



**Meade County Schools**



**2022  
Employee Benefit Booklet**

Presented by:





Welcome to Meade County Schools. The Board of Education in partnership with Benefits Resource Group (BRG) provides a comprehensive employee benefit package to all benefit eligible employees. As a benefit eligible employee, you are required to meet with a BRG counselor to review the benefit options available under the Section 125 benefits program. Because of certain benefits being offered to you tax-free (Section 125 Tax Law), your signature is required for documentation to Meade Co Schools that you have been offered and understand your employee benefit options. You are not required to participate in these benefits; however, during this year's open enrollment period many of the products are given certain **GI options ONLY (Guarantee Issue / No Health Questions)**. Future enrollments may require health questions & you face the possibility of being declined for coverage.

Our enrollment will be a hybrid this year. You have two options for enrolling: In Person or Virtual.

**In Person Enrollment Locations:**                      **June 6 - 9 (9 am – 3 pm)**                      Stuart Pepper Middle School

**Virtual Meetings: June 10 - 14** <https://openenrollment-meade-co-2022.timetap.com/>

You will discuss your benefits remotely with our agents through a webcast. Information on scheduling your personal 1 on 1 meeting will be sent to your school email address

### **Section 125 Employee BENEFITS PLAN: At-A-Glance**

**Qualified Pre-Tax Benefits:** (Most employees may save approximately 25-28% on all qualified pre-tax benefits.)

- Vision                      **\*\*New Company**
- Dental                    **\*\*New Company \*\*\*Increased benefits**
- Accident Insurance
- Cancer Insurance
- Medical Bridge (Gap) Insurance                      **\*\*\*GI this year/ No health questions**

**Qualified Post-Tax Benefits:**

- Short Term Disability                      **\*\*\*GI this year / No health questions**
- Long Term Disability
- Group Term Life Insurance
- Perm-Term with LTC
- Critical Care Insurance                      **\*\*\*GI up to \$30,000 this year**
- Term Life Insurance
- Whole Life Insurance                      **\*\*\* Some amounts are Guaranteed Issued – discuss with agent**
- Legal Shield / Identity Theft Protection

**Disclaimer:** The following information highlights the benefits of the current policies available through your benefits package. You should refer to your personal policy for your exact benefits and features. Please meet with a representative from Benefits Resource Group (BRG). Your Benefit Representative can provide you with information on all available plans and assist with any questions. For further assistance, call the Benefits Resource Group Service Center at 1-800-730-5070 or 270-842-8110.



**Legal Plan** – covers you, your spouse or domestic partner, never-married children under age 26 living at home, dependent children under age 18 for whom the member is the legal guardian, never married dependent children who are full-time college students up to age 26, and physically or mentally disabled children living at home.

#### **Advice & Consultation**

Toll-free phone consultations with your Provider Law Firm for any personal legal Matter, even on pre-existing conditions.

Letters and Phone Calls on Your Behalf

24/7 Emergency Assistance-  
After-hours legal consultation for covered Legal emergencies. Specific coverage depends On plan. Emergencies include: arrest, seriously Injured or served a warrant.

Family Matters (family plan only)

IRS

#### **Document Preparation**

Will preparation and annual reviews and updates for covered members;  
Other documents available: Living Will, Health Care Power of Attorney.

Contract and Document Reviews

Residential Loan Document Assistance  
Mortgage documents (as required of the borrower by the lending institution) prepared for the purchase of your primary residence.

Auto

Additional Benefits - -Preferred Member Discounts

Everyone deserves legal protection. LegalShield is creating a world where everyone can access legal protection - - - and everyone can afford it. You will have access to a quality law firm 24/7, for covered personal situations.

**Identity Theft Plan** – covers you, your spouse or domestic partner, and up to 8 dependents under the age of 18. Your identity is personal. Keep it that way. Identity theft affects millions of Americans each year. And while it can take just minutes to happen, recovering from the financial damage and emotional toll it inflicts often takes years. Identity Shield equips you with the information and expertise you need to help prevent theft and resolve issues related to identity theft.

#### **Credit Report and Personal Credit Score**

#### **Continuous Monitoring with Safety Alerts**

#### **Identity Consultation and Restoration Services**

#### **Safeguard for Minors**

Monthly Rates: <b>Legal Only:</b> Single Unmarried = 16.95 Family = 18.95	Monthly Rates: <b>ID Shield Only:</b> Single Unmarried = 8.95 Family = 18.95
Single Bundle Rate = 25.90	Family Bundle Rate = 33.90 **Save \$4 per month for bundle



## DeltaVision 150 Plus

### Monthly Rates:

EE Only	8.67
EE + Spouse	17.33
EE + Dep(s)	18.01
Family	28.79

Benefit	Description	Copay
WellVision Exam		
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	\$10
Prescription Glasses		\$10
Frames 1 pair every 24 months	\$150 allowance for wide selection of frames 20% savings on amount over allowance \$80 Costco, Walmart/Sam’s Club frame allowance	Included in Prescription Glasses Copay
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children & adults	Included in Prescription Glasses Copay
Covered Lens Enhancements	Standard Progressive Lenses Standard Scratch Resistant Coating UV Screening Solid or Gradient Tint Standard Anti-Reflective Coating	Covered in full
Optional Lens Enhancements	Premium Progressive Lenses Custom Progressive Lenses Average savings of 30% on other lens enhancements	\$95 - \$105 \$150 - \$175
Contact Lenses - instead of glasses		
Contacts every 12 months	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60
Extra Savings		
Featured Frames	\$170 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Laser Vision Correction	Average 15% - 20% discount	
Additional Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	
Your coverage with Out-of-Network Providers		
Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30	Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Lenticular Lenses - up to \$100	Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210

