

**Individual Accident (IAC4000) for KS**

Applicable to Policy Forms IAC4000

- On/Off-Job Accident Coverage, Wellbeing Assistance Standard - \$50

BENEFIT LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Premier	0-80	\$27.05	\$40.63	\$44.83	\$57.80

**Critical Illness 1.0 for KS**

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit, Cancer Benefit

**Non-Tobacco Rates**

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$6.45	\$9.80	\$8.15	\$11.60
	25-29	\$8.55	\$13.10	\$10.25	\$14.80
	30-34	\$10.75	\$16.50	\$12.45	\$18.20
	35-39	\$13.95	\$21.50	\$15.75	\$23.20
	40-44	\$16.85	\$25.80	\$18.55	\$27.60
	45-49	\$22.05	\$33.80	\$23.75	\$35.60
	50-54	\$30.45	\$46.80	\$32.25	\$48.60
	55-59	\$37.55	\$57.70	\$39.35	\$59.50
	60-64	\$49.75	\$76.40	\$51.45	\$78.10
	65-70	\$55.15	\$84.70	\$56.85	\$86.40

**Tobacco Rates**

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$8.25	\$12.60	\$9.95	\$14.40
	25-29	\$11.75	\$18.00	\$13.45	\$19.70
	30-34	\$16.05	\$24.70	\$17.85	\$26.40
	35-39	\$21.15	\$32.50	\$22.95	\$34.30
	40-44	\$26.55	\$40.80	\$28.25	\$42.50
	45-49	\$34.15	\$52.40	\$35.85	\$54.20
	50-54	\$46.35	\$71.20	\$48.15	\$73.00
	55-59	\$58.95	\$90.50	\$60.65	\$92.30
	60-64	\$75.25	\$115.60	\$76.95	\$117.30
	65-70	\$84.05	\$129.20	\$85.85	\$130.90

**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.

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Rate sheet prepared by Web User on 1/14/2020 8:03:21 PM.  
 Kansas Direct Premium rates are Monthly for industry Class C.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.  
 For more information about policy/plan benefits and limitations, please refer to the accompanying  
 product brochure for each insurance policy/plan listed below.

**ACCIDENT INDEMNITY ADVANTAGE LEVEL TWO - Series A-35200**

	Premium
18-64 INDIVIDUAL	\$49.01
18-64 HUSBAND WIFE	\$64.35
18-64 ONE-PARENT FAMILY	\$72.02
18-64 TWO-PARENT FAMILY	\$95.03

**CANCER PROTECTION ASSURANCE PLAN LEVEL 2 - Series B70200**

	Premium	IDR* (5 units)	Total
18-49 INDIVIDUAL	\$33.50	\$6.55	\$40.05
50-64	\$50.70	\$6.80	\$57.50
65-69	\$54.25	\$5.15	\$59.40
18-49 INSURED/SPOUSE	\$57.79	\$15.60	\$73.39
50-64	\$85.85	\$15.20	\$101.05
65-69	\$101.20	\$10.25	\$111.45
18-49 ONE-PARENT FAMILY	\$33.50	\$6.55	\$40.05
50-64	\$50.70	\$6.80	\$57.50
65-69	\$54.25	\$5.15	\$59.40
18-49 TWO-PARENT FAMILY	\$57.79	\$15.60	\$73.39
50-64	\$85.85	\$15.20	\$101.05
65-69	\$101.20	\$10.25	\$111.45

IDR\* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

**CRITICAL CARE AND RECOVERY LEVEL TWO - Series A71200**

Individual				One Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$23.40	\$5.33	\$28.73	18-35	\$40.30	\$5.59	\$45.89
36-45	\$33.15	\$8.19	\$41.34	36-45	\$47.19	\$8.45	\$55.64
46-55	\$45.50	\$8.32	\$53.82	46-55	\$60.71	\$8.58	\$69.29
56-64	\$57.98	\$8.32	\$66.30	56-64	\$79.43	\$8.58	\$88.01
Insured/Spouse				Two Parent Family			
Age	Premium	FOBBR	Total	Age	Premium	FOBBR	Total
18-35	\$46.41	\$10.53	\$56.94	18-35	\$52.52	\$10.92	\$63.44
36-45	\$60.71	\$16.25	\$76.96	36-45	\$67.21	\$16.64	\$83.85
46-55	\$82.03	\$16.64	\$98.67	46-55	\$88.92	\$16.90	\$105.82
56-64	\$114.14	\$16.64	\$130.78	56-64	\$121.81	\$16.90	\$138.71

FOBBR: First Occurrence Building Benefit Rider (Rider Series A71050) (\$500)