

## **Attention: Clayton County Employees**

- 1. Can you go 90 days with out a paycheck?**
- 2. How would you pay your house payment, car payment and light bill if you could not come to work due to a sickness or injury?**
- 3. How would you pay your bills while out on maternity leave?**
- 4. How would you cover the unexpected medical costs such as emergency room fees, deductibles and co-payments?**

**Colonial Can...**

**Pay you benefits for a covered sickness or injury.**

**Pay you benefits while on maternity leave.**

**Pay you benefits to help with unexpected medical costs.**

**During the 2009 enrollment period only  
Short-Term Disability Coverage is available to  
All benefit eligible Clayton County Employees  
Guaranteed Issue!**

***To schedule an enrollment meeting call  
(678) 833-9115***

*See rates on the back!*

**Rate Example:**

**\$1000.00 Monthly benefit for 3 continuous months, 1<sup>st</sup> day coverage due to an off job accident, after a 14 day elimination period due to sickness = \$21.00 per pay period for ages 17-49, \$26.00 (for ages 50-69). *Guaranteed Issue offered for all benefit eligible employees during open enrollment period only, for up to a \$3,000 Monthly Benefit Amount.***

<b><u>Short Term Disability</u></b> <b><u>AA</u></b>		<b>3 Months Benefit Period</b>			
<i>Other coverage options available.</i>		<b>0 Days Accident / 14 Days Sickness Elimination Period</b>			
<b><u>Plan</u></b>	<b><u>Your Age Band</u></b>	<b><u>Plan Code</u></b>	<b><u>Monthly Off-Job Benefit Amount</u></b>	<b><u>Monthly Premium</u></b>	<b><u>Select One</u></b>
Employee	17-49	DSBF	\$1,000	\$21.00	<input type="checkbox"/>
	50-69			\$26.00	<input type="checkbox"/>
Employee	17-49	DSBF	\$1,200	\$25.20	<input type="checkbox"/>
	50-69			\$31.20	<input type="checkbox"/>
Employee	17-49	DSBF	\$1,500	\$31.50	<input type="checkbox"/>
	50-69			\$39.00	<input type="checkbox"/>
Employee	17-49	DSBF	\$1,800	\$37.80	<input type="checkbox"/>
	50-69			\$46.80	<input type="checkbox"/>

**Accident Care Plan 1 - On/Off Job Accident Coverage with Health Screening Rider**

<b>Plan</b>	<b>Plan Code</b>	<b>Rider Code</b>	<b>Monthly Premium</b>
Employee	AEIN	AEHN	\$18.50
Spouse	AS1N	ASHN	\$18.50
Child	AC1N	ACHN	\$18.50
Employee & