State of Florida Employees

Supplemental Insurance
To Help Protect What You Value Most.

Disability Insurance

Accident Insurance

Cancer Insurance

The Colonial Advantage

- Benefits are paid directly to you, or anyone you choose.
- Benefits are paid regardless of any other insurance coverage with other insurance companies.
- Coverage may continue even if you change jobs or retire.
- Most policies are guaranteed renewable.
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Visit the Web Site at www.coloniallife.com/florida
Dear State of Florida Employee,

Thank you for taking the time to review Colonial’s important benefit choices. Because you are a valued employee, the State is making these supplemental insurance benefits available to you to help meet your individual needs:

- **Disability Coverage** — This coverage helps you protect your most valuable asset...your income. You can apply for plans that provide disability benefits ranging from $400 to $5,000/month, based on your current salary. Elimination and benefit periods may be tailored to fit your individual needs. Also, Colonial’s **Disability Coverage is the only disability plan in your current benefits package that can be paid for with pre-taxed dollars.** An optional wellness rider is available at an additional cost.

- **Accident Coverage** — This coverage provides benefits if you are in a covered accident, on- or off-the-job. Benefits are based on the type of injury sustained. Optional riders are available at an additional cost.

- **Cancer and Cancer/Intensive Care Coverage** — Specifically designed for State of Florida employees, this coverage helps with the unexpected costs associated with the diagnosis and treatment of cancer. Colonial’s plan also includes a wellness benefit that pays $50 per year for one specified cancer-screening test per insured. Also, optional Intensive Care benefits pay up to $700 per day and up to 45 days per confinement if you are confined to an Intensive Care Unit.

Your Colonial coverage is backed by a firm commitment to service and a tradition of financial strength:

- Colonial’s Service Center processes 90 percent or more of all claims within two weeks after the claims reach Colonial’s home office.

- Year after year, Colonial’s consistently strong industry ratings substantiate our financial strength and our long-term ability to fulfill policyholder commitments.

**Colonial’s coverage is portable. If you change jobs or retire, you can take your coverage with you.**

To apply for Colonial coverage:

1. See page 23 for contacting the appropriate Colonial office. YOU MUST SEE AN AGENT AND COMPLETE THE COMPANY APPLICATION.
2. Complete The Division of State Group Insurance Supplemental Insurance Enrollment Form.
3. Return both forms to your Personnel Department or Service Center, no later than October 16, 2002, in order for your payroll deductions to begin.

For additional information on your State of Florida supplemental insurance offering visit [www.coloniallife.com/florida](http://www.coloniallife.com/florida). On the website you will find the information contained in this booklet, answers to frequently asked questions, benefits fair schedules, and other helpful information.

If you choose Colonial coverage, please check your paycheck in December to ensure that deductions have begun.

Thank you again for considering Colonial! We look forward to serving you.

Completion of a Colonial application does not guarantee immediate insurance coverage of any type. Your application must be approved by Colonial’s underwriting department before your policy can take effect.

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You may elect to purchase coverage as part of the State of Florida Flexible Benefits Plan. If so, your Flexible Benefits Plan elections will remain in effect and cannot be revoked or changed during the Plan Year unless the revocation and new election are on account of and consistent with a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of a child, and termination of employment of spouse.)
For more information regarding Colonial’s Disability, Accident or Cancer coverage, please call for an appointment with the appropriate Colonial office, as indicated on the map below. Just call or e-mail your contact as listed here, and one of our sales representatives will be happy to meet with you.

North
Ernie Vance
Public Sector Manager
1-800-858-0779
1-850-926-3867 (Tallahassee)
www.colonial-psm.com/floridacoast

Counties:
Alachua   Dixie   Hamilton   Liberty   Santa Rosa
Baker     Duval   Hernando   Madison   Sumter
Bay       Escambia Holmes   Marion   Suwanee
Bradford  Flagler Jackson   Nassau   Taylor
Citrus    Franklin Jefferson Okaloosa Union
Calhoun    Gadsden Lafayette Pasco   Wakulla
Clay       Gilchrist Leon   Putnam   Walton
Columbia   Gulf    Levy   St. Johns   Washington

Central/South
Chris Ginakes
Public Sector Manager
1-888-756-6701
www.colonial-psm.com/flacentral

Counties:
Brevard    Hardee    Manatee    Pinellas
Broward    Hendry    Martin    Polk
Charlotte  Highlands Monroe  Sarasota
Collier    Hillsborough Okeechobee Seminole
Dade       Indian River Orange St. Lucie
Desoto     Lake      Osceola   Volusia
Glades     Lee       Palm Beach

Visit the website
Visit Colonial’s website for State of Florida benefits at www.coloniallife.com/florida for more information on Colonial’s benefit offerings. The site provides information included in this booklet, as well as answers to frequently asked questions, benefits fair schedules and other information related to these Colonial product offerings.
Colonial’s Short Term Disability Income Protection Insurance

Help protect your most valuable asset – your income.
Your income is the financial security that helps protect your family and lifestyle.

Colonial’s Short Term Disability Income Protection insurance replaces a portion of your income if you become unable to work because of a covered illness or injury. This income can help you continue paying:

• Mortgage or rent payments
• Utility bills and other household expenses
• Food, clothing and other necessities
• Copayments
• Medical costs not covered under other plans
• Travel and lodging expenses for treatment

1 You’re paid regardless of any other insurance you may have with other insurance companies

2 Benefits are paid directly to you unless you specify otherwise.

3 You may choose the amount of your disability benefits to meet your needs, subject to income

4 Your coverage is guaranteed renewable to age 70.

5 If you change jobs or leave your employer, you can take your coverage with you.

6 Colonial’s disability coverage is the only disability plan in your current benefits package that can be paid with pre-taxed dollars.

Benefit Options*:

✓ Monthly Benefit amounts:
  $400 - $5,000 - Based upon income
✓ Benefit Periods: 6 months, 12 months or 24 months
✓ Elimination Periods: 0/7 and up
✓ Waiver of Premium
✓ Worldwide coverage

* For cost information and to apply for this plan, please contact your Colonial Representative.

Benefit Worksheet For Use by Colonial Representative

Monthly Disability Benefit Amount

On-Job Accident Amount $____________________

Off-Job Accident and
On/Off-Job Sickness Amount $____________________

Elimination Period Accident ___________________
Sickness ___________________

Benefit Duration ______________________________

Colonial Representative Name and Address:

Flexible Benefit

On-Job Accident Amount $____________________

Off-Job Accident and
On/Off-Job Sickness Amount $____________________

Elimination Period Accident ___________________
Sickness ___________________

Benefit Duration ______________________________

Colonial Representative Name and Address:

Premium Per Pay Period $_______

This policy has exclusions and limitations. Refer to the back of this brochure for details.

