**Have we got news for you!**

**You will have the opportunity to speak with a Colonial Life Benefits Counselor to discuss the following benefits:**

**Group Accident Insurance:** Helps offset unexpected medical expenses, which can result from a fracture, dislocation, burn, or other covered accidental injury – whether it occurs ON or OFF the job. This plan provides benefits for initial care and treatment, in addition to follow-up care. Surgical Care, Hospitalization, Transportation and Lodging Assistance, as well as Accidental Death and Dismemberment are among the benefits covered. This coverage can be pre-taxed so actual cost may be less.





# Sample Semi-Monthly rates

|  |  |
| --- | --- |
| **GROUP ACCIDENT ON/OFF JOB**  **with $50 health screening benefits** | |
|  | **Plan 2** |
| **Individual** | 8.77 |
| **Employee + Spouse** | 14.32 |
| **1 Parent Family** | 15.58 |
| **2 Parent Family** | 16.75 |

 **Whole Life Insurance 5000:** Plan has guaranteed level premiums, guaranteed cash values and a guaranteed death benefit. Coverage is permanent and is guaranteed for the life of the policy (to age 100), provided premiums are paid when due. Includes: Accident Death Benefit, Chronic Care Accelerated Death Benefit, and Critical Illness Accelerated Death Benefit.

# Sample Semi-Monthly rates

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **WHOLE LIFE** | | | | | | | |
| **Paid Up at 100** | | | | | | | |
| **Non-Tobacco** | **$25,000** | **$40,000** | **$50,000** | **Tobacco** | **$25,000** | **$40,000** | **$50,000** |
| **25** | 12.79 | 19.03 | 21.27 | **25** | 19.51 | 29.79 | 29.69 |
| **35** | 17.18 | 25.90 | 29.25 | **35** | 24.96 | 38.40 | 38.40 |
| **45** | 25.27 | 38.46 | 44.33 | **45** | 34.99 | 54.01 | 58.12 |
| **55** | 40.25 | 54.91 | 67.71 | **55** | 60.85 | 74.07 | 91.67 |
|  | | | | | | | |

* **Group Critical Care Insurance:** Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness or cancer, which can often be expensive and lengthy. You have the choice of benefits from a minimum of $5,000 up to a maximum benefit payment of $50,000. Payment for Subsequent Diagnosis of a different Specified Critical Illness and Subsequent Diagnosis for the same specified illness is included. The plan also includes a $500 per month benefit (payable for up to 12 months) for Cancer Treatment and Care benefit. This benefit can assist with the extended costs associated with ongoing cancer treatment. A $50 Health Screening Benefit is included and payable for one covered screening per year.

# Semi-Monthly (24) rates

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GROUP CRITICAL CARE 1.0 - HSA COMPLIANT**  **FULL CI BENEFITS w/SUBSEQUENT DIAGNOSIS + CANCER BENEFITS with $500/12 CANCER TREATMENT & CARE BENEFITS + $50 HEALTH SCREENING** | | | | | | | | | |
| **Non-Tobacco Employee Only** | | | | | **Tobacco Employee Only** | | | | |
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** |
| **17-29** | 4.63 | 5.53 | 6.43 | 7.33 | **17-29** | 5.62 | 7.07 | 8.52 | 9.97 |
| **30-39** | 5.51 | 7.28 | 9.06 | 10.83 | **30-39** | 6.94 | 9.72 | 12.49 | 15.27 |
| **40-49** | 7.41 | 11.08 | 14.76 | 18.43 | **40-49** | 9.97 | 15.77 | 21.57 | 27.37 |
| **50-59** | 10.46 | 17.18 | 23.91 | 30.63 | **50-59** | 14.82 | 25.47 | 36.12 | 46.77 |
| **60-74** | 14.56 | 25.38 | 36.21 | 47.03 | **60-74** | 21.67 | 39.17 | 56.67 | 74.17 |
| **Non-Tobacco Employee & Spouse** | | | | | **Tobacco Employee & Spouse** | | | | |
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** |
| **17-29** | 8.16 | 9.51 | 10.86 | 12.21 | **17-29** | 9.86 | 12.03 | 14.21 | 16.38 |
| **30-39** | 9.46 | 12.11 | 14.76 | 17.41 | **30-39** | 11.81 | 15.93 | 20.06 | 24.18 |
| **40-49** | 12.31 | 17.81 | 23.31 | 28.81 | **40-49** | 16.38 | 25.08 | 33.78 | 42.48 |
| **50-59** | 17.06 | 27.31 | 37.56 | 47.81 | **50-59** | 24.01 | 40.33 | 56.66 | 72.98 |
| **60-74** | 23.31 | 39.81 | 56.31 | 72.81 | **60-74** | 34.43 | 61.18 | 87.93 | 114.68 |
| **Non-Tobacco 1-Parent Family** | | | | | **Tobacco 1-Parent Family** | | | | |
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** |
| **17-29** | 4.88 | 5.90 | 6.93 | 7.95 | **17-29** | 5.89 | 7.49 | 9.09 | 10.69 |
| **30-39** | 5.75 | 7.65 | 9.55 | 11.45 | **30-39** | 7.19 | 10.09 | 12.99 | 15.89 |
| **40-49** | 7.68 | 11.50 | 15.33 | 19.15 | **40-49** | 10.24 | 16.19 | 22.14 | 28.09 |
| **50-59** | 10.73 | 17.60 | 24.48 | 31.35 | **50-59** | 15.09 | 25.89 | 36.69 | 47.49 |
| **60-74** | 14.83 | 25.80 | 36.78 | 47.75 | **60-74** | 21.94 | 39.59 | 57.24 | 74.89 |
| **Non-Tobacco Family** | | | | | **Tobacco Family** | | | | |
| **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** | **Age** | **$5,000** | **$10,000** | **$15,000** | **$20,000** |
| **17-29** | 8.41 | 9.88 | 11.36 | 12.83 | **17-29** | 10.10 | 12.40 | 14.70 | 17.00 |
| **30-39** | 9.71 | 12.48 | 15.26 | 18.03 | **30-39** | 12.05 | 16.30 | 20.55 | 24.80 |
| **40-49** | 12.58 | 18.23 | 23.88 | 29.53 | **40-49** | 16.65 | 25.50 | 34.35 | 43.20 |
| **50-59** | 17.33 | 27.73 | 38.13 | 48.53 | **50-59** | 24.28 | 40.75 | 57.23 | 73.70 |
| **60-74** | 23.58 | 40.23 | 56.88 | 73.53 | **60-74** | 34.73 | 61.65 | 88.58 | 115.50 |

***FOR MORE INFORMATION OR TO APPLY FOR BENEFITS, PLEASE COMPLETE THIS FORM AND GIVE IT TO HUMAN RESOURCES,***

***OR***

***YOU CAN CONTACT A COLONIAL LIFE BENEFITS COUNSELOR AT***

***404-845-0171 EXT 310***

***TO ANSWER YOUR QUESTIONS AND FINALIZE YOUR ENROLLMENT.***

***Please print your contact information below.***

**Name:**

**Email Address:**

**Telephone Number :( )**

**Best Time To Call: AM PM**

|  |
| --- |
| * **I am interested in more information.**  **I would like to apply for coverage.** |
| * **I decline to participate in the voluntary insurance plans being offered.** |
| **Employee Signature: Date:** |

***The above rates are for illustrative purposes only and are subject change based on actual election decision and underwriting considerations.***