE POLICY CAREFULLY.**

Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Critical Illness. The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide coverage ONLY for Specified Critical Illnesses and for certain health screening tests, subject to any limitations or exclusions in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits only if the Date of Diagnosis of Specified Critical Illness or the performance of a health screening test or Cancer Vaccine is while your policy is in force. Any health screening test or Cancer Vaccine performed before the Policy Coverage Effective Date will not be covered.

**Premiums vary depending on the amount of coverage you chose at time of application.
The amount of coverage you chose is shown on the Policy Schedule.**

BENEFITS

Specified Critical Illness Benefit

Face Amount for Named Insured	\$ _____
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	25% of face amount for Named Insured

The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.

We will pay this benefit if a covered person is diagnosed with one of the Specified Critical Illnesses shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Critical Illness is not excluded by name or specific description in the policy.

Cancer	100%
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ 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%
Carcinoma in Situ	25%

Maximum Benefit Amount for Specified Critical Illness: \$_____

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount for Specified Critical Illness shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

We will pay the benefit for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D only once per lifetime per covered person.

We will pay the benefit for Carcinoma in Situ only once per lifetime per covered person.

We will pay the benefit for Cancer only once per lifetime per covered person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, we will pay only one Specified Critical Illness benefit. We will pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses defined in the policy.

Benefits Payable Upon Subsequent Diagnosis.

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with a different Specified Critical Illness, we will pay the Specified Critical Illness benefit as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for a Specified Critical Illness; and the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

If a covered person has been diagnosed with and received a benefit for a Specified Critical Illness and is subsequently diagnosed with the same Specified Critical Illness (other than Coronary Artery Bypass Graft Surgery, Cancer, Carcinoma in Situ, and Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D), we will pay an amount equal to 25% of the Face Amount for the covered person as shown on the Policy Schedule, up to the Maximum Benefit Amount for Specified Critical Illness, if: the Date of Diagnosis of the subsequent Specified Critical Illness is more than 180 days after any previous Date of Diagnosis for the same Specified Critical Illness; and the covered person has not received treatment during the 180 days between the Dates of Diagnosis for the same Specified Critical Illness. For purposes of the preceding sentence, treatment does not include medications and follow-up visits to the covered person's Doctor; the subsequent Date of Diagnosis is while coverage under this policy is in force; and the Specified Critical Illness is not excluded by name or specific description in this policy.

We will not pay more than the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule has been paid.

Benefit Reduction

The Face Amount(s) and the Maximum Benefit Amount for Specified Critical Illness will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75. All Specified Critical Illness benefits payable after that date will be based on the reduced Face Amount and the reduced Maximum Benefit Amount.

Cancer Vaccine Benefit

Amount: \$50

We will pay this benefit if a covered person incurs a charge for and receives any cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel while coverage under the policy is in force. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is limited to one payment per covered person, per lifetime.

Health Screening Benefit

Amount: \$50/Year

We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, thinprep pap test, and virtual colonoscopy.

DEFINITIONS

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Blindness means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes. The following are not to be construed as blindness for purposes of the policy: if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; if the covered person has not attained age three or above on the Date of Diagnosis, and if the covered person's reduction of sight as defined above occurs prior to the Policy Coverage Effective Date of the covered person's coverage under this policy.

Calendar Year means the period beginning on the Policy Coverage Effective Date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Cancer means a disease that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. The following are not to be construed as Cancer for purposes of this policy: pre-malignant conditions or conditions with malignant potential; Carcinoma in Situ; basal cell carcinoma and squamous cell carcinoma of the skin; and melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified Pathologist, whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.

A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and
- there is medical evidence to support the diagnosis; and

- a Doctor is treating the covered person for Cancer and/or Carcinoma in Situ.

Cardiologist means a Doctor who is licensed to practice medicine and who is also licensed to practice by the American Board of Internal Medicine in the subspecialty of cardiovascular disease.

Coma means a continuous state of profound unconsciousness resulting from a Covered Accident or a Covered Sickness, characterized by the absence of: eye opening, motor response, and verbal response. The condition must require intubation for respiratory assistance. The term “Coma” does not include any medically induced coma.

A **Covered Accident** is an accident that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; 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, that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and is not excluded by specific name or specific description in the policy.

Coronary Artery Bypass Graft Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, excluding procedures such as, but not limited to, balloon angioplasty, valve replacement surgery, laser relief, stents or other non-surgical procedures.

Date of Diagnosis

- for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack (Myocardial Infarction) definition;
- for Stroke, the date a Stroke occurred based on neuroimaging or other neurodiagnostic study consistent with an acute or subacute infarction, hemorrhage, embolism, thrombosis and presence of neurological deficits persisting for a period of 30 days or greater;
- for End Stage Renal (Kidney) Failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for Major Organ Failure, the date that the covered person is placed on the UNOS list for transplantation;
- for Permanent Paralysis due to a Covered Accident, the date the Doctor confirms the Permanent Paralysis due to a Covered Accident has continued for a period of 180 consecutive days;
- for Coma, the date a Doctor confirms a coma resulting from a Covered Accident or a Covered Sickness has lasted seven or more consecutive days;
- for Blindness, the date the Doctor confirms the irreversible reduction of sight has continued for a period of 180 consecutive days;
- for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, the date of a positive antibody test for HIV or Hepatitis B, C or D subsequent to a prior negative test for the same condition with a lapse of between 90 and 180 days between the two tests;
- for Coronary Artery Bypass Graft Surgery, the date the covered person undergoes the open heart surgery; and
- for Cancer or Carcinoma in Situ, the date the tissue specimen, blood samples or titer(s) are taken upon which the first diagnosis of Cancer or Carcinoma in Situ is based.

Dependent Children means any natural children, step-children, legally adopted children, foster children or children placed into your custody for adoption who are unmarried; chiefly dependent on you or your spouse for support; and younger than age 26.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person that are allowed by his license. For purposes of this definition, Doctor or Physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

End Stage Renal (Kidney) Failure means chronic irreversible failure of the function of both kidneys such that the covered person must undergo at least weekly hemodialysis or peritoneal dialysis.

Heart Attack (Myocardial Infarction) means the ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by three or more of the following: atypical chest pain; electrocardiographic (EKG) changes indicative of myocardial infarction; elevation of biochemical markers of myocardial necrosis; and confirmatory imaging studies. In the event of death, an autopsy, medical examiner’s confirmation or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted.

A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D means diagnosis of Human Immunodeficiency Virus (HIV) infection or Hepatitis B, C or D resulting from exposure to HIV-contaminated or Hepatitis B-, C- or D-contaminated body fluids as the result of a Covered Accident during the normal course of performing an occupation for which remuneration is earned.