1Please refer to the "Renewability" section on the Outline of Coverage on the back of this brochure
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 70th birthday. Your premium can be changed only if we change it on all policies of this kind in force in the state where you live. 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 in your policy. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Benefits for Total Disability. Benefits are payable if you become totally disabled by a covered accident or covered sickness, based on the plan you choose. If benefits are payable for less than a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

During the first year of disability, totally disabled means you are unable to perform substantially all of the material duties pertaining to your regular occupation and are not, in fact, working at your place of employment for pay or benefits and are under the care of a physician. After the first year of disability, if applicable, totally disabled means you are unable to work at any job for which you are qualified by reason of education, training or experience and are not, in fact, working at any job for pay or benefits and are under the care of a physician. If you do not have a job when you become totally disabled, we will pay this benefit only as long as your disabling condition as confirmed by your physician requires you to remain at home, you are under the care of a physician and, in fact, are not working at any job for pay or benefits.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first twelve months the policy is in force. If you are totally disabled, and you become totally disabled again for the same or related condition within six months after you return to work, we will treat this disability as the same disability. This means that the length of time shown for the benefit period and elimination period for Total Disability in the Policy Schedule will not start over as it will for disabilities caused by different covered accidents or sicknesses. If more than six months separates periods of disability, the elimination period shown in the Policy Schedule would again have to be satisfied. At that point, the full benefit period shown in the Policy Schedule would again be available to you.

We will not pay benefits for more than one disability at a time. This coverage will end at 12:01 A.M. on the policy anniversary date on or next following your 70th birthday.

WAIVER OF PREMIUM BENEFIT

After you have been totally disabled for more than 90 days while the policy is in effect, or after the elimination period shown in the Policy Schedule, whichever is greater, we will waive the premium for the policy for as long as you remain totally disabled, up to the maximum benefit period shown in the Policy Schedule.

ENHANCEO-R-FL

GEOGRAPHICAL LIMITATIONS

If you become totally disabled by a covered accident or a covered sickness while you are outside the covered geographical areas and you are disabled longer than the elimination period shown in the policy schedule, your maximum benefit period while outside the covered geographical areas will be limited to 60 days. Covered geographical areas are less than forty 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 disabled as defined in this policy when you return from outside the covered geographical areas, we will determine your remaining benefit period by subtracting the time period for which we have already paid you benefits from the benefit period shown in the Policy Schedule. We will pay the monthly benefit amount shown in the Policy Schedule for up to the remaining benefit period.

Elimination period means the period of time during which no benefits are payable.

On-job accident means an accident that occurs while you are working at any job for pay or benefits.

Off-job accident means an accident that occurs while you are not working at any job for pay or benefits.

Pre-existing condition means your having a sickness or physical condition for which you were treated, received medical advice or had taken medication within twelve months before the effective date of the policy.

WHAT IS NOT COVERED BY THIS POLICY

We will not pay benefits for losses that are caused by or occur as the result of:
1. Your involvement in any period of armed conflict;
2. Your riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. Your operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger.
4. Your participating in or attempting to participate in any illegal activity;
5. Your committing or trying to commit suicide or injuring yourself intentionally, whether you are sane or not;
6. Your addiction to alcohol or drugs, except for drugs taken as prescribed by your physician;
7. Your having a pre-existing condition as described and limited by your policy;
8. Your having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind. However, Alzheimer's Disease and other organic senile dementias are covered by your policy.
9. Your giving birth within the first nine months after the effective date of the policy. Medical complications of a pregnancy will be covered if the medical complication otherwise meets the definition of a covered sickness.

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.
New technology can help improve your chances of surviving a serious illness through early detection and treatment. Our Wellness Rider will pay a benefit if you have one of the screening tests below while the rider and the policy to which the rider is attached are in force.

Colonial’s Wellness Rider offers you:

<table>
<thead>
<tr>
<th>Wellness Benefit</th>
<th>$50.00/Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Testing</td>
<td></td>
</tr>
<tr>
<td>CA 15-3 (blood test for breast cancer)</td>
<td></td>
</tr>
<tr>
<td>CA125 (blood test for ovarian cancer)</td>
<td></td>
</tr>
<tr>
<td>CEA (blood test for colon cancer)</td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
</tr>
<tr>
<td>Colonoscopy</td>
<td></td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td></td>
</tr>
<tr>
<td>Hemoccult stool analysis</td>
<td></td>
</tr>
<tr>
<td>Mammography</td>
<td></td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
</tr>
<tr>
<td>PSA (blood test for prostate cancer)</td>
<td></td>
</tr>
<tr>
<td>Serum Protein Electrophoresis (blood test for myeloma)</td>
<td></td>
</tr>
<tr>
<td>Thermography</td>
<td></td>
</tr>
</tbody>
</table>

Please refer to the WELLNESS BENEFIT sections of the Outline of Coverage for further details.

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Employee</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50</td>
<td>DISW</td>
<td>$1.75*</td>
</tr>
</tbody>
</table>

To receive payment for your wellness benefit, it is not necessary to complete a claim form. Just call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

*Base plan must be purchased to have this rider.
Wellness Rider  
(Applicable to Rider Form FAO-WR)  
OUTLINE OF COVERAGE

THIS RIDER IS NOT A MEDICARE SUPPLEMENT RIDER.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider states forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. This coverage is non-cancellable and guaranteed renewable as long as the policy to which it is attached is in force and premiums are paid when they are due.

WELLNESS BENEFIT  
Amount: $50/YEAR

We will pay this benefit once per calendar year if you have one of the health screening tests defined in this outline performed. There is no limit to the number of years you can receive benefits for health screening tests, as long as this rider and the policy to which it is attached are in force.

HEALTH SCREENING TEST: means bone marrow testing, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest X-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), or thermography.

Premium Per Pay Period  $1.75 (monthly)  
Plan  DISW

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.
Colonial’s Cancer Insurance

With improved technology, chances of surviving cancer have improved dramatically. However, this new age of technology means higher costs for cancer treatment.

Even the best group health insurance may not cover 100 percent of cancer treatment costs. There are also costs associated with cancer that are rarely, if ever, covered. Colonial’s cancer insurance plan helps ease the financial burden of cancer treatment and the costs associated with cancer. Colonial’s cancer plan offers protection for a new age.

Colonial’s Cancer Plan
- Pays benefits directly to you unless you specify otherwise.
- Pays benefits regardless of any other insurance you may have with other insurance companies.
- Is guaranteed renewable.
- Has few lifetime limits. This is an important feature because cancer treatment is often prolonged.
- Is portable — You can keep your coverage if you change jobs or retire.

