

Group Disability Insurance



ColonialLife.com

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 injury 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.
1	Rent or mortgage	\$
2	Transportation	\$
3	Utilities (phone, internet, electricity/gas, water, etc.)	\$
4	Food and necessities	\$
5	Other expenses	\$
Total monthly expenses (add lines 1-5 together)		\$

Benefits worksheet

How much coverage do I need?

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

Choose a monthly benefit amount between \$400 and \$7,500.*

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

What is the benefit period?

Benefit period: _____ months

The partial disability benefit period is three months.

When may my total disability benefits start?

After an injury: _____ days After a sickness: _____ days

*Subject to income requirements

Product information and features

Total disability

Totally disabled or total disability means that as a result of sickness or injury, you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation and you are not working in your usual occupation.

Partial disability or residually disabled

If you are able to return to work part-time after at least one day 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.

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 controlled substances, racing, 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. We will not pay for loss when the disability is a pre-existing condition as described in the certificate.

Pre-Existing Condition means you received medical treatment, care or services for a diagnosed condition or took prescribed medication for a diagnosed condition in the 12 months immediately prior to the effective date of coverage under this rider; or you suffered from a physical or mental condition, whether diagnosed or undiagnosed, which was misrepresented or not disclosed in your application: for which you received a physician's advice or treatment within 12 months before the date of issue, or which caused symptoms within one year before the date of issue for which a prudent person would usually seek medical advice or treatment, and the disability caused or substantially contributed to by the condition begins in the first 12 months after the effective date of coverage under this contract.

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 shown on the Certificate Schedule on the date you suffer a loss due to a covered injury or covered sickness.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form GDIS-P-CA and certificate form GDIS-C-CA. This is not an insurance contract and only the actual policy and certificate provisions will control.

CA LIC# _____

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