We will pay this benefit if: within five days of the Covered Accident, it is reported and recorded by the appropriate person according to the legislation, regulations, standards or guidelines that apply to the covered person's occupation or profession; the Covered Accident is investigated and a written investigation report is provided to us by the covered person's employer; a confirmatory antibody HIV or Hepatitis B, C or D test is taken within five days of the Covered Accident and HIV or Hepatitis B, C or D is not present; all HIV or Hepatitis B, C or D tests are performed by a state certified and licensed laboratory; and a follow-up confirmatory antibody HIV or Hepatitis B, C or D test is taken between 90 days and 180 days after the Covered Accident, and the result is positive.

Occupational HIV or Hepatitis B, C or D excludes: HIV or Hepatitis B, C or D infection as the result of IV drug use; HIV or Hepatitis B, C or D infection as the result of sexual transmission; and HIV or Hepatitis B, C or D infection determined not to have been the result of a Covered Accident.

Major Organ Failure means diagnosis of major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the covered person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

A **Pathologist** means a Doctor who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Permanent Paralysis due to a Covered Accident means the complete and permanent loss of the use of two or more limbs through paralysis as the result of a Covered Accident as defined in the policy for a continuous period of 180 days, as confirmed by a Doctor. Loss of use of two or more limbs through paralysis as the result of a Stroke will not be construed as Permanent Paralysis due to a Covered Accident for purposes of the policy.

Policy Anniversary Date occurs annually on the same date and in the same month as the date for which we first received premium.

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

Specified Critical Illness means one of the Specified Critical Illnesses shown on the Policy Schedule.

Stroke means an acute or subacute cerebrovascular incident, including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis.

The diagnosis must be supported by: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of the policy: transient ischemic attack; brain injury related to trauma or infection; brain injury associated with hypoxia/anoxia or hypotension; vascular disease affecting the eye or optic nerve; and ischemic disorders of the vestibular system. In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's:

1. Committing or attempting to commit a felony or engaging in an illegal occupation.
2. Being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of his Doctor.
3. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.
4. Having a psychiatric or psychological condition such as affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
5. Committing or trying to commit suicide, or his injuring himself intentionally, while he is sane or insane.

6. Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

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LIMITED BENEFIT HEALTH COVERAGE FOR SPECIFIED CRITICAL ILLNESS

OUTLINE OF COVERAGE (Applicable to Policy Form CI-1.0-KY)

PRE-EXISTING CONDITIONS - PLEASE READ CAREFULLY

If you received treatment, testing or medical advice or took medication for a sickness or physical condition within 12 months before the effective date of this policy, we will not pay a benefit for a Specified Critical Illness that occurs as a result of that sickness or physical condition if the Specified Critical Illness has a Date of Diagnosis within the first 12 months after the effective date of the policy.

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to **READ THE POLICY CAREFULLY.**

Guaranteed Renewable Subject to Payment of the Maximum Benefit Amount for Specified Critical Illness. The policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period, up to the date of payment of the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule. Your premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide coverage ONLY for Specified Critical Illnesses and for certain health screening tests, subject to any limitations or exclusions in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

The policy provides benefits only if the Date of Diagnosis of Specified Critical Illness or the performance of a health screening test or Cancer Vaccine is while your policy is in force. Any health screening test or Cancer Vaccine performed before the Policy Coverage Effective Date will not be covered.

**Premiums vary depending on the amount of coverage you chose at time of application.
The amount of coverage you chose is shown on the Policy Schedule.**

BENEFITS

Specified Critical Illness Benefit

Face Amount for Named Insured	\$ _____
Face Amount for Spouse (if covered)	50% of face amount for Named Insured
Face Amount for Dependent Children (if covered)	25% of face amount for Named Insured

The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75.

We will pay this benefit if a covered person is diagnosed with one of the Specified Critical Illnesses shown below if: the Date of Diagnosis is while coverage under the policy is in force; and the Specified Critical Illness is not excluded by name or specific description in the policy.

Cancer	100%
Heart Attack (Myocardial Infarction)	100%
Stroke	100%
End Stage Renal (Kidney) Failure	100%
Major Organ 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%
Carcinoma in Situ	25%

Maximum Benefit Amount for Specified Critical Illness: 100% of the Face Amount for each covered person.

We will pay the percentage of the Face Amount shown on the Policy Schedule for the Specified Critical Illness diagnosed, up to the Maximum Benefit Amount for Specified Critical Illness shown on the Policy Schedule.

We will pay the benefit for Coronary Artery Bypass Graft Surgery only once per lifetime per covered person. If a covered person receives a benefit for Coronary Artery Bypass Graft Surgery and is later diagnosed with a different Specified Critical Illness, we will pay the Face Amount less the amount you received for Coronary Artery Bypass Graft Surgery.

If, on the same day, a covered person is placed on the UNOS list for a transplant of two or more major organs listed in the definition of Major Organ Failure (example: heart and lungs), a single benefit will be paid.

We will pay the benefit for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D only once per lifetime per covered person.

We will pay the benefit for Carcinoma in Situ only once per lifetime per covered person. If a covered person receives a benefit for Carcinoma in Situ and is later diagnosed with a different Specified Critical Illness, we will pay the Face Amount less the amount received for Carcinoma in Situ.

We will pay the benefit for Cancer only once per lifetime per covered person.

If the Date of Diagnosis of two or more Specified Critical Illnesses is the same day, we will pay only one Specified Critical Illness benefit. We will pay the larger of the Specified Critical Illness benefits.

No benefits are payable for conditions other than the Specified Critical Illnesses defined in the policy.

We will not pay more than the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule.

This policy will terminate when the Maximum Benefit Amount for Specified Critical Illness as shown on the Policy Schedule has been paid.

Benefit Reduction

The Face Amount(s) will reduce by 50% on the first Policy Anniversary Date after the named insured attains age 75. All Specified Critical Illness benefits payable after that date will be based on the reduced Face Amount.

Cancer Vaccine Benefit

Amount: \$50

We will pay this benefit if a covered person incurs a charge for and receives any cancer vaccine that is FDA approved for the prevention of Cancer. The vaccine must be administered by licensed medical personnel while coverage under the policy is in force. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is limited to one payment per covered person, per lifetime.

Health Screening Benefit

Amount: \$50/Year

We will pay this benefit if any covered person incurs a charge for and has one of the following screening tests performed while coverage under the policy is in force. We will pay the amount shown for one of the following screening tests. Payment of this benefit will not reduce the Maximum Benefit Amount for Specified Critical Illness. This benefit is payable once per calendar year for each covered person.