### Member Services\*

#### Delta Dental of Kentucky

Customer Service  
800-955-2030

\*Please contact DDKY for eligibility before contacting VSP Member Services

#### VSP Vision

Member Services  
800-877-7195

Hearing impaired customers may call 800-428-4833

### VSP Choice Network

100,000 Access Points • In-network with Costco, Walmart/Sam's Club

## Delta Dental of Kentucky Delta Dental PPO plus Premier Summary of Dental Plan Benefits



**Group Name:** Meade County Schools

**Group Number:** 713700

**Covered Services –**

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non- participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> – to detect oral cancer	100%	100%	100%
<b>Radiographs</b> – X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	80%	80%	80%
<b>Root Canals</b> – to treat teeth with diseased or damaged nerves	80%	80%	80%
<b>Simple Extractions</b> – non-surgical removal of teeth	80%	80%	80%
<b>Other Basic Services</b> – misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Other Endodontic Services</b> – treatment other than root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Other Oral Surgery</b> – dental surgery	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Relines and Repairs</b> – to bridges, implants and dentures	50%	50%	50%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	Dependent children to the end of the month of age 19		

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year. Limited oral evaluations for a specific problem or complaint are also payable twice in the same calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in a lifetime.
- Fluoride treatments are payable twice per calendar year for people up to age 19.

Customer Service Toll-Free Number: (800) 955-2030  
www.DeltaDentalKY.com

- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

**Deductible** – None

**Maximum Payment** – \$1,500 per person total per Benefit Year on all services, except cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth). \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts and orthodontic services (including surgical repositioning of teeth).

**Dependent Age Limit** – Dependents are covered up to age 26.

**Eligible People** – The subscriber (you) is eligible for dental benefits when your employer or organization notifies Delta Dental.

Also eligible at your option are your legal spouse and your children who meet the age requirements noted above. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible under this Contract, you may be enrolled as both a Subscriber on your own application and as a dependent on your spouse's application. Your dependent children may be enrolled on both applications as well. Delta Dental will coordinate benefits.

Benefits will cease on the last day of the month in which the employee is terminated.

#### Monthly Rates:

EE Only	20.65
EE + Spouse	62.40
EE + Dep(s)	68.17
Family	96.01

**This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflict with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages above are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\***

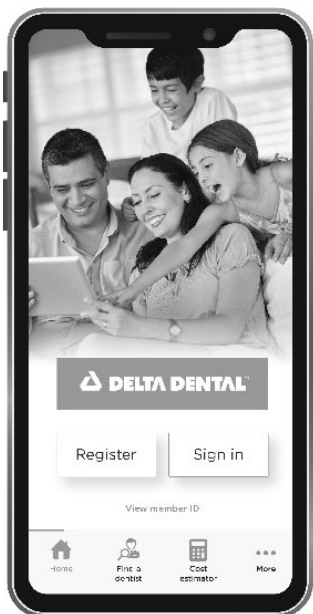
Customer Service Toll-Free Number: (800) 955-2030  
[www.DeltaDentalKY.com](http://www.DeltaDentalKY.com)

# Delta Dental Mobile App

Helping members  
manage their oral health



Oral health is important to Delta Dental — and to overall health! We've designed our mobile app to make it easy for your employees to make the most of their dental benefits. Members can search for a dentist near them, access ID cards and more, right on their mobile device.



## Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.

## Delta Dental Mobile App features

- Quick and easy access to your membership ID card — no more looking for ID cards!
- A dentist search tool that helps members quickly find an in-network provider nearby.
- Save your preferred dentist for quick access.
- Our easy-to-use Dental Care Cost Estimator tool provides estimated cost ranges for common dental care needs. (Not available in all geographic areas.)



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.



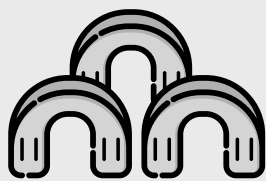
## Special offer for employees and families

As Delta Dental of Kentucky members,  
You receive **50% off** CustMbite Smile Whitening Kits!

Visit [custmbite.com](http://custmbite.com) and use code **SMILEKIT50** at checkout.

Retail Value \$39.77 / With Code \$19.89

Smile Kits include:



three moldable  
whitening trays



two applicators of  
whitening gel

CustMbite Smile Kits provide radiant smiles for everyone. Our whitening trays, made from our patented Vistamaxx™ material, provides a comfortable and secure fit while our gel and foam give you a brighter cleaner, more radiant smile.

*CustMBite is a wholly-owned subsidiary of Delta Dental of Kentucky, Inc.*

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CustMbite.com

855-253-4680 | [customerservice@custmbite.com](mailto:customerservice@custmbite.com)





## Group Long Term Disability

**Help give your paycheck the protection that life may not provide!**

Every second, a disabling injury changes someone's life. Accidents are not the only cause of a disability. Back pain, heart disease and other illnesses are the reasons for a majority of long-term absences and can happen to anyone.

Whatever the cause, a disability can mean months out of work, without a paycheck. But with **Long-Term Disability Insurance** you can protect your income and continue to provide for yourself and your loved ones.

Long Term Disability Benefits:

- 60% of your current salary up to \$6000 monthly.
- 90-day elimination (or waiting) period.
- Minimum Monthly Benefit- Greater of \$100 or 10% of income.

