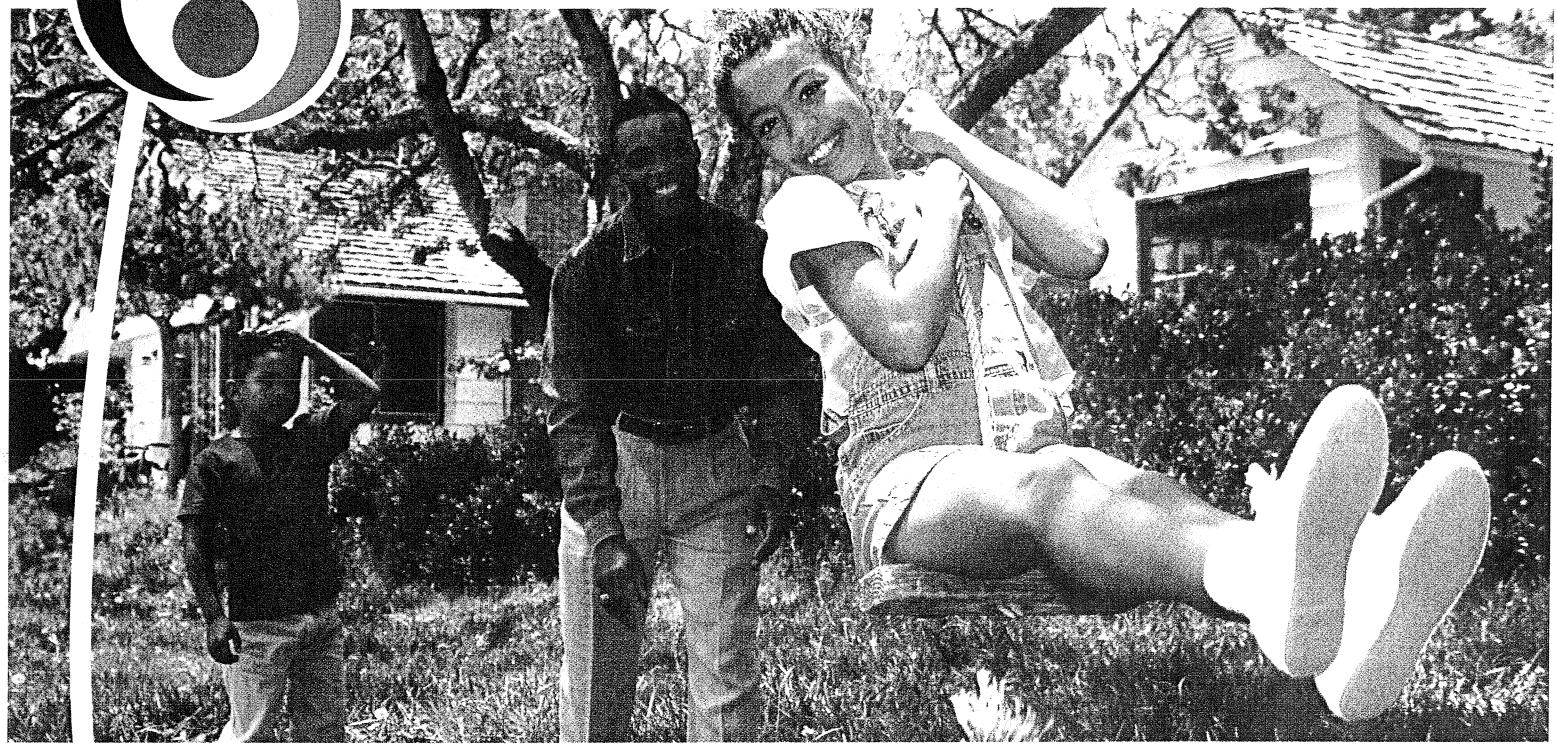
coloniallife.com

Accident Insurance



Accidents are unexpected.
How you care for them shouldn't be.

