

→ Call or Text: 317-899-9309
 colonialenrollment@educatedbenefits.com

Visityouville.com/cityoffortwayne

- Please contact your Colonial Life Benefits Counselor via one of the contact methods above if you would like to learn about your benefit options, current benefit elections, or would like to enroll.

Rates listed are per-paycycle deduction - (26 paychecks per year)

Group Accident for IN

Applicable to policy forms GACC1.0-P & GACC1.0-C

- On/Off-Job Accident Coverage, Health Screening Benefit (\$50)

Plan 2

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-99	\$8.09	\$13.22	\$14.38	\$19.51

Group Critical Care for IN

Applicable to policy forms GCC1.0-P & GCC1.0-C

- Full CI Benefit, with Subsequent Diagnosis, Diagnosis of Cancer Benefit, \$50 Health Screening Benefit, HSA Compliant

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$2.17	\$3.33	\$2.31	\$3.46
	30-39	\$3.05	\$4.62	\$3.16	\$4.73
	40-49	\$4.94	\$7.48	\$5.08	\$7.62
	50-59	\$8.06	\$12.35	\$8.19	\$12.49
	60-74	\$12.32	\$18.86	\$12.49	\$19.00
\$20,000	16-29	\$4.66	\$7.06	\$5.22	\$7.62
	30-39	\$8.17	\$12.23	\$8.63	\$12.70
	40-49	\$15.74	\$23.68	\$16.29	\$24.23
	50-59	\$28.20	\$43.16	\$28.76	\$43.71
	60-74	\$45.28	\$69.19	\$45.92	\$69.74

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$5,000	16-29	\$2.70	\$4.11	\$2.82	\$4.23
	30-39	\$3.99	\$6.03	\$4.11	\$6.14
	40-49	\$7.13	\$10.76	\$7.27	\$10.90
	50-59	\$12.21	\$18.76	\$12.35	\$18.90
	60-74	\$19.48	\$29.86	\$19.64	\$30.03
\$20,000	16-29	\$6.79	\$10.20	\$7.25	\$10.66
	30-39	\$11.96	\$17.86	\$12.42	\$18.33
	40-49	\$24.51	\$36.79	\$25.06	\$37.34
	50-59	\$44.82	\$68.82	\$45.37	\$69.37
	60-74	\$73.89	\$113.22	\$74.54	\$113.86

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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 See page 1 for Important Notice

Deductions per year: 26

These rates were prepared on 10/19/2016 and are valid for 90 days.

Whole Life 1000 for IN

NEW THIS YEAR

Applicable to policy forms ICC07-WL-NGPO-65,
ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95,
WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95,
ICC16-WL1000J and WL1000J

- Adult Base Plan Paid-Up at Age 95, Waiver of Premium, Long-Term Care Benefit

➔ Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
16	\$4.29	\$8.65	\$15.94	\$20.41	\$26.76
17	\$4.32	\$8.73	\$16.09	\$20.61	\$27.03
18	\$4.35	\$8.81	\$16.25	\$20.82	\$27.30
19	\$4.38	\$8.88	\$16.40	\$21.02	\$27.57
20	\$4.42	\$8.96	\$16.55	\$21.22	\$27.84
21	\$4.44	\$9.04	\$16.71	\$21.57	\$28.30
22	\$4.49	\$9.13	\$16.90	\$21.97	\$28.84
23	\$4.54	\$9.27	\$17.17	\$22.43	\$29.46
24	\$4.61	\$9.43	\$17.48	\$22.95	\$30.15
25	\$4.68	\$9.61	\$17.86	\$23.53	\$30.92
26	\$4.83	\$10.00	\$18.63	\$24.45	\$32.15
27	\$5.00	\$10.41	\$19.46	\$25.44	\$33.46
28	\$5.17	\$10.87	\$20.36	\$26.56	\$34.95
29	\$5.35	\$11.31	\$21.25	\$27.77	\$36.56
30	\$5.53	\$11.77	\$22.17	\$29.10	\$38.34
31	\$5.71	\$12.21	\$23.06	\$30.31	\$39.96
32	\$5.90	\$12.67	\$23.98	\$31.64	\$41.72
33	\$6.07	\$13.13	\$24.87	\$33.08	\$43.65
34	\$6.26	\$13.58	\$25.78	\$34.64	\$45.72
35	\$6.45	\$14.05	\$26.72	\$36.28	\$47.92
36	\$6.68	\$14.65	\$27.91	\$37.92	\$50.10
37	\$6.94	\$15.27	\$29.17	\$39.68	\$52.46
38	\$7.20	\$15.94	\$30.49	\$41.53	\$54.92
39	\$7.49	\$16.64	\$31.90	\$43.46	\$57.49
40	\$7.79	\$17.40	\$33.42	\$45.48	\$60.18
41	\$8.07	\$18.11	\$34.84	\$47.62	\$63.03
42	\$8.38	\$18.88	\$36.38	\$49.87	\$66.04
43	\$8.71	\$19.71	\$38.03	\$52.17	\$69.10
44	\$9.07	\$20.61	\$39.84	\$54.60	\$72.34
45	\$9.46	\$21.59	\$41.81	\$57.11	\$75.69
46	\$9.87	\$22.61	\$43.84	\$59.94	\$79.45
47	\$10.32	\$23.71	\$46.05	\$62.87	\$83.37
48	\$10.78	\$24.89	\$48.42	\$65.93	\$87.46
49	\$11.30	\$26.17	\$50.97	\$69.13	\$91.73
50	\$11.85	\$27.55	\$53.72	\$72.52	\$96.22
51	\$12.46	\$29.09	\$56.80	\$75.83	\$100.65
52	\$13.12	\$30.73	\$60.09	\$79.32	\$105.30
53	\$13.83	\$32.50	\$63.63	\$82.96	\$110.15
54	\$14.58	\$34.38	\$67.37	\$86.82	\$115.29
55	\$15.39	\$36.39	\$71.39	\$90.94	\$120.79

