



Deductions per year: 52

Individual Accident (IAC4000) for NH

- On/Off-Job Accident Coverage, Accident Only Active Lifestyles

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	\$4.81	\$7.10	\$8.68	\$10.85

Medical Bridge 3000 for NH

- \$500 First Day Hospital Admission Benefit, \$150 Second and Subsequent Day Hospital Confinement Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$2.68	\$5.61	\$4.05	\$6.46
50-59	\$4.68	\$10.42	\$5.88	\$10.93
60-64	\$7.68	\$17.54	\$9.62	\$19.28
65-74	\$9.65	\$21.96	\$12.06	\$24.18

Cancer Assist for NH

- with Specified Disease Benefit, \$50 Health Screening Benefit \$5,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	\$6.15	\$9.74	\$6.34	\$9.93
Level 3	17-75	\$7.30	\$12.18	\$7.53	\$12.40

Whole Life Plus (IWL5000) for NH

- Adult Base Plan Paid-Up at Age 100, Guaranteed Purchase Option Benefit Non-Tobacco Rates

ISSUE AGE	\$15,000	\$25,000
25	\$3.23	\$5.39
35	\$4.41	\$7.35
45	\$7.10	\$11.83
55	\$11.23	\$18.72
65	\$19.99	\$33.32

Term Life (ITL5000) for NH

- 20-Year Term Base Plan, Accidental Death Benefit Non-Tobacco Rates

ISSUE AGE	\$50,000	\$100,000
25	\$3.35	\$5.79
35	\$3.59	\$6.27
45	\$5.95	\$10.98
55	\$11.61	\$22.31
65	\$28.40	\$55.88

Critical Illness 1.0 for NH

- with Subsequent Diagnosis Coverage Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE		NAMED INSURED	EMPLOYEE & SPOUSE
\$10,000	17-24	\$0.55	\$0.83	45-49	\$2.49	\$3.81
	25-29	\$0.72	\$1.08	50-54	\$3.30	\$5.08
	30-34	\$0.88	\$1.38	55-59	\$4.20	\$6.42
	35-39	\$1.43	\$2.22	60-64	\$5.31	\$8.15
	40-44	\$1.80	\$2.75	65-70	\$6.09	\$9.35

Named Insured Section

First, MI, Last		Gender	Birthdate (mm.dd.yy)	Social Security Number	
		M F			
Email Address			Home Phone		
Home Address	Street	City	State	Zip	
Date Employed		Occupation/Job Title	Annual Income	Hrs. Worked/Week	Date Eligible for Benefits

Agreement Section

I understand that the coverage 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. With my signature below, I agree the application and the answers and statements above are true and complete to the best of my knowledge and belief.

(x) _____ Date _____
Signature of Proposed Insured mm/dd/yyyy

Forwarding Instructions

Please email completed form to: Sonya.Kinch@ColonialLifeSales.com Any Questions? Call 603-721-9775