COLONIAL
SUPPLEMENTAL INSURANCE

for what happens next®

To see you and your family through the unexpected...

...Colonial's Accident Insurance

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities. Consider the following facts about accidents.

- On the job, 3.7 million American workers suffered disabling injuries in 2004. A fatal injury occurs every 5 seconds and a disabling injury occurs every second.

Source: Injury Facts, National Safety Council, 2005-2006 edition

- Children ages 5 to 14 account for nearly 40 percent of all sports-related injuries treated in hospital emergency departments.

Source: 2006 National Center for Sports Safety

Most traditional insurance doesn't cover every medical expense, leaving you to pay out-of-pocket expenses such as deductibles, office visit co-payments, and transportation and lodging costs. Can you afford to pay all the costs related to caring for an accidental injury?

Colonial's Accident Insurance is designed to help see you through the different stages of care, this plan provides benefits for initial care and treatment, in addition to the follow-up care you may need.

Initial Care

- About 35 percent of all hospital emergency department visits are injury related.

Source: Injury Facts, National Safety Council, 2005-2006 edition

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the emergency room for x-rays or ride in an ambulance.

• Ambulance	$100 per trip	• Emergency Room Treatment	$150 per accident
• Air Ambulance	$500 per trip	• Initial Doctor's Office Visit	$ 50 per accident

Common Accidental Injuries

- The total cost of unintentional injuries in 2004 was $574.8 billion.

Source: Injury Facts, National Safety Council, 2005-2006 edition

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocation (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	$2,000	$4,000
Knee	$1,000	$2,000
Ankle – Bone or Bones of the Foot	$ 800	$1,600
Collarbone (Sternoclavicular)	$ 500	$1,000
Lower Jaw, Shoulder, Elbow, Wrist	$ 300	$ 600
Bone or Bones of the Hand	$ 300	$ 600
Collarbone (Acromioclavicular and Separation), One Toe or Finger	$ 100	$ 200

Fracture (Broken Bone)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Skull, Depressed Skull	$2,500	$5,000
Skull, Simple Non-Depressed	$1,000	$2,000
Hip, Thigh	$1,500	$3,000
Body of Vertebrae, Pelvis, Leg	$ 800	$1,600
Bones of Face or Nose	$ 350	$ 700
Upper Jaw, Maxilla	$ 350	$ 700
Upper Arm between Elbow and Shoulder	$ 350	$ 700
Lower Jaw, Mandible, Kneecap, Ankle, Foot	$ 300	$ 600
Shoulder Blade, Collarbone, Vertebral Processes	$ 300	$ 600
Forearm, Wrist, Hand	$ 300	$ 600
Rib	$ 250	$ 500
Coccyx	$ 200	$ 400
Finger, Toe	$ 50	$ 100

Your Colonial policy also provides benefits for the following injuries received as a result of a covered accident.

Burn (based on size and degree)	$750 to $10,000
Concussion	$100
Emergency Dental Work	$50 to $150
Eye Injury	$200
Torn Knee Cartilage	$500
Lacerations (based on size)	$25 to $400
Ruptured Disc	$400
Tendon/Ligament/Rotator Cuff	$400 to $600

Surgical Care

43.8 million surgical procedures were performed in 2003.

rce: Injury Facts, National Safety Council, 2005-2006 edition

our covered accidental injury is serious enough to require surgical e or a transfusion, your Colonial policy provides you benefits.

rgery (open abdominal or thoracic)	$1,000
ood/Plasma/Platelets	$300

Transportation/Lodging Assistance

covered person requires care or treatment at least 100 miles ay from his home, your Colonial policy provides benefits to p with transportation and lodging costs.

nsportation	$300 per trip up to 3 trips
dging (family member or companion)	$100 per night up to 30 days

Accident Hospital Care

n 2003, the average length of stay in a hospital was 4.8 days.

rce: Injury Facts, National Safety Council, 2005-2006 edition

ditional health insurance policies may have per admission luctibles and copayments that must be satisfied prior to ering benefits related to hospital stays. Your Colonial policy vides benefits to help with these costs.

