

## Disability 1000 for CO *A Risk Class*

Applicable to policy form DIS1000

### ● Off-Job Accident, Off-Job Sickness

#### 3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
14 days Accident / 14 days Sickness	17-49	\$22.00	\$33.00	\$44.00	\$55.00	\$66.00
	50-69	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50

\*monthly benefit amount

#### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
14 days Accident / 14 days Sickness	17-49	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00
	50-69	\$40.00	\$60.00	\$80.00	\$100.00	\$120.00

\*monthly benefit amount

#### Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an 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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