*\*Pre-Existing Condition Limitation: 12/12/24 Treatment Free/Lookback/Continuously Insured*

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## Employer Paid Life Insurance

- Meade County School provides each employee with up to One X your annual salary.
- Minimum \$15K.
- Maximum \$100K.



# Group Term Life

## With Accidental Death & Dismemberment

A sudden death or accident can change everything. Life insurance with Accidental Death and Dismemberment (AD&D) insurance helps keep you covered in case an untimely death or accident destroys your income-earning ability.

### Supplemental Employee Life & AD&D

- Increments of \$10,000, subject to a maximum of 5 x salary.
- Amount available up to \$500,000.
- Portability/Convertibility Options available when employment ends.

### Supplemental Spouse Life & AD&D

- Increments of \$5,000 to a maximum of \$500,000.
- Spouse Guarantee Issue - \$50,000.
- Portability/Convertibility Options available when employment ends.

### Dependent Child(ren) Life Coverage

- \$10,000 benefit available for each dependent child.

*\* Employee required to take coverage in order for spouse and child(ren) to qualify for coverage.*

*\* Spouse coverage cannot exceed the employee coverage amount.*

*\* Dependent child guidelines to age 18 unless:*

- *Full – Time Student*
- *Unmarried **and***
- *Partially or wholly dependent on covered parent for support*

*\* Benefits available to New Employees without Underwriting.*

# Educator Disability Income Insurance

**Colonial Life**  
The benefits of good hard work.®



## How long could you afford to go without a paycheck?

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

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

Monthly Expenses:     \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
                                         \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

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

### Who's being covered?

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

### How much coverage do I need?

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

Select **One** Benefit Period Option:

On-Job

Off-Job

● **Total Disability**

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

● **Partial Disability**

Up to 3 months	\$ _____/month	\$ _____/month
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### When will my benefits start?

After an Accident: \_\_\_\_\_ days

After a Sickness: \_\_\_\_\_ days

### How much will it cost?

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

# Employee Coverage

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

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

## Medical Fees for Accidents Only

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

## Hospital Confinement Benefit for Accident or Sickness

### Pays in addition to disability benefit.

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

## Accidental Death and Dismemberment Benefits

### Benefits payable for death or dismemberment.

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

## Complete Fractures

### Complete Fractures requiring closed reduction

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

# Complete Dislocations

## Complete Dislocations requiring closed reduction with anesthesia

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

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

## Additional Features

- Waiver of Premium
- Worldwide Coverage

# Optional Spouse and Dependent Coverage

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

## Medical Fees for Accidents Only

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

## Hospital Confinement Benefit for Accident or Sickness

- Up to 3 months ..... \$1,200/month (\$40/day)

## Accidental Death and Dismemberment Benefits

- Accidental Death ..... Spouse \$10,000  
Child(ren) \$5,000
- Loss of a Finger or Toe
  - Single Dismemberment ..... \$75
  - Double Dismemberment ..... \$150
- Loss of a Hand, Foot or Sight of an Eye
  - Single Dismemberment ..... \$750
  - Double Dismemberment ..... \$1,500
- Accidental Death Common Carrier ..... Spouse \$20,000  
Child(ren) \$10,000

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

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

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

## When am I considered totally disabled?

Totally disabled means you are:

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

## What if I want to return to work part-time after I am totally disabled?

You may be able to return to work part-time and still receive benefits. We call this "Partial Disability." This means you may be eligible for coverage if:

- You are unable to perform the material and substantial duties of your job for more than 20 hours per week,
- You are able to work at your job or your place of employment for 20 hours or less per week,
- Your employer will allow you to return to your job or place of employment for 20 hours or less 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.

## When do disability benefits end?

The Total Disability Benefit will end on the policy anniversary date on or after your 70th birthday.

The Hospital Confinement benefit increases when the Total Disability Benefit ends.

## What is a pre-existing condition?

A pre-existing condition means having a sickness or physical condition for you were treated by a licensed physician, had medical testing, 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.

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you continue to pay your premiums when they are due.

## Can my premium change?

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

## What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury.

A covered accident or covered sickness:

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

## EXCLUSIONS

We will not pay benefits for injuries received in accidents or sicknesses which are caused by or are the result of: intoxicants, narcotics and hallucinogenics; flying; giving birth within the first nine months after the effective date of the policy; hazardous avocations; illegal activities; having a pre-existing condition as described and limited by the policy; psychiatric or psychological condition; racing; practicing for or participating in any semi-professional or professional sport; committing or trying to commit suicide or injuring yourself intentionally; being exposed to war or any act of war or serving in the armed forces of any country or authority.

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

### Colonial Life

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

# Accident Insurance



Accidents happen in places where you and your family spend the most time – at work, in the home and on the playground – and they're unexpected. How you care for them shouldn't be.

**In your lifetime, which of these accidental injuries have happened to you or someone you know?**

- Sports-related accidental injury
- Broken bone
- Burn
- Concussion
- Laceration
- Back or knee injuries
- Car accidents
- Falls & spills
- Dislocation
- Accidental injuries that send you to the emergency room, urgent care or doctor's office

Colonial Life's Accident Insurance is designed to help you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. The benefit to you is that you may not need to use your savings or secure a loan to pay expenses. Plus, you'll feel better knowing you can have greater financial security.

## What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

## Will my accident claim payment be reduced if I have other insurance?

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

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable as long as you pay your premiums when they are due or within the grace period.