Colonial’s Cancer Plan comes with several benefits:

The Wellness Benefit
Cancer Screening Test(s): We will pay $50 per calendar year, per insured, for the test and exam/office visit. We will pay this benefit if you have one or more of the following cancer screening test(s) performed after the 30-day waiting period:

- CA 125 blood test
- CEA blood test
- chest X-ray
- colonoscopy
- flexible sigmoidoscopy
- hemocult stool analysis
- mammography
- Pap smear
- PSA blood test
- thermography

No Lifetime Limit

Cancer Benefits
We will pay these benefits if cancer is first diagnosed after the 30-day waiting period.

Initial Diagnosis
We will pay this benefit when you are diagnosed for the first time as having internal (not skin) cancer. We will pay $1,000 when the named insured is first diagnosed as having cancer. We will pay $500 when a covered family member is first diagnosed as having cancer. We will pay this benefit in addition to all other benefits. Benefit payable only once for each person insured by the policy.

Premiums:

<table>
<thead>
<tr>
<th>Cancer Insurance</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Coverage</td>
<td>Plan</td>
<td>Monthly</td>
</tr>
<tr>
<td>Individual</td>
<td>CFL1</td>
<td>$10.94</td>
</tr>
<tr>
<td>Family</td>
<td>CFL2</td>
<td>$18.18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer Insurance with Intensive Care</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Coverage</td>
<td>Plan</td>
<td>Monthly</td>
</tr>
<tr>
<td>Individual</td>
<td>CFL3</td>
<td>$13.96</td>
</tr>
<tr>
<td>Family</td>
<td>CFL4</td>
<td>$24.48</td>
</tr>
</tbody>
</table>

Issue Age: 18 through 64. Age for coverage is based on age as of the policy effective date.
For details on how to apply, see page 23.
Benefits Even if You Are Not Confined to a Hospital

- **Surgical Procedures:** the amount you are charged, up to $2,800 per surgical procedure performed by a doctor. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure that has the highest dollar value, up to $2,800. If you have more than one surgical procedure performed at the same time, but through different incisions, we will pay for each one, but not more than $2,800 for all procedures performed at the same time. These procedures may be performed in a hospital, doctor’s office or clinic. No Lifetime Limit.

- **Surgical Procedures for Treatment of Skin Cancer:** the amount you are charged, up to $200 for each surgical procedure performed for the treatment of skin cancer. However, we will pay this benefit only once for all skin samples examined as the result of one operative session. No Lifetime Limit.

- **Anesthesia:** the amount you are charged, up to $800 per single surgical procedure for anesthesia administered by an anesthesiologist or an anesthetist. If you have more than one surgical procedure performed at the same time and through the same incision, we will pay the benefit for the procedure performed with the highest dollar value, up to $800. If you have more than one surgical procedure performed at the same time but through different incisions, we will pay for each one, but not more than $800 for all procedures performed at the same time. No Lifetime Limit.

- **Radiation/Chemotherapy:** the amount you are charged, up to $5,000 per calendar year for radioactive or chemical treatments prescribed by a doctor, for the destruction of abnormal tissue. No Lifetime Limit.

- **Experimental Treatment:** the amount you are charged, up to $5,000 per calendar year for all the hospital, medical and surgical care you receive in connection with experimental treatment of internal (not skin) cancer. You must receive treatment in an experimental cancer treatment program in the continental United States. We will pay this benefit in place of all other benefits. We will not pay this benefit for experimental treatment received at no charge. No Lifetime Limit.

- **Blood/Plasma:** the amount you are charged for each unit of blood/plasma received, which includes the amount charged for the transfusion, administration, cross-matching, typing and processing of blood/plasma. No Lifetime Limit.

- **Prosthesis:** the amount you are charged, up to $2,500 per surgically implanted prosthetic device or artificial limb prescribed as a direct result of cancer surgery. No Lifetime Limit except for no more than two of the same type of device.

- **Ambulance:** the amount you are charged for transportation by a professional ambulance service to or from a hospital where you are admitted for treatment for cancer as an in-patient (two trips per confinement limit). No Limit except for two trips per confinement.

- **Home Recovery:** $200 per week if your Home Recovery period begins immediately after you are released from a hospital. We will pay this benefit for no more than the same number of days we provided the Hospital Confinement benefit. No Lifetime Limit.

- **Hospice Care:** the amount you are charged, up to $100 per day, for a visit from a representative of a hospice or for the services of a hospice. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit and that life expectancy is only six months or less. We will not pay this benefit while you are confined to a hospital or to a U.S. Government Hospital. Up to 120 Days Lifetime Limit.
Benefits Even if You Are Not Confined to a Hospital (cont.)

- **Waiver of Premium Benefit**: You will not be required to pay premiums to keep your policy in force if you become disabled because of cancer for longer than 90 continuous days. This benefit does not apply if your spouse or your children become disabled. No Lifetime Limit.

- **Transportation**: the amount you are charged for coach rate for a plane, train or bus ticket. If you or your spouse choose to take a personal car, and your destination is more than fifty miles one way from the city where you live, we will pay 28 cents each mile for travel by you or your spouse. We will pay this benefit if you travel to another city on the advice of a doctor for diagnosis or treatment of cancer because similar services are not available in the city where you live. No Lifetime Limit.

Benefits While You Are Confined to a Hospital

- **Hospital Confinement**: $180 per day for the first 10 days and $220 per day for the next 60 continuous days. We will pay the amount you are charged for room and board beginning with the 71st continuous day. No Lifetime Limit. (We will not pay this benefit if you are confined to a U.S. Government Hospital.)

- **Confinement in a U.S. Government Hospital**: the amount you are charged, up to $250 per day. We will pay this benefit in place of all other benefits except the Waiver of Premium benefit. No Lifetime Limit.

- **Attending Physician**: the amount you are charged, up to $30/day for a visit by a doctor, other than your surgeon, while you are confined to a hospital. No Lifetime Limit.

- **Private Nurse**: the amount you are charged, up to $130/day for full-time nursing services (at least 8 hours during any 24-hour period) performed by a registered, a licensed practical or a licensed vocational nurse. No Lifetime Limit.

**ADDITIONAL INTENSIVE CARE INSURANCE**

Confinement in a Hospital Intensive Care Unit Due to an Accident or Sickness.

We will pay **$350 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of any accident or sickness other than an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay **$700 per day** for each day you are confined to a Hospital Intensive Care Unit as the result of an accident involving an automobile, bus, truck, farm tractor, motorcycle, train or airplane. We will pay this benefit if you are admitted to a Hospital Intensive Care Unit within 48 hours after the accident. We will pay this benefit for **up to 45 days for each confinement**. We will not pay benefits for an injury or sickness that is caused by or occurs as the result of your committing or trying to commit suicide and your injuring yourself intentionally, whether you are sane or not.
Hospice Care: We will pay the amount charged, up to $100 per day, if you receive a visit from a representative of a hospice, use the service of a hospice, and have a hospice attending you while you are at home. We will pay this benefit if a doctor determines that cancer treatments are no longer of benefit to you, and you are expected to live for six (6) months or less. We will not pay this benefit if you are confined to a hospital or to a U.S. Government Hospital. There is a limit to the number of days we will pay this benefit. The lifetime limit is 120 days for each insured person.