Health screening test is defined as: stress test on a bicycle or treadmill, fasting blood glucose test, blood test for triglycerides, serum cholesterol test to determine level of HDL and LDL, bone marrow testing, carotid doppler, electrocardiogram (EKG, ECG), echocardiogram (ECHO), skin cancer biopsy, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest x-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), thermography, thinprep pap test, and virtual colonoscopy.

DEFINITIONS

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Blindness means clinically proven irreversible reduction of sight in both eyes that has persisted for a period of at least 180 consecutive days. Sight must be reduced to a corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (Snellen or E-Chart Acuity), or visual field restriction to 20° or less in both eyes. The following are not to be construed as blindness for purposes of the policy: if in general medical opinion any procedure, device, or implant could result in the partial or total restoration of sight; if the covered person has not attained age three or above on the Date of Diagnosis, and if the covered person's reduction of sight as defined above occurs prior to the Policy Coverage Effective Date of the covered person's coverage under this policy.

Calendar Year means the period beginning on the Policy Coverage Effective Date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Cancer means a disease that is identified by the presence of malignant cells or a malignant tumor characterized by the uncontrolled and abnormal growth and spread of invasive malignant cells. The following are not to be construed as Cancer for purposes of this policy: pre-malignant conditions or conditions with malignant potential; Carcinoma in Situ; basal cell carcinoma and squamous cell carcinoma of the skin; and melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm.

Carcinoma in Situ means Cancer that is in the natural or normal place, confined to the site of origin without having invaded neighboring tissue.

Cancer and/or Carcinoma in Situ must be diagnosed in one of two ways:

A Pathological Diagnosis of Cancer or Carcinoma in Situ is based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of diagnosis must be done by a certified Pathologist, whose diagnosis of malignancy is in keeping with the standards set up by the American Board of Pathology.

A Clinical Diagnosis of Cancer or Carcinoma in Situ is based on the study of symptoms. We will pay benefits for a clinical diagnosis only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; and
- there is medical evidence to support the diagnosis; and
- a Doctor is treating the covered person for Cancer and/or Carcinoma in Situ.

Cardiologist means a Doctor who is licensed to practice medicine and who is also licensed to practice by the American Board of Internal Medicine in the subspecialty of cardiovascular disease.

Coma means a continuous state of profound unconsciousness resulting from a Covered Accident or a Covered Sickness, characterized by the absence of: eye opening, motor response, and verbal response. The condition must require intubation for respiratory assistance. The term "Coma" does not include any medically induced coma.

A **Covered Accident** is an accident that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; 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, that occurs on or after the Policy Coverage Effective Date of the policy; occurs while the policy is in force; and is not excluded by specific name or specific description in the policy.

Coronary Artery Bypass Graft Surgery means undergoing open heart surgery to correct narrowing or blockage of one or more coronary arteries utilizing venous or arterial grafts, excluding procedures such as, but not limited to, balloon angioplasty, valve replacement surgery, laser relief, stents or other non-surgical procedures.

Date of Diagnosis

- for Heart Attack (Myocardial Infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the applicable criteria listed under the Heart Attack (Myocardial Infarction) definition;
- for Stroke, the date a Stroke occurred based on neuroimaging or other neurodiagnostic study consistent with an acute or subacute infarction, hemorrhage, embolism, thrombosis and presence of neurological deficits persisting for a period of 30 days or greater;
- for End Stage Renal (Kidney) Failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for Major Organ Failure, the date that the covered person is placed on the UNOS list for transplantation;
- for Permanent Paralysis due to a Covered Accident, the date the Doctor confirms the Permanent Paralysis due to a Covered Accident has continued for a period of 180 consecutive days;
- for Coma, the date a Doctor confirms a coma resulting from a Covered Accident or a Covered Sickness has lasted seven or more consecutive days;
- for Blindness, the date the Doctor confirms the irreversible reduction of sight has continued for a period of 180 consecutive days;
- for Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D, the date of a positive antibody test for HIV or Hepatitis B, C or D subsequent to a prior negative test for the same condition with a lapse of between 90 and 180 days between the two tests;
- for Coronary Artery Bypass Graft Surgery, the date the covered person undergoes the open heart surgery; and
- for Cancer or Carcinoma in Situ, the date the tissue specimen, blood samples or titer(s) are taken upon which the first diagnosis of Cancer or Carcinoma in Situ is based.

Dependent Children means any natural children, step-children, legally adopted children, foster children or children placed into your custody for adoption who are unmarried; chiefly dependent on you or your spouse for support; and younger than age 26.

A **Doctor or Physician** means a person who: is licensed by the state to practice a healing art; and performs services for a covered person that are allowed by his license. For purposes of this definition, Doctor or Physician does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

End Stage Renal (Kidney) Failure means chronic irreversible failure of the function of both kidneys such that the covered person must undergo at least weekly hemodialysis or peritoneal dialysis.

Heart Attack (Myocardial Infarction) means the ischemic death of a portion of heart muscle as a result of obstruction of one or more of the coronary arteries. A positive diagnosis must be supported by three or more of the following: atypical chest pain; electrocardiographic (EKG) changes indicative of myocardial infarction; elevation of biochemical markers of myocardial necrosis; and confirmatory imaging studies. In the event of death, an autopsy, medical examiner's confirmation or death certificate identifying Heart Attack (Myocardial Infarction) as the cause of death will be accepted.

A Heart Attack (Myocardial Infarction) is not congestive heart failure, atherosclerotic heart disease, angina, coronary artery disease, cardiac arrest, or any other dysfunction of the cardiovascular system.

Occupational Infectious HIV or Occupational Infectious Hepatitis B, C or D means diagnosis of Human Immunodeficiency Virus (HIV) infection or Hepatitis B, C or D resulting from exposure to HIV-contaminated or Hepatitis B-, C- or D-contaminated body fluids as the result of a Covered Accident during the normal course of performing an occupation for which remuneration is earned.

We will pay this benefit if: within five days of the Covered Accident, it is reported and recorded by the appropriate person according to the legislation, regulations, standards or guidelines that apply to the covered person's occupation or profession; the Covered Accident is investigated and a written investigation report is provided to us by the covered person's employer; a confirmatory antibody HIV or Hepatitis B, C or D test is taken within five days of the Covered Accident and HIV or Hepatitis B, C or D is not present; all HIV or Hepatitis B, C or D tests are performed by a state certified and licensed laboratory; and a follow-up confirmatory antibody HIV or Hepatitis B, C or D test is taken between 90 days and 180 days after the Covered Accident, and the result is positive.

