

**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**  
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**INDIVIDUAL SHORT TERM DISABILITY INSURANCE POLICY**

**Outline of Coverage**

(Applicable to policy form ISTD3000, including state abbreviations where applicable)

**Please 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 75th 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.

**BENEFITS**

<b>Total Disability</b>	<b>Benefit payable in the amount and for the period indicated on the Policy Schedule</b>
<b>Partial Disability</b>	<b>Benefit payable in the amount and for the period indicated on the Policy Schedule</b>
<b>Recurrent Disability</b>	<b>Benefit payable in the amount and for the period indicated on the Policy Schedule</b>
<b>Concurrent Disability</b>	<b>Benefit payable in the amount and for the period indicated on the Policy Schedule</b>
<b>Subsequent Disability</b>	<b>Benefit payable in the amount and for the period indicated on the Policy Schedule</b>
<b>Waiver of Premium</b>	<b>Benefit provided when policy conditions are met</b>

**EXCLUSIONS AND LIMITATIONS**

**EXCLUSIONS**

We will not pay benefits for losses that are caused by, contributed to by or occur as a result of your:

**Cosmetic Surgery** Cosmetic surgery; however, complications from such surgery, as well as reconstructive surgery resulting from a covered accident or covered sickness, will be administered to the same extent as any other accident or sickness.

**Felonies or Illegal Occupations** Committing or attempting to commit a felony or engaging in an illegal occupation.

**Flying** Operating, learning to operate, 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.

**Hazardous Avocations** Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, or parakiting, or any similar activities.

**Intoxicants and Narcotics** Being intoxicated or under the influence of any narcotics unless administered on the advice of your physician.

**Psychiatric or Psychological Conditions** Having a psychiatric or psychological condition, which means conditions including but not limited to affective disorders, neuroses, anxiety, stress and adjustment reactions. Alzheimer's Disease and other organic senile dementias are not considered psychiatric or psychological conditions.

**Racing** Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

**Semi-professional or Professional Sports** Practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received.

**Substance Abuse** Abuse of alcohol or any drug, narcotic, hallucinogen, or chemical substance (unless administered by a physician and taken according to the physician's instructions), or voluntarily ingesting any kind of poison or inhaling any kind of gas or fumes.

**Suicide or Injuries Which You Intentionally Do to Yourself** Committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not.

**War or Armed Conflict** Being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority.

## **LIMITATIONS**

**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 on 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 this 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 on the Policy Schedule. We will pay the monthly benefit amount shown on the Policy Schedule for up to the remaining applicable benefit period.

**Giving Birth Limitation** We will not pay benefits for losses due to you giving birth within the first nine (9) months after the Policy Coverage Effective Date. Complications of pregnancy are subject to the Pre-Existing Condition Limitation and are administered consistently with any other sickness.

**Pre-Existing Condition Limitation** We will not pay benefits for losses when the disability is a pre-existing condition as defined in the policy, unless you have satisfied the Pre-Existing Condition Limitation Period shown on the Policy Schedule on the date you suffer a loss due to a covered accident or covered sickness. **Pre-Existing Condition** means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the coverage effective date.

After the policy has been in force for 12 months from the effective date of the policy, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months after the Policy Coverage Effective Date and the elimination period has been satisfied.