Waiting Period: means the period after the policy effective date during which no benefits are payable for cancer coverage.

Eligible Dependents: includes your spouse and unmarried dependent children under age 19. Also eligible are those unmarried children from age 19 to the end of the calendar year in which they turn 25 if they (1) depend on the employee for support and (2) live with the employee or are classified as a full or part-time student.

Renewability: your policy is guaranteed renewable. Your premium can be changed only if we change it on all policies of this kind in force in the state where you live.

This brochure highlights the benefits of policy form DACIC-FL. This is not an insurance contract and 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. This is a limited policy.

You may have elected to purchase this cancer coverage as part of the State of Florida flexible benefits plan. If so, your flexible benefits plan elections will remain in effect and cannot be revoked or changed during the Plan Year unless the revocation and new election are on account of and consistent with a change in family status (e.g., marriage, divorce, death of spouse or child, birth or adoption of child, and termination of employment of spouse).
Colonial’s Accident Insurance

Accidents happen. You can’t pick when or where accidents will strike, but you can choose to help protect yourself from financial loss when they do.

Colonial’s accident insurance offers you:
- 24-hour coverage for accidents that occur on- and off-the-job.
- Benefit payments regardless of workers’ compensation or any other insurance you may have.
- Optional spouse and dependent coverage.
- Portability — you can take your coverage with you if you change jobs or retire.

Colonial’s benefits will help you deal with the bills and expenses related to an accident:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Fees</td>
<td>up to $200</td>
</tr>
<tr>
<td>Emergency Room Treatment</td>
<td>$150</td>
</tr>
<tr>
<td>Hospital Confinement</td>
<td>$100 per day up to 90 days</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$100</td>
</tr>
<tr>
<td>Blood/Plasma/Platelets</td>
<td>$200</td>
</tr>
<tr>
<td>Appliance</td>
<td>$50</td>
</tr>
<tr>
<td>Air Ambulance</td>
<td>$300</td>
</tr>
<tr>
<td>Hospital Intensive Care Confinement Benefit</td>
<td>$200 per day up to 10 days $50</td>
</tr>
</tbody>
</table>

Colonial’s benefits offer coverage for specific injuries and losses you may suffer in an accident:

- **Fracture (Broken Bone)**: $200-$2,500
- **Hip, Thigh (Femur)**: $2,500
- **Vertebrae, Body of (including Vertebral Processes)**: $2,250
- **Pelvis (includes Illium, Ischium, Pubis, Acetabulum except Coccyx)**: $2,000
- **Skull (except Bones of Face or Nose)**: $2,000
- **Simple Non-Reduction Skull Fracture**: $875
- **Depressed Skull Fracture**: $1,875
- **Leg (Tibia and/or Fibula)**: $1,500
- **Forearm (Radius and/or Ulna, Hand, Wrist (except Fingers))**: $1,250
- **Upper Arm between Elbow and Shoulder (Humerus)**: $875
- **Foot (except Toes), Ankle, Knee Cap (Patella)**: $1,250
- **Lower Jaw, Mandible (except Alveolar Process)**: $1,000
- **Upper Jaw, Maxilla (except Alveolar Process)**: $875
- **Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)**: $1,000
- **Bones of Face or Nose (except Mandible or Maxilla)**: $750
- **Coccyx, One Rib**: $200
- **Finger, Toe**: $200
- **Dislocation (Separated Joint)**: $200-$2,250
- **Hip**: $2,250
- **Knee (except Patella)**: $1,625
- **Shoulder (Glenohumeral)**: $1,250
- **Collarbone Sternoclavicular**: $1,250
- **Acromioclavicular and Separation**: $1,125
- **Ankle—Bone or Bones of the Foot (other than Toes)**: $1,125
- **Bone or Bones of the Hand (other than Fingers)**: $875
- **Lower Jaw**: $750
- **Wrist**: $625
- **Elbow**: $500
- **One Toe or Finger**: $200
- **Ruptured Disc**: $400
- **Knee Cartilage-Torn**: $400
- **Tendon/Ligament/Rotator Cuff**: $400-$600
  - Repair of one tendon, ligament or rotator cuff: $400
  - Repair of more than one of the above: $600
- **Eye Injury**: $200
- **Loss of a Finger/Toe**: $500-$1,000
  - Finger/Toe: $500
  - More than one Finger/Toe: $1,000
- **Loss of a Hand/Foot/Sight of an Eye**: $7,500-$15,000
  - Single Loss: $7,500
  - Double Loss: $15,000
- **Prosthetic Device/Artificial Limb**: $500-$1,000
  - One prosthetic device or artificial limb: $500
  - More than one device or artificial limb: $1,000
- **Laceration**: $25-$400
  - Total of all lacerations is less than two inches long (less than 5.08 centimeters) and repaired by stitches: $25
  - Total of all lacerations is two to six inches long (5.08 to 15.24 centimeters) and repaired by stitches: $200
  - Total of all lacerations is over six inches long (over 15.24 centimeters) and repaired by stitches: $400
  - Laceration(s) are treated without stitches: $25
- **Burn**: $600

In the event of an accidental death, Colonial can help meet your family’s continuing needs with an Accidental Death benefit:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>$20,000</td>
</tr>
<tr>
<td>Accidental Death Caused By Car Accident</td>
<td>$40,000</td>
</tr>
<tr>
<td>Accidental Death While Traveling</td>
<td>$60,000</td>
</tr>
</tbody>
</table>

For details on how to apply, see page 23 and contact the appropriate Colonial office.
Read your policy carefully. This outline provides a very brief description of the important features of your policy and rider. This is not an insurance contract and only the actual policy and rider provisions will control. The policy and rider set forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY.

Renewability. Your policy is non-cancellable and guaranteed renewable.

Accident-Only Coverage. Your policy and rider are designed to provide coverage for certain losses which result from covered accidents only subject to any limitations in your policy and rider. They do not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Medical Fees up to $200
For doctors' charges and X-ray charges (up to $200) for the treatment of injuries received in a covered accident up to 1 year after the accident. They are treated within 60 days after the accident.

Emergency Room Treatment $150
We will pay this benefit if you receive injuries in a covered accident that require treatment by a physician within 72 hours after the accident.

