Colonia



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Group Disability Insurance

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

Can you afford to not protect your income?

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

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

MONTHLY EXPENSES	Round to the nearest hundred
Rent or mortgage (insurance, minor home repairs)	\$
Transportation (gas, car, bus, car maintenance and insurance)	\$
Utilities (cell phone, Wi-Fi, electricity/gas, water)	\$
Food and household necessities (toiletries, cleaning supplies)	\$
Health (medical needs and prescription drugs)	\$
Other (gym/fitness, streaming/cable, extracurricular)	\$
Total monthly expenses (add lines 1–6 together)	\$

Benefits worksheet

How much coverage do I need? Monthly Benefit - 60% of Income

Monthly benefit amount for off-job accident and off-job sickness: \$1,000Choose a monthly benefit amount between \$400 and \$7,500.*

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

How long may I receive benefits?

Benefit period: ³ months

The partial disability benefit period is three months.

When may my total disability benefits start?

After an accident: $\underline{14}$ days

After a sickness: <u>14</u> days

Product information and features

Total disability

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

Partial disability

If you are able to return to work part time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

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

Geographical limitations

If you are disabled while outside of the United States, you may receive benefits for up to 60 days before you have to return to the U.S.

Issue age

Coverage is available from ages 17 to 74.

Portability

You may be able to keep your coverage even if you change jobs.

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For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: alcoholism or drug addiction, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, psychiatric or psychological conditions, racing, semi-professional or professional sports, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the certificate.

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

We will not pay for loss when the disability is a pre-existing condition as defined in this certificate, unless you have satisfied the pre-existing condition limitation period (typically 12 months) shown on the Certificate Schedule on the date you suffer a loss due to a covered accident or covered sickness.

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 GDIS-P and certificate form GDIS-C (including state abbreviations where used, for example: GDIS-P-TX and GDIS-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

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