

For more than 80 years, we've helped America's workers – employees just like yours – protect what they've worked so hard to build.

Currently, we work with nearly 100,000 businesses and almost 4.5 million policyholders nationwide. Including 5,000 local governments, 41 state governments, and 3,000 educational agencies, all providing valuable financial protection with our voluntary benefit solutions and services.

We're here to help you overcome your employee benefit challenges with our proven cost-saving solutions, end-to-end enrollment and communication tools, and benefits administration services.

FINANCIAL PROTECTION

By packaging core benefit offerings with our personal insurance products, you can enhance your benefits program and help employees fill the gaps in their individual coverage with the following products:



ACCIDENT INSURANCE helps offset unexpected medical expenses that can result from a covered accidental injury.



CANCER INSURANCE helps offset the covered out-of-pocket medical and indirect, non-medical expenses related to cancer.



CRITICAL ILLNESS INSURANCE helps supplement major medical coverage by providing a lump-sum benefit that can be used to pay the direct and indirect costs related to a covered critical illness.



DENTAL INSURANCE provides benefits for a variety of dental procedures, from routine cleanings to more advanced procedures.



DISABILITY INSURANCE replaces a portion of an employee's income to help make ends meet if he or she becomes disabled from a covered accident or sickness.



HOSPITAL INDEMNITY INSURANCE provides a lump-sum benefit for a covered hospital confinement or outpatient surgery to help with co-payments and deductibles.



TERM LIFE INSURANCE offers a predictable way to provide more coverage at more affordable prices during high-need years.



WHOLE LIFE INSURANCE provides guaranteed features – cash value accumulation, premium rates and death benefit (minus any loans and loan interest) – that help ensure those benefits will be there to help protect an employee's family's way of life.

COMPREHENSIVE BENEFITS EDUCATION

Preparing your employees for enrollment can make a sizeable impact on your resources, so we take care of it all for you. With a personal approach to helping your employees understand their own benefits situation and the options available to them, we can help them make informed decisions on how best to protect their families.

CUSTOMIZED COMMUNICATIONS

From pre-enrollment announcements to product brochures and online educational tools, our benefits communication materials help ensure your employees understand all the benefit options available to them.

We can completely digitize the engagement experience at no direct cost with your choice of communication methods to help boost understanding, engagement and participation.



FLEXIBLE ENROLLMENT SERVICES

When it's time for the enrollment, no challenge is too great. Multi-state, multi-lingual, multi-shift, we're flexible and adaptable to ensure it's your enrollment, your way.

We can enroll both core and voluntary benefits directly through our proprietary software or by interfacing with a wide range of enrollment systems. This makes your enrollment as convenient as possible for your employees and less intrusive to their workday.

Our benefits counselors will meet 1-to-1 with your employees to discuss their unique needs and help them select the benefits that are right for them.

While we're always proponents of in-person, ongoing communication and guidance, we offer a variety of options to enroll your employees where they're at.



DEPENDENT VERIFICATION SERVICES

Providing insurance coverage for dependents who are no longer eligible drives up the costs for public sector employers. Dependent verification can prevent this loss, resulting in significant savings.



During our one-to-one counseling sessions, benefit counselors will educate your employees about the eligibility criteria, reviewing any definitions covered in summary plan documents. Through our enrollment system, you can then verify and validate the dependent file data.

WELLNESS SERVICES

We understand that a wellness program is only as effective as the number of people who use it. That's why, like our enrollment communications materials, we can tailor a complete wellness communication campaign to help you increase employee awareness and boost participation in your current wellness program.

By meeting certain qualifying criteria, you may be eligible to receive one or more of the wellness programs we provide through our fulfillment partners.

FLEXIBLE SPENDING ACCOUNT (FSA) SUPPORT

A good deal of concern in the workplace exists about the increased employee cost of a benefit programs. By enrolling your employees into an FSA, they can offset some of the financial strain and get reimbursed for qualified medical expenses through voluntary salary reduction agreements.

If employees are not taking advantage of these accounts, however, you cannot reap the benefits of reduced payroll taxes. By proactively promoting and educating your employees on how to take full advantage of these accounts, we can help you increase their understanding and ultimately their usage.

Through our strategic alliances, we can help you enhance and better manage your FSA administration to ensure compliance with Section 125 provisions and regulations, while reducing taxes for you and your employee.

ADMINISTRATIVE SERVICE AND SUPPORT

We realize that an enrollment is only as good as the service that follows. The most important stance we can take is to ensure we deliver on our commitments through quality billing, claims processing and individual customer service.

As your needs change, we make sure we change and adapt, too.

BILLING AND REPORTING

We have people and systems that can handle the most complicated billing situations. Through our online administration service, we can provide a quicker, simpler billing process – all available at no charge.

CLAIMS PROCESSING

Although account service is a high priority, we know that the bottom line for all our customers is claims processing and payment. We can process claims of all sizes quickly and efficiently to ensure your employees get the money they're entitled to when they need it most.

UNDERWRITING

We strive to keep the process simple for everyone by making fast, often automatic, underwriting decisions with little information compared to the typical individual insurance market.



HISTORY OF FINANCIAL STABILITY

Colonial Life operates as a standalone entity of Unum Group, a Fortune 500 company. Our entire operation – customer call centers, underwriting, claims processing, product development and marketing – is managed independently at our headquarters in Columbia, South Carolina.