spital Admission	$750 per admission per accident
spital Confinement	$200 per day up to 365 days
spital Intensive Care	$400 per day up to 15 days

Follow-up Care

may require follow-up care once you are discharged from emergency room, hospital or doctor's office. You may have to lergo physical therapy, use crutches or a wheelchair or even uire the use of an artificial limb.

cident Follow-up atment	$50 (Limit of one visit, payable after Emergency Treatment or Initial Doctor's Office Visit)
pliances	$100 (wheelchair, crutches)
sical Therapy	$25 per treatment up to 6 treatments
sthetic Devices	$500 to $1,000

Accidental Death and Dismemberment

- Preliminary information indicates that in 2003, accidental injuries remained the fifth leading cause of death.

Source: Injury Facts, National Safety Council, 2005-2006 edition

For injuries received as the result of a covered accident that lead to an accidental death or dismemberment, this plan provides benefits that can help see you and your family through the loss.

Loss of Finger/Toe/Hand/Foot/Sight of Eye $750 to $15,000

	Accidental Death	Common Carrier
Named Insured	$25,000	$50,000
Spouse	$10,000	$20,000
Child(ren)	$ 5,000	$10,000

Catastrophic Accident

The severity of some accidents can result in life changing losses. Colonial can help with such severe losses by providing a benefit for a catastrophic loss that results from a covered accident. Catastrophic loss is an injury that within 365 days of the covered accident results in the total and irrecoverable:

- loss of both hands or both feet, or
- loss of use of both arms or both legs, or
- loss or loss of use of one arm and one leg,or
- loss of one hand and one foot, or
- loss of sight of both eyes, or
- loss of hearing of both ears, or
- loss of the ability to speak.

The Catastrophic Accident benefit is payable after a 365 day elimination period. The elimination period refers to the period of 365 days after the date of the covered accident.

Accident Occurs:	Covered Person	Benefit Amount Per Lifetime
*Prior to age 65**	Named Insured	$100,000
	Spouse	$ 50,000
	Child(ren)	$ 50,000

**Amounts are reduced for insureds who are over the age of 65.*

Please refer to the Outline of Coverage contained in this brochure for complete details.

atures of Colonial's Accident Insurance:

amily coverage is available for your spouse and children.

ou're covered worldwide.

- Your benefits are paid directly to you, unless you specify otherwise.
- This plan is portable; you can take it with you if you change jobs or retire.
- You are paid benefits regardless of any other insurance you may have with other insurance companies.

nefit Worksheet *For use by Colonial representative*

❑ **Flexible Benefit**

overage: (check one) ❑ Employee Only ❑ Spouse Only ❑ One Child Only ❑ Employee/Spouse ❑ One-Parent Family ❑ Two-Parent Family

lan: (check one) ❑ On and Off-Job Benefits ❑ Off-Job Only Benefits

remium Per Pay Period $_____ The premium will vary based on benefits selected.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202 (800) 325 – 4368

ACCIDENT ONLY INSURANCE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form ACCPOL-AR)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered accident unless specified otherwise

We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accidental Death Named Insured $25,000 Spouse $10,000 Children $5,000

Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit

Accidental Death – Common Carrier Named Insured $50,000 Spouse $20,000 Children $10,000

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accident Follow-Up Treatment - $50: Benefit payable for follow-up treatment due to a covered accident recommended or advised by a doctor. Follow-up treatment must occur after initial treatment in a doctor's office or emergency room and occur within 90 days of the covered accident.

