

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
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INDIVIDUAL SHORT TERM LIMITED DISABILITY INCOME INSURANCE POLICY

Outline of Coverage
(Applicable to policy form ISTD3000-CA)

Please Read Your Policy Carefully. This outline provides a very brief description of the important features of your policy. This is not an insurance contract and only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

Please be aware that the terms in the outline may be specifically defined and bolded in the policy.

Disability Income Coverage. Your policy is designed to provide coverage for disabilities that result from **covered injuries** or **covered sicknesses**, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS

| | |
|---------------------------------------|--|
| Total Disability | Benefit payable in the amount and for the period indicated on the Policy Schedule |
| Partial or Residual Disability | Benefit payable in the amount and for the period indicated on the Policy Schedule |
| Recurrent Disability | Benefit payable in the amount and for the period indicated on the Policy Schedule |
| Concurrent Disability | Benefit payable in the amount and for the period indicated on the Policy Schedule |
| Subsequent Disability | Benefit payable in the amount and for the period indicated on the Policy Schedule |
| Waiver of Premium Benefit | Benefit provided when policy conditions are met |

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as a result of your:

Alcoholism or Drug Addiction

Addiction to alcohol or drugs, except for drugs taken as prescribed by your **physician**.

Cosmetic Surgery Cosmetic surgery; however, complications from such surgery, as well as reconstructive surgery resulting from a **covered injury** or **covered sickness**, will be administered to the same extent as any other **injury** or **sickness**.

Felonies or Illegal Occupation Committing or attempting to commit a felony or being engaged in an illegal occupation.

Flying Operating, learning to operate, or serving as a crew member of any aircraft or hot air balloon. This does not include flying as a fare paying passenger.

Hazardous Avocations Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting, or hot air ballooning.

Intoxicants and Controlled Substances Loss or injury being the consequence of intoxication or being under the influence of any controlled substance unless administered on the advice of a **physician**.

Professional Sports Practicing for or participating in any professional competitive athletic contest for which any type of compensation or remuneration is received.

Racing Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

Suicide or Injuries Which You Intentionally Do to Yourself Committing or trying to commit suicide or your injuring yourself intentionally.

War or Armed Conflict Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

LIMITATIONS

Geographical Limitations If you become **totally disabled** or **partially or residually disabled** as the result of a **covered injury** or a **covered sickness** while you are outside the covered geographical areas and you are **totally disabled** or **partially or residually disabled** longer than the **elimination period** shown on the Policy Schedule, your maximum **benefit period** for **Total Disability** and **Partial or Residual Disability** combined while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda, or Jamaica.

After the 60 day period, benefits will not be paid until you return to the covered geographical areas. If you are still **totally disabled** or **partially or residually disabled** as defined in this policy when you return from outside the covered geographical areas, we will determine your remaining applicable **benefit period** by subtracting the time period for which we have already paid you benefits from the **benefit period** shown on the Policy Schedule. We will pay the monthly benefit amount shown on the Policy Schedule for up to the remaining applicable **benefit period**.

Giving Birth Limitation We will not pay benefits for losses due to you giving birth within the first nine (9) months after the **Policy Coverage Effective Date**. **Complications of pregnancy** are subject to the Pre-Existing Condition Limitation and are administered consistently with any other sickness.

Pre-Existing Condition Limitation We will not pay benefits for losses when the disability is a **pre-existing condition** as defined in the policy, unless you have satisfied the Pre-Existing Condition Limitation Period shown on the Policy Schedule on the date you suffer a loss due to a **covered injury** or **covered sickness**.

Renewability Your policy is guaranteed renewable to the policy anniversary date on or next following your 75th birthday. Your premium can be changed only if we change it on all policies of this kind in force in the state where your policy was issued. **Policy anniversary date** occurs annually on the same date and in the same month as the date for which we first received premium.

Premium for the Policy The monthly premium for the policy is \$_____.

Loss Ratio The expected benefit ratio for this policy is in excess of 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.