



Individual Disability - ISTD3000 for AK *B Risk Class*

Applicable to policy form Individual Disability

● Off Job Accident & Off Job Sickness with First Day Hospital

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*
0 days Accident/14 days Sickness	17-49	\$70.60	\$105.90	\$141.20
	50-64	\$85.80	\$128.70	\$171.60
	65-74	\$109.20	\$163.80	\$218.40

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*
0 days Accident/14 days Sickness	17-49	\$89.40	\$134.10	\$178.80
	50-64	\$114.20	\$171.30	\$228.40
	65-74	\$146.40	\$219.60	\$292.80

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$2,000*	\$3,000*	\$4,000*
0 days Accident/14 days Sickness	17-49	\$116.20	\$174.30	\$232.40
	50-64	\$155.60	\$233.40	\$311.20
	65-74	\$248.60	\$372.90	\$497.20

*monthly benefit amount

outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

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