## Can my premium change?

Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

## How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

Benefits listed are for each covered person per covered accident unless otherwise specified.

## Initial Care

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

## Common Accidental Injuries

Dislocations (Separated Joint)	Non-Surgical	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

Fractures	Non-Surgical	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
- Coma.....\$10,000
- Concussion ..... \$60
- Emergency Dental Work ..... \$75 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$30 to \$500

## Requires Surgery

- Eye Injury.....\$300
- Tendon/Ligament/Rotator Cuff.....\$500 - one, \$1,000 - two or more
- Ruptured Disc .....\$500
- Torn Knee Cartilage .....\$500

## Surgical Care

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



## Transportation/Lodging Assistance

If injured, covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Transportation.....\$500 per round trip up to 3 round trips
- Lodging (family member or companion).....\$125 per night up to 30 days for a hotel/motel lodging costs

## Accident Hospital Care

- Hospital Admission\* ..... \$1,250 per accident
- Hospital ICU Admission\* ..... \$2,500 per accident
- \* We will pay either the Hospital Admission or Hospital Intensive Care Unit (ICU) Admission, but not both.*
- Hospital Confinement ..... \$250 per day up to 365 days per accident
- Hospital ICU Confinement ..... \$500 per day up to 15 days per accident

## Accident Follow-Up Care

- 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

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

	Accidental Death	Common Carrier
● Named Insured	\$50,000	\$100,000
● Spouse	\$50,000	\$100,000
● Child(ren)	\$10,000	\$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

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- ☐ Employee Only      ☐ Spouse Only      ☐ One Child Only      ☐ Employee & Spouse
- ☐ One-Parent Family, with Employee      ☐ One-Parent Family, with Spouse      ☐ Two-Parent Family

### When are covered accident benefits available? (check one)

- ☐ On and Off -Job Benefits      ☐ Off -Job Only Benefits

We will not pay benefits for losses that are caused by or are the result of: hazardous avocations; felonies or illegal occupations; racing; semi-professional or professional sports; sickness; suicide or self-inflicted injuries; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of: birth; intoxication.

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

#### Colonial Life

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

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# Group Hospital Confinement Indemnity Insurance Plan 3

Group Medical Bridge<sup>SM</sup> insurance can help with medical costs that your health insurance may not cover. These benefits are available for you, your spouse and eligible dependent children.

**Hospital confinement benefit**.....\$ 1,000 per day  
Maximum of one day per covered person per calendar year

**Emergency room visit benefit**.....\$150 per day  
Maximum of one day per covered person per calendar year

**Diagnostic procedure benefit**.....\$ 500 per day  
Maximum of one day per covered person per calendar year

## Outpatient surgical procedure benefit

■ **Tier 1**.....\$ 500 per day

■ **Tier 2**.....\$ 1,000 per day

Maximum of \$ 1,500 per covered person per calendar year for Tier 1 and 2 combined  
Maximum of one day per outpatient surgical procedure

## Diagnostic procedures

The following is a list of common diagnostic procedures that may be covered.

- **Breast**
  - Biopsy (incisional, needle, stereotactic)
- **Cardiac**
  - Angiogram
  - Arteriogram
  - Thallium stress test
  - Transesophageal echocardiogram (TEE)
- **Diagnostic radiology**
  - Computerized tomography scan (CT scan)
  - Electroencephalogram (EEG)
  - Magnetic resonance imaging (MRI)
  - Myelogram
  - Nuclear medicine test
  - Positron emission tomography scan (PET scan)
- **Digestive**
  - Barium enema/lower GI series
  - Barium swallow/upper GI series
  - Esophagogastroduodenoscopy (EGD)
- **Ear, nose, throat, mouth**
  - Laryngoscopy
- **Gynecological**
  - Amniocentesis
  - Cervical biopsy
  - Cone biopsy
  - Endometrial biopsy
  - Hysteroscopy
  - Loop electrosurgical excisional procedure (LEEP)
- **Liver**
  - Biopsy
- **Lymphatic**
  - Biopsy
- **Miscellaneous**
  - Bone marrow aspiration/biopsy
- **Renal**
  - Biopsy
- **Respiratory**
  - Biopsy
  - Bronchoscopy
  - Pulmonary function test (PFT)
- **Skin**
  - Biopsy
  - Excision of lesion
- **Thyroid**
  - Biopsy
- **Urinary**
  - Cystoscopy

For more information,  
talk with your  
benefits counselor.





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The surgeries listed below are only a sampling of the surgeries that may be covered. Surgeries must be performed by a doctor in a hospital or ambulatory surgical center. For complete details and definitions, please refer to your certificate.

### Tier 1 outpatient surgical procedures

#### ■ Breast

- Axillary node dissection
- Breast capsulotomy
- Breast reconstruction
- Lumpectomy

#### ■ Cardiac

- Pacemaker insertion

#### ■ Digestive

- Colonoscopy
- Fistulotomy
- Hemorrhoidectomy (external)
- Lysis of adhesions

#### ■ Skin

- Laparoscopic hernia repair
- Skin grafting

#### ■ Ear, nose, throat, mouth

- Adenoidectomy
- Removal of oral lesions
- Myringotomy
- Tonsillectomy
- Tracheostomy

#### ■ Gynecological

- Dilation and curettage (D&C)
- Endometrial ablation
- Lysis of adhesions

#### ■ Liver

- Paracentesis

#### ■ Musculoskeletal system

- Carpal/cubital repair or release
- Dislocation (closed reduction treatment) other than a finger or toe
- Foot surgery (bunionectomy, exostectomy, arthroplasty, hammertoe repair)
- Fracture (closed reduction treatment) other than a rib, finger or toe
- Removal of orthopedic hardware
- Removal of tendon lesion