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Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

Whole Life 1000 for IN

- Adult Base Plan Paid-Up at Age 95, Waiver of Premium, Long-Term Care Benefit

➔ Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
56	\$16.25	\$38.56	\$75.74	\$95.27	\$126.57
57	\$17.19	\$40.88	\$80.40	\$99.92	\$132.76
58	\$18.18	\$43.38	\$85.38	\$104.87	\$139.37
59	\$19.25	\$46.05	\$90.72	\$110.25	\$146.53
60	\$20.39	\$48.92	\$96.45	\$116.07	\$154.30
61	\$21.64	\$52.04	\$102.71	\$122.06	\$162.29
62	\$23.00	\$55.43	\$109.49	\$128.67	\$171.10
63	\$24.48	\$59.13	\$116.87	\$135.89	\$180.71
64	\$26.08	\$63.14	\$124.89	\$143.76	\$191.21
65	\$27.84	\$67.54	\$133.68	\$152.45	\$202.79
66	\$29.70	\$72.19	\$143.01	\$163.08	\$216.99
67	\$31.75	\$77.31	\$153.26	\$174.82	\$232.63
68	\$34.02	\$82.98	\$164.57	\$187.81	\$249.95
69	\$36.53	\$89.25	\$177.13	\$202.23	\$269.17
70	\$39.33	\$96.25	\$191.12	\$218.27	\$290.57
71	\$42.56	\$104.31	\$207.26	\$235.46	\$313.48
72	\$46.18	\$113.40	\$225.41	\$254.64	\$339.06
73	\$50.28	\$123.62	\$245.85	\$276.05	\$367.60
74	\$54.89	\$135.14	\$268.91	\$299.95	\$399.48
75	\$60.08	\$148.13	\$294.89	\$326.55	\$434.94
76	\$65.90	\$162.69	\$324.00	\$356.60	\$475.01
77	\$72.45	\$179.07	\$356.75	\$389.95	\$519.48
78	\$79.82	\$197.50	\$393.61	\$426.96	\$568.81
79	\$88.11	\$218.21	\$435.04	\$467.92	\$623.44

➔ Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
16	\$5.27	\$11.09	\$20.80	\$26.24	\$34.53
17	\$5.30	\$11.18	\$21.00	\$26.50	\$34.88
18	\$5.34	\$11.28	\$21.19	\$26.76	\$35.23
19	\$5.38	\$11.37	\$21.38	\$27.02	\$35.57
20	\$5.42	\$11.47	\$21.57	\$27.28	\$35.92
21	\$5.46	\$11.58	\$21.78	\$27.80	\$36.61
22	\$5.54	\$11.78	\$22.19	\$28.38	\$37.38
23	\$5.67	\$12.10	\$22.82	\$29.04	\$38.27
24	\$5.84	\$12.51	\$23.65	\$29.73	\$39.19
25	\$6.05	\$13.04	\$24.71	\$30.48	\$40.19
26	\$6.29	\$13.64	\$25.92	\$31.63	\$41.73
27	\$6.54	\$14.27	\$27.17	\$32.85	\$43.34
28	\$6.80	\$14.93	\$28.50	\$34.20	\$45.14

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Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

