

Getting started

The easiest way to manage your business with us is through ColonialLife.com. To sign up for the website, click Register at the top right of the home page and follow the instructions.

Contact us

Online

ColonialLife.com

Log in and click on

Contact Us

Telephone

1-800-325-4368

Hearing-impaired customers

803-798-4040

If you do not have a TDD, call Voiance Telephone Interpretation Services. 844-495-6105

Consider your options

At Colonial Life, our goal is to give you an excellent customer experience that is simple, modern and personal. For your convenience, you can choose how you interact with us. For the quickest service, we recommend using our website, which lets you do the following:

- Review, print or download a copy of your policy/certificate
- Update contact information
- Access service forms
- Submit your claim using our eClaims system
- Check the status of your claim and view claims correspondence
- Access claim forms

Your policy and certificates are located under the My Correspondence tab.

eClaims are quick and easy

With the eClaims feature on **ColonialLife.com**, you can file most claims online by simply answering a few questions and uploading your supporting documentation. You're able to spend less time on paperwork, and we're able to process your claim faster.

- You can access eClaims through your computer or mobile device and upload any required supporting documentation.
- Once you're logged in to ColonialLife.com, visit the **Claims Center** and select **File an Online Claim** to get started.

Paper claims

- If you don't want to file online, download the form you need by visiting the Claims Center page on ColonialLife.com and clicking on **claims and service forms**.
- Follow the instructions, tips and videos to complete and submit your claim.

Deductions per year: 12

Individual Dental PPO(IDN8000) for NY

Applicable to policy form Individual Dental PPO(IDN8000)

- with Vision Rider

Zip Codes: 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 125, 126, 127

COVERAGE LEVEL	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 4 - 0/20/50 member resp., \$2,000 MAC	\$39.39	\$74.94	\$91.61	\$136.86

Individual Accident (IAC4000) for NY

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	\$18.59	\$27.42	\$33.55	\$41.93

Critical Illness 1.0 for NY

Applicable to policy forms CI-1.0-PL1-NY, CI-1.0-PL2-NY, CI-1.0-PL3-NY, CI-1.0-PL4-NY, CI-1.0-PL5-NY, CI-1.0-PL6-NY, CI-1.0-PL7-NY and CI-1.0-PL8-NY

- HSA Compliant, 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	\$7.40	\$11.70	\$7.70	\$12.00
	25-29	\$9.80	\$15.60	\$10.10	\$15.90
	30-34	\$11.10	\$17.70	\$11.40	\$18.00
	35-39	\$12.00	\$19.10	\$12.30	\$19.40
	40-44	\$14.50	\$23.20	\$14.80	\$23.50
	45-49	\$19.10	\$30.60	\$19.40	\$30.90
	50-54	\$27.70	\$44.20	\$28.00	\$44.50
	55-59	\$35.00	\$56.00	\$35.30	\$56.30
	60-64	\$47.10	\$75.40	\$47.40	\$75.70
\$20,000	17-24	\$12.80	\$20.30	\$13.40	\$20.90
	25-29	\$17.60	\$28.10	\$18.20	\$28.70
	30-34	\$20.20	\$32.30	\$20.80	\$32.90
	35-39	\$22.00	\$35.10	\$22.60	\$35.70
	40-44	\$27.00	\$43.30	\$27.60	\$43.90
	45-49	\$36.20	\$58.10	\$36.80	\$58.70
	50-54	\$53.40	\$85.30	\$54.00	\$85.90
	55-59	\$68.00	\$108.90	\$68.60	\$109.50
	60-64	\$92.20	\$147.70	\$92.80	\$148.30

Medical Bridge 3000 for NY

Applicable to policy form MB3000-NY

- \$240 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500, \$250 Diagnostic Procedure Benefit, \$150 Emergency Room Visit Benefit, and a \$25 Doctor's Office Visit Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$38.50	\$78.55	\$60.50	\$90.40
50-59	\$59.15	\$127.15	\$79.75	\$135.50
60-64	\$86.65	\$190.95	\$112.75	\$201.85
65-74	\$86.50	\$211.25	\$123.05	\$223.15

Deductions per year: 12

Disability 1000 for NY *AAA Risk Class*

Applicable to policy form DIS1000-NY

● Off-Job Accident, Off-Job Sickness with Health Screening Rider

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident / 7 days Sickness	17-49	\$34.75	\$51.25	\$67.75	\$84.25	\$100.75
	50-64	\$44.75	\$66.25	\$87.75	\$109.25	\$130.75
0 days Accident / 14 days Sickness	17-49	\$26.75	\$39.25	\$51.75	\$64.25	\$76.75
	50-64	\$34.75	\$51.25	\$67.75	\$84.25	\$100.75
7 days Accident / 7 days Sickness	17-49	\$32.75	\$48.25	\$63.75	\$79.25	\$94.75
	50-64	\$42.25	\$62.50	\$82.75	\$103.00	\$123.25
14 days Accident / 14 days Sickness	17-49	\$24.25	\$35.50	\$46.75	\$58.00	\$69.25
	50-64	\$31.75	\$46.75	\$61.75	\$76.75	\$91.75
ELIMINATION PERIOD	ISSUE AGE	\$4,000*	\$4,500*	\$5,000*	\$5,500*	\$6,000*
7 days Accident / 7 days Sickness	17-49	N/A	N/A	N/A	N/A	N/A
	50-64	N/A	N/A	N/A	N/A	N/A
14 days Accident / 14 days Sickness	17-49	\$91.75	\$103.00	\$114.25	\$125.50	\$136.75
	50-64	\$121.75	\$136.75	\$151.75	\$166.75	\$181.75

