

Deductions per year: 52

These rates were prepared on 2/2/2014 and are valid for 90 days.

**Disability 1000 for MA AA 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*
0 days Accident / 7 days Sickness	17-49	\$6.81	\$10.21	\$13.62	\$17.02	\$20.42
	50-69	\$8.08	\$12.12	\$16.15	\$20.19	\$24.23
0 days Accident / 14 days Sickness	17-49	\$4.85	\$7.27	\$9.69	\$12.12	\$14.54
	50-69	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00
7 days Accident / 7 days Sickness	17-49	\$6.35	\$9.52	\$12.69	\$15.87	\$19.04
	50-69	\$7.62	\$11.42	\$15.23	\$19.04	\$22.85
14 days Accident / 14 days Sickness	17-49	\$4.27	\$6.40	\$8.54	\$10.67	\$12.81
	50-69	\$5.42	\$8.13	\$10.85	\$13.56	\$16.27

\*monthly benefit amount

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident / 7 days Sickness	17-49	\$8.54	\$12.81	\$17.08	\$21.35	\$25.62
	50-69	\$11.08	\$16.62	\$22.15	\$27.69	\$33.23
0 days Accident / 14 days Sickness	17-49	\$6.58	\$9.87	\$13.15	\$16.44	\$19.73
	50-69	\$8.54	\$12.81	\$17.08	\$21.35	\$25.62
0 days Accident / 30 days Sickness	17-49	\$4.85	\$7.27	\$9.69	\$12.12	\$14.54
	50-69	\$6.92	\$10.38	\$13.85	\$17.31	\$20.77
7 days Accident / 7 days Sickness	17-49	\$7.96	\$11.94	\$15.92	\$19.90	\$23.88
	50-69	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
14 days Accident / 14 days Sickness	17-49	\$5.88	\$8.83	\$11.77	\$14.71	\$17.65
	50-69	\$7.85	\$11.77	\$15.69	\$19.62	\$23.54
30 days Accident / 30 days Sickness	17-49	\$3.92	\$5.88	\$7.85	\$9.81	\$11.77
	50-69	\$6.00	\$9.00	\$12.00	\$15.00	\$18.00

\*monthly benefit amount

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident / 14 days Sickness	17-49	\$8.08	\$12.12	\$16.15	\$20.19	\$24.23
	50-69	\$10.73	\$16.10	\$21.46	\$26.83	\$32.19
0 days Accident / 30 days Sickness	17-49	\$6.35	\$9.52	\$12.69	\$15.87	\$19.04
	50-69	\$8.54	\$12.81	\$17.08	\$21.35	\$25.62
14 days Accident / 14 days Sickness	17-49	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50
	50-69	\$9.92	\$14.88	\$19.85	\$24.81	\$29.77
30 days Accident / 30 days Sickness	17-49	\$5.31	\$7.96	\$10.62	\$13.27	\$15.92
	50-69	\$7.50	\$11.25	\$15.00	\$18.75	\$22.50
60 days Accident / 60 days Sickness	17-49	\$4.38	\$6.58	\$8.77	\$10.96	\$13.15
	50-69	\$6.46	\$9.69	\$12.92	\$16.15	\$19.38

\*monthly benefit amount

(Continued...)

**24 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident / 14 days Sickness	17-49	\$10.96	\$16.44	\$21.92	\$27.40	\$32.88
	50-69	\$16.73	\$25.10	\$33.46	\$41.83	\$50.19
0 days Accident / 30 days Sickness	17-49	\$8.08	\$12.12	\$16.15	\$20.19	\$24.23
	50-69	\$12.12	\$18.17	\$24.23	\$30.29	\$36.35
14 days Accident / 14 days Sickness	17-49	\$9.92	\$14.88	\$19.85	\$24.81	\$29.77
	50-69	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00
30 days Accident / 30 days Sickness	17-49	\$7.04	\$10.56	\$14.08	\$17.60	\$21.12
	50-69	\$10.96	\$16.44	\$21.92	\$27.40	\$32.88
60 days Accident / 60 days Sickness	17-49	\$6.23	\$9.35	\$12.46	\$15.58	\$18.69
	50-69	\$10.15	\$15.23	\$20.31	\$25.38	\$30.46
90 days Accident / 90 days Sickness	17-49	\$4.27	\$6.40	\$8.54	\$10.67	\$12.81
	50-69	\$7.85	\$11.77	\$15.69	\$19.62	\$23.54