### Tier 2 outpatient surgical procedures

#### ■ Breast

- Breast reduction

#### ■ Cardiac

- Angioplasty
- Cardiac catheterization

#### ■ Digestive

- Exploratory laparoscopy
- Laparoscopic appendectomy
- Laparoscopic cholecystectomy

#### ■ Ear, nose, throat, mouth

- Ethmoidectomy
- Mastoidectomy
- Septoplasty
- Stapedectomy
- Tympanoplasty
- Tympanotomy

#### ■ Eye

- Cataract surgery
- Corneal surgery (penetrating keratoplasty)
- Glaucoma surgery (trabeculectomy)
- Vitrectomy

#### ■ Gynecological

- Myomectomy

#### ■ Musculoskeletal system

- Arthroscopic knee surgery with meniscectomy (knee cartilage repair)
- Arthroscopic shoulder surgery
- Clavicle resection
- Dislocations (open reduction with internal fixation)
- Fracture (open reduction with internal fixation)
- Removal or implantation of cartilage
- Tendon/ligament repair

#### ■ Thyroid

- Excision of a mass

### EXCLUSIONS

We will not pay benefits for losses which are caused by: intoxicants, narcotics and hallucinogenics, dental procedures, elective procedures, cosmetic surgery, felonies or illegal occupations, pregnancy of a dependent child, psychiatric or psychological conditions, suicide, intentional injuries, war, armed forces service or giving birth within the first nine months after the certificate effective date. We will not pay benefits for hospital confinement of a newborn who is neither injured nor sick. We will not pay benefits for loss during the first 12 months after the effective date due to a pre-existing condition, which means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within the 12 months before the certificate effective date.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to certificate number GMB1.0-C-KY-R. This is not an insurance contract and only the actual certificate provisions will control.

# Group Hospital Confinement Indemnity Insurance

## Health Screening Benefit



For more information,  
talk with your  
benefits counselor.

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Group Medical Bridge<sup>SM</sup> insurance's health screening benefit can help pay for health and wellness tests you have each year.

**Health Screening Benefit** ..... **\$50 per day**  
Maximum of one day per covered person per calendar year

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (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 for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GMB1.0-P-R (including state abbreviations where used, for example: GMB1.0-P-EE-R-TX). Coverage may vary by state and may not be available in all states. This is not an insurance contract and only the actual policy provisions will control.

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## Cancer Insurance

### How would cancer impact your way of life?

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

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

### Help when you need it most

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

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

## [ One family's journey ]

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



### DOCTOR'S SCREENING

#### Wellness benefit

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



### SECOND OPINION

#### Travel expenses

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



### SURGERY

#### Out-of-pocket costs

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

*For illustrative purposes only*

### With cancer insurance:

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



**ONLY 5%**  
of ALL  
**CANCERS**  
are hereditary.

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



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



## TREATMENT

### Experimental care

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



## RECOVERY

### Follow-up evaluations

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

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

### Treatment benefits (inpatient or outpatient)

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

### Surgery benefits

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

### Travel benefits

- Transportation
- Companion transportation
- Lodging

### Inpatient benefits

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

### Additional benefits

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



## LIFETIME RISK OF DEVELOPING CANCER

**MEN**  
1 in 2



**WOMEN**  
1 in 3



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





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## Optional riders

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

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

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

### WAITING PERIOD

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

### EXCLUSIONS

We will not pay benefits for cancer or skin cancer:

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

The policy and its riders may have additional exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist and rider forms R-CanAssistIdx, R-CanAssistProg and R-CanAssistSpDis (including state abbreviations where applicable, for example: CanAssist-TX).

# Cancer Insurance

## Wellness Benefits

To encourage early detection, our cancer insurance offers benefits for wellness and health screening tests.

### Part one: Cancer wellness/health screening **\$100**

Provided when one of the tests listed below is performed after the waiting period and while the policy is in force. Payable once per calendar year, per covered person.

#### Cancer wellness tests

- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum protein electrophoresis (blood test for myeloma)
- Skin biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

#### Health screening tests

- Blood test for triglycerides
- Carotid Doppler
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Serum cholesterol test for HDL and LDL levels
- Stress test on a bicycle or treadmill

### Part two: Cancer wellness — additional invasive diagnostic test or surgical procedure

Provided when a doctor performs a diagnostic test or surgical procedure after the waiting period as the result of an abnormal result from one of the covered cancer wellness tests in part one. We will pay the benefit regardless of the test results. Payable once per calendar year, per covered person.

Waiting period means the first 30 days following the policy's coverage effective date during which no benefits are payable. The policy has exclusions and limitations. For cost and complete details of the coverage, see your Colonial Life benefits counselor. Coverage may vary by state and may not be available in all states. Applicable to policy form CanAssist (and state abbreviations where applicable, for example: CanAssist-TX).

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# Group Critical Illness Insurance

## Plan 1

When life takes an unexpected turn due to a critical illness diagnosis, your focus should be on recovery — not finances. Colonial Life’s group critical illness insurance helps provide financial support by providing a lump-sum benefit payable directly to you for your greatest needs.

Coverage amount: Selection Amounts up to \$30,000

### An unexpected moment changes life forever

Chris was mowing the lawn when he suffered a stroke. His recovery will be challenging and he's worried, since his family relies on his income.