Hospital Confinement up to 3 months $3,000/mo. ($100/day)
For confinement up to 90 days per covered accident, up to 1 year after a covered accident if you are first confined to a hospital within 6 months after the accident. A hospital does not include a nursing home, convalescent home, extended care or similar facilities. We will not pay benefits for more than 1 hospital confinement at a time. If you are not confined to a hospital for a full month, we will pay the appropriate benefits on a daily basis. A month is 30 days. The daily amount is 1/30th of the monthly amount.

We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor or services within 90 days after the accident:
Ambulance for transportation to a hospital $100
Blood/Plasma/Platelets $200
Appliances to help you move around $50
Air Ambulance for transportation to a hospital $300

Hospital Intensive Care Confinement $2,000/mo. ($200/day)
For confinement up to ten days per covered accident, up to 1 year after a covered accident if you are first confined to a hospital within 6 months after the accident. A hospital intensive care unit is not any of the following step-down units:
- a progressive care unit
- an intermediate care unit
- a private monitored room
- a sub-acute intensive care unit
- an observation unit or
- any facility not meeting the definition of a Hospital Intensive Care Unit as defined in this rider. We will not pay the hospital intensive care unit confinement benefit and the hospital confinement benefit concurrently.

Care Benefit $50
We will pay this benefit if you receive injuries in a covered accident that require treatment by a doctor within 72 hours after the accident, and you are not eligible for any other benefit in your policy.

We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor or services within 90 days after the accident:

Fractures which require correction
  - closed reduction $200 to $2,500
  - open reduction $300 to $3,750
  - chip fractures $20 to $250

Dislocations which require correction
  - closed reduction with anesthesia $200 to $2,250
  - open reduction $300 to $3,375
  - closed reduction, no anesthesia $50 to $562.50
  - incomplete dislocation requiring closed reduction $50 to $562.50

If you receive more than 1 fracture, more than 1 dislocation or a fracture and a dislocation in the same accident, we will pay no more than 1 1/2 times the amount for the bone or joint involved that has the highest benefit amount.

Ruptured Disc $400
We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor within 60 days and repair through surgery within 1 year after the accident.

Knee Cartilage – Torn $400
We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor within 60 days and repair through surgery within six months after the accident.

We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor within 90 days after the accident.

Tendons/Ligaments/Rotator Cuff which require repair through surgery $400
repair of 1
repair of all if more than 1 $600

Eye Injury $200
You must require surgery or the removal of a foreign object by a doctor within ninety days after the accident.

We will pay these benefits if you receive injuries in a covered accident that cause the following within 90 days after the accident:

Loss of a Finger/Toe $500
  - loss of 1
  - loss of more than 1 $1,000

If you also lose a hand/foot as the result of the same accident, we will pay only the largest amount.

Loss of a Hand/Foot or Sight of an Eye $7,500
  - single loss
  - double loss $15,000

If you also die as the result of the same accident, we will pay only the largest amount.

Prosthetic Device $500
  - one device or artificial limb
  - more than one device or artificial limb $1,000

A Prosthetic Device/Artificial Limb is an artificial device designed to replace a missing limb. It must be prescribed by a doctor for functional use.

We will pay these benefits if you receive injuries in a covered accident that require treatment by a doctor within 72 hours after the accident:

Lacerations which require stitches up to 2 inches $50
  - 2 to 6 inches $200
  - over 6 inches $400
  - Laceration(s) treated without stitches $25

Only 1 amount will be paid for all lacerations received in any one accident.

Burns $600
which are 2nd degree and cover at least 36% of the body surface or 3rd degree burns and cover at least 9 square inches of the body surface.

Accidental Death $20,000
Accidental Death Caused by Car Accidents $40,000
Accidental Death While Traveling $60,000
We will pay only one of the death benefits.

WHAT IS NOT COVERED
We will not pay benefits for an injury which is caused by or occurs as the result of: (1) your involvement in any period of armed conflict; (2) your riding in or driving any motor-driven vehicle in a race, stunt show or speed test; (3) your operating, learning to operate, serving as a crew member of or jumping from any aircraft, including those which are not motor-driven; (4) your participating or attempting to participate in any illegal activity; (5) your committing or trying to commit suicide or your injuring yourself intentionally, whether you are sane or not; or (6) your having any sickness or declining process caused by sickness, including physical or mental infirmity.

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL FREE TELEPHONE NUMBER: 1-800-325-4368.
Colonial’s Accident Insurance

Optional Riders

Accident/Sickness Disability

In 1998, 19.4 million disabling injuries were reported and 60 percent of the disabling injuries suffered by workers occurred off the job.* If a serious accident or illness suddenly stopped your income, an Off-Job Accident & On & Off-Job Sickness Disability rider could help you cover everyday living expenses.


Colonial’s Accident/Sickness Disability Rider offers you:

- Disability amounts of $400 or $600 a month
- Annual income requirement is $12,000 for $400 plan and $18,000 for $600 plan
- Elimination period options of 0/7 or 0/14
- 365 day benefit period
- Available to full-time (30 hours a week) EE or employed spouse (outside the home)
- Age limitations 17-63

Please refer to the TOTAL DISABILITY and the WHAT IS NOT COVERED BY YOUR RIDER sections of the Outline of Coverage for further details.

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Spouse</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$400 DI 0/7 elim</td>
<td>FS41</td>
<td>$24.00*</td>
</tr>
<tr>
<td>$400 DI 0/14 elim</td>
<td>FS42</td>
<td>$19.20*</td>
</tr>
<tr>
<td>$600 DI 0/7 elim</td>
<td>FS61</td>
<td>$36.00*</td>
</tr>
<tr>
<td>$600 DI 0/14 elim</td>
<td>FS62</td>
<td>$28.80*</td>
</tr>
</tbody>
</table>

*Base plan (of $16.00) must be purchased to have this rider.
All terms, explanations of terms, conditions, and limitations stated in the policy to which the rider is attached will also apply to the rider unless we state otherwise in the rider.

**Please Read Your Rider Carefully.** This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual rider provisions will control. Your rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that YOU READ YOUR RIDER CAREFULLY.

**Renewability.** This coverage is non-cancellable and guaranteed renewable to age 65 as long as the policy to which it is attached is in force and premiums are paid when due. This coverage will end on the anniversary date on or next following your 65th birthday. If we accept premium after this date, our responsibility will be to refund premiums for this rider. Benefits will not be payable.

**Coverage Provided By Your Rider.** Your rider is designed to provide coverage if you become totally disabled as the result of a covered off-job accident or a covered on or off-job sickness while your policy and the policy to which it is attached are in force. We will pay the total disability benefit for as long as you remain disabled up to the benefit period and in the amount shown on the policy schedule.