As a member of the Unum family of companies, Colonial Life is a strong industry leader with a secure future. Our financial position remains solid and well positioned to serve our customers' needs by delivering on our promises now and in the future.



Account management support

Customers with 500 employees or more require specialized services. That's why each of our large employer clients receive the dedicated time and attention of their own home office team:

STRATEGIC ACCOUNT MANAGER

Primary home office point of contact responsible for the successful partnership between the client, broker and internal team.

IMPLEMENTATION MANAGER

Drives the development and implementation of the enrollment strategy which includes managing key deliverables, identifying and securing required resources, monitoring expenses, and ensuring that plans are on track with enrollment objectives.

REGIONAL ENROLLMENT CONSULTANT

Simplifies and customizes the enrollment with our experienced National Enrollment Team (NET) of certified enrollment specialists.

ENROLLMENT SOLUTIONS CONSULTANT

Benefits technology expert responsible for managing the exchange of electronic information between the client and Colonial Life.

REGIONAL PROGRAMS MANAGER

Responsible for developing and implementing a programs strategy to enhance program awareness and utilization by increasing employee participation and attendance in the region they support. Drive the tactical implementation of strategic program initiatives for our enrollments.

CLIENT SPECIALIST

Supports the Plan Administrator to ensure an exceptional customer experience and timely resolution to any account service question while directing the client to the tools and systems that allow for greater ease of doing business with us.

BILLING COORDINATOR

Assists clients with maintaining accurate payroll deductions and helps navigate the billing process.

LOCAL SALES + SERVICE TEAM

Local level customer contact and support. The primary point of contact for daily account servicing issues. Develops strategies to address the core and voluntary benefits delivery challenges of the account through a customized combination of voluntary benefits products, benefits communication and education as well as enrollment fulfillment and support.

The bidding process just became easier



In the past, contracting for voluntary benefits may have meant conducting a formal RFP. This could take weeks, or even months, exhausting an enormous amount of your administrative resources. Not anymore.

By leveraging our Sourcewell contract (formally NJPA) you can contract for voluntary benefits without the hassle. We can help you with:

- Health plan design changes
- Wellness programs and assistance with Section 125 plans
- Benefits communication and education services
- Dependent eligibility verification
- Preventive treatment programs

The bidding process has been done, the contract's been awarded

Sourcewell awarded Colonial Life a contract as part of a competitive RFP process. We earned the contract not only because of the quality, convenience and affordability of our products and services, but also because we have more than 60 years of experience working with public sector employees like yours.

WHY COOPERATIVE PURCHASING?

This solution may help you:

- Avoid duplicating your own competitive bidding process
- Eliminate low-bid or low-quality responses
- Create administrative efficiencies

Talk to your Colonial Life representative today to learn more about how we can help.

It is incumbent upon the entity that desires contracting to ensure that the Sourcewell contract satisfies your statutory requirements or obligations. In order to leverage this contract, the public sector entity must be a Sourcewell member. Membership is free to government, education, and non-profit agencies.

Impact of employee engagement

Enrollment is about more than just checking a box.

With a solid engagement strategy, your employees can understand how their benefits are an asset.

At no cost, we can offer an array of communication methods that can help boost understanding while sharing important enrollment information.

Our support can expand beyond pre-enrollment communication to include an ongoing effort that keeps employees engaged in their benefit options throughout the year.

The result is a full-service, end-to-end enrollment communication plan that includes existing employees as well as new hires. In turn, employees are better informed about their benefits.

Our research shows that, when employees understand their benefits, they're typically more appreciative and more loyal to their place of work.



Digitize the engagement experience with customized options such as:



PERSONALIZED WEBSITE



DIGITAL POSTCARDS



DIGITAL BENEFITS BOOKLETS



EMAILS



PRODUCT VIDEOS

Your enrollment, your way

Open enrollment may need to be managed differently than in years prior considering many companies are extending their work-from-home orders and seeking ways to limit contact in the workplace.

As all business quickly pivots toward a digital response, we remain focused on offering solutions that are flexible, adaptable and scalable to ensure uninterrupted support for voluntary as well as core benefits enrollment.

With all the questions that generally occur when employees are trying to select their benefits options, it takes some explanation – especially now.

While we're always proponents of in-person, ongoing communication and guidance, we've expanded our telephonic enrollment team and offer video calls, chat and co-browse support to be more responsive to the needs for social distancing.

These virtual solutions can still offer the individual counseling sessions between an employee and a benefits counselor, just via video chat or phone call.

This flexible and adaptable approach can help engage employees and allow them to feel more confident in their benefits choices – even at a distance.



Enroll employees where they are:



VIRTUAL



FACE-TO-FACE



TELEPHONIC



ONLINE



Enrollment technology that works for you

We understand the daunting task of navigating the ever-expanding list of benefits administration and human resource technology flooding the marketplace. Whether you are looking for a platform to support your growing business or you come across a client with an existing platform, Colonial Life provides the guidance you need to make technology work for you.

POWERFUL PARTNERSHIPS



- We partner with a wide range of industry-leading benefits administration and human capital management platforms that provide opportunities to expand your business.
- Our strategic partnerships offer a user-friendly enrollment experience, virtual employee assistance, and discounted pricing in addition to many other benefits.

POWERFUL RESULTS



- Streamlined setup and simple user experience
- Seamless enrollment of core and voluntary benefits
- Access to our comprehensive individual and group voluntary benefits portfolio
- Supported enrollment methods include in-person and virtual benefits counseling, call center, and self-enroll.