**HOW CHRIS’S COVERAGE HELPED**  
The lump-sum payment from his critical illness insurance helped pay for:



Co-payments and hospital bills not covered by his medical insurance



Physical therapy to get back to doing what he loves

### Critical illness benefit

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Benign brain tumor	100%
Coma	100%
End stage renal (kidney) failure	100%
Heart attack (myocardial infarction)	100%
Loss of hearing	100%
Loss of sight	100%
Loss of speech	100%
Major organ failure requiring transplant	100%
Occupational infectious HIV or occupational infectious hepatitis B, C, or D	100%
Permanent paralysis due to a covered accident	100%
Stroke	100%
Sudden cardiac arrest	100%
Coronary artery disease	25%



KEY BENEFITS

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Subsequent diagnosis of a different critical illness<sup>2</sup>

If you receive a benefit for a critical illness, and are later diagnosed with a different critical illness, 100% of the coverage amount may be payable for that particular critical illness.

Subsequent diagnosis of the same critical illness<sup>2</sup>

If you receive a benefit for a critical illness, and are later diagnosed with the same critical illness,<sup>3</sup> 25% of the coverage amount may be payable for that critical illness.

Additional covered conditions for dependent children

COVERED CONDITION <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Cerebral palsy	100%
Cleft lip or palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Spina bifida	100%

For more information,  
talk with your  
benefits counselor.

Preparing for the unexpected is simpler than you think.  
With Colonial Life, you'll have the support you need to face  
life's toughest challenges.

1. Refer to the certificate for complete definitions of covered conditions.  
2. Dates of diagnoses of a covered critical illness must be separated by more than 180 days.  
3. Critical illnesses that do not qualify include: coronary artery disease, loss of hearing, loss of sight, loss of speech, and occupational infectious HIV or occupational infectious hepatitis B,C, or D.

THIS INSURANCE PROVIDES LIMITED BENEFITS

Insureds in MA must be covered by comprehensive health insurance before applying for this coverage.

EXCLUSIONS AND LIMITATIONS FOR CRITICAL ILLNESS

We will not pay the Critical Illness Benefit, Benefits Payable Upon Subsequent Diagnosis of a Critical Illness or Additional Critical Illness Benefit for Dependent Children that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a critical illness.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.





# Group Critical Illness Insurance

## Wellbeing Assistance Benefit



For more information,  
talk with your  
benefits counselor.

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The wellbeing assistance benefit can help reduce the risk of serious illness through early detection of disease or risk factors.

Wellbeing assistance benefit ..... \$ 100  
Maximum of one test per covered person per calendar year; subject to a 30-day waiting period before the benefit is payable. The test must be performed after the waiting period.

- |                                                              |                                                             |
|--------------------------------------------------------------|-------------------------------------------------------------|
| ■ Blood test for triglycerides                               | ■ Flexible sigmoidoscopy                                    |
| ■ Bone marrow testing                                        | ■ Hemoccult stool analysis                                  |
| ■ BRCA1 or BRCA2 testing<br>(genetic test for breast cancer) | ■ Mammography                                               |
| ■ Breast ultrasound                                          | ■ Pap smear                                                 |
| ■ CA 15-3 (blood test for ovarian cancer)                    | ■ PSA (blood test for prostate cancer)                      |
| ■ CA 125 (blood test for breast cancer)                      | ■ Serum cholesterol test for HDL and LDL levels             |
| ■ Carotid Doppler                                            | ■ Serum protein electrophoresis<br>(blood test for myeloma) |
| ■ CEA (blood test for colon cancer)                          | ■ Skin cancer biopsy                                        |
| ■ Chest x-ray                                                | ■ Stress test on a bicycle or treadmill                     |
| ■ Colonoscopy                                                | ■ Thermography                                              |
| ■ Echocardiogram (ECHO)                                      | ■ ThinPrep pap test                                         |
| ■ Electrocardiogram (EKG, ECG)                               | ■ Virtual colonoscopy                                       |
| ■ Fasting blood glucose test                                 |                                                             |

**THIS INSURANCE PROVIDES LIMITED BENEFITS.**

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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# Group Critical Illness Insurance

## Infectious Diseases Rider



For more information,  
talk with your  
benefits counselor.

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The sudden onset of an infectious or contagious disease can create unexpected circumstances for you or your family. The infectious diseases rider provides a lump sum which can be used toward health care expenses or meeting day-to-day needs. These benefits are for you as well as your covered family members.

Payable for each covered infectious disease once per covered person per lifetime

COVERED INFECTIOUS DISEASE <sup>1</sup>	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Hospital confinement for seven or more consecutive days for treatment of the disease	
Antibiotic resistant bacteria (including MRSA)	50%
Cerebrospinal meningitis (bacterial)	50%
Diphtheria	50%
Encephalitis	50%
Legionnaires' disease	50%
Lyme disease	50%
Malaria	50%
Necrotizing fasciitis	50%
Osteomyelitis	50%
Poliomyelitis	50%
Rabies	50%
Sepsis	50%
Tetanus	50%
Tuberculosis	50%
Coronavirus disease 2019 (COVID-19)	25%



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1. Refer to the certificate for complete definitions of covered diseases.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

**EXCLUSIONS AND LIMITATIONS FOR INFECTIOUS DISEASES RIDER**

We will not pay benefits for a covered infectious disease that occurs as a result of a covered person's: alcoholism or drug addiction; felonies or illegal occupations; intoxicants and narcotics; suicide or injuring oneself intentionally, whether sane or not; war or armed conflict; or pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is diagnosed with a covered infectious disease.