Occupational HIV or Hepatitis B, C or D excludes: HIV or Hepatitis B, C or D infection as the result of IV drug use; HIV or Hepatitis B, C or D infection as the result of sexual transmission; and HIV or Hepatitis B, C or D infection determined not to have been the result of a Covered Accident.

Major Organ Failure means diagnosis of major organ failure of the heart, kidney, liver, lung, or pancreas resulting in the covered person being placed on the UNOS (United Network for Organ Sharing) list for a transplant.

A **Pathologist** means a Doctor who is licensed to practice medicine and who is also licensed to practice pathologic anatomy by the American Board of Pathology. A Pathologist also means an Osteopathic Pathologist who is certified by the Osteopathic Board of Pathology.

Permanent Paralysis due to a Covered Accident means the complete and permanent loss of the use of two or more limbs through paralysis as the result of a Covered Accident as defined in the policy for a continuous period of 180 days, as confirmed by a Doctor. Loss of use of two or more limbs through paralysis as the result of a Stroke will not be construed as Permanent Paralysis due to a Covered Accident for purposes of the policy.

Policy Anniversary Date occurs annually on the same date and in the same month as the date for which we first received premium.

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

Specified Critical Illness means one of the Specified Critical Illnesses shown on the Policy Schedule.

Stroke means an acute or subacute cerebrovascular incident, including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis.

The diagnosis must be supported by: evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event; and confirmatory neuroimaging studies consistent with the diagnosis of a new Stroke.

The following are not to be construed as a Stroke for purposes of the policy: transient ischemic attack; brain injury related to trauma or infection; brain injury associated with hypoxia/anoxia or hypotension; vascular disease affecting the eye or optic nerve; and ischemic disorders of the vestibular system. In the event of death, an autopsy confirmation identifying Stroke as the cause of death will be accepted.

WHAT IS NOT COVERED BY THE POLICY

We will not pay benefits for a Specified Critical Illness that occurs as a result of a covered person's:

1. Committing or attempting to commit a felony or engaging in an illegal occupation.
2. Being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of his Doctor.
3. Having a pre-existing condition as defined in the policy and limited by the Time Limits on Certain Defenses provision of the policy.
4. Having a psychiatric or psychological condition such as affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's disease and other organic senile dementias are covered under the policy.
5. Committing or trying to commit suicide, or his injuring himself intentionally, while he is sane or insane.
6. Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
 1200 Colonial Life Boulevard, P.O. Box 1365 Columbia, South Carolina 29202 (800) 325 - 4368
 A Stock Company

LIMITED BENEFIT HOSPITAL CONFINEMENT INDEMNITY INSURANCE
OUTLINE OF COVERAGE (Applicable to Policy form MB3000-KY)

BENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide To Health

Insurance for People with Medicare available from the company. Premiums vary depending on your level of coverage.

Read your policy carefully. Your outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

Renewability. Your policy is guaranteed renewable as long as you pay the premiums when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Limited Benefit Coverage. Your policy does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Benefits

Hospital Confinement Benefit Amount: \$_____ per confinement

We will pay this benefit if any covered person incurs charges for and is confined due to a covered accident or covered sickness. The confinement to a hospital must begin while the policy is in force.

We will pay this benefit once per confinement. If a covered person is confined and is discharged and confined again for the same or related condition within 90 days of discharge, we will treat this later confinement as a continuation of the previous confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this later confinement as a new and separate confinement.

Outpatient Surgical Procedure Benefit

Tier 1 Surgical Procedures \$_____ per covered procedure

Tier 2 Surgical Procedures \$_____ per covered procedure

Calendar Year Maximum \$_____ per covered person for all covered surgical procedures combined

We will pay this benefit if any covered person incurs charges for and requires a surgical procedure due to a covered accident or covered sickness, and he is not confined in a hospital at the time of the procedure. The procedure must be performed by a doctor in a hospital or ambulatory surgical center. We will pay this benefit once per covered outpatient surgical procedure. We will pay this benefit for only one outpatient surgical procedure performed at the same time even if caused by more than one accident or sickness. In that event, we will pay the benefit that has the highest dollar value. The surgical procedure must occur while the policy is in force.

Ambulatory Surgical Center means a place which:

- is equipped for surgical procedures performed by qualified physicians;
- provides anesthesia administered by a licensed anesthesiologist or licensed nurse anesthetist; and
- has written agreements with local hospitals to immediately accept patients who develop complications.

Surgical Procedure means the cutting into the skin or other organ to accomplish any of the following goals:

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| • further explore the condition for the purpose of diagnosis; | • remove an obstruction; | • implant mechanical or electronic devices; |
| • take a biopsy of a suspicious lump; | • reposition structures to their normal position; | • repair an area that has been injured or affected by trauma, overuse, or disease; or |
| • remove diseased tissues or organs; | • redirect channels; | • restore proper function. |
| | • transplant tissue or whole organs; | |

The following will not be considered a surgical procedure for the purposes of the policy:

- | | | |
|---------------------------------|--------------------------------|--------------------------------------|
| • Venipuncture (drawing blood); | • Epidural steroid injections; | • Foreign body removal from the eye. |
| • Lumbar puncture; | • Removal of skin tags; or | |

To determine the amount payable for a surgical procedure, locate the procedure in one of the tiers shown in the Surgical Schedule below and refer to the benefit amount on the Policy Schedule for the tier in which the procedure appears.

If the specific procedure is not listed in the Surgical Schedule, we will use the Current Procedural Terminology (CPT) Code provided by the covered person's doctor and a current relative value scale to determine the tier of the procedure.

We will pay for only one surgical procedure for the same covered accident or covered sickness in a 90-day time period. If a covered person receives a subsequent surgical procedure for the same covered accident or same covered sickness, we will pay an additional benefit only if the subsequent procedure was performed more than 90 days after the last covered procedure was performed.

We will pay no more than the Calendar Year Maximum for the Outpatient Surgical Procedure Benefit shown.

If any covered person has an outpatient surgical procedure and is confined as a result of complications from the surgery within 90 days following the surgery, we will pay only the Hospital Confinement Benefit and not pay the Outpatient Surgical Procedure Benefit.

If we have already paid the Outpatient Surgical Procedure Benefit, we will deduct the Outpatient Surgical Procedure Benefit amount paid from any Hospital Confinement Benefit that is payable.