**Totally disabled or disabled (up to 12 months)** $400 $600 $800/month means you are:

- unable to perform the material and substantial duties of your regular occupation,
- not working at your place of employment for pay or benefits,
- unable to work at any job for which you are qualified by reason of education, training, and experience, and
- under the regular care of a physician.

If you become disabled because of a pre-existing condition, we will not pay for any disability period if it begins during the first twelve months the rider and the policy to which it is attached are in force. If you have been totally disabled, recover and return to work, then become disabled again due to the same injury within six months after you return to work, we will treat this disability as the same disability. This means that the length of time shown for the benefit period and elimination period for Total Disability in the Policy Schedule will not start over as it will for disabilities caused by different covered accidents or sicknesses. If more than six months separates periods of disability, the elimination period shown in the Policy Schedule would again have to be satisfied. At that point, the full benefit period shown in the Policy Schedule would again be available to you. If you are disabled longer than the elimination period shown in the Policy Schedule we will pay the total disability benefit for as long as you remain disabled up to the benefit period and in the amount shown in the Policy Schedule. If you do not have a job and are not working when the disability occurs, we will pay the disability benefit only as long as you are kept at home and cannot perform two of five Activities of Daily Living and are under the regular care of a physician.

**Pre-existing condition** means having a sickness or physical condition that during the 24 months immediately preceding the effective date of coverage, had manifested itself in such a manner as would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment for which medical advice, diagnosis, care or treatment was recommended or received.

**Elimination period** means the period of time during which no benefits are payable, as shown in the Policy Schedule.

**Activities of Daily Living** mean the following:

1. **Dressing** - the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn.
2. **Transferring** - the ability to move in or out of a chair or bed.
3. **Eating** - the ability to get nourishment into the body once it has been prepared.
4. **Preparing meals**
5. **Toileting** - the ability to get on and off the toilet, to maintain a reasonable level of personal hygiene and to care for clothing.

A covered accident is an accident which:

- occurs after the effective date of this rider,
- occurs while this rider and the policy to which it is attached are in force,
- is not excluded by name or specific description in this rider or in the policy to which this rider is attached, and
- occurs while you are not working at any job for pay or benefits.

A covered sickness means an illness, infection, disease or any other abnormal physical condition which:

- occurs while this rider and the policy to which it is attached are in force,
- was not treated or for which the insured did not receive advice within twelve months before the effective date of this rider, and
- is not excluded by specific description in this rider or in the policy to which this rider is attached.

**On-job sickness** means a sickness that occurs while you are working at your place of employment for pay or benefits.

**Off-job accident/sickness** means an accident/sickness that occurs while you are not working at your place of employment for pay or benefits.

If this rider lapses and is reinstated, the reinstated rider will cover only disabilities that result from:

- injuries which occur after the reinstatement date, or
- sicknesses which begin more than ten days after the reinstatement date.

**What IS NOT COVERED BY YOUR RIDER**

We will not pay benefits for losses that are caused by or which occur as the result of your:

- involvement in any period of armed conflict,
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, or falling from any aircraft, including those which are not motor-driven;
- participating or attempting to participate in an illegal activity;
- committing or trying to commit suicide, or your injuring yourself intentionally, whether you are sane or not; or
- having a neuosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

**Premium Per Pay Period $**

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.
Colonial’s Accident Insurance

Optional Riders

Accident/Sickness Hospital Admission

In 1999, the average length of stay in a hospital was five days.* Our Accident/Sickness Hospital Admission Rider can help you pay for the extra expenses associated with a hospital admission.


Colonial’s Accident/Sickness Hospital Admission Rider offers you:

- Benefit options are $1,000, $750, or $500
- 0 Day elimination
- Must be confined as an overnight resident bed patient
- Available to EE, spouse (17-63) or adult dependent (18-80)

Please refer to the HOSPITAL ADMISSION and the WHAT IS NOT COVERED BY YOUR RIDER sections of the Outline of Coverage for further details.

<table>
<thead>
<tr>
<th>Benefit Amount</th>
<th>Employee</th>
<th>Spouse</th>
<th>Adult Dependent (18-80)</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000</td>
<td>F1HA</td>
<td>F1SA</td>
<td>F1DA</td>
<td>$16.80*</td>
</tr>
<tr>
<td>$750</td>
<td>F7HA</td>
<td>F7SA</td>
<td>F7DA</td>
<td>$12.60*</td>
</tr>
<tr>
<td>$500</td>
<td>F5HA</td>
<td>F5SA</td>
<td>F5DA</td>
<td>$8.40*</td>
</tr>
</tbody>
</table>

*Base plan (of $16.00) must be purchased to have this rider.
OUTLINE OF COVERAGE

This Rider is Not a Medicare Supplement Rider.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

All terms, explanations of terms, conditions, and limitations stated in the policy to which the rider is attached will also apply to the rider unless we state otherwise in the rider.

Please Read The Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual rider provisions will control. The rider sets forth in detail the rights and obligations of both you and us. It is, therefore, important that YOU READ THE RIDER CAREFULLY.

Renewability. The rider is non-cancellable and guaranteed renewable for life as long as the policy to which it is attached is in force and premiums are paid when they are due. For policies issued to insureds aged 17 and under, on the rider anniversary date on or next following the insured’s eighteenth birthday, premium for this coverage will be adjusted to what we are charging other insureds of like age in the state where the rider was issued.

Coverage Provided by This Rider. The rider is designed to provide coverage if a covered on or off-job accident or a covered on or off-job sickness causes the insured to be admitted as an overnight resident bed patient in a hospital. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Hospital Admission

- Must be confined as an overnight resident bed patient in a hospital
- Benefits payable for only one hospital confinement at a time.

A covered accident is an accident which:
- occurs after the effective date of this rider,
- occurs while this rider and the policy to which it is attached are in force,
- is not excluded by specific description in this rider or in the policy to which this rider is attached, and
- occurs while you are not working at any job for pay or benefits.

A covered sickness means an illness, infection, disease or any other abnormal physical condition which:
- occurs while this rider and the policy to which it is attached are in force,
- was not treated or for which the insured did not receive advice within twelve months before the effective date of this rider, and
- is not excluded by specific description in this rider or in the policy to which this rider is attached.

On-job accident/sickness means an accident/sickness which occurs while you are working at your place of employment for pay or benefits.

Off-job accident/sickness means an accident/sickness which occurs while you are not working at your place of employment for pay or benefits.

Pre-existing condition means having a sickness or physical condition that during the 24 months immediately preceding the effective date of coverage, had manifested itself in such a manner as would cause an ordinary prudent person to seek medical advice, diagnosis, care or treatment for which medical advice, diagnosis, care or treatment was recommended or received.