**PRE-EXISTING CONDITION LIMITATION**

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX) and rider form R-GCI6000-INF. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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### STATE-SPECIFIC EXCLUSIONS

**AK:** Alcoholism or Drug Addiction Exclusion does not apply

**CA:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

**CO:** Suicide exclusion: whether sane or not replaced with while sane

**CT:** Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply

**DC:** Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

**DE:** Alcoholism or Drug Addiction Exclusion does not apply

**GA:** Insureds must be covered by comprehensive health insurance before applying for insurance.

**IA:** Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions

**ID:** War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

**IL:** Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder

**KS:** Alcoholism or Drug Addiction Exclusion does not apply

**KY:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

**LA:** Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse

**MA:** Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

**MD:** Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer

**MI:** Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply

**MN:** Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

**MO:** Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities

**MS:** Alcoholism or Drug Addiction Exclusion does not apply

**ND:** Alcoholism or Drug Addiction Exclusion does not apply

**NV:** Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse

**PA:** Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed

**SD:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply

**TX:** Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion

**UT:** Alcoholism or Drug Addiction Exclusion replaced with Alcoholism

**VT:** Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

**WA:** Intoxicants and Narcotics Exclusion does not apply

**WY:** Exclusions and Limitations header for Cancer renamed to Limitations for Specified Disease

### STATE-SPECIFIC PRE-EXISTING CONDITION LIMITATIONS

**CA:** Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

**FL:** Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

**GA:** Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

**ID:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

**IL:** Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

**IN:** Pre-existing is 6 months/12 months

**MA:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

**MD:** Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

**ME:** Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

**MI:** Pre-existing is 6 months/6 months

**NC:** Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

**NV:** Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

**PA:** Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

**SD:** Pre-existing is 6 months/12 months

**TX:** Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

**UT:** Pre-existing is 6 months/6 months

**WY:** Pre-existing is 6 months/12 months

### CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

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## Term Life Insurance

### Peace of mind for you and your loved ones

You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.

#### Advantages of term life insurance

- Lower cost when compared to cash value life insurance
- Same benefit payout throughout the duration of the policy
- Several term period options for flexibility during high-need years
- Benefit for the beneficiary that is typically tax-free

#### Benefits and features

- Stand-alone spouse policy available whether or not you buy a policy for yourself
- Guaranteed premiums that do not increase during the selected term
- Ability to convert all or a portion of the benefit amount into cash value life insurance
- Flexibility to keep the policy if you change jobs or retire
- Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>1</sup>
- Premium savings for face amounts over \$250,000 based on your health

[1-in-3]

married/partnered consumers wish their spouse or partner would purchase more life insurance.

LIMRA, 2018 Insurance Barometer Study.



54%

of Americans would have trouble paying living expenses

immediately or within several months if the primary wage-earner died.

LIMRA, 2017 Insurance Barometer Study.

# How much term life insurance do you need?

## Funeral expenses

The median cost of a funeral is \$7,360.\*

## Outstanding debts

(including mortgage)

## Replacement income

## Education fund

## Available assets

(savings, investments, present amount of life insurance)

## Estimated amount of life insurance needed

\*Includes viewing and burial.

National Funeral Directors Association, Statistics, 2018.

## Optional riders

At an additional cost, you can purchase the following riders for even more financial protection.

### Spouse term life rider

Your spouse may receive a maximum death benefit of \$50,000; 10-year and 20-year spouse term riders are available.

### Children's term life rider

You can purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term life rider may be added to either your policy or your spouse's policy – not both.

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>1</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living.<sup>2</sup> Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>1</sup> A subsequent diagnosis benefit is included.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period.<sup>3</sup>

1 Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

2 Activities of daily living are bathing, continence, dressing, eating, toileting and transferring.

3 You must resume premium payments once you are no longer disabled.

## EXCLUSIONS AND LIMITATIONS

If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid, without interest. Product may vary by state. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

This brochure is applicable to policy forms ICC18-ITL5000/ITL5000 and rider forms ICC18-R-ITL5000-STR/R-ITL5000-STR, ICC18-R-ITL5000-CTR/R-ITL5000-CTR, ICC18-R-ITL5000-WP/R-ITL5000-WP, ICC18-R-ITL5000-ACCD/R-ITL5000-ACCD, ICC18-R-ITL5000-CI/R-ITL5000-CI, ICC18-R-ITL5000-CC/R-ITL5000-CC and applicable state variations.

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

ColonialLife.com



## Guaranteed Issue Life Insurance

# Whole Life Plus Insurance



You can't predict your family's future, but you can be prepared for it.

Give your family peace of mind and coverage for final expenses with Whole Life Plus insurance from Colonial Life.

### BENEFITS AND FEATURES

- ✓ Choose the age when your premium payments end — Paid-Up at Age 70 or Paid-Up at Age 100
- ✓ Stand-alone spouse policy available even without buying a policy for yourself
- ✓ Ability to keep the policy if you change jobs or retire
- ✓ Built-in terminal illness accelerated death benefit that provides up to 75% of the policy's death benefit (up to \$150,000) if you're diagnosed with a terminal illness<sup>2</sup>
- ✓ Immediate \$3,000 claim payment that can help your designated beneficiary pay for funeral costs or other expenses
- ✓ Provides cash surrender value at age 100 (when the policy ends)

### ADDITIONAL COVERAGE OPTIONS

#### Spouse term rider

Cover your spouse with a death benefit up to \$50,000, for 10 or 20 years.