Tier 1 Surgical Procedures

<p>Breast Axillary node dissection Breast capsulotomy Breast reconstruction Lumpectomy</p> <p>Cardiac Pacemaker insertion</p> <p>Digestive Colonoscopy Fistulotomy Hemorrhoidectomy (external) Lysis of adhesions</p>	<p>Ear/Nose/Throat/Mouth Adenoidectomy Removal of oral lesions Myringotomy Tonsillectomy Tracheostomy</p> <p>Gynecological Dilation & Curettage (D&C) Endometrial ablation Lysis of adhesions</p> <p>Liver Paracentesis</p>	<p>Musculoskeletal System Carpal/cubital repair or release Dislocation (closed reduction treatment) Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair) Fracture (closed reduction treatment) Removal of orthopedic hardware Removal of tendon lesion</p> <p>Skin Laparoscopic hernia repair Skin grafting</p>
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Tier 2 Surgical Procedures

<p>Breast Breast reduction</p> <p>Cardiac Angioplasty Cardiac catheterization</p> <p>Digestive Exploratory laparoscopy Laparoscopic appendectomy Laparoscopic cholecystectomy</p> <p>Ear/Nose/Throat/Mouth Ethmoidectomy Mastoidectomy</p>	<p>Ear/Nose/Throat/Mouth cont. Septoplasty Stapedectomy Tympanoplasty Tympanotomy</p> <p>Eye Cataract surgery Corneal surgery (penetrating keratoplasty) Glaucoma surgery (trabeculectomy) Vitrectomy</p> <p>Gynecological Myomectomy</p>	<p>Musculoskeletal System Arthroscopic knee surgery w/menisectomy (knee cartilage repair) Arthroscopic shoulder surgery Clavicle resection Dislocations (ORIF - open reduction with internal fixation) Fracture (ORIF - open reduction with internal fixation) Removal or implantation of cartilage Tendon/ligament repair</p> <p>Thyroid Excision of a mass</p>
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Wellness Benefit Amount: \$50 per test, one test per calendar year if named insured coverage; two tests per calendar year if named insured and spouse coverage, one-parent family coverage or two-parent family coverage

We will pay this benefit if any covered person incurs charges for and has one of the wellness tests listed below performed while the policy is in force. We will pay the amount shown for one of the following wellness tests:

<ul style="list-style-type: none"> Blood test for triglycerides 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 	<ul style="list-style-type: none"> Colonoscopy or Virtual Colonoscopy Fasting blood glucose Flexible sigmoidoscopy Hemoccult stool analysis Mammography Pap smear or Thin Prep Pap 	<ul style="list-style-type: none"> PSA (blood test for prostate cancer) Serum protein electrophoresis (blood test for myeloma) Serum cholesterol test for HDL and LDL Stress test on a bicycle or treadmill Thermography
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We will pay up to the maximum number of tests shown.

Rehabilitation Unit Benefit Amount: \$100 per day up to 15 days per confinement with a 30 day maximum per covered person per calendar year

We will pay this benefit if any covered person incurs charges for and is transferred to a rehabilitation unit immediately after a period of hospital confinement due to a covered accident or covered sickness. We will pay the amount shown for each day of confinement in a rehabilitation unit, up to the maximum number of days shown.

Confinement to a rehabilitation unit must begin while the policy is in force.

Waiver of Premium Benefit After you have been confined to a hospital due to a covered accident or covered sickness for more than 30 continuous days while the policy is in force, we will waive the premium for the policy and any attached riders for as long as you remain confined to a hospital or rehabilitation unit.

You must pay all premiums to keep the policy and any attached rider(s) in force until you have been confined to a hospital for more than 30 continuous days and the waiver becomes effective.

You must send us written notice as soon as you are no longer confined to a hospital or rehabilitation unit. We will assume you are no longer confined to a hospital or rehabilitation unit if:

- You do not send us satisfactory proof of loss when we request it; or

- You notify us that you are no longer confined to a hospital or rehabilitation unit.

You must pay all premiums to keep the policy in force beginning with the first premium due after you are no longer confined to a hospital or rehabilitation unit.

The Waiver of Premium Benefit does not apply to any period that you are confined to a hospital or rehabilitation unit due to an accident, sickness or condition which is excluded by name or specific description.

This benefit does not apply to your spouse or to your children. We will waive premiums only if you, the named insured, are confined to a hospital for more than 30 continuous days. However, if this is a named insured and spouse, one-parent family policy or a two-parent family policy, we will waive premiums on all family members insured by the policy.

Definitions

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Calendar Year means the period beginning on the effective date of coverage shown on the Policy Schedule and ending on December 31 of the same year. Thereafter, it is the period beginning on January 1 and ending on December 31 of each following year.

Confined or Confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a physician or, for purposes of the hospital confinement benefit only, confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a physician.

Covered Accident means an accident which occurs on or after the effective date of the policy, occurs while the policy is in force, and is not excluded by name or specific description in the policy.

Covered Sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an accident, which occurs on or after the effective date of the policy, occurs while the policy is in force, and is not excluded by name or specific description in the policy.

Dependent Children means any natural children, step-children, legally adopted children or children placed into your custody for adoption who are unmarried, chiefly dependent on you or your spouse for support and younger than age 26.

Doctor or Physician means a person who is licensed by the state to practice a healing art and performs services for a covered person which are allowed by his license. For purposes of this definition, *Doctor or Physician* does not include any covered person or anyone related to any covered person by blood or marriage, a business or professional partner of any covered person, or any person who has a financial affiliation or a business interest with any covered person.

Emergency Room means a specified area within a hospital which is designated for the emergency care of accidental injuries or sicknesses. This area must be staffed and equipped to handle trauma, be supervised and provide treatment by physicians and provide care seven days per week, 24 hours per day.

Hospital means a place that is run according to law on a full-time basis, provides overnight care of injured and sick people, is supervised by a doctor, has full-time nurses supervised by a registered nurse, and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a rehabilitation unit, a place for alcoholics or drug addicts or an assisted living facility.

Observation Unit means a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a physician and which is under the direct supervision of a physician or registered nurse, is staffed by nurses assigned specifically to that unit and provides care seven days per week, 24 hours per day.

Pre-existing Condition means any covered person having a sickness or physical condition for which he was treated, had medical testing, received medical advice or had taken medication within 12 months before the effective date of the policy.

Rehabilitation Unit means an appropriately licensed facility that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of the combined use of medical, social, educational, and vocational services to enable patients disabled by sickness or accidental injury to achieve the highest possible functional ability. Services are provided by or under the supervision of an organized staff of physicians. The rehabilitation unit may be part of a hospital or a freestanding facility. A rehabilitation unit is not a nursing home, an extended care facility, a skilled nursing facility, a rest home or home for the aged, a hospice care facility, a place for alcoholics or drug addicts, or an assisted living facility.

