

Individual Short-Term Disability Insurance



ColonialLife.com

You never know when a disability could impact your way of life. Fortunately, there's a way to help protect your income. If an accident or sickness prevents you from earning a paycheck, disability insurance can provide a monthly benefit to help you cover your ongoing expenses.

Can you afford to not protect your paycheck?

You don't have the same lifestyle expenses as the next person. That's why you need disability coverage that can be customized to fit your specific needs.

After calculating your monthly expenses, your benefits counselor can help you complete the benefits worksheet.

ESTIMATED MONTHLY EXPENSES	AMOUNT
Mortgage or rent	\$
Utilities (electric/gas, phone, water, TV, Internet)	\$
Transportation costs (gas, car payments)	\$
Food	\$
Health (medical needs and prescription drugs)	\$
Other	\$
TOTAL	\$

Benefits worksheet

How much coverage do I need?

Monthly benefit amount for off-job accident and off-job sickness: _____

Choose a monthly benefit amount between \$400 and \$6,500.*

If your plan includes on-job accident/sickness benefits, the benefit is 50% of the off-job amount.

How long will I receive benefits?

Benefit period: _____ months

The partial disability benefit period is three months.

When will my total disability benefits start?

After an accident: _____ days

After a sickness: _____ days

*Subject to income requirements

Product information

Total disability definition

Totally disabled or total disability means you are: unable to perform the material and substantial duties of your job, not working at any job, and under the regular and appropriate care of a physician.

How partial disability works

If you are able to return to work part-time after at least 14 days of being paid for a total disability, you may be able to still receive 50% of your total disability benefit.

Waiver of premium

We will waive your premium payments after 90 consecutive days of a covered disability.

Geographical limitations

If you are disabled while outside of the United States, Canada or Mexico, you may receive benefits for up to 60 days before you have to return to the U.S. in order to continue receiving benefits.

Issue age

Coverage is available from ages 17 to 74.

Keep your coverage

You can keep your coverage to age 75 at no additional cost, even if you change jobs, as long as you pay your premiums when they are due.

Premium

Your premium is based on your age when you purchase coverage and the amount of coverage you are eligible to buy. Your premium will not change as you age.

For more information, talk with your benefits counselor.

EXCLUSIONS AND LIMITATIONS

We will not pay benefits for losses that are caused by, contributed to by or occur as the result of: cosmetic surgery, felonies or illegal occupations, flying, hazardous avocations, psychiatric or psychological conditions, racing, semi-professional or professional sports, substance abuse, suicide or injuries which you intentionally do to yourself, war or armed conflict. We will not pay for losses due to you giving birth within the first nine months after the coverage effective date of the policy. We will not pay for loss when the disability is a pre-existing condition as described in the policy.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form ISTD3000-MI and rider form ISTD3000-ADIB-MI. This is not an insurance contract and only the actual policy and rider provisions will control.

Deductions per year: 12

These rates were prepared on 8/27/2025 and are valid for 90 days.

Individual Disability - ISTD3000 for MI **AAA Risk Class**

Applicable to policy form Individual Disability

● Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00
	50-64	\$29.70	\$44.55	\$59.40	\$74.25	\$89.10
	65-74	\$36.10	\$54.15	\$72.20	\$90.25	\$108.30
0 days Accident/14 days Sickness	17-49	\$18.50	\$27.75	\$37.00	\$46.25	\$55.50
	50-64	\$20.80	\$31.20	\$41.60	\$52.00	\$62.40
	65-74	\$26.40	\$39.60	\$52.80	\$66.00	\$79.20
7 days Accident/7 days Sickness	17-49	\$24.50	\$36.75	\$49.00	\$61.25	\$73.50
	50-64	\$28.20	\$42.30	\$56.40	\$70.50	\$84.60
	65-74	\$34.20	\$51.30	\$68.40	\$85.50	\$102.60

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$33.00	\$49.50	\$66.00	\$82.50	\$99.00
	50-64	\$43.00	\$64.50	\$86.00	\$107.50	\$129.00
	65-74	\$55.90	\$83.85	\$111.80	\$139.75	\$167.70
0 days Accident/14 days Sickness	17-49	\$23.80	\$35.70	\$47.60	\$59.50	\$71.40
	50-64	\$29.70	\$44.55	\$59.40	\$74.25	\$89.10
	65-74	\$39.60	\$59.40	\$79.20	\$99.00	\$118.80
7 days Accident/7 days Sickness	17-49	\$31.00	\$46.50	\$62.00	\$77.50	\$93.00
	50-64	\$40.50	\$60.75	\$81.00	\$101.25	\$121.50
	65-74	\$52.70	\$79.05	\$105.40	\$131.75	\$158.10