Whole Life 1000 for IN

- Adult Base Plan Paid-Up at Age 95, Waiver of Premium, Long-Term Care Benefit

Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
29	\$7.06	\$15.58	\$29.78	\$35.65	\$47.06
30	\$7.32	\$16.24	\$31.11	\$37.23	\$49.19
31	\$7.61	\$16.95	\$32.54	\$38.82	\$51.31
32	\$7.90	\$17.69	\$34.00	\$40.58	\$53.65
33	\$8.19	\$18.42	\$35.45	\$42.46	\$56.15
34	\$8.49	\$19.15	\$36.93	\$44.50	\$58.88
35	\$8.79	\$19.92	\$38.45	\$46.69	\$61.80
36	\$9.04	\$20.55	\$39.72	\$48.74	\$64.52
37	\$9.32	\$21.22	\$41.05	\$50.93	\$67.46
38	\$9.59	\$21.92	\$42.46	\$53.27	\$70.57
39	\$9.89	\$22.66	\$43.93	\$55.72	\$73.84
40	\$10.22	\$23.47	\$45.57	\$58.35	\$77.34
41	\$10.61	\$24.48	\$47.57	\$61.29	\$81.26
42	\$11.06	\$25.58	\$49.78	\$64.47	\$85.50
43	\$11.55	\$26.78	\$52.19	\$67.72	\$89.83
44	\$12.07	\$28.12	\$54.85	\$71.18	\$94.45
45	\$12.66	\$29.58	\$57.79	\$74.82	\$99.30
46	\$13.33	\$31.25	\$61.11	\$78.92	\$104.76
47	\$14.05	\$33.05	\$64.72	\$83.23	\$110.53
48	\$14.84	\$35.04	\$68.70	\$87.74	\$116.53
49	\$15.71	\$37.20	\$73.03	\$92.44	\$122.80
50	\$16.65	\$39.56	\$77.74	\$97.38	\$129.37
51	\$17.65	\$42.08	\$82.78	\$102.22	\$135.84
52	\$18.74	\$44.80	\$88.22	\$107.27	\$142.56
53	\$19.92	\$47.73	\$94.07	\$112.52	\$149.57
54	\$21.17	\$50.87	\$100.35	\$118.00	\$156.87
55	\$22.53	\$54.24	\$107.08	\$123.77	\$164.56
56	\$23.80	\$57.43	\$113.49	\$129.68	\$172.45
57	\$25.16	\$60.83	\$120.28	\$135.94	\$180.79
58	\$26.60	\$64.42	\$127.45	\$142.51	\$189.56
59	\$28.10	\$68.19	\$134.99	\$149.47	\$198.84
60	\$29.69	\$72.17	\$142.95	\$156.86	\$208.68
61	\$31.72	\$77.24	\$153.11	\$164.41	\$218.75
62	\$33.90	\$82.67	\$163.97	\$172.52	\$229.56
63	\$36.21	\$88.46	\$175.53	\$181.20	\$241.14
64	\$38.67	\$94.61	\$187.83	\$190.57	\$253.64
65	\$41.29	\$101.18	\$200.97	\$200.70	\$267.14
66	\$43.74	\$107.28	\$213.18	\$212.87	\$283.37
67	\$46.32	\$113.75	\$226.12	\$226.14	\$301.05
68	\$49.08	\$120.63	\$239.88	\$240.65	\$320.41

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Whole Life 1000 for IN

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

- Adult Base Plan Paid-Up at Age 95, Waiver of Premium, Long-Term Care Benefit

➔ Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
69	\$52.00	\$127.93	\$254.49	\$256.60	\$341.67
70	\$55.13	\$135.75	\$270.12	\$274.23	\$365.18
71	\$58.67	\$144.60	\$287.83	\$292.69	\$389.78
72	\$62.49	\$154.17	\$306.97	\$313.20	\$417.14
73	\$66.65	\$164.55	\$327.72	\$335.99	\$447.52
74	\$71.16	\$175.82	\$350.27	\$361.39	\$481.40
75	\$76.07	\$188.11	\$374.85	\$389.64	\$519.06
76	\$81.31	\$201.22	\$401.06	\$421.62	\$561.70
77	\$87.04	\$215.54	\$429.69	\$457.15	\$609.09
78	\$93.30	\$231.18	\$460.99	\$496.62	\$661.69
79	\$100.16	\$248.33	\$495.28	\$540.41	\$720.08

Juvenile Whole Life 1000 for IN

Applicable to policy forms ICC07-WL-NGPO-65, ICC07-WL-NGPO-95, ICC08-WL-GPO-65, ICC08-WL-GPO-95, WL-NGPO-65, WL-NGPO-95, WL-GPO-65, WL-GPO-95, ICC16-WL1000J and WL1000J

- Dependent Child Base Plan Paid-Up at Age 65

ISSUE AGE	\$10,000	\$25,000
0	\$2.87	\$5.11
1	\$2.88	\$5.12
2	\$2.89	\$5.16
3	\$2.92	\$5.23
4	\$2.96	\$5.34
5	\$3.03	\$5.52
6	\$3.10	\$5.69
7	\$3.17	\$5.86
8	\$3.24	\$6.03
9	\$3.32	\$6.23
10	\$3.40	\$6.44
11	\$3.49	\$6.66
12	\$3.59	\$6.90
13	\$3.69	\$7.16
14	\$3.81	\$7.47
15	\$3.95	\$7.80
16	\$4.08	\$8.14
17	\$4.22	\$8.49

Important Notice

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