What is Not Covered

We will not pay benefits for injuries received in accidents or for sicknesses which are caused by:

- Any covered person's treatment for dental care or dental procedures, unless treatment is the result of a covered accident.
- Any covered person undergoing elective procedures or cosmetic surgery. This includes procedures for complications arising from elective or cosmetic surgery. This does not include congenital birth defects or anomalies of a child or reconstructive surgery related to a covered sickness or injuries received in a covered accident.
- Any covered person participating or attempting to participate in an illegal activity.
- Any covered person being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on the advice of a physician.
- Any pregnancy of a dependent child, including services rendered to her child after birth.

- Any covered person having a psychiatric or psychological condition including but not limited to, affective disorders, neuroses, anxiety, stress and adjustment reactions. However, Alzheimer's Disease and other organic senile dementias are covered under the policy.
- Any covered person committing or trying to commit suicide or injuring himself intentionally, whether he is sane or not.
- Any covered person's involvement in any period of armed conflict, even if it is not declared.

Well Baby Care Limitation

We will not pay benefits for hospital confinement of a newborn child following his birth unless he is injured or sick.

Pre-existing Condition Limitation

We will not pay benefits for Hospital Confinement, Rehabilitation Unit Confinement or Outpatient Surgical Procedure for any covered person when such loss results from a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Policy Schedule.

Birth Limitation

We will not pay benefits for hospital confinement due to any covered person giving birth within the first nine (9) months after the effective date of the policy as a result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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A Stock Company

RESTORATION OF BENEFITS RIDER

OUTLINE OF COVERAGE

(Applicable to Rider form, R-UL-RB, including state abbreviations where used.)

Your Right to Return The Rider

If, for any reason, you are not satisfied with the rider, you can return it to us at our home office within 31 days after you receive it. At that time, you should ask us in writing to cancel it. We will consider the rider as if it never existed. Any Premium paid will be refunded.

About The Rider

The rider restores the policy values on a monthly basis as benefits are paid under the Long-Term Care Benefit Rider. We have issued the rider as a part of the policy to which it is attached. It is issued in consideration of the application and the payment of the additional Premium shown on the Rider Schedule. All terms of the policy apply to the rider except as provided herein.

Coverage Provided by The Rider

The following values in the policy to which the rider is attached will be restored 100% under the rider:

- Specified Amount;
- Fund Value; and
- Death Benefit.

In addition, any applicable policy Surrender Charges will be restored. The terms, conditions, exclusions and limitations of the Long-Term Care Benefit Rider govern the payment of restored benefits under the rider.

Restoration Benefits begin with the first full month for which benefits are paid under the Long-Term Care Benefit Rider. Subsequent restorations shall be made on a monthly basis coinciding with the payment of benefits under the Long-Term Care Benefit Rider.

Benefits continue until the first of the following occurs:

- the restored policy values equal 100% of the amount of the policy values which were reduced when the benefits were paid under the Long-Term Care Benefit rider;
- the Insured no longer meets the conditions for payment of benefits under the Long-Term Care Benefit Rider; or
- the sum of all Restoration Benefits equals 100% of the Specified Amount.

Rider Effective Date

The effective date of the rider is the same as that of the policy to which it is attached unless otherwise indicated on the Rider Schedule.

Incontestability

The coverage provided by the rider may only be Contested on the same basis as the Long-Term Care Benefit Rider.

Monthly Rider Premium

The Monthly Rider Premium for the rider is shown on the Rider Schedule. We reserve the right to change Premiums for the rider. The Premium can be changed only if we change it on all policies of the kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the Insured. We will send you written notice of any change in Premiums at least 60 days in advance.

Termination

The rider will terminate on the first date that any of the following occurs:

- the date the Long-Term Care Rider terminates;
- the date all benefits in the rider are exhausted;
- the date the policy to which the rider is attached terminates; or
- the date we receive your written request to terminate the rider.

Grace Period

The Grace Period provision of the policy also applies to the rider.

Reinstatement

If the policy and the Long-Term Care Benefit Rider are put back in force, you may have the right to put the rider back in force, if you meet certain requirements:

- you must furnish us with proof that the Insured is insurable. We may require a physical examination; and
- you must pay enough Premiums to keep the policy and the rider in force for two months, plus the Minimum Monthly Premium for the two months of coverage provided in the Grace Period provision in the policy.

When these conditions are met, we will reinstate the rider as of the policy's reinstatement date.

In the event of lapse we will reinstate the coverage, if we are provided proof that the Insured was Severely Cognitively Impaired or had a loss of functional capacity before the Grace Period contained in the policy expired. This option will be available to you if reinstatement is requested within five months after termination and will allow for the collection of past due Premium, where appropriate.



Service Information & Forms

Authorization for Colonial Life & Accident Insurance Company

For the purpose of evaluating my application(s) for insurance submitted during the current enrollment and eligibility for benefits under any insurance issued including checking for and resolving any issues that may arise regarding incomplete or incorrect information on my application(s), I hereby authorize the disclosure of the following information about me and, if applicable, my dependents, from the sources listed below to Colonial Life & Accident Insurance Company (Colonial) and its duly authorized representatives.

Health information may be disclosed by any health care provider or institution, health plan or health care clearinghouse that has any records or knowledge about me including prescription drug database or pharmacy benefit manager, or ambulance or other medical transport service. Health information may also be disclosed by any insurance company, Medicare or Medicaid agencies or the Medical Information Bureau (MIB). Health information includes my entire medical record, but does not include psychotherapy notes. Non-health information including earnings or employment history deemed appropriate by Colonial to evaluate my application may be disclosed by any person or organization that has these records about me, including my employer, employer representative and compensation sources, insurance company, financial institution or governmental entities including departments of public safety and motor vehicle departments.

Any information Colonial obtains pursuant to this authorization will be used for the purpose of evaluating my application(s) for insurance or eligibility for benefits. Some information obtained may not be protected by certain federal regulations governing the privacy of health information, but the information is protected by state privacy laws and other applicable laws. Colonial will not disclose the information unless permitted or required by those laws.

This authorization is valid for two (2) years from its execution and a copy is as valid as the original. A copy will be included with my contract(s) and I or my authorized representative may request access to this information. This authorization may be revoked by me or my authorized representative at any time except to the extent Colonial has relied on the authorization prior to notice of revocation or has a legal right to contest coverage under the contract(s) or the contract itself. If revoked, Colonial may not be able to evaluate my application(s) for insurance or eligibility for benefits as necessary to issue my contract(s). I may revoke this authorization by sending written notice to: Colonial Life & Accident Insurance Company, Underwriting Department, P. O. Box 1365, Columbia, SC 29202.