View a full list of our existing partnerships

Enrollment Technology Partner Portal



Bringing benefits and HR together

Spend less time managing multiple systems with our 24/7 digital solution that provides flexible benefits administration and Human Capital Management capabilities on one platform. Now you can concentrate on the person, not the transaction, to optimize the employee experience when attracting, recruiting, and retaining great talent.



BENEFITS ADMINISTRATION

Manage and streamline year-round benefits administration seamlessly.



BENEFITS ENROLLMENT

Foster continuous employee engagement with a simple, educational benefits enrollment experience.



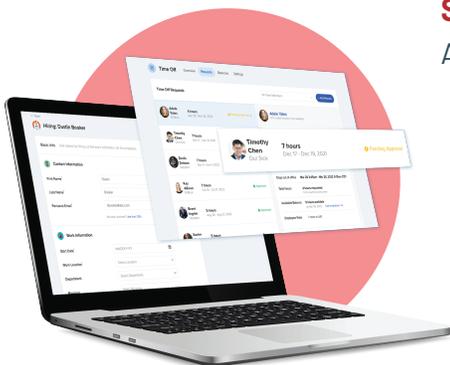
DIGITAL EMPLOYEE RECORDS

Maintain compliance and regulatory requirements with secure document sharing and storage capabilities.



HIRING, ONBOARDING, OFFBOARDING

Set employees up for success with a modern hiring, onboarding, and offboarding experience.



SOLUTIONS FOR TODAY...AND TOMORROW

As your business grows and your needs change, our solutions will grow with you.

- Enroll in voluntary benefits and core products on one platform
- Employees can manage changes and qualified life events
- Digitally complete and sign I9, upload and verify documentation remotely
- Digitally collect W4, and direct deposit information
- Custom fields to gather information from employees
- Time off request/approval
- Benefits dashboard
- Flexible payroll solutions



Contact your Colonial Life representative to get started today.



This piece CANNOT be distributed in New York.

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Benefits & HR Technology to help make each work day a great day



Whether you're hiring, onboarding, preparing compensation, or managing your benefits, Gathr gives you the tools and insights to focus on your most important asset - your people.

At no additional cost, you can access the following:



BENEFITS ADMINISTRATION

Manage and streamline year-round benefits administration seamlessly.

- Supervise core and voluntary benefits program details in one location



DIGITAL EMPLOYEE RECORDS

Maintain compliance and regulatory requirements with secure document sharing and storage capabilities.

- Create customized, digitally signed documents (*example: offer letters, employee handbooks, contracts, or agreements*)*



REPORTING & DASHBOARDS

Keep all your systems and interfaces current with accurate information.

- Flexible payroll solutions
- Information needed to perform updates housed on a single screen



HR TASKS

Simplify employee administration tasks with customized information fields.

- Manage time off requests and approvals
- Collect information from your employees (*example: uniform sizes and license information*)



HIRING AND ONBOARDING

Make a great first impression through a modern hiring and onboarding experience.

- Custom employee information fields
- Electronically sign employee documents
- Easily collect direct deposit information and tax documents



DOCUMENT MANAGEMENT

Store and distribute employee documents from hiring throughout the employment cycle.

- Use your stored documents or upload files as needed
- Distribute documents to all employees, a subset of employees or individual employees in a secure manner



Ready to tap into more features? Contact your Colonial Life representative today.





Flexible billing options

Monthly, semi-monthly, bi-weekly, weekly, or eight-, nine- or ten-month billing options, we will work with you to determine the payment frequency that best aligns with your deduction/payroll schedule.

Through our flexible billing system, you can pay all your Colonial Life premiums through one payroll slot, if you choose.

Electronic data transmission provides simple, thorough electronic transfer of benefit enrollment elections from our enrollment system to your payroll system.

This provides quicker confirmation of elections and deductions, and a more accurate first bill.

Quickly and easily view and pay your premium bill online through the My Account Administration website.

Electronically reconcile your deductions with the file submission, self-billing service.

After we reconcile your bill, a Deduction Change Report is sent electronically to communicate any deduction changes that need to be made.

To safeguard fraud or billing irregularities, we audit first bills and conduct independent and random ongoing billing reconciliation and discrepancy resolution audits.

INDIVIDUAL PAY OPTIONS

Most of Colonial Life's products are convertible to an individual pay basis.

When employees leave your employment or decide to discontinue paying premiums through payroll deduction, they may continue certain coverage with no increase in premium by paying Colonial Life directly.

When we're notified of an employee leaving employment, we will offer the employee the opportunity to continue coverage on an individual basis.

We will provide the employee various payment options such as online payment, monthly bank draft or a quarterly, semi-annually or annually direct bill.

Employees can contact their Colonial Life Benefits Counselor or call the Colonial Life Service Center at (800) 325-4368 to discuss continuing coverage.



Electronic deduction services

Our Electronic Deduction Load (EDL) service is available at no cost to help make doing business with us easier.

- Eliminate administration time by sending the electronic payroll file and your Colonial Life premium -- we handle the rest!
- Improve accuracy and reduce billing errors associated with a manual payment process.
- Quicker bill reconciliation equals quicker claims payment.

During the four weeks between the end of an enrollment period and the plan effective date, we send the electronic deduction file. A file can be sent once a month if there are significant new hires.

We compile the deduction data and then transmit it to you via the Secure File Transfer tool on our My Account Administration website.

