

State of Florida *Employees*

Voluntary Insurance

To Help Protect What
You Value Most.

- Disability Insurance

People First Benefit Plan
Code 5020

- Accident Insurance

People First Benefit Plan
Code 5002

- Cancer Insurance

People First Benefit Plan
Code 6600 & 7500

Colonial Life makes benefits count...

- Benefits are paid directly to you, or anyone you choose.
- Benefits are paid regardless of any other insurance coverage with other insurance companies.
- Coverage may continue even if you change jobs or retire.
- Policies are guaranteed renewable.

***Serving State of Florida Employees
for more than 50 Years.***

Contents

How to Enroll	inside front cover
Colonial Life's Disability Insurance	page 1
Colonial Life's Accident Insurance	page 2
Colonial Life's Cancer Insurance	page 4
Benefits Worksheet.....	page 7
Outlines of Coverage	pages 8-15
Contact Colonial Life	inside back cover
Map of Colonial Life's Regional Offices	back cover

Dear State of Florida Employee,

Thank you for taking the time to review Colonial Life's important benefit choices. Because you are a valued employee, the State is making these voluntary insurance benefits available to you to help meet your individual needs:

- Disability Insurance - This coverage helps you protect your most valuable asset - your income!
- Accident Insurance - This coverage provides benefits if you are in a covered accident, on- or off-the-job.
- Cancer and Cancer/Intensive Care Insurance - Specifically designed for State of Florida Employees - This coverage helps with the unexpected costs associated with the diagnosis and treatment of cancer.

ENROLLING, CHANGING OR CANCELLING YOUR COVERAGE IS AS EASY AS 1 - 2 - 3 . . .

- 1) MEET WITH A COLONIAL LIFE BENEFITS COUNSELOR (listed on the back of this brochure).**
- 2) Complete a Colonial Life Application or Colonial Life Service Form with your local representative.**
- 3) Complete an Enrollment Form online or with a Colonial Life benefits counselor and mail or fax it to People First Service Center. (Refer to important information below for online procedures.)**

YOU MUST ALWAYS MEET WITH A COLONIAL LIFE BENEFITS COUNSELOR TO COMPLETE THE APPROPRIATE PAPERWORK

A Colonial Life application is required for any new coverage. The Colonial Life benefits representative will submit the application to Colonial Life's home office. Cancer deductions will not start until Colonial Life has approved medical underwriting and notified People First.

IMPORTANT NOTE ABOUT ONLINE PROCEDURES - The link to Colonial Life on the People First website is for informational purposes only. If you attempt to enroll, change or cancel any Colonial Life coverage by going online, Colonial Life is not aware of what you are attempting to do. What you may be doing is starting or stopping your payroll deduction. You must always see a Colonial Life benefits representative.

People First sends employees a Benefits Confirmation statement. Please be sure that your coverage is correctly reflected on the statement.

THANK YOU FOR CHOOSING COLONIAL LIFE INSURANCE
Serving State of Florida Employees for Over 50 Years

Visit the web site at www.coloniallife.com/florida

You may elect to purchase coverage as part of the State of Florida Flexible Benefits Plan. If so, your Flexible Benefits Plan elections will remain in effect and cannot be revoked or changed during the Plan Year unless the revocation and new election are on account of and consistent with a change in family status (e.g. marriage, divorce, death of spouse or child, birth or adoption of child and termination of employment of spouse.)

Colonial Life's Short-Term Disability Income Protection Insurance

People First Benefit Plan Code 5020

Help protect your most valuable asset – your income.

Your income is the financial security that helps protect your family and lifestyle.

This plan is available to Employees only.

Colonial Life's Short-Term Disability Income Protection insurance replaces a portion of your income if you become unable to work because of a covered illness or injury. This income can help you continue paying:

- Mortgage or rent payments.
- Food, clothing and other necessities.
- Medical costs not covered under other plans.
- Utility bills and other household expenses.
- Copayments.
- Travel and lodging expenses for treatment.

Benefit Options*:

- ✓ You're guaranteed to be issued coverage at 66-2/3 of your income, up to \$3,000 a month.
- ✓ Monthly benefit amounts available: \$400 - \$5,000 - based upon income
- ✓ Benefit Periods: 3 months, 6 months or 12 months
- ✓ Choices of elimination periods

* For cost information, and to apply for this plan, please contact your Colonial Life benefits representative.

With Colonial Life's Short-Term Disability Income Protection Insurance:

1. You're paid regardless of any other insurance you may have with other insurance companies.
2. Benefits are paid directly to you unless you specify otherwise.
3. You may choose the amount of your disability benefits to meet your needs, subject to income.
4. Your coverage is guaranteed renewable to age 70.
5. If you change jobs or leave your employer, you can take your coverage with you at no additional cost.
6. Partial disability.
7. You're covered worldwide.
8. Waiver of Premium is included.

The premium will vary based on benefits selected.

Please refer to the Disclosure Statement (DIS-1000-O-FL) on page 10 for complete details.

Colonial Life's Accident Insurance

People First Benefit Plan Code 5002

Accidents happen. You can't pick when or where accidents will strike, but you can choose to help protect yourself from financial loss when they do.

Colonial Life's accident insurance offers you:

- 24-hour coverage for accidents that occur on- and off-the-job.
- Benefit payments regardless of workers' compensation or any other insurance you may have with other insurance companies.
- Optional spouse and dependent coverage.
- **Portability — you can take your coverage with you if you change jobs or retire.**

Initial Care

When an accident happens, you don't want to worry about how you will pay for the initial care, especially if you have to go to the emergency room for X-rays or ride in an ambulance.

Ambulance	\$500 per trip
Air Ambulance	\$1500 per trip
Emergency Room Treatment	\$200 per accident
Initial Doctor's Office Visit	\$120 per accident

Accident Hospital Care

Traditional health insurance policies may have per admission deductibles and copayments that must be satisfied prior to covering benefits related to hospital stays. Your Colonial Life policy provides benefits to help with these costs.

Hospital Admission	\$2,000 per admission, per accident
Hospital Confinement	\$300 per day up to 365 days
Hospital Intensive Care	\$600 per day up to 15 days

Follow-up Care

You may require follow-up care once you are discharged from the emergency room, hospital or doctor's office. You may have to undergo physical therapy, use crutches or a wheelchair or even require the use of an artificial limb.

Accident Follow-Up Treatment	\$120 (Limit of three visits per covered accident, payable after Emergency Treatment or Initial Doctor's Office Visit)
Appliances	\$150 (wheelchair, crutches)
Physical Therapy	\$50 per treatment, up to six treatments
Prosthetic Devices	\$500 to \$1,000

Common Accidental Injuries

Fractures and dislocations are frequent injuries common in both adults and children.

Dislocation (Separated Joint)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (Sternoclavicular)	\$ 750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$ 450	\$ 900
Bone or Bones of the Hand	\$ 450	\$ 900
Collarbone (Acromioclavicular and Separation)	\$ 150	\$ 300
One Toe or Finger	\$ 150	\$ 300

Fracture (Broken Bone)	Closed Reduction (Non-Surgical)	Open Reduction (Surgical)
Skull, Depressed Skull	\$3,750	\$7,500
Skull, Simple Non-Depressed	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,200	\$2,400
Bones of Face or Nose	\$ 525	\$1,050
Upper Jaw, Maxilla	\$ 525	\$1,050
Upper Arm between Elbow and Shoulder	\$ 525	\$1,050
Lower Jaw, Mandible, Kneecap, Ankle, Foot	\$ 450	\$ 900
Shoulder Blade, Collarbone, Vertebral Processes	\$ 450	\$ 900
Forearm, Wrist, Hand	\$ 450	\$ 900
Rib	\$ 375	\$ 750
Coccyx	\$ 300	\$ 600
Finger, Toe	\$ 75	\$ 150

Your Colonial Life policy also provides benefits for the following injuries received as a result of a covered accident:

Burn (based on size and degree)	\$750 to \$10,000
Concussion	\$100
Emergency Dental Work	\$50 to \$150
Eye Injury	\$500
Torn Knee Cartilage	\$500
Lacerations (based on size)	\$25 to \$400
Ruptured Disc	\$400
Tendon/Ligament/Rotator Cuff	\$400 to \$600

Colonial Life's Accident Insurance

continued

Dependents

Coverage for dependent children will end when they no longer qualify as a dependent:

- When the child marries.
- Does not live in a regular parent-child relationship.
- Does not qualify as a dependent on the employee or spouse for tax purposes.
- Reaches age 25.

Surgical Care

If your covered accidental injury is serious enough to require surgical care or a transfusion, your Colonial Life policy provides you benefits.

Surgery (open abdominal or thoracic)	\$1,500
Exploratory	\$150
Blood/Plasma/Platelets	\$300

Transportation/Lodging Assistance

If a covered person requires care or treatment at least 100 miles away from his home, your Colonial Life policy provides benefits to help with transportation and lodging costs.

Transportation	\$300 per trip, up to 3 trips
Lodging (family member or companion)	\$100 per night, up to 30 days

Accidental Death and Dismemberment

For injuries received as the result of a covered accident that lead to an accidental death or dismemberment, this plan provides benefits that can help see you and your family through the loss.

Loss of Finger/Toe/Hand/Foot/Sight of Eye \$750 to \$15,000

	Accidental Death	Common Carrier
Named Insured	\$75,000	\$100,000
Spouse	\$75,000	\$100,000
Child(ren)	\$ 15,000	\$20,000

Catastrophic Accident

The severity of some accidents can result in life-changing losses. Colonial Life can help with such severe losses by providing a benefit for a catastrophic loss that results from a covered accident. Catastrophic loss is an injury that within 365 days of the covered accident results in the total and irrecoverable:

- loss of both hands or both feet
- loss of sight of both eyes
- loss or loss of use of both arms or both legs
- loss of hearing of both ears
- loss of the ability to speak.
- loss or loss of use of one arm and one leg
- loss of one hand and one foot

The Catastrophic Accident benefit is payable after a 365 day elimination period. The elimination period refers to the period of 365 days after the date of the covered accident.

Accident Occurs:	Covered Person	Benefit Amount Per Lifetime
Prior to age 65*	Named Insured	\$100,000
	Spouse	\$ 100,000
	Child(ren)	\$ 50,000

*Amounts are reduced for insureds who are over the age of 65.

Please refer to the Outline of Coverage (form ACCPOL-O-FL-REV) on page 13 for complete details.



Colonial Life's Cancer Insurance

People First Benefit Plan Code 6600 & 7500

With improved technology, chances of surviving cancer have improved dramatically. However, this new age of technology means higher costs for cancer treatment.

Even the best group health insurance may not cover 100 percent of cancer treatment costs. There are also costs associated with cancer that are rarely, if ever, covered. Colonial Life's cancer insurance plan helps ease the financial burden of cancer treatment and the costs associated with cancer. Colonial Life's cancer plan offers protection for a new age.

Colonial Life's Cancer Plan

- Pays benefits directly to you unless you specify otherwise.
- Pays benefits regardless of any other insurance you may have with other insurance companies.
- Is guaranteed renewable.
- Has few lifetime limits. This is an important feature because cancer treatment is often prolonged.
- **Is portable — You can keep your coverage if you change jobs or retire.**

Colonial Life's Cancer Plan Benefits

The Wellness Benefit

Cancer Screening Test(s): We will pay \$50 per calendar year, per insured, for the test and exam/office visit. We will pay this benefit if you have one or more of the following cancer screening test(s) performed after the 30-day waiting period:

- CA 125 blood test
- CEA blood test
- chest X-ray
- colonoscopy
- flexible sigmoidoscopy
- hemocult stool analysis
- mammography
- Pap smear
- PSA blood test
- thermography

No Lifetime Limit

Cancer Benefits

We will pay these benefits if cancer is first diagnosed after the 30-day waiting period.

Initial Diagnosis

We will pay this benefit when you are diagnosed for the first time as having internal (not skin) cancer. We will pay \$1,000 when the named insured is first diagnosed as having cancer. We will pay \$500 when a covered family member is first diagnosed as having cancer. **We will pay this benefit in addition to all other benefits. Benefit payable only once for each person insured by the policy.**

Dependents

Coverage for dependent children will end when they no longer qualify as a dependent:

- When the child marries.
- Is no longer chiefly dependent on the employee or employee's spouse for support.
- Does not live in a regular parent-child relationship.
- Is older than age 19 (age 23 if attending school full-time).

Coverage will not terminate on a child who reached age 19 (or age 23 if attending school full-time) if that child is and continues to be mentally retarded or physically handicapped and is chiefly dependent on the employee or employee's spouse for support.