WHAT IS NOT COVERED BY THE RIDER

We will not pay benefits for a hospital admission that is caused by or occurs as the result of:
- having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind;
- treatment for dental care or dental care procedures;
- having a pre-existing condition as described by this rider;
- treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor;
- elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases;
- observation, emergency room or outpatient treatment.

Premium Per Pay Period $.  Plan.

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.

FAO-HARO-1
In 1996, the average length of stay in a hospital was six days. *Our Sickness Hospital Confinement rider can help you pay for the extra expenses associated with a hospital stay.


Colonial’s Sickness Hospital Confinement Rider offers you:

- Benefit amount is $100 a day
- Benefit period is 30 days
- 0 day elimination
- Must be confined as an over night resident bed patient
- Available to EE, spouse, or adult dependent

Please refer to the HOSPITAL CONFINEMENT and the WHAT IS NOT COVERED BY THE RIDER sections of the Outline of Coverage for further details.

<table>
<thead>
<tr>
<th>Employee</th>
<th>Spouse</th>
<th>Adult Dependent (18-80)</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAHC</td>
<td>FSHC</td>
<td>FDHC</td>
<td>$4.15*</td>
</tr>
</tbody>
</table>

*Base plan (of $16.00) must be purchased to have this rider.
Sickness Hospital Confinement Rider
(Applicable to Rider Form FAO-HR.)
OUTLINE OF COVERAGE

THIS RIDER IS NOT A MEDICARE SUPPLEMENT RIDER.

If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

All terms, explanation of terms, conditions, and limitations stated in the policy to which the rider is attached will also apply to the rider unless we state otherwise in the rider.

Please Read The Rider Carefully. This outline provides a very brief description of the important features of the rider. This is not an insurance contract and only the actual rider provisions will control. The rider sets forth in detail the rights and obligations. It is, therefore, important that YOU READ THE RIDER CAREFULLY.

Renewability. The rider is non-cancellable and guaranteed renewable as long as the policy to which it is attached is in force and premiums are paid when they are due. For policies issued to insureds aged 17 and under, on the policy anniversary date on or next following the insured's eighteenth birthday, premium for this coverage will be adjusted to what we are charging other insureds of like age in the state where the policy was issued.

Coverage Provided by This Rider. The rider is designed to provide coverage if a covered sickness causes the insured to become confined as an overnight resident bed patient in a hospital. It does not provide coverage for basic hospital, basic medical-surgical or major medical expenses.

Hospital Confinement $100/per day (30 day maximum)
- Must be confined as an overnight resident bed patient in a hospital
- Benefits payable for only one hospital confinement at a time even if it is caused by more than one sickness

A covered sickness means an illness, infection, disease or any other abnormal physical condition which:
- occurs while the rider is in force
- was not treated or for which the insured did not receive advice within twelve months before the effective date of the rider
- is not excluded by specific description in the rider.

Pre-existing condition means having a sickness or physical condition that during the 24 months immediately preceding the effective date of coverage, had manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care or treatment or for which medical advice, diagnosis, care or treatment was recommended or received.

WHAT IS NOT COVERED BY THE RIDER
We will not pay benefits for a hospital confinement that is caused by or occurs as the result of:
- having a neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.
- treatment for dental care or dental care procedures
- having a pre-existing condition as described by this rider
- treatment for alcoholism or drug addiction unless the insured is addicted to a narcotic taken on the advice of a doctor
- elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of trauma, infection, or other diseases.

Premium Per Pay Period $______________ Plan

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.

FAO-HRO-
New technology can help improve your chances of surviving a serious illness through early detection and treatment. Our Wellness Rider will pay a benefit if you have one of the screening tests below while the rider and the policy to which the rider is attached are in force.

### Colonial’s Wellness Rider offers you:

<table>
<thead>
<tr>
<th>Wellness Benefit</th>
<th>Benefit Amount</th>
<th>Employee</th>
<th>Spouse</th>
<th>Adult Dependent (18-80)</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Testing</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>CA 15-3 (blood test for breast cancer)</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>CA125 (blood test for ovarian cancer)</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>CEA (blood test for colon cancer)</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>Chest X-ray</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>Flexible sigmoidoscopy</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>Hemoccult stool analysis</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
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<tr>
<td>Mammography</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
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<tr>
<td>Pap smear</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>PSA (blood test for prostate cancer)</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
<tr>
<td>Serum Protein Electrophoresis (blood test for myeloma)</td>
<td>$100</td>
<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
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<tr>
<td>Thermography</td>
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<td>FAW1</td>
<td>FAS1</td>
<td>FAD1</td>
<td>$3.50*</td>
</tr>
</tbody>
</table>

Please refer to the WELLNESS BENEFIT sections of the Outline of Coverage for further details.

To receive payment for your wellness benefit, it is not necessary to complete a claim form. Just call our toll-free Customer Service number, 1-800-325-4368, with the medical information.

*Base plan must be purchased to have this rider.
Wellness Rider
(Applicable to Rider Form FAO-WR)
OUTLINE OF COVERAGE

THIS RIDER IS NOT A MEDICARE SUPPLEMENT RIDER.
If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Read your rider carefully. This outline provides a very brief description of the important features of your rider. This is not an insurance contract and only the actual policy and rider provisions will control. The rider states forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR RIDER CAREFULLY.

Renewability. This coverage is non-cancellable and guaranteed renewable as long as the policy to which it is attached is in force and premiums are paid when they are due.

<table>
<thead>
<tr>
<th>WELLNESS BENEFIT</th>
<th>Amount: $50 $100 /YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will pay this benefit once per calendar year if you have one of the health screening tests defined in this outline performed. There is no limit to the number of years you can receive benefits for health screening tests, as long as this rider and the policy to which it is attached are in force.</td>
<td></td>
</tr>
</tbody>
</table>

HEALTH SCREENING TEST: means bone marrow testing, CA 15-3 (blood test for breast cancer), CA125 (blood test for ovarian cancer), CEA (blood test for colon cancer), chest X-ray, colonoscopy, flexible sigmoidoscopy, hemoccult stool analysis, mammography, pap smear, PSA (blood test for prostate cancer), serum protein electrophoresis (blood test for myeloma), or thermography.