You may refuse to sign this form; however, Colonial may not be able to issue your coverage. I am the individual to whom this authorization applies or that person's legal Guardian, Power of Attorney Designee, or Conservator.

(Printed name of individual subject to this disclosure) (Social Security Number) (Signature) (Date Signed)

If applicable, I signed on behalf of the proposed insured as _____ (indicate relationship). If legal Guardian, Power of Attorney Designee, or Conservator.

(Printed name of legal representative) (Signature of legal representative) (Date Signed)

Service Guide for Policyholders



Keep this Service Guide handy for general information on your policy, how to file a claim or simply how to contact us.

Obtain a Claim Form:

- Download forms from coloniallife.com.
- OR-
- Call 1.800.325.4368.

Completing the Claim Form:

- Complete in full the sections of the claim form that apply to your specific claim. Be sure the information includes a diagnosis from your doctor along with medical bills.
- For disability claims, the doctor needs to verify the dates of disability and furnish dates of treatment. The employer needs to confirm dates you missed from work.
- Be sure to sign all authorizations as instructed.
- To ensure prompt processing, sign and return the certification on page 3, then sign, date and return the claims authorization on page 7.

Optional Services:

Page 1 of the claim form explains optional services you may select. You must initial each option you choose. These options allow us to:

- Release information to your sales representative, plan administrator or a family member.
- Communicate claims information via electronic messaging to your home phone number.
- Send any applicable claim benefits by overnight delivery and deduct the fee from your claim payment.

Submitting Your Claim:

- Fax the form to 1.800.880.9325. Include your name and Social Security number on each page of your fax. If you fax the claim, you do not need to mail the original document to us; keep this for your records.
- OR-
- Mail the completed forms to: P.O. Box 100195, Columbia, SC 29202-3195

Wellness Claims:

- For wellness screenings performed less than 12 months from the date of your claim filing, call 1.800.325.4368 or visit coloniallife.com to file your claim.
- For wellness screenings performed more than 12 months from the date of your claim filing, submit a bill showing the date and type of your wellness screening and name and telephone number of the provider who performed the test.

Resolving Your Claim:

- You will be notified by telephone when information is received regarding your claim.
- If you selected the electronic messaging option, you will receive a call once the claim is processed.
- If your claim is for a sickness or health condition occurring within the first year, we may need to determine whether you have a pre-existing condition. If we have to contact your doctor and/or request copies of the medical records, it may lengthen our processing time.
- We will notify you by letter if any additional information is needed from your doctor or any other source(s). We welcome your assistance in encouraging your doctor to provide the needed information as quickly as possible.
- Our goal is to provide prompt and accurate claims service. If you would like to check the status of your claim, please call our automated service line at 1.800.325.4368.

Important Reminders:

- When mailing the claim form or other information, keep a copy for your records.
- If you have questions at any point, call 1.800.325.4368.
- Sign your claim form at the bottom of pages 1 and 3.
- Read and sign the claims authorization on page 7. We cannot obtain additional information from your doctor without proper consent.

Ongoing Claims

Total disability benefits provided by your coverage are based on disability information submitted on your claim form. Because Colonial Life cannot pay benefits for time you have not yet missed from work, you may be asked to provide verification of your ongoing disability and the dates you are unable to work. All disability dates must be confirmed by your doctor and your employer. Include medical treatment dates on your claim form.

Change Requests

Change of Employment

If you change jobs or take a leave of absence, you may continue your individual Colonial Life coverage at the premium you are currently paying. To continue your individual Colonial Life coverage, contact your Colonial Life sales representative or call our Service Center.

Policy/Certificate Changes

The following changes must be requested in writing:

- Cancellations
- Loans
- Cash surrenders
- Withdrawals
- Ownership changes
- Beneficiary changes
- Assignments

Fax or mail the completed Request for Service form available on coloniallife.com.

Changes made by telephone include:

- Name/Address
- Payment method information - converting from payroll deduction to individual pay

Changes and Flexible Benefits Plans

The Internal Revenue Service issues regulations that govern flexible benefits plans. One of the IRS regulations requires employers to place certain limits on when their employees can change the elections they make under the plan. If you purchased coverage with pre-tax dollars, you signed an election form at the time of application, which stated that the election will remain in effect and cannot be revoked or changed during the plan year unless the revocation or new election is because of a change in status. A change in status is defined as a change in legal marital status, number of dependents, employment status, dependent satisfies or ceases to satisfy eligibility requirements, residence, adoption assistance. The election change must be consistent with the change of status.

Life Insurance Loans & Universal Life Withdrawals

Requests for loans and withdrawals must be signed and submitted in writing to the Service Center. Complete the appropriate sections on the Request for Service form. Note that unpaid loans and interest will impact your policy's cash value and death benefit. Also, withdrawals cannot be repaid and will reduce your policy's death benefit.

At your request, Colonial Life will send you a bill to repay your outstanding loan. You can repay your loan at any time. If you choose not to repay your loan, we will deduct the

principal and accrued interest from your benefit payment when a claim is filed or upon surrender of the policy. When you submit a loan payment, indicate that it should be applied as a loan payment and include your policy number.

Taxability of Benefits

If you pay your premiums under a flexible benefits plan with pre-tax dollars, or if your employer pays part or all of your premiums, some of these benefits may be taxable. If your benefits are taxable, you may receive a 1099 or W-2 from Colonial Life and/or a W-2 form from your employer that will include the amount you should report as taxable income to the IRS. If you have questions about taxability of benefits, discuss them with your employer or contact our Service Center and ask to speak to a tax specialist.

Contact Us

Colonial Life Service Center
P.O. Box 100195
Columbia, SC 29202-3195

1.800.325.4368; Monday through Friday, 8 a.m. – 7 p.m., Eastern Time. Automated service information is available 24 hours a day, 365 days a year.

- Check claim status of your claim.
- File Wellness claims.
- Other policy questions.

Have your Social Security or your policy number ready when you call.

Spanish-Speaking Customers

1.800.325.4368

Hearing-Impaired Customers

Who Have TDD 1.803.798.4040

(Telecommunications device for the deaf)

Colonial Life Website – coloniallife.com

- Obtain general service forms and information.
- E-mail any specific questions.
- File a Loss of Life notification.

Join the ColonialConnect for PolicyholdersSM Website

- Check the status of your claim.
- Verify your contact information.
- File Wellness claims.
- Make name and address changes.
- Register at coloniallife.com.

Note: If you have a Colonial Health AdvantageSM policy, please be sure to reference the Colonial Health AdvantageSM Customer Service Guide for any service information pertaining to it. To request a copy of this guide, please call 1.866.858.8978 or you may download one from the website, coloniallife.com.