Premiums

Cancer Insurance

Type Coverage	Plan	Monthly
Individual	CFL1	\$10.94
Family	CFL2	\$18.18

Cancer Insurance with Intensive Care

Type Coverage	Plan	Monthly
Individual	CFL3	\$13.96
Family	CFL4	\$24.48

Issue Age: 18 through 64. Age for coverage is based on age as of the policy effective date.

Benefits Even If You Are Not Confined to a Hospital

- **Surgical Procedures:** the amount you are charged, up to \$2,800 per surgical procedure performed by a doctor. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure that has the highest dollar value, up to \$2,800. If you have more than one surgical procedure performed at the same time, but through different incisions, we will pay for each one, but not more than \$2,800 for all procedures performed at the same time. These procedures may be performed in a hospital, doctor's office or clinic. No Lifetime Limit.
- **Surgical Procedures for Treatment of Skin Cancer:** the amount you are charged, up to \$200 for each surgical procedure performed for the treatment of skin cancer. However, we will pay this benefit only once for all skin samples examined as the result of one operative session. No Lifetime Limit.
- **Anesthesia:** the amount you are charged, up to \$800 per single surgical procedure for anesthesia administered by an anesthesiologist or an anesthesiologist. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure performed with the highest dollar value, up to \$800. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay for each one, but not more than \$800 for all procedures performed at the same time. No Lifetime Limit.
- **Radiation/Chemotherapy:** the amount you are charged, up to \$5,000 per calendar year for radioactive or chemical treatments prescribed by a doctor, for the destruction of abnormal tissue. No Lifetime Limit.
- **Experimental Treatment:** the amount you are charged, up to \$5,000 per calendar year for all the hospital, medical and surgical care you receive in connection with experimental treatment of internal (not skin) cancer. You must receive treatment in an experimental cancer treatment program in the continental United States. We will pay this benefit in place of all other benefits. We will not pay this benefit for experimental treatment received at no charge. No Lifetime Limit.
- **Blood/Plasma:** the amount you are charged for each unit of blood/plasma received, which includes the amount charged for the transfusion, administration, cross-matching, typing and processing of blood/plasma. No Lifetime Limit.
- **Prosthesis:** the amount you are charged, up to \$2,500 per surgically implanted prosthetic device or artificial limb prescribed as a direct result of cancer surgery. No Lifetime Limit except for no more than two of the same type of device.
- **Ambulance:** the amount you are charged for transportation by a professional ambulance service to or from a hospital where you are admitted for treatment for cancer as an in-patient (two trips per confinement limit). No limit except for two trips per confinement.
- **Home Recovery:** \$200 per week if your Home Recovery period begins immediately after you are released from a hospital. We will pay this benefit for no more than the same number of days we provided the Hospital Confinement benefit. No Lifetime Limit.
- **Hospice Care:** the amount you are charged, up to \$100 per day, for a visit from a representative of a hospice or for the services of a hospice. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit and that life expectancy is only six months or less. We will not pay this benefit while you are confined to a hospital or to a U.S. Government Hospital. Up to 120 Days Lifetime Limit.

Benefits Even if You Are Not Confined to a Hospital (cont.)

- **Waiver of Premium Benefit:** You will not be required to pay premiums to keep your policy in force if you become disabled because of cancer for longer than 90 continuous days. This benefit does not apply if your spouse or your children become disabled. No Lifetime Limit.
- **Transportation:** the amount you are charged for coach rate for a plane, train or bus ticket. If you or your spouse choose to take a personal car, and your destination is more than 50 miles one way from the city where you live, we will pay 28 cents each mile for travel by you or your spouse. We will pay this benefit if you travel to another city on the advice of a doctor for diagnosis or treatment of cancer because similar services are not available in the city where you live. No Lifetime Limit.

Benefits While You Are Confined to a Hospital

- **Hospital Confinement:** \$180 per day for the first 10 days and \$220 per day for the next 60 continuous days. We will pay the amount you are charged for room and board beginning with the 71st continuous day. No Lifetime Limit.
(We will not pay this benefit if you are confined to a U.S. Government Hospital.)
- **Confinement in a U.S. Government Hospital:** the amount you are charged, up to \$250 per day. We will pay this benefit in place of all other benefits except the Waiver of Premium benefit. No Lifetime Limit.
- **Attending Physician:** the amount you are charged, up to \$30/day for a visit by a doctor, other than your surgeon, while you are confined to a hospital. No Lifetime Limit.
- **Private Nurse:** the amount you are charged, up to \$130/day for full-time nursing services (at least 8 hours during any 24-hour period) performed by a registered, a licensed practical or a licensed vocational nurse. No Lifetime Limit.

ADDITIONAL INTENSIVE CARE INSURANCE

Confinement in a Hospital Intensive Care Unit Due to an Accident or Sickness

We will pay **\$350 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of any accident or sickness other than an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay **\$700 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay this benefit if you are admitted to a Hospital Intensive Care Unit within 48 hours after the accident. We will pay this benefit for **up to 45 days for each confinement**. We will not pay benefits for an injury or sickness that is caused by or occurs as the result of your committing or trying to commit suicide and your injuring yourself intentionally, whether you are sane or not.

Please refer to the Outline of Coverage (DACIC-FL) on page 16 for complete details.
Refer to page 8 for the Benefits Worksheet.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202
(800) 325-4368

DISABILITY INCOME COVERAGE DISCLOSURE STATEMENT (Applicable to Policy Form DIS 1000-FL)

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.

Renewability. Your policy is guaranteed renewable to the policy anniversary date on or next following your 70th 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.

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

Coverage Provided by the Policy. We will pay the total disability benefit shown in the Policy Schedule if you become totally disabled and are totally disabled longer than the elimination period as the result of a covered accident or covered sickness while the policy is in force.

If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

If you do not have a job when you become totally disabled, we will pay the total disability benefit only as long as you are kept at home and cannot perform two of six Activities of Daily Living and you are under the regular and appropriate care of a doctor.

If you become partially disabled as a result of a covered accident or a covered sickness, we will pay up to the benefit period and in the amount shown for a partial disability in the Policy Schedule, except as described in the Geographical Limitations provision, for as long as this coverage is in force and you remain partially disabled, subject to the following conditions:

- the total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled; and
- for a given period of disability, you may receive either a partial disability benefit or a total disability benefit, but not both.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force. If you are totally disabled and you become totally disabled again for the same or related condition within six months after you return to work, we will treat this disability as the same disability. This means that the length of time shown for the benefit period and elimination period for Total or Partial Disability in the Policy Schedule will not start over as it will for disabilities caused by different covered accidents or sicknesses. If more than six months separates periods of disability, the elimination period shown in the Policy Schedule would again have to be satisfied. At the point, the Total or Partial Disability benefit shown in the Policy Schedule would again be available to you.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first 12 months the policy is in force.