*monthly benefit amount

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
14 days Accident / 14 days Sickness	17-49	\$30.25	\$44.50	\$58.75	\$73.00	\$87.25
	50-64	\$39.75	\$58.75	\$77.75	\$96.75	\$115.75
30 days Accident / 30 days Sickness	17-49	\$22.25	\$32.50	\$42.75	\$53.00	\$63.25
	50-64	\$30.25	\$44.50	\$58.75	\$73.00	\$87.25
ELIMINATION PERIOD	ISSUE AGE	\$4,000*	\$4,500*	\$5,000*	\$5,500*	\$6,000*
14 days Accident / 14 days Sickness	17-49	\$115.75	\$130.00	\$144.25	\$158.50	\$172.75
	50-64	\$153.75	\$172.75	\$191.75	\$210.75	\$229.75
30 days Accident / 30 days Sickness	17-49	\$83.75	\$94.00	\$104.25	\$114.50	\$124.75
	50-64	\$115.75	\$130.00	\$144.25	\$158.50	\$172.75

*monthly benefit amount

24 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
14 days Accident / 14 days Sickness	17-49	\$39.75	\$58.75	\$77.75	\$96.75	\$115.75
	50-64	\$59.25	\$88.00	\$116.75	\$145.50	\$174.25
30 days Accident / 30 days Sickness	17-49	\$28.75	\$42.25	\$55.75	\$69.25	\$82.75
	50-64	\$43.25	\$64.00	\$84.75	\$105.50	\$126.25
ELIMINATION PERIOD	ISSUE AGE	\$4,000*	\$4,500*	\$5,000*	\$5,500*	\$6,000*
14 days Accident / 14 days Sickness	17-49	\$153.75	\$172.75	\$191.75	\$210.75	\$229.75
	50-64	\$231.75	\$260.50	\$289.25	\$318.00	\$346.75
30 days Accident / 30 days Sickness	17-49	\$109.75	\$123.25	\$136.75	\$150.25	\$163.75
	50-64	\$167.75	\$188.50	\$209.25	\$230.00	\$250.75

*monthly benefit amount

Deductions per year: 12

Endowment at Age 100 for NY

Applicable to policy forms WL-GPO-65-NY, WL-GPO-95-NY,
WL-NGPO-65-NY and WL-NGPO-95-NY

- Adult Base Plan Paid-Up at Age 95, Accelerated Death Benefit for Qualified Long-Term Care Services

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
16	\$9.31	\$18.77	\$34.54	\$57.99	\$85.49
17	\$9.38	\$18.94	\$34.87	\$58.58	\$86.37
18	\$9.44	\$19.10	\$35.21	\$59.16	\$87.24
19	\$9.51	\$19.27	\$35.54	\$59.74	\$88.12
20	\$9.58	\$19.44	\$35.87	\$60.33	\$88.99
21	\$9.64	\$19.60	\$36.21	\$61.33	\$90.49
22	\$9.73	\$19.81	\$36.62	\$62.49	\$92.24
23	\$9.84	\$20.10	\$37.20	\$63.83	\$94.25
24	\$9.98	\$20.44	\$37.87	\$65.33	\$96.50
25	\$10.14	\$20.85	\$38.70	\$67.00	\$99.00
26	\$10.47	\$21.68	\$40.37	\$69.66	\$102.99
27	\$10.83	\$22.58	\$42.16	\$72.50	\$107.24
28	\$11.22	\$23.56	\$44.13	\$75.74	\$112.12
29	\$11.60	\$24.52	\$46.04	\$79.24	\$117.37
30	\$12.01	\$25.52	\$48.04	\$83.08	\$123.12
31	\$12.39	\$26.47	\$49.96	\$86.58	\$128.37
32	\$12.79	\$27.47	\$51.96	\$90.41	\$134.12
33	\$13.18	\$28.46	\$53.91	\$94.58	\$140.36
34	\$13.58	\$29.44	\$55.87	\$99.08	\$147.12
35	\$13.98	\$30.46	\$57.91	\$103.83	\$154.24
36	\$14.50	\$31.75	\$60.50	\$108.58	\$161.37
37	\$15.04	\$33.10	\$63.21	\$113.67	\$168.99
38	\$15.62	\$34.54	\$66.08	\$119.00	\$176.99
39	\$16.23	\$36.06	\$69.12	\$124.58	\$185.36
40	\$16.89	\$37.71	\$72.41	\$130.41	\$194.12
41	\$17.49	\$39.25	\$75.49	\$136.58	\$203.36
42	\$18.16	\$40.91	\$78.83	\$143.08	\$213.11
43	\$18.88	\$42.70	\$82.41	\$149.74	\$223.12
44	\$19.67	\$44.67	\$86.33	\$156.75	\$233.62
45	\$20.51	\$46.79	\$90.58	\$163.99	\$244.49
46	\$21.40	\$49.00	\$95.00	\$172.16	\$256.74
47	\$22.36	\$51.39	\$99.78	\$180.66	\$269.49
48	\$23.38	\$53.95	\$104.92	\$189.49	\$282.74
49	\$24.49	\$56.72	\$110.45	\$198.74	\$296.61
50	\$25.68	\$59.71	\$116.41	\$208.49	\$311.23
51	\$27.02	\$63.04	\$123.08	\$218.07	\$325.61
52	\$28.44	\$66.60	\$130.20	\$228.16	\$340.73
53	\$29.97	\$70.43	\$137.87	\$238.66	\$356.49
54	\$31.59	\$74.50	\$145.99	\$249.82	\$373.23
55	\$33.34	\$78.85	\$154.70	\$261.74	\$391.10