Colonial Life

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

02/08

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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Request for Service

What type of service are you requesting? Please check only the boxes that apply.

1. General Information

Insured's name as currently listed on the policy: _____ Soc. Sec. No: _____ or Date of Birth(mm/dd/yyyy): _____

List all policy numbers related to this request (required to process):

Employer Name: _____

2. Name Change

Previous Name: _____ Current Name: _____

Reason: Correction Marriage/Divorce Other *Please attach copy of legal evidence.*

3. Address Change

Street	Apt. No.	Telephone (h)	(w)
City	State	Zip	

4. Request for Beneficiary Designation Form

Please visit us at our website www.coloniallife.com or contact us at 1-800-325-4368 to request a copy of the Beneficiary Change form.

5. Payment Method Change *YOU HAVE A CHOICE OF THREE EASY PAYMENT METHODS. PLEASE SELECT ONE.*

1. Please deduct monthly premiums from my banking account.

Please attach a voided check and circle one range of days you would like your checking account to be drafted.

RANGE: (A) 1st-5th (B) 6th-10th (C) 11th-15th (D) 16th-20th (E) 21st-26th Your draft will occur on one of the dates within the range you have selected. **Signature of checking account owner:** _____

OR

2. Please bill me directly. *Choose one of the following:*

- Quarterly *(Submit a payment 3 times your monthly premium.)*
 Semi-annually *(Submit a payment 6 times your monthly premium.)*
 Annually *(Submit a payment 12 times your monthly premium.)*

OR

3. Change to Payroll Deductions.

Employer Name _____

Account Number _____

Please contact your PA to start payroll deduction.

6. Cancellation, Surrender or Policy Change *YOU MUST ALSO COMPLETE SECTIONS 9, 10, AND 12 ON THE REVERSE SIDE.*

Cancel the policy(s).

Surrender the policy and roll over the cash value to: _____

Cancel the following riders on the policy(s): Spouse Dependent Other _____

Change Two-Parent to Individual Change Two-Parent to One-Parent Change One-Parent to Individual

Birthdate _____ Social Security Number _____

Please contact your Colonial representative if you wish to add a family member.

7. Policy Loan *YOU MUST ALSO COMPLETE SECTION 9, 10, AND 12 ON THE REVERSE SIDE.*

PLEASE SELECT ONE OPTION

I am requesting a policy loan for the following amount: \$ _____

I am requesting a policy loan for the maximum amount available.

By signing on the reverse side, I hereby assign the policy to the insurer as collateral.

Policy loans are available on life policies only. You will receive annual loan interest notices until the loan is fully repaid.

**Continued on Reverse Side
Colonial Supplemental Insurance Processing Center**

8. Withdrawal / Partial Surrender (Universal Life Policy) YOU MUST ALSO COMPLETE SECTIONS 9, 10, AND 12.

PLEASE SELECT ONE OPTION

- I am requesting a policy withdrawal / partial surrender for the following amount: \$ _____
- I am requesting a policy withdrawal / partial surrender for the maximum amount available.

Only one policy withdrawal / partial surrender is allowed per year for a minimum of \$100. There will be a processing fee of \$25 or as stated in your policy. If your policy is not a universal life policy and you request a policy withdrawal, we will process the request as a policy loan.

9. Community Property Release YOU MUST COMPLETE THIS SECTION IF YOU RESIDE IN ONE OF THE FOLLOWING STATES.

Community property states: AZ, CA, HI, ID, LA, NV, NM, TX, WA, WI

Spouse's/former spouse's signature is required in states that have community property laws.

By signing below, I, the spouse/former spouse, agree to the cancellation, surrender, change, loan or withdrawal indicated above.

Signature of spouse/former spouse _____ **State** _____ **Date** _____
(MM/DD/YYYY)

Check here when no signature is required because: Policy owner is single (never married) spouse is deceased

10. Tax Withholding Options PLEASE READ AND COMPLETE THIS SECTION IF YOU ARE REQUESTING A SURRENDER OR WITHDRAWAL.

Election of a tax withholding option is not available for tax-qualified products. The insurer is required to withhold 20% of any recognized gain for tax-qualified products unless proceeds are rolled directly into an IRA or other qualified retirement plan.

Under certain criteria established by the Treasury Department, a gain may be reportable by the insurer at the time of surrender, partial surrender or withdrawal of this policy, creating a taxable situation. However, any gain is taxable income for the current tax year.

If a gain is reportable, an IRS Form 1099R will be sent to you at the beginning of the next calendar year, reporting the recognized gain, and a copy of Form 1099R will be sent to the IRS. If a gain is not reportable when the surrender, partial surrender or withdrawal is processed, an IRS Form 1099R will not be sent. In addition, if a gain is reportable, the insurer is required to withhold 10% of any recognized gain, unless the policy owner elects not to have the tax withheld. You may be subject to penalties under the estimated tax payment rules if you elect not to have tax withheld and payments of estimated tax and other withholding are not adequate to satisfy tax liability.

Choose one of the following options. If an option is not selected, a withholding will automatically be made.

- I DO NOT want to have Federal Income Tax withheld in conjunction with this surrender/partial surrender/withdrawal.
- I DO want to have Federal Income Tax withheld from the surrender/partial surrender/withdrawal proceeds.

11. Other Requests or Remarks

12. Signatures Required YOU MUST FILL OUT THIS SECTION COMPLETELY IN ORDER FOR US TO PROCESS YOUR REQUEST. BE SURE TO LIST A SOCIAL SECURITY NUMBER OR DATE OF BIRTH BELOW. FAILURE TO PROVIDE SOCIAL SECURITY NUMBER OR DATE OF BIRTH MAY DELAY PROCESSING.

I have carefully read this request and agree that it is properly and fully completed. I understand that this request is subject to the provisions and conditions of the policy and that the company may require additional information or requirements. I certify that the policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings or bankruptcy or insolvency have been filed or are now pending.

I certify the **Social Security Number** or **Date of Birth** indicated is correct, and I hereby authorize Colonial to execute this request.

Policy owner's signature _____ Daytime telephone _____

Policy owner's Social Security Number or Date of Birth: _____

Policy owner's address _____

Assignee's signature (if any) _____

Date _____
(MM/DD/YYYY)

PLEASE BE SURE TO SIGN AND DATE.

MAIL TO: Colonial Supplemental Insurance Processing Center, P.O. Box 1365, Columbia, SC 29202-1365

Phone: 1-800-325-4368 / To fax requests: 1-800-561-3082

www.coloniallife.com



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