Air Ambulance - $500: Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities; transportation must occur within 48 hours after the covered accident

Ambulance - $100: Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities; transportation must occur within 90 days after the covered accident

Appliance - $100: Prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident

Blood/Plasma/Platelets - $300: Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the covered accident

Burn - Must be treated by a doctor within 72 hours after the accident

$ 750 – Second degree burns which cover at least 36% of the body surface

$ 1,500 – Third degree burns which cover at least 9 square inches but less than 35 square inches of body surface

$10,000 – Third degree burns which cover 35 or more square inches of the body surface

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs	Covered Person	Benefit Amount	Accident Occurs	Covered Person	Benefit Amount
Prior to age 65	Named Insured	**$100,000**	Age 65-69	Named Insured	**$ 50,000**
	Spouse	**$ 50,000**		Spouse	**$ 25,000**
	Child(ren)	**$ 50,000**		Child(ren)	**$ 25,000**
After Age 70	Named Insured	**$ 25,000**			
	Spouse	**$ 12,500**			
	Child(ren)	**$ 12,500**			

Benefit payable if any covered person sustains a catastrophic loss and is under the care of a doctor during the elimination period and remains alive at the end of the elimination period. Injury must occur within 365 days of the covered accident

Catastrophic Loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident.

Concussion - $100: Benefit payable if any covered person sustains a concussion as the result of a covered accident; must be diagnosed by a doctor using X-ray, CAT scan or MRI within 72 hours from date of covered accident

Dislocation (Separated Joint)	Closed Reduction	Open Reduction
Hip	**$2,000**	**$4,000**
Knee (except Patella)	**1,000**	**2,000**
Ankle – Bone or bones of the Foot (other than Toes)	**800**	**1,600**
Collarbone (Sternoclavicular)	**500**	**1,000**
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist	**300**	**600**
Bone or Bones of the Hand (other than Fingers)	**300**	**600**
Collarbone (Acromioclavicular and separation), One Toe or Finger	**100**	**200**

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction.

Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Doctor's Office - $50: Initial treatment and/or advice must be in a doctor's office and must occur within 60 days of the covered accident

Emergency Dental Work **$150** - Broken teeth repaired with crown(s) **$ 50** - Broken teeth resulting in extraction(s)

Emergency Room Treatment - $150: Requires examination and treatment by a doctor in a hospital emergency room within 72 hours after covered accident

Eye Injury - $200: Must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)	**Closed Reduction**	**Open Reduction**
Skull (except bones of face or nose) depressed skull fracture	**$2,500**	**$5,000**
Skull (except bones of Face or nose) simple non-depressed skull fracture	**1,000**	**2,000**
Hip, Thigh (Femur)	**1,500**	**3,000**
Vertebrae, Body of (excluding Vertebral Processes), Pelvis (except Coccyx), Leg	**800**	**1,600**
Bones of Face or Nose (except Mandible or Maxilla)	**350**	**700**
Upper Jaw, Maxilla (except Alveolar Process), Upper Arm between Elbow and Shoulder	**350**	**700**
Lower Jaw, Mandible (except Alveolar Process), Kneecap, Foot (except Toes), Ankle	**300**	**600**
Shoulder Blade, Collarbone, Vertebral Processes, Forearm, Hand, Wrist (except Fingers)	**300**	**600**
Rib	**250**	**500**
Coccyx	**200**	**400**
Finger, Toe	**50**	**100**

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Hospital Admission - $750 per admission: Must be confined in a hospital within six months after the accident; payable once per covered accident.

Hospital Confinement - $200/day up to 365 days per covered accident: Must be confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident.

If the covered person is confined in a hospital and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Confinement - $400/day up to 15 days per covered accident: Must be confined to a hospital intensive care unit within 30 days after the accident. If the covered person is confined in a hospital intensive care unit, and is confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - $500: Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within six months after the covered accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will only pay **$100**

Laceration

$ 50 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

$200 - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches

$400 - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches

$ 25 - Laceration(s) are treated without stitches

Must be repaired by a doctor within 72 hours after the covered accident. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Loss of a Finger, Toe, Hand, Foot or Sight of an Eye benefit.

Lodging - $100/night up to 30 days per covered accident: Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital. Hospital must be more than 100 miles from the residence of the covered person

Loss of a Finger, Toe, Hand, Foot or Sight of an Eye

$15,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, or a hand and a foot, or a hand and the sight of one eye, or a foot and the sight of an eye.

