

Deductions per year: 12

## Disability 1000 for VT *B Risk Class*

Applicable to policy form DIS1000

### ● Off-Job Accident, Off-Job Sickness

#### 6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$47.00
	50-69	\$61.50
0 days Accident / 14 days Sickness	17-49	\$38.50
	50-69	\$50.00
0 days Accident / 30 days Sickness	17-49	\$28.00
	50-69	\$40.50
7 days Accident / 7 days Sickness	17-49	\$44.50
	50-69	\$58.00
14 days Accident / 14 days Sickness	17-49	\$34.50
	50-69	\$46.00
30 days Accident / 30 days Sickness	17-49	\$23.50
	50-69	\$35.50

\*monthly benefit amount

#### 12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$61.50
	50-69	\$77.00
0 days Accident / 14 days Sickness	17-49	\$47.00
	50-69	\$63.00
0 days Accident / 30 days Sickness	17-49	\$37.00
	50-69	\$50.00
7 days Accident / 7 days Sickness	17-49	\$58.50
	50-69	\$74.00
14 days Accident / 14 days Sickness	17-49	\$43.50
	50-69	\$58.00
30 days Accident / 30 days Sickness	17-49	\$31.00
	50-69	\$43.50
60 days Accident / 60 days Sickness	17-49	\$25.50
	50-69	\$37.50
90 days Accident / 90 days Sickness	17-49	\$19.50
	50-69	\$31.50

\*monthly benefit amount

#### 24 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$83.00
	50-69	\$122.50
0 days Accident / 14 days Sickness	17-49	\$64.50
	50-69	\$98.00
0 days Accident / 30 days Sickness	17-49	\$47.00
	50-69	\$71.00

\*monthly benefit amount

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**24 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
7 days Accident / 7 days Sickness	17-49	\$79.00
	50-69	\$119.00
14 days Accident / 14 days Sickness	17-49	\$58.00
	50-69	\$88.00
30 days Accident / 30 days Sickness	17-49	\$41.50
	50-69	\$64.00
60 days Accident / 60 days Sickness	17-49	\$36.50
	50-69	\$59.00
90 days Accident / 90 days Sickness	17-49	\$25.00
	50-69	\$46.00
180 days Accident / 180 days Sickness	17-49	\$16.00
	50-69	\$37.50

\*monthly benefit amount

**Disability 1000 for VT *A Risk Class***

Applicable to policy form DIS1000

- Off-Job Accident, Off-Job Sickness

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$41.00
	50-69	\$53.50
0 days Accident / 14 days Sickness	17-49	\$33.50
	50-69	\$43.50
0 days Accident / 30 days Sickness	17-49	\$24.50
	50-69	\$35.50
7 days Accident / 7 days Sickness	17-49	\$38.50
	50-69	\$50.50
14 days Accident / 14 days Sickness	17-49	\$30.00
	50-69	\$40.00
30 days Accident / 30 days Sickness	17-49	\$20.50
	50-69	\$30.50

\*monthly benefit amount

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$53.50
	50-69	\$67.00
0 days Accident / 14 days Sickness	17-49	\$41.00
	50-69	\$54.50
0 days Accident / 30 days Sickness	17-49	\$32.00
	50-69	\$43.50
7 days Accident / 7 days Sickness	17-49	\$51.00
	50-69	\$64.50
14 days Accident / 14 days Sickness	17-49	\$38.00
	50-69	\$50.50

\*monthly benefit amount



(Continued...)

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
30 days Accident / 30 days Sickness	17-49	\$27.00
	50-69	\$38.00
60 days Accident / 60 days Sickness	17-49	\$22.50
	50-69	\$33.00
90 days Accident / 90 days Sickness	17-49	\$17.00
	50-69	\$27.50

\*monthly benefit amount

**24 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$72.50
	50-69	\$106.50
0 days Accident / 14 days Sickness	17-49	\$56.00
	50-69	\$85.50
0 days Accident / 30 days Sickness	17-49	\$41.00
	50-69	\$62.00
7 days Accident / 7 days Sickness	17-49	\$68.50
	50-69	\$103.50
14 days Accident / 14 days Sickness	17-49	\$50.50
	50-69	\$76.50
30 days Accident / 30 days Sickness	17-49	\$36.00
	50-69	\$55.50
60 days Accident / 60 days Sickness	17-49	\$31.50
	50-69	\$51.50
90 days Accident / 90 days Sickness	17-49	\$22.00
	50-69	\$40.00
180 days Accident / 180 days Sickness	17-49	\$14.00
	50-69	\$33.00

\*monthly benefit amount

**Disability 1000 for VT AA Risk Class**

Applicable to policy form DIS1000

- Off-Job Accident, Off-Job Sickness

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$37.00
	50-69	\$48.00
0 days Accident / 14 days Sickness	17-49	\$28.50
	50-69	\$37.00
0 days Accident / 30 days Sickness	17-49	\$21.00
	50-69	\$30.00
7 days Accident / 7 days Sickness	17-49	\$34.50
	50-69	\$45.50
14 days Accident / 14 days Sickness	17-49	\$25.50
	50-69	\$34.00

\*monthly benefit amount



(Continued...)

