

Individual Disability

Colonial Life's voluntary short-term disability insurance policy is an individual plan that is sold via payroll deduction at the workplace. It insures your employee's paycheck by replacing a portion of your employee's income if he becomes disabled because of a covered accidental injury or covered sickness.

Product Features

- **Guarantee Issue** – Available for up to \$4,000 in monthly benefits for up to 60% of income. Additional monthly benefits up to \$6,500 are available.
- **Total Disability and Partial Disability Benefits** - Partial disability pays 50% of the total disability benefit and for up to 3 months.
- **Optional Employer-Selected Benefits** are available.
- **Renewability** - This policy is guaranteed renewable to age 75. Premiums can be changed only if we change them on all policies of this kind in the state where the policy is issued.
- **No Integration** - There is no coordination of benefits at claim with other coverages. Benefits are paid regardless of benefits received from other sources. For benefit amounts over \$4,000 per month, offsetting occurs during the application process.
- **Level Premiums** - Rates are based on issue age and are level, not step-rated.
- **Geographical Limitations (Worldwide Coverage)** – Geographical Limitations provision allows coverage for disabilities that occur outside the regularly covered geographical areas for up to 60 days.
- **Waiver of Premium** - available after 90 consecutive days of a covered disability.
- **Benefits are paid directly** to the insured unless they specify otherwise.
- **Coverage is portable** - An employee may continue this coverage if he changes jobs or leaves your company, with no evidence of insurability required.

AVAILABLE PLANS

This policy offers two base Individual Disability plan choices:

- Off-Job Accident/Off-Job Sickness Disability benefits
- On/Off-Job Accident/ On/Off-Job Sickness Disability benefits

The employer also has the option of including:

- First Day Hospital Benefit (Waiver of Elimination Period for First Day of Hospital Confinement Benefit.)
- Psychiatric or Psychological Condition Benefit (24 month lifetime maximum)

Applicable to CT

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DISABILITY BENEFITS

As the employer, you can make several choices to tailor the plan design for your employees.

<p>Plan Structure</p>	<ul style="list-style-type: none"> • Off-Job Accident and Off-Job Sickness • On/Off-Job Accident / On/Off-Job Sickness <p>Please note that the on-job benefit is 50% of the off job benefit. The employer may choose to offer the Off-Job plan, the On/Off-Job plan or both plans in the account.</p>
<p>Benefit Amount</p>	<p>\$400 to \$6,500 (offered in \$100 increments)</p> <p>Up to 60% of income for coverage amounts from \$400 to \$6,500. For accounts that participate in Paid Medical Leave, a lower percent of income is available on disability plans that provide benefits when Paid Medical Leave is payable. The employer may choose a lower maximum benefit amount and/or lower maximum income replacement.</p>
<p>Benefit Periods</p>	<p>The employer can choose up to four benefit periods.</p> <ul style="list-style-type: none"> • 3 months • 6 months • 12 months • 24 months
<p>Elimination Periods</p>	<p>0/7, 7/7, 7/14, 0/14, 14/14, 0/30, 30/30 60/60, 90/90, and 180/180</p> <p>Choice of elimination periods based on benefit periods selected. The employer may consider limiting the number of elimination period choices to best fit needs and for ease of enrollment.</p> <p>Elimination period means a period of total disability during which no benefits are payable. The first number represents accident elimination period /the second number represents sickness elimination period.</p> <p>If \$4,100 to \$6,500 in monthly benefits is selected, a 3, 6, 12 or 24 month benefit period with a 14/14, 30/30, 60/60, 90/90 or 180/180 elimination period is available.</p>
<p>Additional Disability Benefits Riders</p>	<p>The Additional Disability Benefit Rider provides policyholders the ability to purchase additional disability coverage on a guarantee issue basis after their initial enrollment.</p> <p>Policyholders can purchase a maximum of two riders, at two separate intervals. Each rider is available for one or two disability units (\$100 or \$200/monthly).</p> <p><i>Rider coverage, when combined with the base plan may not exceed up to 60% and up to \$4,000 in monthly benefits. For amounts greater than \$4,000, standard underwriting guidelines apply.</i></p>

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OPTIONAL EMPLOYER-SELECTED BENEFITS

As the employer, you can also include optional benefits to tailor the plan design for your employees. If one or both optional employer benefits are selected then all Individual Disability policies in the account will include the benefit(s).

Waiver of Elimination Period for First Day of Hospital Confinement Benefit (First Day Hospital)

This benefit waives the elimination period, or a portion of it, if the insured is hospitalized for a covered disability and he has an elimination period of 30 days or less.

- Disability benefits will begin on the earlier of the first day of hospital confinement or the first day after the elimination period.
- Elimination periods of greater than 30 days may be offered in the account, but those plans will not include this benefit.

Psychiatric or Psychological Conditions Benefit (Mental or Nervous)

This benefit pays the monthly disability benefits when an insured is disabled due to a psychiatric or psychological condition.

The Psychiatric or Psychological Conditions exclusion will be waived and is removed from the contract.

PREMIUM INFORMATION

- Issue age-banded, one risk class and unisex. Age bands of 17-49, 50-64 and 65-74.
- Premiums are based on the account's industry risk classification and optional employer benefits.
- Premiums rates are based on issue age and are level, not step-rated. Premiums do not increase because the policyholder ages.

PARTICIPATION REQUIREMENTS

To offer this plan, we require 3 eligible employees and a minimum of 1 enrolled eligible employee. Certain underwriting levels have separate participation requirements.