$ 7,500 Payable for loss of: one hand, or one foot, or sight of one eye.

$ 1,500 Payable for loss of: two or more fingers, or two or more toes or one finger and one toe.

$ 750 Payable for loss of: one finger or one toe.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident.

If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost. Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost. Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Physical Therapy - $25/treatment up to six treatments per accident: Must begin within 60 days after the covered accident and be completed within six months after the covered accident. Must be prescribed by a doctor and rendered by a licensed physical therapist and performed in an office or in a hospital

sthetic Device/Artificial Limb: **$ 500** - One prosthetic device or artificial limb **$1,000** - More than one device or artificial limb
st be prescribed by a doctor for functional use when a covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered dent. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for t replacement such as an artificial hip or knee.
ɔtured Disc - $400: Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident
n Grafts – 25% of Applicable Burn benefit: Payable only for a skin graft for a burn for which a burn benefit was received under the policy
gery - $1,000: Payable if any covered person undergoes open abdominal or thoracic surgery within 72 hours of covered accident. Surgery must be for repair of rnal injuries; For exploratory or other surgery without repair we will pay **$100**
nia repair will not be covered under this benefit.
don/Ligament/Rotator Cuff : $400 - Repair of one tendon, ligament or rotator cuff **$600** - Repair of more than one of the above
st be torn, ruptured or severed and be repaired through surgery within 90 days after the covered accident. If the covered person is in an accident and receives ıcture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic ;ery is performed and no repair is done, we will pay $100.
nsportation - $300/trip up to 3 trips per covered accident: Travel must be more than 100 miles for special treatment and confinement in a hospital. Treatment ;t be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

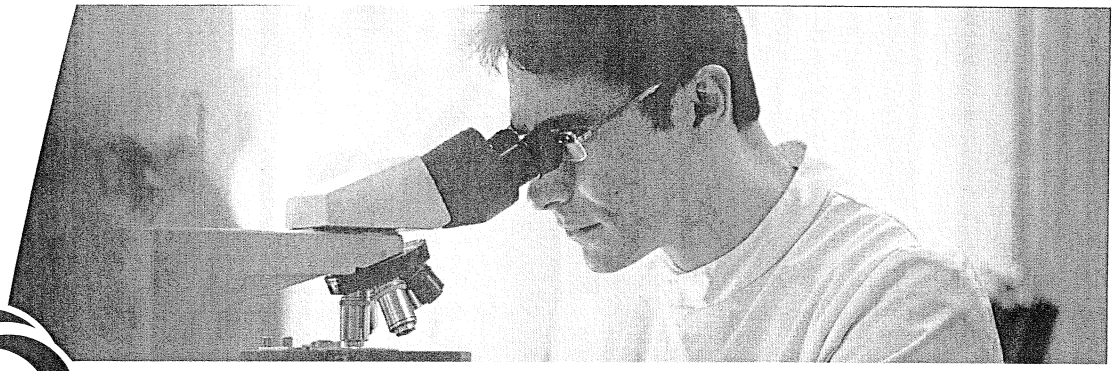
PORTANT WORDS IN THE POLICY

ident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any er abnormal physical condition.
ıfined or **confinement** means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within ɔspital for a period of no less than 20 continuous hours on the advice of a doctor.
ɔvered accident is an accident which: occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy edule page; and is not excluded by name or specific description in the policy.
octor means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed ıis license.
emergency room is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to dle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.
ospital means a place which: is run according to law on a full-time basis; provides overnight care of injured and sick people; is supervised by a doctor; has full- e nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X- ray equipment, a laboratory and an operating room where ;ical operations take place.
ospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center; or a place for ɔholics or drug addicts.
ospital intensive care unit means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of dical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the ;ical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the : of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.
ospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute :nsive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.
ospital sub-acute intensive care unit means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive :, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily d for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and tinuous observation by a specially trained nursing staff.
ospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular ɔate or semi-private room, or a ward with or without monitoring equipment.
injury means a wound to a covered person's body that is caused solely by or is the result of a covered accident.
observation unit is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or .tment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to t unit; and provides care seven days per week, 24 hours per day.
off-job accident means an accident that occurs while a covered person is not working at any job for pay or benefits.
on-job accident means an accident that occurs while a covered person is working at any job for pay or benefits.
ɔhysical therapist is a person, other than you or a family member, who: is licensed by the state to practice physical therapy; performs services which are allowed ıis license; performs services for which benefits are provided by this policy; and practices according to the Code of Ethics of the American Physical Therapy ociation.

