

Prepared for: **GILA COUNTY EMPLOYEES**

See your Benefits Counselor for options and rates tailored to meet your needs.

Rates may be subject to change and are valid as of: **4/20/2010**

Deductions per year: **26**

Accident 1.0

| Accident 1.0 for AZ

Primary Coverage	Optional Benefits	Cost per Deduction
Employee On/Off-Job Accident Coverage Preferred with Health Screening Benefit	Sickness Hospital Confinement Benefit	\$11.24
Employee and Spouse On/Off-Job Accident Coverage Preferred with Health Screening Benefit	Sickness Hospital Confinement Benefit	\$16.32
Employee and Dependent Child(ren) On/Off-Job Accident Coverage Preferred with Health Screening Benefit	Sickness Hospital Confinement Benefit	\$17.39
Employee, Spouse and Dependent Child(ren) On/Off-Job Accident Coverage Preferred with Health Screening Benefit	Sickness Hospital Confinement Benefit	\$22.46

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

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Term Life 1000

| Term Life 1000 for AZ

Primary Coverage	Face Amount	Age	Tobacco	Additional Benefits	Cost per Deduction
Employee 20-Year Term	\$50,000	25	No	N/A	\$4.65
Employee 20-Year Term	\$50,000	35	No	N/A	\$5.36
Employee 20-Year Term	\$50,000	45	No	N/A	\$10.29
Employee 20-Year Term	\$50,000	55	No	N/A	\$23.17

Applicable to policy forms Term1000

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Universal Life 1000

| Universal Life 1000 for AZ

Primary Coverage	Face Amount	Age	Tobacco	Additional Benefits	Cost per Deduction
Employee	\$25,000	25	No	N/A	\$6.46
Employee	\$25,000	35	No	N/A	\$9.58
Employee	\$25,000	45	No	N/A	\$14.88
Employee	\$25,000	55	No	N/A	\$24.69
Employee	\$25,000	65	No	N/A	\$43.38

Applicable to policy forms ICC07-UL1000, ICC08-UL1000J, UL1000, and UL1000J

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Disability 1000

| Disability 1000 for AZ, Risk AA

Primary Coverage	Benefit Period	Elimination Period	Age	Optional Benefits	Cost per Deduction
Employee Off Job Accident and Off Job Sickness Disability \$1,200 Monthly Benefit	6 Month	0 days Accident, 14 days Sickness	17 - 49	N/A	\$15.78
Employee Off Job Accident and Off Job Sickness Disability \$1,200 Monthly Benefit	6 Month	0 days Accident, 14 days Sickness	50 - 69	N/A	\$20.49

Applicable to policy form DIS1000

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Cancer 1000

| Cancer 1000 for AZ

Primary Coverage	Optional Benefits	Cost per Deduction
Employee Cancer Coverage Level 3	\$5,000 Initial Diagnosis Benefit	\$15.80
Employee and Dependent Children Cancer Coverage Level 3	\$5,000 Initial Diagnosis Benefit	\$18.23
Employee and Spouse (with or without dependent children) Cancer Coverage Level 3	\$5,000 Initial Diagnosis Benefit	\$26.77

Applicable to policy form C1000

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Critical Illness 1.0

| Critical Illness 1.0 for AZ with Subsequent Diagnosis coverage

Primary Coverage	Face Amount	Age	Tobacco	Cost per Deduction
Employee Critical Illness (with Cancer) Coverage	\$10,000 (EE)	35 - 39	No	\$4.89
Employee Critical Illness (with Cancer) Coverage	\$10,000 (EE)	40 - 44	No	\$6.05
Employee Critical Illness (with Cancer) Coverage	\$10,000 (EE)	45 - 49	No	\$8.22
Employee Critical Illness (with Cancer) Coverage	\$10,000 (EE)	50 - 54	No	\$11.72
Employee Critical Illness (with Cancer) Coverage	\$10,000 (EE)	55 - 59	No	\$14.63

Applicable to policy form CI-1.0

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Medical Bridge 3000

| Medical Bridge 3000 for AZ

Primary Coverage	Age	Cost per Deduction
Employee Level 2: Hospital Confinement Benefit \$1,000	17 - 49	\$6.23
Employee Level 2: Hospital Confinement Benefit \$1,000	50 - 59	\$8.63
Employee Level 2: Hospital Confinement Benefit \$1,000	60 - 64	\$11.26
Employee Level 2: Hospital Confinement Benefit \$1,000	65 - 74	\$14.12

Applicable to policy form MB3000

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Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. See the outlines of coverage included in your packet for complete details. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices. See your Colonial Life benefits counselor for information specific to you and your choices. This rate quote is not complete without the corresponding outlines of coverage for each coverage plan represented including state variations where applicable. For example, accident policy form ACCPOL has a state abbreviation, ACCPOL-TX.

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