*monthly benefit amount

Individual Disability - ISTD3000 for MI **AA Risk Class**

Applicable to policy form Individual Disability

● Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$29.50	\$44.25	\$59.00	\$73.75	\$88.50
	50-64	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00
	65-74	\$40.90	\$61.35	\$81.80	\$102.25	\$122.70
0 days Accident/14 days Sickness	17-49	\$21.00	\$31.50	\$42.00	\$52.50	\$63.00
	50-64	\$24.60	\$36.90	\$49.20	\$61.50	\$73.80
	65-74	\$31.40	\$47.10	\$62.80	\$78.50	\$94.20
7 days Accident/7 days Sickness	17-49	\$27.50	\$41.25	\$55.00	\$68.75	\$82.50
	50-64	\$31.60	\$47.40	\$63.20	\$79.00	\$94.80
	65-74	\$38.30	\$57.45	\$76.60	\$95.75	\$114.90

*monthly benefit amount

Link Benefits

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6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$37.00	\$55.50	\$74.00	\$92.50	\$111.00
	50-64	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00
	65-74	\$62.40	\$93.60	\$124.80	\$156.00	\$187.20
0 days Accident/14 days Sickness	17-49	\$27.20	\$40.80	\$54.40	\$68.00	\$81.60
	50-64	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00
	65-74	\$45.00	\$67.50	\$90.00	\$112.50	\$135.00
7 days Accident/7 days Sickness	17-49	\$34.50	\$51.75	\$69.00	\$86.25	\$103.50
	50-64	\$45.50	\$68.25	\$91.00	\$113.75	\$136.50
	65-74	\$59.10	\$88.65	\$118.20	\$147.75	\$177.30

*monthly benefit amount

Individual Disability - ISTD3000 for MI **A Risk Class**

Applicable to policy form Individual Disability

● Off Job Accident & Off Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$31.90	\$47.85	\$63.80	\$79.75	\$95.70
	50-64	\$39.00	\$58.50	\$78.00	\$97.50	\$117.00
	65-74	\$47.20	\$70.80	\$94.40	\$118.00	\$141.60
0 days Accident/14 days Sickness	17-49	\$24.30	\$36.45	\$48.60	\$60.75	\$72.90
	50-64	\$28.80	\$43.20	\$57.60	\$72.00	\$86.40
	65-74	\$36.90	\$55.35	\$73.80	\$92.25	\$110.70
7 days Accident/7 days Sickness	17-49	\$30.50	\$45.75	\$61.00	\$76.25	\$91.50
	50-64	\$35.50	\$53.25	\$71.00	\$88.75	\$106.50
	65-74	\$43.00	\$64.50	\$86.00	\$107.50	\$129.00

*monthly benefit amount

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident/7 days Sickness	17-49	\$41.00	\$61.50	\$82.00	\$102.50	\$123.00
	50-64	\$54.10	\$81.15	\$108.20	\$135.25	\$162.30
	65-74	\$69.50	\$104.25	\$139.00	\$173.75	\$208.50
0 days Accident/14 days Sickness	17-49	\$32.20	\$48.30	\$64.40	\$80.50	\$96.60
	50-64	\$41.20	\$61.80	\$82.40	\$103.00	\$123.60
	65-74	\$52.80	\$79.20	\$105.60	\$132.00	\$158.40
7 days Accident/7 days Sickness	17-49	\$38.50	\$57.75	\$77.00	\$96.25	\$115.50
	50-64	\$51.00	\$76.50	\$102.00	\$127.50	\$153.00
	65-74	\$65.70	\$98.55	\$131.40	\$164.25	\$197.10
14 days Accident/14 days Sickness	17-49	\$28.50	\$42.75	\$57.00	\$71.25	\$85.50
	50-64	\$36.90	\$55.35	\$73.80	\$92.25	\$110.70
	65-74	\$48.00	\$72.00	\$96.00	\$120.00	\$144.00

*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



Link Benefits

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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. Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

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