

Individual Short-Term Disability Insurance



ColonialLife.com

**up to 40% of income monthly,
paid up to 6 or 12 months
after 7 or 14 day waiting
period. (SDI)**

**60% of income monthly,
paid up to 6 or 12 months
after 7 or 14 day waiting
period. (no SDI)**

**OFF THE JOB
(NON-OCCUPATIONAL)
COVERAGE**

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

Can you afford to not protect your paycheck?

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

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

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	\$
Utilities (electric/gas, phone, water, TV, Internet)	\$
Transportation costs (gas, car payments)	\$
Food	\$
Health (medical needs and prescription drugs)	\$
Other	\$
TOTAL	\$

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job injury and off-job sickness: _____

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

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

How long will I receive benefits?

Benefit period: 6 or 12 months

The partial disability benefit period is three months.

When will my total disability benefits start?

After an injury: 7 or 14 days

After a sickness: 7 or 14 days

*Subject to income requirements

Product information

Total disability definition

Totally disabled or total disability means that as a result of sickness or injury, you are not able to perform with reasonable continuity, the substantial and material acts necessary to perform your usual occupation in the usual and customary way, and you choose not to work at any occupation.

How partial or residual disability works

If you are able to return to work part-time after at least 1 day of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

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

Geographical limitations

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

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

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

Premium

Your premium is based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change as you age.*



For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: alcoholism or drug addiction, cosmetic surgery, felonies or illegal occupation, flying, hazardous avocations, intoxicants and controlled substances, racing, professional sports, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-CA and rider form ISTD3000-ADIB-CA. Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy and rider provisions will control.

*Premiums can be changed only if we change them on all policies in the state where they are issued.

CA LIC# _____

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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INDIVIDUAL SHORT TERM LIMITED DISABILITY INCOME INSURANCE POLICY

Outline of Coverage
(Applicable to policy form ISTD3000-CA)

Please 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**.

Please be aware that the terms in the outline may be specifically defined and bolded in the policy.

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

BENEFITS

Total Disability	Benefit payable in the amount and for the period indicated on the Policy Schedule
Partial or Residual Disability	Benefit payable in the amount and for the period indicated on the Policy Schedule
Recurrent Disability	Benefit payable in the amount and for the period indicated on the Policy Schedule
Concurrent Disability	Benefit payable in the amount and for the period indicated on the Policy Schedule
Subsequent Disability	Benefit payable in the amount and for the period indicated on the Policy Schedule
Waiver of Premium Benefit	Benefit provided when policy conditions are met

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as a result of your:

Alcoholism or Drug Addiction

Addiction to alcohol or drugs, except for drugs taken as prescribed by your **physician**.

Cosmetic Surgery Cosmetic surgery; however, complications from such surgery, as well as reconstructive surgery resulting from a **covered injury** or **covered sickness**, will be administered to the same extent as any other **injury** or **sickness**.

Felonies or Illegal Occupation Committing or attempting to commit a felony or being engaged in an illegal occupation.

Flying Operating, learning to operate, or serving as a crew member of any aircraft or hot air balloon. This does not include flying as a fare paying passenger.

Hazardous Avocations Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting, or hot air ballooning.

Intoxicants and Controlled Substances Loss or injury being the consequence of intoxication or being under the influence of any controlled substance unless administered on the advice of a **physician**.

Professional Sports Practicing for or participating in any professional competitive athletic contest for which any type of compensation or remuneration is received.

Racing Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

Suicide or Injuries Which You Intentionally Do to Yourself Committing or trying to commit suicide or your injuring yourself intentionally.

War or Armed Conflict Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

LIMITATIONS

Geographical Limitations If you become **totally disabled** or **partially or residually disabled** as the result of a **covered injury** or a **covered sickness** while you are outside the covered geographical areas and you are **totally disabled** or **partially or residually disabled** longer than the **elimination period** shown on the Policy Schedule, your maximum **benefit period** for **Total Disability** and **Partial or Residual 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 disabled** or **partially or residually disabled** as defined in this 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 on the Policy Schedule. We will pay the monthly benefit amount shown on the Policy Schedule for up to the remaining applicable **benefit period**.

Giving Birth Limitation We will not pay benefits for losses due to you giving birth within the first nine (9) months after the **Policy Coverage Effective Date**. **Complications of pregnancy** are subject to the Pre-Existing Condition Limitation and are administered consistently with any other sickness.

Pre-Existing Condition Limitation We will not pay benefits for losses when the disability is a **pre-existing condition** as defined in the policy, unless you have satisfied the Pre-Existing Condition Limitation Period shown on the Policy Schedule on the date you suffer a loss due to a **covered injury** or **covered sickness**.

Renewability Your policy is guaranteed renewable to the policy anniversary date on or next following your 75th 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.

Premium for the Policy The monthly premium for the policy is \$_____.

Loss Ratio The expected benefit ratio for this policy is in excess of 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

Individual Disability - ISTD3000 for CA **AA Risk Class**

Applicable to policy form Individual Disability

● Off Job Injury & Off Job Sickness

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*
7 days Injury/7 days Sickness	17-49	\$45.20	\$67.80	\$90.40
	50-64	\$61.20	\$91.80	\$122.40
	65-74	\$74.00	\$111.00	\$148.00
14 days Injury/14 days Sickness	17-49	\$31.40	\$47.10	\$62.80
	50-64	\$42.40	\$63.60	\$84.80
	65-74	\$51.30	\$76.95	\$102.60

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*
7 days Injury/7 days Sickness	17-49	\$59.80	\$89.70	\$119.60
	50-64	\$79.20	\$118.80	\$158.40
	65-74	\$99.00	\$148.50	\$198.00
14 days Injury/14 days Sickness	17-49	\$44.00	\$66.00	\$88.00
	50-64	\$66.60	\$99.90	\$133.20
	65-74	\$83.20	\$124.80	\$166.40

*monthly benefit amount

~~24 Month Benefit Period~~

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*
7 days Injury/7 days Sickness	17-49	\$86.40	\$129.60	\$172.80
	50-64	\$129.40	\$194.10	\$258.80
	65-74	\$256.10	\$384.15	\$512.20
14 days Injury/14 days Sickness	17-49	\$60.00	\$90.00	\$120.00
	50-64	\$90.20	\$135.30	\$180.40
	65-74	\$180.40	\$270.60	\$360.80

*monthly benefit amount

Important Notice

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

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