\*monthly benefit amount

**Disability 1000 for MA AA Risk Class**

Applicable to policy form DIS1000

## ● On/Off-Job Accident and Sickness

**3 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$7.27	\$14.54	\$21.81
	50-69	\$8.77	\$17.54	\$26.31
14 days Accident / 14 days Sickness	17-49	\$5.19	\$10.38	\$15.58
	50-69	\$6.35	\$12.69	\$19.04

\*monthly benefit amount

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*
7 days Accident / 7 days Sickness	17-49	\$9.23	\$18.46	\$27.69
	50-69	\$12.23	\$24.46	\$36.69
14 days Accident / 14 days Sickness	17-49	\$6.92	\$13.85	\$20.77
	50-69	\$9.12	\$18.23	\$27.35
30 days Accident / 30 days Sickness	17-49	\$4.85	\$9.69	\$14.54
	50-69	\$6.81	\$13.62	\$20.42

\*monthly benefit amount

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$2,000*	\$3,000*
30 days Accident / 30 days Sickness	17-49	\$6.58	\$13.15	\$19.73
	50-69	\$8.77	\$17.54	\$26.31
60 days Accident / 60 days Sickness	17-49	\$5.42	\$10.85	\$16.27
	50-69	\$7.62	\$15.23	\$22.85

\*monthly benefit amount

## Accident 1.0 for MA

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

### ● On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic without health screening	0-80	\$3.33	\$4.53	\$5.32	\$6.52
Preferred without health screening	0-80	\$4.38	\$5.92	\$7.04	\$8.58
Premier without health screening	0-80	\$5.62	\$7.62	\$8.67	\$10.66

## Term Life 1000 for MA

Applicable to policy form Term1000

### ● 20 Year Term Base Plan

#### Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
50	\$4.32	\$7.72	\$11.12	\$14.51
55	\$6.25	\$11.58	\$16.91	\$22.25
60	\$9.91	\$18.90	\$27.89	\$36.88
65	\$15.31	\$29.70	\$44.09	\$58.48

## Term Life 1000 for MA

Applicable to policy form Term1000

### ● 30 Year Term Base Plan

#### Non-Tobacco Rates

ISSUE AGE	\$25,000	\$50,000	\$75,000	\$100,000
25	\$1.81	\$2.71	\$3.60	\$4.50
30	\$1.95	\$2.99	\$4.02	\$5.06
35	\$2.24	\$3.56	\$4.89	\$6.21
40	\$3.02	\$5.13	\$7.24	\$9.34
45	\$4.29	\$7.67	\$11.04	\$14.42

## Medical Bridge 3000 for MA

Applicable to policy form MB3000

### ● \$500 First Day Hospital Admission Benefit, \$100 Second and Subsequent Day Hospital Confinement Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$2.35	\$4.96	\$3.65	\$5.77
50-59	\$3.97	\$8.79	\$5.12	\$9.32
60-64	\$6.32	\$14.35	\$8.03	\$15.75
65-74	\$7.94	\$17.98	\$10.06	\$19.75

## Cancer 1000 for MA

Applicable to policy form C1000

### ● with \$5,000 Initial Diagnosis Benefit

	ISSUE AGE	NAMED INSURED	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 3	17-69	\$7.03	\$8.14	\$11.91
Level 4	17-69	\$8.99	\$10.20	\$14.86

**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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