Easily add and update employee deductions with this electronic file that can be uploaded to your payroll system.

Reduce clean-up after the enrollment by quickly matching the deductions in the billing system. Note any discrepancies that exist between the file and our system for more accurate administration.

Our free bill payment service allows you to electronically remit your premiums to Colonial Life.

Once the payment and file are received, we can process the bill payment.

PAYROLL DEDUCTIONS

We're extremely flexible regarding the deduction files we can accept and there are no file submission fees.

The only fields we require are:

- Employee name
- Social Security number or unique employee ID number
- Deduction amount

Though not required, we encourage the inclusion of data for termination information, deduction date and pretax/post-tax indicators.

We accept a variety of file formats, but PRN files or .TXT files work best. Unfortunately, we cannot accept read-only files, such as a PDF.

Self-Accounting

Billing administration that works for you



We understand the tedious task of reconciling your voluntary benefits bills to the individual employee level. We know this burden intensifies with the frequency of employee changes in large organizations. With Self-Accounting, Colonial Life eliminates time-consuming bill reconciliation—making it easy for you to host our group supplemental health products on your benefits administration platform.

BENEFITS

- Streamlined administration that eliminates burdensome bill reconciliation
- Your benefits administration platform is the system of record for employee elections and monthly billing statements
- Employee communications, service questions, additions, terminations, and changes are managed internally on your benefits administration platform until claim time
- Colonial Life continues to manage conservation activities

HOW IT WORKS



As you manage your organization's enrollment and ongoing employee elections on your benefits administration platform, Colonial Life receives weekly files containing the most current employee election information stored on your system.



These weekly files keep Colonial Life informed of benefit eligibility changes as well as the associated premium due.



Your monthly billing statement will be viewable on your benefits administration platform, letting you know how much premium to remit to Colonial Life each month.



Colonial Life will allocate your premium according to your most recent employee elections submitted, and your bill will be paid – no reconciliation needed.

Compassionate claims support

We understand what that claim represents – a request for help and the expectation of a promise kept.

We are here when our policyholder needs us most.

Our claims professionals work diligently to ensure that every policyholder receives all the benefits to which they are entitled, not just those submitted, when filing a claim. And they do so quickly.

With advancements to our online claims process coupled with direct deposit capabilities, our processing time is consolidated to days and not weeks.

Approximately 800,000 claims are filed every year, paying out more than \$35 million in benefits during a given month.

Staffed with 200 employees, our Claims Department is the heart of our business.

These highly trained employees are dedicated to knowing and understanding our customers' needs so they can go the extra mile to exceed expectations.



MOST CLAIMS ARE PROCESSED THE DAY WE RECEIVE THEM

While some carriers start measuring turnaround time once "all required claim documentation is received," we start our clocks as soon as the initial claim is received.

**We resolve nine out of 10 claims
within 10 working days.**

- **90% of claims filed electronically are processed in 5 business days or less**
 - 80% in 2 days
 - Over 60% in 1 day
- **95% of wellness claims in 2 days or less, which is better than our key competitor**

Colonial Life, Internal Data, 2020

Online services

We aim to deliver an excellent customer experience that is simple, modern and personal. There are two quick and easy ways to connect with us:

POLICYHOLDER

- File a claim, review claim details and check the current status of a claim.
- File a wellness claim.
- View active policies and understand benefit coverage.
- Update personal Information and account Information Including E-Consent and Direct Deposit.
- Make online payments.

PLAN ADMINISTRATOR

- Simplify account administration with a suite of online services such as deduction file submission, online bill, bill payment and employee administration.
- Email questions or requests directly to the Plan Administrator Service Center, 24 hours a day, 7 days a week.
- Download claim forms and request for service forms.
- Access CCH HRAnswersNow®, a specialized website that contains information on human resources policies and guidelines, tools and checklists, as well as the most up-to-date state and federal laws and regulations.



ONLINE CLAIMS

With our eClaims feature, spend less time on paperwork and process your claim faster.

- From ColonialLife.com, file claims from any device. It's fast, easy and available 24/7.
- Select direct deposit to receive your benefit payment faster.
- Easily submit additional documents.

Plan administrator services

Offering voluntary benefits to your employees shouldn't add to your workload.

That's why we make doing business with us as quick, simple and easy as possible - saving you valuable time and energy with fewer clicks and more control.

Our online billing and administration services are designed with plan administrators in mind.

DEDUCTION FILE SUBMISSION This quick and easy service enables us to reconcile your bill electronically.

ONLINE BILL RECONCILIATION + BILL PAYMENT

View, print and download your due, past due, scheduled or paid bills. Pay your invoice online. Reconcile your invoice online, in real-time.

EMPLOYEE ADMINISTRATION Easily search at the employee level and view information such as policy status, coverage effective dates and policy/coverage type. You can review and update employee details, view and change employee coverage or enter upcoming employee leave of absence information.

HRAnswersNow® As a member of our website, you receive access to HRAnswersNow, an online resource designed by HR professionals and managed by Wolters Kluwer, a market-leading global information provider. Here you will find industry knowledge, sample policies and expert advice.



Our commitment to simplifying account management continually earns us top honors for customer service, as well as consistent praise from our customers.



Stable, Diverse, and Loyal

Colonial Life & Accident Insurance Company provides financial protection benefits through the workplace, including disability, life, accident, cancer, critical illness, hospital confinement indemnity and dental insurance.