Deductions per year: 12

Endowment at Age 100 for NY

Applicable to policy forms WL-GPO-65-NY, WL-GPO-95-NY,
WL-NGPO-65-NY and WL-NGPO-95-NY

- Adult Base Plan Paid-Up at Age 95, Accelerated Death Benefit for Qualified Long-Term Care Services

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
56	\$35.22	\$83.56	\$164.12	\$274.24	\$409.85
57	\$37.24	\$88.60	\$174.20	\$287.65	\$429.98
58	\$39.39	\$93.99	\$184.99	\$301.99	\$451.48
59	\$41.72	\$99.79	\$196.57	\$317.49	\$474.73
60	\$44.20	\$105.99	\$208.99	\$334.32	\$499.98
61	\$46.90	\$112.77	\$222.54	\$351.65	\$525.98
62	\$49.85	\$120.12	\$237.24	\$370.74	\$554.60
63	\$53.05	\$128.12	\$253.24	\$391.56	\$585.85
64	\$56.52	\$136.81	\$270.61	\$414.31	\$619.97
65	\$60.33	\$146.33	\$289.65	\$439.40	\$657.59
66	\$64.37	\$156.43	\$309.86	\$470.15	\$703.72
67	\$68.81	\$167.53	\$332.07	\$504.06	\$754.60
68	\$73.71	\$179.79	\$356.57	\$541.56	\$810.84
69	\$79.16	\$193.39	\$383.78	\$583.22	\$873.34
70	\$85.22	\$208.56	\$414.10	\$629.56	\$942.83
71	\$91.96	\$225.40	\$447.82	\$679.22	\$1,017.34
72	\$99.41	\$244.01	\$485.02	\$734.64	\$1,100.45
73	\$107.55	\$264.37	\$525.73	\$796.47	\$1,193.20
74	\$116.37	\$286.42	\$569.85	\$865.55	\$1,296.82
75	\$125.85	\$310.13	\$617.27	\$942.37	\$1,412.07
76	\$135.97	\$335.45	\$667.89	\$1,029.21	\$1,542.32
77	\$146.71	\$362.30	\$721.59	\$1,125.54	\$1,686.81
78	\$158.07	\$390.67	\$778.35	\$1,232.45	\$1,847.18
79	\$170.01	\$420.51	\$838.01	\$1,350.78	\$2,024.66

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 10-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$50,000	\$75,000	\$100,000
25	\$6.64	\$9.28	\$10.21	\$13.31	\$16.42
35	\$7.57	\$11.15	\$11.25	\$14.87	\$18.50
45	\$9.17	\$14.33	\$18.62	\$25.94	\$33.25
55	\$16.17	\$28.35	\$36.37	\$52.56	\$68.75
65	\$34.87	\$37.07	\$86.66	\$128.00	\$169.33

Deductions per year: 12

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 20-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$50,000	\$75,000	\$100,000
25	\$6.71	\$9.42	\$10.54	\$13.81	\$17.08
35	\$7.69	\$11.38	\$11.58	\$15.37	\$19.17
45	\$9.68	\$15.37	\$21.79	\$30.69	\$39.58
55	\$18.06	\$32.12	\$46.33	\$67.50	\$88.66

Term Life (ITL5000) for NY

Applicable to policy form ITL5000

- 30-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$20,000	\$50,000	\$75,000	\$100,000
25	\$6.74	\$9.48	\$11.50	\$15.25	\$19.00
35	\$7.95	\$11.90	\$14.37	\$19.56	\$24.75
45	\$11.07	\$18.15	\$28.42	\$40.62	\$52.83

The information contained in this booklet is only a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. If there are differences between the information in the booklet and the contract, the contract will govern.



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