



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.***