## Disability 1000 for VT *AA Risk Class*

Applicable to policy form DIS1000

### ● Off-Job Accident, Off-Job Sickness

#### **6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
30 days Accident / 30 days Sickness	17-49	\$17.00
	50-69	\$26.00

\*monthly benefit amount

#### **12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$48.00
	50-69	\$60.50
0 days Accident / 14 days Sickness	17-49	\$35.00
	50-69	\$46.50
0 days Accident / 30 days Sickness	17-49	\$27.50
	50-69	\$37.00
7 days Accident / 7 days Sickness	17-49	\$46.00
	50-69	\$58.00
14 days Accident / 14 days Sickness	17-49	\$32.50
	50-69	\$43.00
30 days Accident / 30 days Sickness	17-49	\$23.00
	50-69	\$32.50
60 days Accident / 60 days Sickness	17-49	\$19.00
	50-69	\$28.00
90 days Accident / 90 days Sickness	17-49	\$14.50
	50-69	\$23.50

\*monthly benefit amount

#### **24 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$65.00
	50-69	\$96.00
0 days Accident / 14 days Sickness	17-49	\$47.50
	50-69	\$72.50
0 days Accident / 30 days Sickness	17-49	\$35.00
	50-69	\$52.50
7 days Accident / 7 days Sickness	17-49	\$62.00
	50-69	\$93.00
14 days Accident / 14 days Sickness	17-49	\$43.00
	50-69	\$65.00
30 days Accident / 30 days Sickness	17-49	\$30.50
	50-69	\$47.50
60 days Accident / 60 days Sickness	17-49	\$27.00
	50-69	\$44.00
90 days Accident / 90 days Sickness	17-49	\$18.50
	50-69	\$34.00

\*monthly benefit amount

(Continued...)

**24 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
180 days Accident / 180 days Sickness	17-49	\$12.00
	50-69	\$28.00

\*monthly benefit amount

**Disability 1000 for VT** *AAA Risk Class*

Applicable to policy form DIS1000

● Off-Job Accident, Off-Job Sickness

**6 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$33.00
	50-69	\$43.00
0 days Accident / 14 days Sickness	17-49	\$25.00
	50-69	\$33.00
0 days Accident / 30 days Sickness	17-49	\$18.50
	50-69	\$26.50
7 days Accident / 7 days Sickness	17-49	\$31.00
	50-69	\$40.50
14 days Accident / 14 days Sickness	17-49	\$22.50
	50-69	\$30.00
30 days Accident / 30 days Sickness	17-49	\$15.00
	50-69	\$23.00

\*monthly benefit amount

**12 Month Benefit Period**

ELIMINATION PERIOD	ISSUE AGE	\$1,000*
0 days Accident / 7 days Sickness	17-49	\$43.00
	50-69	\$53.50
0 days Accident / 14 days Sickness	17-49	\$31.00
	50-69	\$41.00
0 days Accident / 30 days Sickness	17-49	\$24.00
	50-69	\$33.00
7 days Accident / 7 days Sickness	17-49	\$41.00
	50-69	\$51.50
14 days Accident / 14 days Sickness	17-49	\$28.50
	50-69	\$38.00
30 days Accident / 30 days Sickness	17-49	\$20.50
	50-69	\$28.50
60 days Accident / 60 days Sickness	17-49	\$17.00
	50-69	\$24.50
90 days Accident / 90 days Sickness	17-49	\$13.00
	50-69	\$20.50

\*monthly benefit amount

(Continued...)

**24 Month Benefit Period**

<b>ELIMINATION PERIOD</b>	<b>ISSUE AGE</b>	<b>\$1,000*</b>
0 days Accident / 7 days Sickness	17-49	\$58.00
	50-69	\$85.50
0 days Accident / 14 days Sickness	17-49	\$42.00
	50-69	\$64.00
0 days Accident / 30 days Sickness	17-49	\$31.00
	50-69	\$46.50
7 days Accident / 7 days Sickness	17-49	\$55.00
	50-69	\$83.00
14 days Accident / 14 days Sickness	17-49	\$38.00
	50-69	\$57.50
30 days Accident / 30 days Sickness	17-49	\$27.00
	50-69	\$41.50
60 days Accident / 60 days Sickness	17-49	\$24.00
	50-69	\$38.50
90 days Accident / 90 days Sickness	17-49	\$16.50
	50-69	\$30.00
180 days Accident / 180 days Sickness	17-49	\$10.50
	50-69	\$24.50

\*monthly benefit amount

**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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