

Group Cancer Insurance*

Plan 3



A cancer diagnosis takes life on an unexpected turn. Treatment decisions should not put your finances at risk. Colonial Life’s group cancer insurance helps by providing a lump-sum benefit payable directly to you to help cover any expenses.

Coverage amount: _____

Cancer benefits

COVERED CANCER CONDITION ¹	PERCENTAGE OF APPLICABLE COVERAGE AMOUNT
Invasive cancer (including all breast cancer)	100%
Non-invasive cancer	25%
Skin cancer initial diagnosis	\$400 per lifetime

Reoccurrence of invasive cancer (including all breast cancer)

If you receive a benefit for invasive cancer and are later diagnosed with a reoccurrence of invasive cancer, 25% of the coverage amount is payable if treatment-free for at least 12 months and in complete remission prior to the date of reoccurrence; excludes non-invasive or skin cancer.

BENEFITS STORY

Caring for the caregiver

Kathy is a 45-year-old devoted mother who coaches her son’s soccer team and cares for her father, who recently moved in with them. When she was diagnosed with breast cancer, she worried about taking care of everyone.

How Kathy’s coverage helped

The lump-sum amount from her cancer benefit helped pay for:



Expenses related to her ongoing treatments



Childcare and an aid to assist with her father



Meals and household expenses



Prescriptions to help with the side effects of her treatments to work

For illustrative purposes only.

Key benefits

- Available coverage for spouse and eligible dependent children at 50% of your coverage amount
- Cover your eligible dependent children at no additional cost
- Receive coverage regardless of medical history, within specified limits
- Works alongside your health savings account (HSA)
- Benefits payable regardless of other insurance

Preparing for the unexpected is simpler than you think. With Colonial Life, you'll have the support you need to face life's toughest challenges.



For more information, talk with your benefits counselor.

BENEFITS STORY

A cancer that struck twice

When Paul was first diagnosed with invasive thyroid cancer he received 100% of his initial coverage amount of \$20,000. Paul recovered and was treatment-free for over 12 months and in complete remission from his cancer.

Unfortunately, Paul was later diagnosed again with invasive thyroid cancer. With the reoccurrence of invasive cancer, Paul received \$5,000, which was 25% of his initial coverage amount.

How Paul's coverage helped

The lump-sum amount from the reoccurrence of invasive cancer helped him pay for:



Rent and other household expenses



Expenses related to his ongoing treatments



Transportation to medical facility

For illustrative purposes only.

1. Please refer to the certificate for complete definitions of covered conditions.

* The filed product name in PA is Group Critical Illness Specified Disease Insurance. In FL and VT, the filed product name is Group Cancer Limited Benefit Insurance.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

EXCLUSIONS AND LIMITATIONS FOR CANCER

We will not pay the Invasive Cancer (including all Breast Cancer) Benefit, Non-Invasive Cancer Benefit, Benefit Payable Upon Reoccurrence of Invasive Cancer (including all Breast Cancer) or Skin Cancer Initial Diagnosis Benefit for a covered person's invasive cancer or non-invasive cancer that: is diagnosed or treated outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; is a pre-existing condition, unless the covered person has satisfied the pre-existing condition limitation period shown on the Certificate Schedule on the date the covered person is initially diagnosed as having invasive or non-invasive cancer. No pre-existing condition limitation will be applied for dependent children who are born or adopted while the named insured is covered under the certificate, and who are continuously covered from the date of birth or adoption.

PRE-EXISTING CONDITION LIMITATION

We will not pay a benefit for a pre-existing condition that occurs during the 12-month period after the coverage effective date. Pre-existing condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

This information is not intended to be a complete description of the insurance coverage available. The insurance or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

Underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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Group Critical Illness Insurance*

Exclusions and limitations

State-specific exclusions

AK: Alcoholism or Drug Addiction Exclusion does not apply.

CA: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics replaced with Intoxicants or Controlled Substances. Insureds must be covered by comprehensive health insurance before applying for insurance.

CO: Suicide exclusion: whether sane or not replaced with while sane.

CT: Alcoholism or Drug Addiction Exclusion replaced with Intoxication or Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply.

DC: Alcoholism or Drug Addiction Exclusion does not apply. Insureds must be covered by comprehensive health insurance before applying for insurance.

DE: Alcoholism or Drug Addiction Exclusion does not apply.

GA: Insureds must be covered by comprehensive health insurance before applying for insurance.

IA: Exclusions and Limitations headers renamed to Exclusions and Limitations for Critical Illness Covered Conditions and Critical Illness Cancer Covered Conditions.

ID: War or Armed Conflict Exclusion replaced with War; Felonies and Illegal Occupations Exclusion replaced with Felonies; Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse.

IL: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism or Substance Abuse Disorder.

KS: Alcoholism or Drug Addiction Exclusion does not apply.

KY: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion replaced with Intoxicants, Narcotics and Hallucinogenics.

Premium will vary based on the coverage selected and the age of the named insured. For attained age rates, premiums will increase on the account anniversary date once the named insured reaches the next age band. Premium may increase if coverage is ported.

Waiting Period If included, the Wellbeing Assistance Benefit is subject to a 30-day waiting period. Waiting period means the first 30 days following each covered person's effective date during which no benefits are payable.