Since the day we were founded in 1939, we have been committed to providing affordable insurance products to meet the needs of our customers.

Today, we support more than 100,000 businesses and organizations, representing over 4.5 million working Americans and their families, through our benefits education, innovative enrollment and personalized support services.

Throughout our history, we've met our financial commitments while maintaining profitable growth with a stable, diverse investment portfolio.

As a stand-alone business of Unum, a Fortune 500 company and market leader in voluntary benefits, the customer call centers, underwriting, claims processing, product development and marketing activities are managed independently at the Colonial Life headquarters in Columbia, SC.

Colonial Life operates in 49 states, the District of Columbia and Puerto Rico. In New York, similar products and services, if approved, are underwritten by our affiliate, The Paul Revere Life Insurance Company.

We consistently earn strong financial ratings from the four major rating agencies.

A
Excellent

A.M. BEST COMPANY
Measures financial strength and ability to meet ongoing insurance policy and contract obligations.

A3
Good

MOODY'S INVESTORS SERVICE Ability to punctually pay senior policyholder claims and obligations.

A
Strong

STANDARD & POOR'S Ability to pay insurance policy and contract obligations according to terms.

A-
Strong

FITCH Ability to meet insurance policy and contract obligations on a timely basis.

Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, S.C. 29202
APPLICATION FOR GROUP SUPPLEMENTAL HEALTH INSURANCE

1. Name of Policyholder _____

Billing Control No. _____

2. Address (Street) _____

City, State, Zip Code _____

3. Phone Number _____

4. Plan Administrator _____

5 Nature of Business _____

6. Effective Date of Coverage _____

7. Initial Enrollment

8. Subsequent Annual Enrollment Period, Subject to the Agreement of the Policyholder and Colonial Each Year.

Start Date _____ Stop Date _____
(mmddy) (mmddy)

Start Date _____ Stop Date _____
(mmddy) (mmddy)

9. Policyholder Waiting Period _____ (If this is different by employee class or for the initial and future enrollments please indicate) _____

10. Eligibility Period _____

11. Eligible Class

- All active employees working a minimum of _____ regularly scheduled hours per week, per year.
(A minimum of 15 hours per week is required and temporary and seasonal employees are excluded.)
- Are there any special eligibility or employee class requirements or restrictions? If so, please describe.

12. The participation requirement is the greater of 25 enrolled lives or 25% .

13. Number of eligible employees _____

13. Number Enrolled _____

14. Is there any employer contribution yes no If so, what percentage?

- Named Insured Only 100% 75% 50%
- Named Insured & Spouse 100% 75% 50%
- 1 Parent Family 100% 75% 50%
- 2 Parent Family 100% 75% 50%
- Accidental Death Rider 100% 75% 50%
- Hospital Admission Rider 100% 75% 50%

15. Is this a replacement of similar coverage? yes no

16. Previous Company _____

18. Termination Date of Prior Plan _____

(mmddy)

Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, S.C. 29202
APPLICATION FOR GROUP SUPPLEMENTAL HEALTH INSURANCE

Plan Options Applied For:

Employee Class _____

Plan Design

Plan 1 - Hospital Confinement Only

Plan 2 – Hospital Confinement + Doctors Office Visits

Plan 3 – Hospital Confinement + Doctors Office Visits + Accidental Injuries

Plan 4 – Hospital Confinement + Doctors Office Visits + Prescriptions

Plan 5 – Hospital Confinement + Doctors Office Visits + Prescriptions + Accidental Injuries

Daily Hospital Confinement Selected:

\$100

\$200

\$300

\$400

\$500

Accidental Death Rider

Hospital Admission Rider

Employee Class _____

Plan Design

Plan 1 - Hospital Confinement Only

Plan 2 – Hospital Confinement + Doctors Office Visits

Plan 3 – Hospital Confinement + Doctors Office Visits + Accidental Injuries

Plan 4 – Hospital Confinement + Doctors Office Visits + Prescriptions

Plan 5 – Hospital Confinement + Doctors Office Visits + Prescriptions + Accidental Injuries

Daily Hospital Confinement Selected:

\$100

\$200

\$300

\$400

\$500

Accidental Death Rider

Hospital Admission Rider

It is understood and agreed that this application shall be attached as a part of the Policy applied for and that no Insurance shall be effective until approved by Colonial Life & Accident Insurance Company at its home office.

All statements and information found in the application are deemed representations and not warranties. Any Person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. CAUTION: If your answers on this application are incorrect or untrue, Colonial has the right to deny benefits or rescind your policy.

Dated at _____ By _____
(City, State) (Authorized Signature/Title)

On _____ By _____
Date (mmddyy) (Agent/Broker) (License ID Number)

To be Completed by Home Office

On _____ By _____ Plan effective Date _____
Date (mmddyy) Home Office



APPLICATION FOR GROUP INSURANCE

Colonial Life & Accident Insurance Company
P.O. Box 1365, Columbia, SC 29202-1365
www.coloniallife.com

BCN(s): _____

Applicant (Company): _____

Corporate Address: _____
Street

City / State / Zip Code

Product(s) Applied For:

- Group Accident Insurance
Group Cancer Insurance
Group Term Life Insurance
Group Specified Disease Insurance
Group Disability Insurance
Group Hospital Confinement Indemnity Insurance
Voluntary Group Short Term Disability Insurance

Replacement:

Is there any Group Life Insurance plan in force or being applied for (with another carrier) on some or all employees?
Yes No If Yes, complete the information below:

Table with 2 columns: Name of Carrier, Termination Date

The applicant agrees that no insurance shall be effective until approved by Colonial Life & Accident Insurance Company and that acceptance of the policy will be an approval of all policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Signed at: City _____ State _____

Applicant Signature (authorized representative / officer) _____ Applicant Printed Name _____

Title _____ Date (mm/dd/yyyy) _____

Producer / Broker Signature _____ Producer / Broker Printed Name _____

Date (mm/dd/yyyy) _____ License Number _____ Producer Number _____

Applicant Section							
Applicant's Name (First, MI, Last)		Employee <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy)	Social Security No.
Home Address – Street		City	State	Zip Code	State of Birth	Employee ID/Payroll No.	
Date Employed	Occupation/ Job Title	Hrs. Worked/ Week	Annual Base Salary	Home Phone No.		Business Phone No.	

Billing Section					
Payroll Deduction Employer Name		Employer Address (Street-City-State-Zip)		Section/Dept. No.	Employee Class
Payer or Owner if other than Applicant (Name, Address, Social Security No.)				<input type="checkbox"/> Payer <input type="checkbox"/> Owner <input type="checkbox"/> Both	

Spouse and Dependent Section					
Name of Spouse (First, MI, Last)		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy)	Relationship	Social Security No.
Employer's Name for Spouse		Date Employed	Occupation / Job Title	Hours Worked/ Week	Annual Base Salary
1. Are there any eligible dependent children applying for coverage?				Yes <input type="checkbox"/> No <input type="checkbox"/>	Number Deps:

Complete Question 2 for all Products		Applicant	Spouse
2.A. Are you actively working?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.B. If "No", is your spouse disabled or unable to work?		<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Plan Section										
Indicate Type of Change (N) New (T) Transfer or (R) Rider Addition. Indicate Tax Status (P) for pre-tax or (A) for after tax										
Product	Type Coverage	Type of Change	Policy Plan Code	Units/ Amount	Rider Plan/ Units	Rider Plan/ Units	Rider Plan Code	Rider Plan Code	Tax Status	Monthly Premium
<input type="checkbox"/> Accident									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Hospital Confinement									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Cancer									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Int. Care									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Critical Illness									P <input type="checkbox"/> A <input type="checkbox"/>	
<input type="checkbox"/> Disability	Elim/Benefit period _____/_____ /_____								P <input type="checkbox"/> A <input type="checkbox"/>	
Total Monthly Premium \$										

Replacement Section – Complete for all Products			
3. Will any health insurance, with this or any other company, be modified or discontinued if the coverage applied for is issued? If yes, provide details.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insured's Name	Insurance Company	Type of Coverage	Policy Number

AIDS Section – Complete for all Products			Applicant	Spouse	Dependent
4. Have you tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or received medical advice or sought treatment for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Section – Disability and Hospital Confinement		Applicant	Spouse
5. Have you previously purchased disability coverage that will remain in force which, when combined with the coverage you are applying for, will exceed 70% of your gross annual income? This does not include employer paid group disability coverage.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Within the past 12 months, other than colds, flu or normal pregnancy, have you been off work (vacation or sick leave) for 10 or more consecutive work days due to an illness or injury, including back, neck, knee, joint or muscle?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Section – Disability and Hospital Confinement - continued			Applicant	Spouse
7. Within the past 12 months, have you received medical advice or sought treatment (including medication) for:				
Heart Attack (MI)	Blood Pressure Reading of 160/100 or Above	Hepatitis B, C	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart Surgery	Kidney Disease except Stones	Cirrhosis	No <input type="checkbox"/>	No <input type="checkbox"/>
Congestive Heart Failure	Insulin Dependent Diabetes	Hodgkin's Disease		
Stroke	Diabetes Diagnosed Prior to age 40	Leukemia		
Transient Ischemic Attack	Cancer Other than Skin Cancer			

Dependent Health Section - Hospital Confinement			
8. Within the past 12 months, has any dependent been hospitalized for respiratory disorders, including asthma, cystic fibrosis, diabetes, heart condition, cancer (other than skin cancer) or seizures? If yes, provide details. Any dependent listed will not be covered under the Hospital Confinement policy to which a copy of the application is attached.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name (First, MI, Last)	Relationship	Birthdate (mm/dd/yyyy)	Social Security No.

Simplified Issue Section - Critical Illness and Intensive Care		Applicant	Spouse	Dependent
9. Within the past 10 years, have you received medical advice or sought treatment (including medication) for:				
Heart Attack (MI)	Hepatitis B, C	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Heart Surgery	Blood Pressure Reading of 160/100 or Above	No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>
Heart Disease	Kidney Disease except Stones			
Emphysema	Chronic Obstructive Pulmonary Disease			
Organ Transplant	Cirrhosis or Liver Disease			
Congestive Heart Failure	Transient Ischemic Attack			
Diabetes	Cancer Other than Skin Cancer			
Stroke	Abnormal Catherization			