Concurrent or Subsequent Disability: During any period in which you are disabled due to more than one condition, whether the conditions are related or unrelated, benefits will be paid as if you are disabled due to only one condition. In no event will

your being disabled due to more than one condition extend the benefit period beyond the benefit period shown in the Policy Schedule. Separate periods of disability resulting from unrelated conditions are considered a continuation of the previous disability, not a new disability, unless:

- they are separated by a minimum of 10 calendar days;
- during such time you returned to work performing the material and substantial duties of your job; and
- during such time you are no longer qualified to receive total or partial disability benefits.

This coverage will end on the policy anniversary date on or next following your 70th birthday. Coverage ending at age 70 will not affect any disability that began while the policy was in force. The disability benefit will be limited to the payment of the applicable monthly benefit amount for the length of the applicable benefit period shown on the Policy Schedule.

Time Limits

No claim for loss incurred or disability starting after 12 months from the effective date of the policy will be reduced or denied because a sickness or physical condition not excluded by name or specific description before the date of loss, had existed before the effective date of the policy.

Geographical Limitations

If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown in the Policy Schedule, your maximum benefit period for total disability and partial 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 or partially disabled as defined in the 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 in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining applicable benefit period.

Waiver of Premium Benefit

After you have been totally disabled or qualify for partial disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown in the Policy Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for partial disability benefits for 90 consecutive days while the policy is in effect, or for the elimination period shown in the Policy Schedule, whichever is greater.

You must send us written notice as soon as you are no longer disabled. We will assume you are no longer disabled if:

- You do not send us satisfactory proof of loss when we request it; or
- You notify us that you are no longer disabled.

You must pay all premiums to keep the policy and any attached rider(s) in force beginning with the first premium due after you are no longer disabled.

The Waiver of Premium Benefit does not apply to any period that you are totally or partially disabled due to an accident or condition which is excluded by specific name or specific description in the policy.

There is no limit to the number of times you can receive the Waiver of Premium benefit.

Important Words in the Policy

Activities of Daily Living mean the following:

1. Dressing – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn
2. Transferring – the ability to move in or out of a chair or bed
3. Eating – the ability to get nourishment into the body once it has been prepared
4. Preparing meals
5. Toileting – the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing
6. Continence – the ability to maintain control of bowel and bladder function, or the ability to perform associated personal hygiene, including caring for catheter or colostomy bag

A **covered accident** is an accident which:

- occurs after the effective date of the policy;
- is of a type listed on the Policy Schedule;
- occurs while the policy is in force; and
- is not excluded by name or specific description in the policy.

A **covered sickness** means an illness, infection, disease or any other abnormal physical condition, not caused by an injury, which:

- occurs after the effective date of the policy;
- is of a type listed on the Policy Schedule;
- occurs while the policy is in force; and
- is not excluded by specific name or specific description in the policy.

A **doctor** means a person, other than you or a family member, who is licensed by the state to practice a healing art, and performs services for you which are allowed by his license. For the purposes of this definition, family member means your spouse, son, daughter, mother, father, sister or brother.

Elimination period means the period of time during which no benefits are payable, as shown in the Policy Schedule.

Material and substantial duties of your job are defined as those job duties which:

- are normally required to perform your regular job; and
- cannot be reasonably modified or omitted.

Performing your job at a particular work site or in a particular building is not a material and substantial duty of your job, provided that your employer will allow you to perform your job at a different work site or in a different building.

Off-job accident means an accident that occurs while you are not working at any job for pay or benefits.

Off-job sickness means a sickness that was not caused by or contributed to by your working at any job for pay or benefits.

On-job accident means an accident that occurs while you are working at any job for pay or benefits.

On-job sickness means a sickness that was caused by or contributed to by your working at any job for pay or benefits.

Partially disabled means:

- you are unable to perform the material and substantial duties of your regular occupation for 20 hours or more per week;
- you are able to work at your regular occupation or any other job for less than 20 hours per week;
- your employer will allow you to work for less than 20 hours per week; and
- you are under the regular and appropriate care of a doctor.

Pre-existing condition means your having a sickness or physical condition that during the 12 months immediately preceding the effective date of the policy had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care, or treatment was recommended or received.

Totally disabled means you are:

- unable to perform the material and substantial duties of your regular occupation; and
- under the regular and appropriate care of a doctor.

Under the regular and appropriate care of a doctor means you are being cared for on a regular basis by a doctor and the care you are receiving is appropriate for the condition(s) which disable(s) you.

What Is Not Covered by the Policy

We will not pay benefits for losses that are caused by or are the result of your:

- addiction to alcohol or drugs, except for drugs taken as prescribed by your doctor;
- operating, learning to operate, or serving as a crew member of or jumping or falling from any aircraft or hot air balloon, including those which are not motor-driven. This does not include flying as a fare paying passenger.
- giving birth within the first nine months after the effective date of the policy as the result of a normal pregnancy, including Cesarean. Complications of pregnancy will be covered to the same extent as any other covered sickness;
- engaging in hang gliding, bungee jumping, parachuting, sailgliding, parasailing or parakiting;
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution;
- having a pre-existing condition as described and limited by the policy;
- having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered under the policy;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which you receive any type of compensation or remuneration;
- committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of terrorism committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism.

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY
CALL OUR TOLL-FREE NUMBER
1-800-325-4368**

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

P.O. Box 1365, Columbia, South Carolina 29202

(800) 325 – 4368

ACCIDENT ONLY INSURANCE COVERAGE

OUTLINE OF COVERAGE (Applicable to Policy Form ACCPOL-FL.)

THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the [Guide to Health Insurance for People with Medicare](#) available from the Company.

Please Read The Policy Carefully. This outline provides a very brief description of the important features of the 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 to READ THE POLICY CAREFULLY.

Renewability. The policy is guaranteed renewable for life as long as premiums are paid when they are due or within the grace period. The premium can be changed only if we change it on all policies of this kind in force in the state where the policy was issued. If your premium is changed, you will be given 45 days notice.

