

Accident Insurance

Accident/Sickness Disability Income Rider



ColonialLife.com

If you get sick or hurt, your income could suffer, too. This benefit can pay you money to help cover your ongoing expenses while you're unable to earn a paycheck due to an accident or sickness. Coverage options are available for you and your spouse.

Can you afford not to protect your income?

Everyone's lifestyle is different. That's why you need disability coverage that can be customized to fit your specific needs.

Calculate your monthly expenses to see how much coverage you might require. Then your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	\$
Utilities (electric/gas, phone, water, TV, internet)	\$
Transportation costs (gas, car payments)	\$
Food	\$
Health (medical needs and prescription drugs)	\$
Other	\$
TOTAL	\$

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____

Choose a monthly benefit amount between \$400 and \$2,500.*

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

How long can I receive benefits?

Benefit period: _____ months

When can my total disability benefits start?

After an accident: _____ days After a sickness: _____ days

*Subject to income requirements

Product information

Total disability definition

If the benefit period shown on the Policy Schedule is 12 months or less, totally disabled or total disability means you are: unable to perform the material and substantial duties of your occupation and; under the regular and appropriate care of a physician.

If the benefit period shown on the Policy Schedule is greater than 12 months of disability, the definition of totally disabled or total disability is the same as that shown above for the first 12 months of disability.

After the first 12 months of disability, totally disabled or total disability means you are: unable to perform the material and substantial duties of your occupation; not, in fact, working at any occupation for which you are fitted by education, training and experience; and under the regular and appropriate care of a physician.

We will pay 50% of the monthly benefit amount shown above if you are working for pay or benefits during the first 12 months of your being totally disabled, or during the benefit period shown above, if less.

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, Canada or Mexico, you may receive benefits for up to 60 days. After that, you must return to the U.S. to continue receiving benefits.

Issue age

Coverage is available from ages 17 to 74.

Keeping your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, intoxicants and narcotics, mental or nervous disorders, racing, semi-professional or professional sports, substance abuse, 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 rider. We will not pay for loss when the disability is a pre-existing condition as described in the rider.

PRE-EXISTING CONDITION LIMITATION

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, that during the 12 months preceding the rider coverage effective date had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received. After this rider has been in force for 12 months from the rider coverage effective date shown on the rider schedule, we will pay benefits as stated in the rider for any loss as the result of a pre-existing condition not excluded by name or specific description if the covered loss began at least 12 months after the rider coverage effective date and the elimination period has been satisfied. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

This information is not intended to be a complete description of the insurance coverage available. This coverage has exclusions and limitations that may affect benefits payable. For cost and complete details, see your Colonial Life benefits counselor. This brochure is applicable to rider form R-ASDI4000-FL. Premium will vary according to issue age, the plan and benefit amount selected.

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For information,
talk with your
benefits counselor.

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