Premium Per Pay Period $.
Plan

TO OBTAIN INFORMATION OR MAKE A COMPLAINT, YOU MAY CALL OUR TOLL-FREE TELEPHONE NUMBER: 1-800-325-4368.
**APPLICATION TO: COLONIAL LIFE & ACCIDENT INSURANCE COMPANY**

1. **Proposed Insured (Print) (First, M.I., Last)***
   - Home Address - Street
   - City
   - State
   - Zip
   - Telephone

2. **Name of Payroll Deduction Account**
   - Department of
   - Date Empl'd. (MM/DD/YYYY)
   - Job
   - Dept./Sec

3. **Beneficiary - Full Name Age Relationship**
   - Name of Payroll Deduction Account
   - Home Address - Street
   - City
   - Telephone

4. **Complete For Accident Insurance**
   - FBP
   - Transfer
   - Sp
   - Add Sp Only
   - Monthly
   - Acc. Premium

5. **Spouse and Dependent Children Coverage**
   - Name (Print First, Last)
   - Relationship
   - Birthdate (MM/DD/YYYY)
   - Plan

6. **Complete For Health Insurance (in addition Section 8)**
   - FBP
   - Transfer
   - Sp
   - Add Sp Only
   - Monthly
   - Health Premium

7. **Complete For Cancer/Intensive Care (in addition to items 8 & 10)**
   - FBP
   - Transfer
   - Monthly
   - Cancer/IC Premium

8. **Complete For Health**
   - a) Have you or any proposed insured tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?
   - Yes
   - No

   b) Height
   - Weight

   c) Have you been working full-time (at least 30 hours per week) for your current employer for the last six months?
   - Yes
   - No

   d) To the best of your knowledge and belief, have you or any other proposed insured received hospital treatment as an inpatient or outpatient in the last year?
   - Yes
   - No

   e) If "yes," provide 5-year health history in item e including any consultation or treatment by a physician, hospitalizations, or checkups.

   f) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   g) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   h) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   i) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   j) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   k) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   l) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   m) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   n) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   o) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   p) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   q) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   r) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   s) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   t) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   u) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   v) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   w) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   x) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   y) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   z) Will any other insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   A. Will any health insurance in this or any other company be modified or discontinued if insurance now applied for is issued?
   - Yes
   - No

   B. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   C. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   D. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   E. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   F. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   G. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   H. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   I. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   J. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   K. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   L. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   M. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   N. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   O. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   P. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   Q. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   R. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   S. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   T. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   U. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   V. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   W. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   X. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   Y. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   Z. Will any health insurance in this or any other company be replaced if insurance now applied for is issued?
   - Yes
   - No

   **FAIR CREDIT REPORTING ACT ACKNOWLEDGMENT:** In compliance with the Fair Credit Reporting Act, we are informing you that as a part of our routine procedures, an investigative consumer report may be made. Under the Act, you have the right to make a written request within a reasonable time for an additional disclosure concerning the nature and scope of the investigation requested. I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER.

   Date (MM/DD/YYYY) __________________________

   **Signature of Proposed Insured**

   **Signature of Employee/Applicant (if other than proposed insured)**

   **Signature of Soliciting Agent**

   **Code Number % Credit**

   **License ID Number**

   **Printed Name of Agent**

   **State**

   **Form FLDOA-App-94-2**
REQUEST FOR TRANSFER/CANCELLATION: In conjunction with my application for the Policy indicated on the reverse side, I hereby request cancellation
☐ of my Colonial Policy Form(s)___________________________________ List policy number or plan codes of all policies being transferred. ________________________________ (transfer or cancellation of the base plan will also mean cancellation of all attached riders).
☐ of my rider only _____________________________________________ List rider or riders being cancelled. _____________________________________________ as of the effective date

and hour of my new coverage. If, for any reason the Policy applied for above is not issued, this request for cancellation shall be null and void.

Date (MM/DD/YYYY)__________________________________________ Applicant's Signature X

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Colonial Life & Accident Insurance Company, its reinsurers, agents, and any insurance support organization acting on its behalf may obtain medical and non-medical information for the purpose of evaluating my application for insurance and eligibility for benefits under any policy issued to me. I authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, the Veterans Administration, the Medical Information Bureau, Inc. insurance or reinsuring company, consumer reporting agency or employer who possesses medical or non-medical information, of me or my minor children to furnish any and all such information (including information about drugs, alcoholism or mental illness) to Colonial Life & Accident Insurance Company or its legal representatives.

To facilitate rapid submission of such information, I authorize all said sources, except the Medical Information Bureau, to give such records or knowledge to any agency employed by the Company to collect and transmit such information.

I understand the information obtained will not be released, given, sold, transferred or in any way relayed by Colonial Life & Accident Insurance Company to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau, Inc. or other persons or organizations performing business or legal services in connection with my application or claim, other companies to whom I have applied or may apply, as may be otherwise lawfully required or as I may further authorize.

I know that I may request to receive a copy of this authorization.

I agree that a photographic copy of this authorization shall be as valid as the original.

I agree this authorization shall be valid for two years from the date shown below.

I acknowledge that I have read this authorization and have received the Notice of Insurance Information Practices.

I elect to be interviewed if an investigative consumer report is prepared in connection with this application. ☐ Yes ☐ No

Signed this __________ day of _______________ , ________________

Name of Minor Child

Name of Minor Child

Signature of Proposed Insured
(Signature of Parent if Proposed Insured is a Minor Child)

Signature of Spouse
(If Spouse is to be Insured)

_________________________
How to apply for Colonial’s Disability, Accident or Cancer Coverage

To apply for Colonial’s Disability or Accident coverage, please call for an appointment with the appropriate Colonial office as indicated on the map below, at the toll-free numbers listed here, or visit the website at www.coloniallife.com/florida. To apply for Colonial’s Cancer coverage, contact your Colonial representative for an appointment or to discuss instructions on how to complete and submit the application on pages 19-20.

North
Ernie Vance
Public Sector Manager
1-800-858-0779
1-850-926-3867 (Tallahassee)
www.colonial-psm.com/floridacoast

Counties:
Alachua  Dixie  Hamilton  Liberty  Santa Rosa
Baker   Duval  Hernando  Madison  Sumter
Bay     Escambia  Holmes  Marion  Suwannee
Bradford  Flagler  Jackson  Nassau  Taylor
Citrus  Franklin  Jefferson  Okaloosa  Union
Calhoun  Gadsden  Lafayette  Pasco  Wakulla
Clay     Gilchrist  Leon  Putnam  Walton
Columbia  Gulf  Levy  St. Johns  Washington

Central/South
Chris Ginakes
Public Sector Manager
1-888-756-6701
www.colonial-psm.com/flacentral

Counties:
Brevard  Hardee  Manatee  Pinellas
Broward  Hendry  Martin  Polk
Charlotte  Highlands  Monroe  Sarasota
Collier  Hillsborough  Okeechobee  Seminole
Dade   Indian River  Orange  St. Lucie
Desoto  Lake  Osceola  Volusia
Glades  Lee  Palm Beach

Visit the website
For additional information on your State of Florida supplemental insurance offering, visit www.coloniallife.com/florida. On the website you will find the information contained in this booklet, answers to frequently asked questions, benefits fair schedules, and other helpful information.

Thank you for choosing Colonial Supplemental Insurance!