



ColonialLife.com

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

Can you afford to not protect your income?

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

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

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

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____
Choose a monthly benefit amount between \$400 and \$6,500.*

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

How long may I receive benefits?

Benefit period: _____ months
The partial disability benefit period is three months.

When may my total disability benefits start?

After an accident: _____ days After a sickness: _____ days

*Subject to income requirements

Product information

Total disability definition

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

How partial disability works

If you are able to return to work part time, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

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

Geographical limitations

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

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

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



For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for 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.

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the policy coverage effective date shown on the policy schedule.

If we do not pay a claim because the illness is a pre-existing condition, we will provide the insured with the following: a written denial letter; and the information we have documenting the treatment or observation of the pre-existing condition.

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

This information is not intended to be a complete description of the insurance coverage available. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form ISTD3000-MA and rider form ISTD3000-ADIB-MA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.