Coverage Provided by The Policy. The policy is designed to provide to covered persons coverage for losses resulting from injuries received from a covered accident only, subject to any limitations or exclusions. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

BENEFITS - All benefits are payable once per covered accident unless specified otherwise

We will pay these benefits for any covered person who receives injuries as the result of a covered accident:

Accidental Death Named Insured \$75,000 Spouse \$75,000 Children \$15,000

Benefit payable if a covered person is injured in a covered accident and the injury causes the insured to die within 90 days after the accident. If we pay this benefit, we will not pay the Accidental Death-Common Carrier benefit

Accidental Death – Common Carrier Named Insured \$100,000 Spouse \$100,000 Children \$20,000

Benefit payable if a covered person is injured while a fare-paying passenger on a common carrier and the injury causes the insured to die within 90 days after the accident. Common Carrier means: commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not common carriers. If we pay this benefit, we will not pay the Accidental Death benefit.

Accident Follow-Up Treatment - \$120

Benefit payable for follow-up treatment due to a covered accident recommended or advised by a doctor. Follow-up treatment must occur after initial treatment in a doctor's office or emergency room and occur within 90 days of the covered accident. Benefits payable for three visits per covered accident.

Air Ambulance - \$1500

Benefit payable if a licensed professional air ambulance company transports by air any covered person to or from a hospital or between medical facilities; transportation must occur within 48 hours after the covered accident

Ambulance - \$500

Benefit payable if a licensed professional ambulance company transports any covered person by ground transportation to or from a hospital or between medical facilities; transportation must occur within 90 days after the covered accident

Appliance - \$150

Prescribed by a doctor to aid in personal locomotion or mobility; use must begin within 90 days after covered accident

Blood/Plasma/Platelets - \$300

Must require the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets and be administered within 90 days after the covered accident

Burn - Must be treated by a doctor within 72 hours after the accident

\$ 750 – Second degree burns which cover at least 36% of the body surface

\$1,500 – Third degree burns which cover at least 9 square inches but less than 35 square inches of body surface

\$10,000 – Third degree burns which cover 35 or more square inches of the body surface

Catastrophic Accident - payable once per lifetime per covered person

Accident Occurs	Covered Person	Benefit Amount	Accident Occurs	Covered Person	Benefit Amount
Prior to age 65	Named Insured	\$100,000	Age 65-69	Named Insured	\$ 50,000
	Spouse	\$ 100,000		Spouse	\$ 50,000
	Child(ren)	\$ 50,000		Child(ren)	\$ 25,000
After Age 70	Named Insured	\$ 25,000			
	Spouse	\$ 25,000			
	Child(ren)	\$ 12,500			



Benefit payable if any covered person sustains a catastrophic loss and is under the care of a doctor during the elimination period and remains alive at the end of the elimination period. Injury must occur within 365 days of the covered accident. Catastrophic Loss means an injury that within 365 days of the covered accident results in total and irrecoverable:

- Loss of both hands or both feet; or
- Loss or loss of use of both arms or both legs; or
- Loss of one hand and one foot; or
- Loss or loss of use of one arm and one leg; or
- Loss of the sight of both eyes; or
- Loss of the hearing of both ears; or
- Loss of the ability to speak.

The loss of use of an arm means the loss of function of the entire arm from the shoulder to the hand. The loss of use of a leg means the loss of function of the entire leg from the hip to the foot. The loss of sight means both eyes are totally blind and that no sight can be restored. The loss of hearing means deafness in both ears, such that it cannot be corrected to any functional degree by any procedure, aid or device. The loss of the ability to speak means loss of audible communication, such that it cannot be corrected to any functional degree by any procedure, aid or device.

Elimination period means the period of 365 days after the date of a covered accident.

Concussion - \$100

Benefit payable if any covered person sustains a concussion as the result of a covered accident; must be diagnosed by a doctor using X-ray, CAT scan or MRI within 72 hours from date of covered accident

Dislocation (Separated Joint)

	Closed Reduction	Open Reduction
Hip	\$3,000	\$6,000
Knee (except Patella)	1,500	3,000
Ankle – Bone or bones of the Foot (other than Toes)	1,200	2,400
Collarbone (Sternoclavicular)	750	1,500
Lower Jaw, Shoulder (Glenohumeral), Elbow, Wrist	450	900
Bone or Bones of the Hand (other than Fingers)	450	900
Collarbone (Acromioclavicular and separation), One Toe or Finger	150	300

Must be diagnosed by a doctor as a dislocation within 90 days after the accident; reduction must require correction with anesthesia by a doctor; reduction without anesthesia will pay 25 percent of amount shown above for closed reduction. Benefit payable for more than one dislocation (requiring open or closed reduction) is no more than two times the amount for the joint involved which has the highest benefit amount. Benefit payable for incomplete dislocation is 25 percent of amount shown for closed reduction. Benefit payable for a fracture and a dislocation in the same accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable only for the first dislocation of a joint after the effective date. Subsequent dislocations of the same joint after the effective date will not be covered. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Doctor’s Office - \$120

Initial treatment and/or advice must be in a doctor’s office and must occur within 60 days of the covered accident

Emergency Dental Work - \$200 - Broken teeth repaired with crown(s) **\$100** - Broken teeth resulting in extraction(s)

Emergency Room Treatment - \$200

Requires examination and treatment by a doctor in a hospital emergency room within 72 hours after covered accident

Eye Injury - \$500

Must require surgery or the removal of a foreign object by a doctor within 90 days after the covered accident. An examination with anesthesia will not be considered surgery.

Fracture (Broken Bone)

	Closed Reduction	Open Reduction
Skull (except bones of face or nose) depressed skull fracture	\$3,750	\$7,500
Skull (except bones of Face or nose) simple non-depressed skull fracture	1,500	3,000
Hip, Thigh (Femur)	2,250	4,500
Vertebrae, Body of (excluding Vertebral Processes), Pelvis (except Coccyx), Leg	1,200	2,400
Bones of Face or Nose (except Mandible or Maxilla)	525	1,050
Upper Jaw, Maxilla (except Alveolar Process), Upper Arm between Elbow and Shoulder	525	1,050
Lower Jaw, Mandible (except Alveolar Process), Kneecap, Foot (except Toes), Ankle	450	900
Shoulder Blade, Collarbone, Vertebral Processes, Forearm, Hand, Wrist (except Fingers)	450	900
Rib	375	750
Coccyx	300	600
Finger, Toe	75	150

Must be diagnosed by a doctor within 90 days after the accident. Benefit payable for more than one fracture (open or closed reduction) is no more than two times the amount for the bone involved which has the highest benefit amount. Benefit payable for a chip fracture is 25 percent of the amount shown for closed reduction for the bone involved. Benefit payable for a fracture and a dislocation in the same covered accident is no more than two times the amount for the bone or joint involved which has the highest benefit amount. Benefit payable for a fracture or a dislocation and a tear, rupture or sever of a tendon/ligament/rotator cuff in the same covered accident is no more than the larger of either the Tendon/Ligament/Rotator Cuff benefit, the Fracture benefit or the Dislocation benefit.