If yes to question 9 for any dependent, please provide details. Any dependent listed will not be covered under the Intensive Care or Critical Illness policy to which a copy of the application is attached.			
Name (First, MI, Last)	Relationship	Birthdate (mm/dd/yyyy)	Social Security No.
10. Within the past 12 months, have you used any tobacco products (cigarettes, cigars, snuff, dip, chew, pipe) and/or any nicotine delivery systems?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Cancer Section		Applicant	Spouse	Dependent
11. Have you ever been diagnosed with, or treated for, Cancer of any type or form? If yes, please answer questions 12 and 13.				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. In the past 5 years, have you received medical advice or sought treatment for cancer, other than skin cancer; or, in the past 12 months have you received preventive Hormonal Therapy? If yes, you are not eligible for coverage. If no, please complete the Cancer History form.				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes to question 12 for any dependent, please provide details. Any dependent listed will not be covered under the Cancer policy to which a copy of the application is attached.				
Name (First, MI, Last)	Relationship(s)	Birthdate (mm/dd/yyyy)	Social Security No.	
13. Within the past 5 years, have you received medical advice or sought treatment for Skin Cancer, including basal cell carcinoma, squamous cell carcinoma, or melanoma of Clark's level I or II?				
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Other Section – Complete for all Products except Disability	
14. Are you Medicare eligible?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Has the Important Notice to Persons on Medicare been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant's Beneficiary Information – Complete for all Products					
Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Applicant	Social Security No.
Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Applicant	Social Security No.

Height and Weight Section – Complete for all products at Simplified Issue Level 1 amounts	
Indicate Applicant's Current: Height _____ Weight _____	
Indicate Spouse's Current: Height _____ Weight _____	

Medication Section - Complete for all products at Simplified Issue Level 1 amounts	Applicant	Spouse
M1. Are you currently prescribed any medication? If yes, provide details in the Health Details Section.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Level 1 Section – Disability			Applicant
D1. Within the past 5 years, have you received medical advice or sought treatment for any cancer, other than skin cancer?			Yes <input type="checkbox"/> No <input type="checkbox"/>
D2. Within the past 5 years, have you received medical advice or sought treatment (including medication) for:			
Heart Attack (MI)	Transient Ischemic Attack	Multiple Sclerosis	Yes <input type="checkbox"/>
Heart Surgery	End Stage Kidney (Renal) Disease	Neurological Disorder	
Heart Disease	Emphysema	Chronic Fatigue Syndrome	No <input type="checkbox"/>
Congestive Heart Failure	Cirrhosis or Liver Disease	Fibromyalgia	
Stroke	Chronic Obstructive Pulmonary Disease		
D3. Within the past 5 years, have you received medical advice or sought treatment (including medication) for: If yes, provide details in the Health Details Section.			
Back Injury or Illness	Joint Injury or Illness	Diabetes	Yes <input type="checkbox"/>
Knee Injury or Illness	Muscular Injury or Illness	Hepatitis B, C	
Neck Injury or Illness	Carpal Tunnel Syndrome	Blood Pressure Reading of 140/90 or Above	No <input type="checkbox"/>
D4. Within the past 5 years, have you received medical advice, sought treatment, or had surgery or an abnormal diagnostic test for any disease, mental or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this application? If yes, provide details in the Health Details Section.			Yes <input type="checkbox"/> No <input type="checkbox"/>
D5. Do you have any individual or group disability insurance now in force with any company, including Colonial Life & Accident Insurance Company? If yes, provide details.			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance Company	Monthly Disability Amount	Elimination Period/Benefit	Policy Number

Simplified Issue Level 1 Section - Hospital Confinement	Applicant	Spouse
H1. Within the past 5 years, have you received medical advice, sought treatment, or had surgery or an abnormal diagnostic test for any disease, mental or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this application? If yes, provide details in the Health Details Section.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Simplified Issue Level 1 Section - Critical Illness			Applicant
C1. Within the past 5 years, have you received medical advice, sought treatment, or had surgery or an abnormal diagnostic test for any disease or physical disorder (other than lacerations or broken bones not related to a health condition) not listed on this application? If yes, provide details in the Health Details Section.			Yes <input type="checkbox"/> No <input type="checkbox"/>
C2. Have you ever received medical advice or sought treatment for:			
Heart Disease	Lung Disease	Kidney Disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hepatitis B, C	Circulatory Disease	Respiratory Disease	
If yes, provide details in the Health Details Section.			

Health Details Section					
For yes answer, provide details below.					
For prescribed medication, indicate the condition it was prescribed for, medication name, dosage and date of onset.					
Condition Name	Medication Name/ Dosage	Date of Onset and Recovery	Doctor/Hospital Name, Address & Phone #	Date of Treatment	Type Treatment Received

Additional Data Section

Agreement Section

I understand that the policy applied for will not pay benefits for any loss incurred during the first 12 months after the issue date for a disease or physical condition that I now have or have had in the past.

THE APPLICANT AGREES AS FOLLOWS:

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CAUTION: If your answers on this application are incorrect or untrue, Colonial has the right to deny benefits or rescind your policy. To the best of my knowledge and belief, the answers and statements above are true and complete. I understand that this application will not be binding upon Colonial Life & Accident Insurance Company (Colonial) until both: 1) the policy is issued; and 2) the first premium is paid. Items 1 and 2 must occur while any conditions affecting insurability are the same as described above. If applicable, I have received an outline of coverage for the plan(s) applied for and I have been explained all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to pre-existing conditions, if applicable. I understand that any untrue statement or material misrepresentation may result in claim denial or rescission of coverage. If coverage is rescinded, Colonial's only obligation will be to refund all premiums paid. I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER. If applicable, I have received and read a copy of the Notice of Insurance Information Practices, (which includes MIB, Inc. Disclosure Notice). I hereby authorize Colonial Life & Accident Insurance Company to release information to the MIB. Yes No

REQUEST FOR TRANSFER/CANCELLATION: In conjunction with my application for the Policy indicated. I hereby request cancellation

- of my Colonial Policy Number(s) _____ Transfer or cancellation of the base plan will also mean cancellation of all attached riders.
- of my rider only _____ as of the effective date and hour of my new coverage.

