Deductions per year: 26

These rates were prepared on 2/18/2022 and are valid for 90 days.

Individual Accident (IAC4000) for MI

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Preferred	0-80	$8.75	$12.90	$15.78	$19.73

Cancer Assist for MI

Applicable to policy form CanAssist

$1,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 2	17-75	$7.61	$12.00	$7.80	$12.18

Critical Illness 1.0 for MI

Applicable to policy form CI-1.0

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	17-24	$0.55	$0.83	$0.55	$0.83
	25-29	$0.72	$1.08	$0.72	$1.08
	30-34	$0.90	$1.38	$0.90	$1.38
	35-39	$1.27	$1.94	$1.27	$1.94
	40-44	$1.73	$2.65	$1.73	$2.65
	45-49	$2.38	$3.65	$2.38	$3.65
	50-54	$3.12	$4.80	$3.12	$4.80
	55-59	$3.90	$5.98	$3.90	$5.98
	60-64	$4.94	$7.57	$4.94	$7.57
	65-70	$5.54	$8.49	$5.54	$8.49
$10,000	17-24	$1.11	$1.66	$1.11	$1.66
	25-29	$1.43	$2.17	$1.43	$2.17
	30-34	$1.80	$2.77	$1.80	$2.77
	35-39	$2.54	$3.88	$2.54	$3.88
	40-44	$3.46	$5.31	$3.46	$5.31
	45-49	$4.75	$7.29	$4.75	$7.29
	50-54	$6.23	$9.60	$6.23	$9.60
	55-59	$7.80	$11.95	$7.80	$11.95
	60-64	$9.88	$15.14	$9.88	$15.14
	65-70	$11.08	$16.98	$11.08	$16.98
$20,000	17-24	$2.22	$3.32	$2.22	$3.32
	25-29	$2.86	$4.34	$2.86	$4.34
	30-34	$3.60	$5.54	$3.60	$5.54
	35-39	$5.08	$7.75	$5.08	$7.75
	40-44	$6.92	$10.62	$6.92	$10.62
	45-49	$9.51	$14.58	$9.51	$14.58
	50-54	$12.46	$19.20	$12.46	$19.20
	55-59	$15.60	$23.91	$15.60	$23.91
	60-64	$19.75	$30.28	$19.75	$30.28
	65-70	$22.15	$33.97	$22.15	$33.97

(Continued...)

Critical Illness 1.0 for MI

Applicable to policy form CI-1.0

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
$5,000	17-24	$0.78	$1.20	$0.78	$1.20
	25-29	$1.08	$1.66	$1.08	$1.66
	30-34	$1.48	$2.26	$1.48	$2.26
	35-39	$2.19	$3.35	$2.19	$3.35
	40-44	$2.91	$4.48	$2.91	$4.48
	45-49	$3.83	$5.91	$3.83	$5.91
	50-54	$4.87	$7.50	$4.87	$7.50
	55-59	$6.23	$9.58	$6.23	$9.58
	60-64	$7.57	$11.63	$7.57	$11.63
	65-70	$8.56	$13.15	$8.56	$13.15
$10,000	17-24	$1.57	$2.40	$1.57	$2.40
	25-29	$2.17	$3.32	$2.17	$3.32
	30-34	$2.95	$4.52	$2.95	$4.52
	35-39	$4.38	$6.69	$4.38	$6.69
	40-44	$5.82	$8.95	$5.82	$8.95
	45-49	$7.66	$11.82	$7.66	$11.82
	50-54	$9.74	$15.00	$9.74	$15.00
	55-59	$12.46	$19.15	$12.46	$19.15
	60-64	$15.14	$23.26	$15.14	$23.26
	65-70	$17.12	$26.31	$17.12	$26.31
$20,000	17-24	$3.14	$4.80	$3.14	$4.80
	25-29	$4.34	$6.65	$4.34	$6.65
	30-34	$5.91	$9.05	$5.91	$9.05
	35-39	$8.77	$13.38	$8.77	$13.38
	40-44	$11.63	$17.91	$11.63	$17.91
	45-49	$15.32	$23.63	$15.32	$23.63
	50-54	$19.48	$30.00	$19.48	$30.00
	55-59	$24.92	$38.31	$24.92	$38.31
	60-64	$30.28	$46.52	$30.28	$46.52
	65-70	$34.25	$52.62	$34.25	$52.62

Individual Disability - ISTD3000 for MI ***AAA Risk Class***

Applicable to policy form Individual Disability

- Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$1,000*	$1,500*	$1,900*
0 days Accident/7 days Sickness	17-49	$12.00	$18.00	$22.80
	50-64	$13.71	$20.56	$26.04
	65-74	$16.66	$24.99	$31.66
7 days Accident/14 days Sickness	17-49	$8.40	$12.60	$15.96
	50-64	$9.05	$13.57	$17.19
	65-74	$11.58	$17.38	$22.01

**monthly benefit amount*

(Continued...)

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	$1,000*	$1,500*	$1,900*
0 days Accident/7 days Sickness	17-49	$15.23	$22.85	$28.94
	50-64	$19.85	$29.77	$37.71
	65-74	$25.80	$38.70	$49.02
7 days Accident/14 days Sickness	17-49	$10.75	$16.13	$20.43
	50-64	$12.92	$19.38	$24.55
	65-74	$17.22	$25.82	$32.71

**monthly benefit amount*

Individual Medical Bridge for MI

Applicable to policy form Individual Medical Bridge

- $1000 Hospital Confinement Benefit. Daily Hospital Confinement benefit

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	$8.38	$15.92	$12.16	$19.71
50-59	$11.47	$21.78	$15.26	$25.57
60-64	$16.84	$32.01	$20.63	$35.79
65-75	$22.94	$43.56	$26.73	$47.35

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

Jeremy Sampsel | jeremy.sampsel@coloniallifesales.com | (616) 638-6377