Hospital Admission – \$2000 per admission - Must be confined in a hospital within six months after the accident; payable once per covered accident.

Hospital Confinement – \$300/day up to 365 days per covered accident

Must be confined in a hospital or a hospital sub-acute intensive care unit within six months after the covered accident. If the covered person is confined in a hospital and is confined again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of hospital confinement, we will treat this confinement as a new confinement. If the covered person is confined in a hospital intensive care unit for more than 15 days, the Hospital Confinement benefit will begin on the 16th day.

Hospital Intensive Care Unit Confinement – \$600/day up to 15 days per covered accident

Must be confined to a hospital intensive care unit within 30 days after the accident. If the covered person is confined in a hospital intensive care unit, and is confined to a hospital intensive care unit again within 90 days for the same accident or related condition, we will treat this confinement as a continuation of the prior confinement. If more than 90 days have passed between the periods of confinement in a hospital intensive care unit, we will treat this confinement as a new confinement. We will not pay the Hospital Intensive Care Unit Confinement benefit and the Hospital Confinement benefit concurrently.

Knee Cartilage Torn - \$500

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within six months after the covered accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), we will only pay **\$100**

Laceration

\$ 50 - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches

\$200 - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches

\$400 - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches

\$ 25 - Laceration(s) are treated without stitches

Must be repaired by a doctor within 72 hours after the covered accident. If benefits are payable for a laceration on a finger, toe, hand, foot or eye and the insured later loses that finger, toe, hand, foot, or eye as the result of the same covered accident, the amount we paid under the Laceration benefit will be subtracted from the Loss of a Finger, Toe, Hand, Foot or Sight of an Eye benefit.

Lodging - \$100/night up to 30 days per covered accident

Payable for a companion's motel/hotel stays during the period of time the covered person is confined to the hospital. Hospital must be more than 100 miles from the residence of the covered person

Loss of a Finger, Toe, Hand, Foot or Sight of an Eye

\$15,000 Payable for loss of: both hands, or both feet, or the sight of both eyes, or a hand and a foot, or a hand and the sight of one eye, or a foot and the sight of an eye.

\$ 7,500 Payable for loss of: one hand, or one foot, or sight of one eye.

\$1,500 Payable for loss of: two or more fingers, or two or more toes¹ or one finger and one toe.

\$ 750 Payable for loss of: one finger or one toe.

Benefit payable if the insured loses a finger, toe, hand, foot or sight of an eye within 90 days after the covered accident. If the covered person loses a finger or toe and later loses a hand or foot on the same side of the body as a result of the same covered accident, the amount paid for the loss of a finger or toe benefit will be subtracted from the amount paid for the loss of a hand or foot.

Loss of a hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.

Loss of a finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand. Loss of a toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot. Loss of sight of an eye means that at least 80 percent of vision is permanently lost.

Physical Therapy - \$50/treatment up to six treatments per accident

Must begin within 60 days after the covered accident and be completed within six months after the covered accident. Must be prescribed by a doctor and rendered by a licensed physical therapist and performed in an office or in a hospital

Prosthetic Device/Artificial Limb

\$ 500 - One prosthetic device or artificial limb **\$1,000** - More than one device or artificial limb

Must be prescribed by a doctor for functional use when a covered person loses a hand, foot, or sight of an eye. Must be received within one year of the covered accident. This benefit is not payable for hearing aids, dental aids, including false teeth, eye glasses or for cosmetic prosthesis such as hair wigs. We will not pay for joint replacement such as an artificial hip or knee.

Ruptured Disc - \$400

Must be treated by a doctor within 60 days after the covered accident and repaired through surgery within one year after the accident

Skin Grafts – 25% of Applicable Burn benefit

Payable only for a skin graft for a burn for which a burn benefit was received under the policy



Surgery - \$1,500

Payable if any covered person undergoes open abdominal or thoracic surgery within 72 hours of covered accident. Surgery must be for repair of internal injuries; For exploratory or other surgery without repair we will pay **\$150**. Hernia repair will not be covered under this benefit.

Tendon/Ligament/Rotator Cuff

\$400 - Repair of one tendon, ligament or rotator cuff **\$600** - Repair of more than one of the above

Must be torn, ruptured or severed and be repaired through surgery within 90 days after the covered accident. If the covered person is in an accident and receives a fracture or a dislocation and tears, ruptures or severs a tendon/ligament/rotator cuff, benefits are only payable for the larger benefit. If exploratory arthroscopic surgery is performed and no repair is done, we will pay **\$100**.

Transportation - \$300/trip up to 3 trips per covered accident

Travel must be more than 100 miles for special treatment and confinement in a hospital. Treatment must be prescribed by a doctor and not available locally. This benefit is not payable for transportation by ambulance or air ambulance.

Important Words in the Policy

Accident means an unintended or unforeseen bodily injury sustained by a covered person, wholly independent of disease, bodily infirmity, illness, infection, or any other abnormal physical condition.

Confined or confinement means the assignment to a bed as a resident inpatient in a hospital on the advice of a doctor or confinement in an observation unit within a hospital for a period of no less than 20 continuous hours on the advice of a doctor.

A **covered accident** is an accident which: occurs after the effective date of the policy; occurs while the policy is in force; is of a type of accident listed on the Policy Schedule page; and is not excluded by name or specific description in the policy.

A **doctor** means a person, other than you or a family member, who: is licensed by the state to practice a healing art; and performs services for you which are allowed by his license.

An **emergency room** is a specified area within a hospital that is designated for the emergency care of accidental injuries. This area must: be staffed and equipped to handle trauma; be supervised and provide treatment by doctors; and provide care seven days per week, 24 hours per day.

A **hospital** means a place which: is licensed as a hospital and operated pursuant to law; provides overnight care of injured and sick people; is supervised by a doctor; has full-time nurses supervised by a registered nurse; and has at its locations or uses on a pre-arranged basis: X-ray equipment, a laboratory and an operating room where surgical operations take place.