ELIGIBILITY REQUIREMENTS

- Offered to all permanent, benefit-eligible employees age 17-74 who work at least 20 hours per week on a regular basis.
- The employee must be actively at work at the time of application.
- Seasonal and temporary employees are not eligible. Spouses and children are not eligible.

UNDERWRITING

Guarantee Issue (GI) *For accounts with 100+ eligible employees*

Guarantee Issue allows employees to purchase Colonial Life Disability coverage without having to answer health questions.

- Colonial Life will issue coverage on a Guarantee Issue basis during the initial enrollment if the greater of 5 lives or 15% participation is met, and for new hires.
- Guarantee Issue is available up to 60% of income for up to \$4,000 in monthly benefits.

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- Short Term Disability is the primary product presented during your enrollment.
- No more than 4 Colonial Life insurance products are presented during your enrollment.
- Our benefit representatives will be provided access to your employees through individual enrollment sessions.
- Employees must be actively at work and there must be a defined enrollment period.
- For amounts in excess of the Guarantee Issue limits, specifically when an employee applies for \$4,100 - \$6,500 in monthly benefits, Guarantee Issue is not available and health questions will apply. If the applicant does not qualify for these higher benefit levels, we can Guarantee Issue a lower amount (up to 60% of income, up to \$4,000).
- Pre-existing conditions limitation may apply.
- For accounts with 250+ lives, Underwriting Risk Manager approval is required.

Post Enrollment Guarantee Issue (PEGI) *For accounts with 5+ eligible employees*

Post Enrollment Guarantee Issue requires each applicant to answer eligibility and three health questions. If participation is met, then we will guarantee issue policy coverage to all applicants regardless of health. If participation is not met, eligibility and health question information will be evaluated based on underwriting guidelines.

- PEGI is up to 60% of income for up to \$4,000 in monthly benefits.
- Meet a greater of 3 enrolled lives or 10% participation requirement with our short-term disability plan.
- Employees must be actively at work and there must be a defined enrollment period.
- If 10% of your employees participate during the initial enrollment, we will continue to offer Post Enrollment Guarantee Issue to new hires.
- For amounts in excess of the Post Enrollment Guarantee Issue limits, specifically when an employee applies for \$4,100 - \$6,500 in monthly benefits, guarantee issue is not available and additional health questions will apply. If the applicant does not qualify for these higher benefit levels, we can guarantee issue a lower amount (up to 60% of income, up to \$4,000) if the account meets the participation guideline.
- Pre-existing conditions limitation may apply.

Standard Issue (SI) *For accounts with 3+ benefit eligible employees*

- Benefit amounts up to 60% of income for up to \$4,000 in monthly benefits. Each applicant will be asked eligibility and three health questions.
- Benefit amounts for \$4,100 - \$6,500 in monthly benefits, and additional health questions will apply.
- Pre-existing conditions limitation may apply.

DEFINITIONS

Total Disability means you are unable to perform the material and substantial duties of your job; not, in fact, working at any job; and under the regular and appropriate care of a physician.

Partial Disability means you are unable to perform the material and substantial duties of your job for more than half of the normally scheduled hours per week; you are able to work at your job or any other job for no more than half of normally scheduled hours per week; your employer will allow you to work for no more than half of your normally scheduled hours per week; and you are under the regular and appropriate care of a physician. To qualify for partial disability, total disability benefit must have been paid for 14 days immediately

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prior to being partially disabled. Partial disability pays 50% of the total disability benefit and for up to 3 months.

Waiver of Premium Benefit After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or covered sickness for more than 90 consecutive days (while the policy is in force), or after the elimination period shown in your policy schedule (whichever is greater), we will waive the premium for the policy and any attached riders for as long as you remain disabled. The premium will be waived up to the maximum benefit period shown in your policy schedule.

You must pay all premiums to keep the policy and any attached riders in force until you have been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in force, or for the elimination period shown on the policy schedule, whichever is greater.

There is no limit to the number of times you can receive the Waiver of Premium benefit. This Waiver of Premium benefit does not apply to any period that you are totally or partially disabled due to an accident or sickness which is excluded by name or specific description in the policy.

Geographical Limitations (Worldwide Coverage) If you become totally disabled as the result of a covered accident or a covered sickness while outside the covered geographical areas, the Geographical Limitations provision may allow us to provide benefits. You must be totally disabled longer than the elimination period shown in the policy schedule, and the maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica. After the 60 day period, benefits will not be paid until you return to the covered geographical areas.

WHAT IS NOT COVERED

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.

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

Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

General Exclusions and Limitations

- Cosmetic Surgery
- Flying
- Felonies

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- Giving Birth: Giving birth within the first nine months after the coverage effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy are subject to the Pre-Existing Condition Limitation Period shown on the policy schedule and are administered consistently with any other sickness.
- Hazardous Avocations
- Intoxication
- Pre-Existing Conditions
- Psychiatric or Psychological Conditions (*If employer optional benefit is selected, this exclusion will be removed.*)
- Racing
- Semi-professional or Professional Sports
- Drug Abuse
- Suicide or Injuries Which You Intentionally Do to Yourself
- War or Armed Conflict

The above list does not include a complete description of each limitation and exclusion. To obtain a complete description of benefits, limitations and exclusions, please refer to a sample policy or see your Colonial Life representative. This information is only intended for proposal use with employers.

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