Termination of the Named Insured's Coverage The coverage on a named insured under the policy will terminate on the earliest of the following dates:

- the date the policy terminates;
- your policyholder cancels the policy and does not offer replacement coverage;
- the end of the grace period following the premium due date and we do not receive the required premium for the named insured;
- the date the named insured is no longer in an eligible class;
- the date the named insured's class is no longer included for insurance; or

- the date the next premium is due after the named insured asks us to end coverage.

We will provide coverage for a claim for which we are liable under the terms of this certificate if the loss occurs while you are covered.

LA: Alcoholism or Drug Addiction Exclusion does not apply; Domestic Partner added to Spouse.

MA: Exclusions and Limitations headers renamed to Limitations and Exclusions for critical illness and cancer. Insureds must be covered by comprehensive health insurance before applying for insurance.

MD: Alcoholism or Drug Addiction Exclusion does not apply; Felonies or Illegal Occupations Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Prohibited Practitioner Referral added as an additional exclusion for cancer.

MI: Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion does not apply.

MN: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion does not apply; Felonies and Illegal Occupations Exclusion replaced with Felonies or Illegal Jobs; Intoxicants and Narcotics Exclusion replaced with Narcotic Addiction. Insureds must be covered by comprehensive health insurance before applying for insurance.

MO: Alcoholism or Drug Addiction Exclusion replaced with Drug Addiction; Felonies or Illegal Occupations Exclusion replaced with Illegal Activities.

MS: Alcoholism or Drug Addiction Exclusion does not apply.

ND: Alcoholism or Drug Addiction Exclusion does not apply.

NV: Intoxicants and Narcotics Exclusion does not apply; Domestic Partner added to Spouse.

PA: Alcoholism or Drug Addiction Exclusion does not apply; Suicide Exclusion: whether sane or not removed.

SD: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply.

TX: Alcoholism or Drug Addiction Exclusion does not apply; Doctor or Physician Relationship added as an additional exclusion.

UT: Alcoholism or Drug Addiction Exclusion replaced with Alcoholism.

VT: Alcoholism or Drug Addiction Exclusion does not apply; Intoxicants and Narcotics Exclusion does not apply; Suicide Exclusion: whether sane or not removed. Insureds must be covered by comprehensive health insurance before applying for insurance.

WA: Intoxicants and Narcotics Exclusion does not apply.

State-specific pre-existing condition limitations

CA: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed or treated within 12 months before the coverage effective date shown on the Certificate Schedule.

FL: Pre-existing is 6/12; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date shown on the Certificate Schedule. Genetic information is not a pre-existing condition in the absence of a diagnosis of the condition related to such information.

GA: Pre-existing Condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment, or a condition for which medical advice or treatment was recommended by or received within 12 months preceding the coverage effective date.

ID: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition which caused a covered person to seek medical advice, diagnosis, care or treatment during the six months immediately preceding the coverage effective date shown on the Certificate Schedule.

IL: Pre-existing Condition means a sickness or physical condition for which a covered person was diagnosed, treated, had medical testing by a legally qualified physician, received medical advice, produced symptoms or had taken medication within 12 months before the coverage effective date shown on the Schedule of Benefits.

IN: Pre-existing is 6 months/12 months.

MA: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MD: Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date shown on the Certificate Schedule. Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider.

ME: Pre-existing is 6 months/6 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, or received medical advice within six months before the coverage effective date shown on the Certificate Schedule.

MI: Pre-existing is 6 months/6 months.

NC: Pre-existing Condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the effective date of a covered person. If a covered person is 65 or older when this certificate is issued, pre-existing conditions for that covered person will include only conditions specifically eliminated.

NV: Pre-existing is 6 months/12 months; Pre-existing Condition means a sickness or physical condition for which a covered person was treated, had medical testing, received medical advice or had taken medication within six months before the coverage effective date. Pre-existing Condition does not include genetic information in the absence of a diagnosis of the condition related to such information.

PA: Pre-existing is 90 days/12 months; Pre-existing Condition means a disease or physical condition for which you received medical advice or treatment within 90 days before the coverage effective date shown on the Certificate Schedule.

SD: Pre-existing is 6 months/12 months.

TX: Pre-existing condition means a sickness or physical condition for which a covered person received medical advice or treatment within 12 months before the coverage effective date shown on the Certificate Schedule.

UT: Pre-existing is 6 months/6 months.

WY: Pre-existing is 6 months/12 months.

*The filed product name in IA, PA, and WY is Group Critical Illness Specified Disease Insurance. In FL and VT, the filed product name is Group Critical Illness Limited Benefit Insurance.

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This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this insurance.

This information is not intended to be a complete description of the insurance coverage available. The insurance, its name or its provisions may vary or be unavailable in some states. The insurance has exclusions and limitations which may affect any benefits payable. Applicable to policy form GCI6000-P and certificate form GCI6000-C (including state abbreviations where used, for example: GCI6000-C-TX). For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. This form is not complete without base form 385403, 387100, 387169, 402383, 402558 or 387238, and rider form 387307, 387381, 387452, 387523, 387594, 387665, 402605 or 402671.

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