A hospital is not: a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation center that is not accredited by the Joint Commission on the Accreditation of Hospitals, American Osteopathic Association or the Commission on the Accreditation of Rehabilitation Facilities; or a place for alcoholics or drug addicts.

A **hospital intensive care unit** means a place which: is a specifically designated area of the hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and has a doctor assigned to the intensive care unit on a full-time basis.

An hospital intensive care unit is not any of the following step down units: a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit; an observation unit; or any facility not meeting the definition of a hospital intensive care unit as defined in this policy.

A **hospital sub-acute intensive care unit** means a place which: is a specifically designated area of the hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement; is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and is under constant and continuous observation by a specially trained nursing staff.

A hospital sub-acute intensive care unit may be referred to by other names such as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

An **injury** means a condition sustained by the covered person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause and occurs while this policy is in force.

An **observation unit** is a specified area within a hospital, apart from the emergency room, where a patient can be monitored following outpatient surgery or treatment in the emergency room by a doctor; and which: is under the direct supervision of a doctor or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An **off-job accident** means an accident that occurs while a covered person is not working at any job for pay or benefits.

An **on-job accident** means an accident that occurs while a covered person is working at any job for pay or benefits.

A **physical therapist** is a person, other than you or a family member, who: is licensed by the state to practice physical therapy; performs services which are allowed by his license; performs services for which benefits are provided by this policy; and practices according to the Code of Ethics of the American Physical Therapy Association.

WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or are the result of any covered person's:

- operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven.
- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting.
- participating or attempting to participate in an illegal activity and/or being incarcerated in a penal institution.
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury.
- committing or trying to commit suicide or his injuring himself intentionally, whether he is sane or not.
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism.

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR
TOLL FREE NUMBER: 1-800-325-4368.**

Limited Benefit Insurance (Applicable to Policy Form DACIC-FL)

Cancer or Cancer/Intensive Care Coverage: Your policy is designed to provide coverage for certain losses that result from cancer and/or a fixed daily benefit during periods of confinement in a Hospital Intensive Care Unit due to a covered sickness or an injury received from a covered accident subject to any limitations in your policy. It only provides benefits if cancer is first diagnosed while your policy is in force and has been in force for at least 30 days. If your cancer is first diagnosed before the end of the 30-day waiting period, coverage for that cancer will apply only to loss commencing after this policy has been in force two years, unless it is excluded by name or specific description in this policy. Cancer must be pathologically or clinically diagnosed. If cancer is not diagnosed until after you die, we will provide benefits from the date of tentative diagnosis. We will provide these benefits when we receive proof of positive postmortem diagnosis. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Limitations

If cancer is not pathologically or clinically diagnosed until after you die, we will provide benefits from the date of tentative diagnosis. We will provide these benefits when we receive proof of positive postmortem diagnosis.

We will pay cancer benefits if your cancer was not excluded by name or specific description in the policy.

Definitions

- **Cancer:** means a disease which is identified by the presence of a malignant tumor. Cancer also means the uncontrolled growth and spread of cells of the tumor, the invasion of body tissues, leukemia or Hodgkin's Disease.
- **Experimental treatment:** means drugs or chemical substances approved by the United States Food and Drug Administration for experimental use in the treatment of human cancer; and surgery or therapy endorsed by either the National Cancer Institute or the American Cancer Society for experimental studies.
- **Waiver of Premium:** If you, the named insured, become disabled because of cancer for longer than 90 continuous days, you will not be required to pay premium to keep your policy in force. *Disabled* means you are unable to work at any job for which you are qualified by reason of education, training or experience; you are not, in fact, working at any job for pay or benefits; and you are under the care of a doctor for the treatment of cancer. If you do not have a job when cancer is diagnosed, we will waive premiums only as long as you are kept at home because of your cancer and are under the care of a doctor.
- **Hospital:** does not include a nursing home, a convalescent facility, an extended care facility, a skilled nursing home, a rest home or home for the aged or a place for alcoholics or drug addicts.
- **Hospital Intensive Care Unit:** Means a specifically designated facility, called an Intensive Care Unit or Coronary Care Unit, apart from other hospital areas, which provides the highest level of medical care, is restricted to critically ill or injured patients, and has a doctor assigned on a full-time bases. It does not include the following units: a progressive care, sub-acute intensive care, intermediate care, private-monitored rooms, observation or other facilities that do not meet the standards for a Hospital Intensive Care Unit.
- **Home Recovery:** means a period in which you are recuperating at home immediately following hospitalization for treatment of cancer and are under the care of a doctor.
- **Hospice Care:** We will pay the amount charged, up to \$100 per day, if you receive a visit from a representative of a hospice, use the service of a hospital or U.S. Government Hospital on an outpatient basis under the direction of a hospice or visit a hospice for treatment or services. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you, and you are expected to live for six (6) months or less. We will not pay this benefit if you are confined to a hospital or to a U.S. Government Hospital. There is a limit to the number of days we will pay this benefit. The lifetime limit is 120 days for each insured person.
- **Waiting Period:** means the period after the policy effective date during which no benefits are payable for cancer coverage.
- **Eligible Dependents:** includes your spouse and unmarried dependent children under age 19. Also eligible are those unmarried children from age 19 to the end of the calendar year in which they turn 25 if they (1) depend on the employee for support and (2) live with the employee or are classified as a full or part-time student.
- **Renewability:** your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where you live.

This brochure highlights the benefits of policy form DACIC-FL. This is not an insurance contract and 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. This is a limited policy.**

You may have elected to purchase this cancer coverage as part of the State of Florida flexible benefits plan. If so, your flexible benefits plan elections will remain in effect and cannot be revoked or changed during the Plan Year unless the revocation and new election are on account of and consistent with a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of child, and termination of employment of spouse).

**TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE NUMBER:
1-800-325-4368.**

I HAVE QUESTIONS OR WOULD LIKE INFORMATION ABOUT MY EXISTING COVERAGE:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

County in Which You Work: _____

Department Agency: _____

Work Telephone Number: (____) _____

Home Telephone Number: (____) _____

E-Mail Address: _____

I AM INTERESTED IN THE FOLLOWING COLONIAL LIFE PRODUCTS:

ACCIDENT INSURANCE

DISABILITY INSURANCE

CANCER/INTENSIVE CARE INSURANCE

Visit our web site - www.coloniallife.com/florida

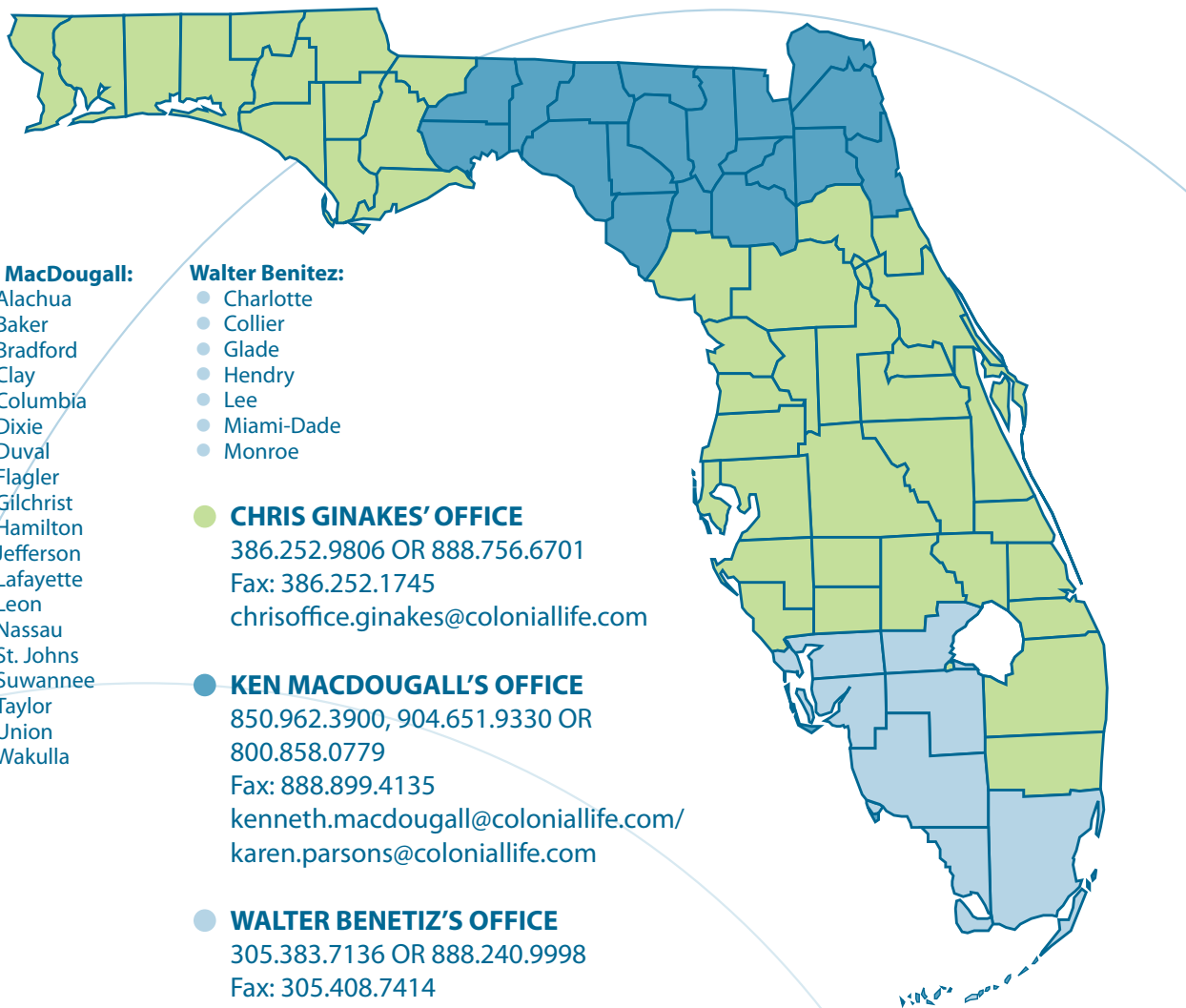
How to Apply for Colonial Life's Disability, Accident or Cancer Coverage

To apply for Colonial Life's Disability, Accident and Cancer coverage, please call for an appointment with the appropriate Colonial Life office as indicated on the map below, at the toll-free numbers listed here, or visit the website at www.coloniallife.com/florida.

You must see a Colonial Life benefits counselor to enroll, cancel or change coverage. YOU MAY ALSO COMPLETE THE BOTTOM PORTION OF THE CONTACT SHEET ON THE OPPOSITE SIDE OF THIS COVER AND FAX IT TO THE APPROPRIATE MANAGER'S OFFICE.

Visit the website:

For additional information on your State of Florida voluntary insurance benefit offerings, visit www.coloniallife.com/florida. On the website you will find the information contained in this booklet, answers to frequently asked questions and other helpful information.



Chris Ginakes:

- Bay
- Brevard
- Broward
- Calhoun
- Citrus
- Desoto
- Escambia
- Franklin
- Gadsden
- Gulf
- Hardee
- Hernando
- Highlands
- Hillsborough
- Holmes
- Indian River
- Jackson
- Lake
- Levy
- Liberty
- Manatee
- Marion
- Martin
- Okeechobee
- Orange
- Osceola
- PalmBeach
- Pasco
- Polk
- Putnam
- Santa Rosa
- Sarasota
- Seminole
- Sumter
- St. Lucie
- Volusia
- Walton
- Washington

Ken MacDougall:

- Alachua
- Baker
- Bradford
- Clay
- Columbia
- Dixie
- Duval
- Flagler
- Gilchrist
- Hamilton
- Jefferson
- Lafayette
- Leon
- Nassau
- St. Johns
- Suwannee
- Taylor
- Union
- Wakulla

Walter Benitez:

- Charlotte
- Collier
- Glade
- Hendry
- Lee
- Miami-Dade
- Monroe

● **CHRIS GINAKES' OFFICE**
386.252.9806 OR 888.756.6701
Fax: 386.252.1745
chrisoffice.ginakes@coloniallife.com

● **KEN MACDOUGALL'S OFFICE**
850.962.3900, 904.651.9330 OR
800.858.0779
Fax: 888.899.4135
kenneth.macdougall@coloniallife.com/
karen.parsons@coloniallife.com

● **WALTER BENETIZ'S OFFICE**
305.383.7136 OR 888.240.9998
Fax: 305.408.7414
walter.benitez@coloniallife.com

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Columbia, South Carolina 29210
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