#### Juvenile Whole Life Plus policy

Purchase a policy (paid-up at age 70) while children are young and premiums are low — whether or not you buy a policy for yourself. You may also increase the coverage when the child is 18, 21 and 24 without proof of good health.

#### Children's term rider

You may purchase up to \$20,000 in term life coverage for all of your eligible dependent children and pay one premium. The children's term rider may be added to either your policy or your spouse's policy — not both.

### ADVANTAGES OF WHOLE LIFE PLUS INSURANCE

- Permanent coverage that stays the same through the life of the policy
- Premiums will not increase due to changes in health or age
- Accumulates cash value based on a non-forfeiture interest rate of 3.75%<sup>1</sup>
- Policy loans available, which can be used for emergencies
- Benefit for the beneficiary that is typically tax-free



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

## Benefits worksheet

For use with your benefits counselor

### How much coverage do you need?

☐ **YOU** \$ \_\_\_\_\_

**Select the option:**

- ☐ Paid-Up at Age 70  
☐ Paid-Up at Age 100

☐ **SPOUSE** \$ \_\_\_\_\_

**Select the option:**

- ☐ Paid-Up at Age 70  
☐ Paid-Up at Age 100

☐ **DEPENDENT STUDENT**  
\$ \_\_\_\_\_

**Select the option:**

- ☐ Paid-Up at Age 70  
☐ Paid-Up at Age 100

### Select any optional riders:

- ☐ Spouse term rider  
\$ \_\_\_\_\_ face amount  
for \_\_\_\_\_-year term period
- ☐ Children's term rider  
\$ \_\_\_\_\_ face amount
- ☐ Accidental death benefit rider
- ☐ Chronic care accelerated death benefit rider
- ☐ Critical illness accelerated death benefit rider
- ☐ Guaranteed purchase option rider
- ☐ Waiver of premium benefit rider



To learn more, talk with  
your benefits counselor.

**Colonial Life**

ColonialLife.com

## ADDITIONAL COVERAGE OPTIONS (CONTINUED)

### Accidental death benefit rider

The beneficiary may receive an additional benefit if the covered person dies as a result of an accident before age 70. The benefit doubles if the accidental bodily injury occurs while riding as a fare-paying passenger using public transportation, such as ride-sharing services. An additional 25% will be payable if the injury is sustained while driving or riding in a private passenger vehicle and wearing a seatbelt.

### Chronic care accelerated death benefit rider

If a licensed health care practitioner certifies that you have a chronic illness, you may receive an advance on all or a portion of the death benefit, available in a one-time lump sum or monthly payments.<sup>2</sup> A chronic illness means you require substantial supervision due to a severe cognitive impairment or you may be unable to perform at least two of the six Activities of Daily Living (bathing, continence, dressing, eating, toileting and transferring). Premiums are waived during the benefit period.

### Critical illness accelerated death benefit rider

If you suffer a heart attack (myocardial infarction), stroke or end-stage renal (kidney) failure, a \$5,000 benefit is payable.<sup>2</sup> A subsequent diagnosis benefit is included.

### Guaranteed purchase option rider

This rider allows you to purchase additional whole life coverage — without having to answer health questions — at three different points in the future. The rider may only be added if you are age 50 or younger when you purchase the policy. You may purchase up to your initial face amount, not to exceed a total combined maximum of \$100,000 for all options.

### Waiver of premium benefit rider

Premiums are waived (for the policy and riders) if you become totally disabled before the policy anniversary following your 65th birthday and you satisfy the six-month elimination period. Once you are no longer disabled, premium payments will resume.

1. Accessing the accumulated cash value reduces the death benefit by the amount accessed, unless the loan is repaid. Cash value will be reduced by any outstanding loans against the policy.
2. Any payout would reduce the death benefit. Benefits may be taxable as income. Individuals should consult with their legal or tax counsel when deciding to apply for accelerated benefits.

**EXCLUSIONS AND LIMITATIONS:** If the insured dies by suicide, whether sane or insane, within two years (one year in ND) from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans and loan interest to you.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy forms ICC19-IWL5000-70/IWL5000-70, ICC19-IWL5000-100/IWL5000-100, ICC19-IWL5000J/IWL5000J and rider forms ICC19-R-IWL5000-STR/R-IWL5000-STR, ICC19-R-IWL5000-CTR/R-IWL5000-CTR, ICC19-R-IWL5000-WP/R-IWL5000-WP, ICC19-R-IWL5000-ACCD/R-IWL5000-ACCD, ICC19-R-IWL5000-CI/R-IWL5000-CI, ICC19-R-IWL5000-CC/R-IWL5000-CC, ICC19-R-IWL5000-GPO/R-IWL5000-GPO. For cost and complete details of the coverage, call or write your Colonial Life benefits counselor or the company.

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FOR EMPLOYEES 6-21 | 642298

## Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

## Contact us

### Online

[ColonialLife.com](http://ColonialLife.com)

Log in and click on

[Contact Us](#)

### Telephone

1-800-325-4368

### Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services.

844-495-6105



## Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate
- Update contact information
- Access service forms
- Submit your claim using our eClaims system
- Check the status of your claim and view claims correspondence
- Access claim forms

Your policy and certificates are located under the My Correspondence tab.

## eClaims are quick and easy

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

- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the [Claims Center](#) and select [File an Online Claim](#) to get started.

## Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on [claims and service forms](#).
- Follow the instructions, tips and videos to complete and submit your claim.

# Here when you need us



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