HAT IS NOT COVERED BY THIS POLICY

will not pay benefits for losses that are caused by or are the result of any covered person's:
ɔarticipating in aviation, except as a fare paying passenger on a scheduled aircraft.
ɔarticipating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.
ɔracticing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration s received.
ıaving any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the ickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
:ommitting or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
ɔeing exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

ıddition 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:
njuries to a dependent child received during his birth.
ıny covered person's being intoxicated or under the influence of any narcotics unless administered on the advice of his doctor.



Optional Health Screening Rider

According to the most recent Centers for Disease Control and Prevention/ National Center for Health Statistics computations, if all forms of major cardiovascular disease were eliminated, life expectancy would rise by almost seven years. If all forms of cancer were eliminated, the gain would be three years.

Source: 2007 Heart and Stroke Statistical Update - American Heart Association.

One way to reduce the risk of serious illness is through early detection with an annual health screening test.

Colonial's Health Screening Rider will provide a benefit if one of the covered persons has one of the screening tests listed below while the rider and the policy to which it is attached are in force and after the waiting period. This benefit is payable once per calendar year. Waiting period means the first 30 days following the effective date of the rider.

Health Screening Benefit $50.00

- Blood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemoccult 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
- Thermography

Please refer to the Outline of Coverage on the back of this brochure for complete details.

To receive payment for your health screening benefit, it is not necessary to complete a claim form. Just call our toll-free Customer Service number, 1-800-325-4368, with the medical information or visit **www.coloniallife.com**.

Colonial insurance is too valuable to lose just because you change employers. When you are covered under this plan, you may be able to keep this insurance with no increase in premium if you change employers.

Benefit Worksheet

For use by Colonial representative

❑ **Flexible Benefit**

Check One:

❑ Employee Only ❑ Spouse Only ❑ One Child Only

❑ Employee/Spouse ❑ One-Parent Family ❑ Two-Parent Family

Benefit Amount: $50.00 (payable once per calendar year for one covered person)

Premium Per Pay Period $_____ **The premium will vary based on benefits selected.**

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202 (800) 325-4368

HEALTH SCREENING RIDER

OUTLINE OF COVERAGE (Applicable to Rider Form R-HSR, including state abbreviations where applicable)

THIS RIDER IS NOT A MEDICARE SUPPLEMENT RIDER

If you are eligible for Medicare, review the
Guide to Health Insurance for People with Medicare available from the Company.

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. This coverage is guaranteed renewable for life as long as the policy to which it is attached is in force and premiums are paid when they are due. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued.

Coverage Provided by the Rider. The rider is designed to provide coverage ONLY for the benefit listed below. This coverage is subject to any limitations or exclusions.

Health Screening **Amount: $50/YEAR**

We will pay this benefit if one of the covered persons has one of the health screening tests defined in this outline performed after the waiting period. This benefit is payable once per calendar year. There is no limit to the number of years a covered person can receive benefits for health screening tests, as long as the rider and the policy to which it is attached are in force.

Important Words in the Rider

Health Screening Test means blood test for triglycerides, bone marrow testing, breast ultrasound, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest X-ray, colonoscopy, fasting blood glucose test, flexible sigmoidoscopy, hemoccult 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 or thermography.

Waiting Period means the first 30 days following the effective date of the rider.

R-HSR-O

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