If, for any reason the policy applied for above is not issued, this request for cancellation shall be null and void.

Signed at: (City) _____ (State) _____ (Date) _____
mm/dd/yyyy

Signature of Applicant

Signature of Employee/Payer

Agent Section

Agent's Name (If Present) _____
(please print)

Do you have knowledge or reason to believe that the Applicant is intending to replace any existing insurance?
Yes No

I have explained to the Applicant all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to pre-existing conditions, if applicable. I hereby certify that I know nothing affecting the insurability of the Applicant, which is not fully set forth in this application. I have not made, nor agreed to make, any rebate of premium for insurance. I further certify that I am a licensed agent in the state where this application is being taken.

Date _____ (x) _____ License No. _____ Code No. _____
mm/dd/yyyy Signature of Licensed Agent

DETACH AND LEAVE WITH APPLICANT

Notice of Insurance Information Practices

We collect Non Public Information (NPI) about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations, and service providers.

We share the types of NPI described above primarily with people who perform insurance, business, and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Our affiliated companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs. This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

If you believe NPI we have about you is incorrect, please write us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

If we decide not issued coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

To receive our complete privacy notice, including more information about our information-sharing, access and correction practices, write to our parent company: Privacy Officer, UnumProvident Corporation, 2211 Congress Street, M347, Portland, Maine 04122. For additional information about our commitment to privacy, visit www.coloniallife.com.
NIP

DETACH AND LEAVE WITH APPLICANT.

DISCLOSURE NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU.

Information regarding your insurability will be treated as confidential. Colonial or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedure set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone (617) 426-3660.

Colonial or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

MIB

Basic Term Life Insurance (Employer Paid) and Supplemental Term Life Insurance (Employee Paid)

Employer Paid % 100% 75% 50% Other: _____%

Basic Term Life (employee coverage only):

- Flat Amount of Coverage: \$ _____ (\$10,000 minimum, \$1,000 increments) **OR**
 Multiple of Salary: _____ to a maximum amount of: \$ _____
 (multiples of salary should be in .50 increments to a maximum of five times annual salary)

AND

Supplemental Term Life:

- Incremental plan (\$10,000 minimum, \$1,000 increments) **OR**
 Multiple of Salary: _____
 (multiples of salary should be in .50 increments to a maximum of five times annual salary, select up to five choices)

Spouse Coverage: Yes No (\$5,000 minimum, \$1,000 increments, cannot exceed employee amount)

Dependent Children: Yes No (\$1,000 minimum, \$1,000 increments)

Plan (choose one each for Basic and Supplemental):

Basic Supplemental

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Group Term Life Only |
| <input type="checkbox"/> | <input type="checkbox"/> | Group Term Life with Accidental Death & Dismemberment |
| <input type="checkbox"/> | <input type="checkbox"/> | Group Term Life with Waiver of Premium |
| <input type="checkbox"/> | <input type="checkbox"/> | Group Term Life with Waiver of Premium and Accidental Death & Dismemberment |

For plans that include Waiver of Premium also complete the Custom Plan section.

If AD&D is selected, choose up to one suite for Basic and up to two suites for Supplemental:

Basic Supplemental

- | | | |
|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Catastrophic Suite |
| <input type="checkbox"/> | <input type="checkbox"/> | Family Suite |
| <input type="checkbox"/> | <input type="checkbox"/> | Malicious Intent Suite |
| <input type="checkbox"/> | <input type="checkbox"/> | Occupational Disease Suite |
| <input type="checkbox"/> | <input type="checkbox"/> | Travel Suite |
| <input type="checkbox"/> | <input type="checkbox"/> | None |

If two suites chosen for Supplemental coverage, the employee will choose one of the two suites.

CUSTOM PLANS ONLY:

Rate Guarantee: _____ years

- Tobacco distinct rates
 Uni-Tobacco rates

Continuation of Coverage:
 Yes No

Waiver of Premium, select:

- Elimination Period days: 90 120 180 270 360
 Benefit Period – Duration of Disability: Age 65 Age 70 ADEA 1
 Definition of Disability: Any occupation 1 year own occupation 2 years own occupation

Portability, select:

Without E of I Yes No

Other: _____

AGREEMENT SECTION

All statements and information found in the application are deemed representations and not warranties. Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. It is understood and agreed that this application shall be attached as a part of the Policy applied for and that no Insurance shall be effective until approved by Colonial Life & Accident Insurance Company at its Home Office.

Signed at: City _____ State _____ Date _____
 mm/dd/yyyy

(x) _____
 (Authorized Signature/Title)

AGENT SECTION

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance policy in detail; and (d) to the best of my knowledge and belief the proposed Policyholder is financially sound.

(x) _____ License No. _____ Code No. _____
 Signature of Licensed Agent

Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Arizona	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
Florida	All statements and information found in the application are deemed representations and not warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
Kentucky, Kansas and North Carolina	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
Maine and Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRUADULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
Oklahoma	WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon and Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.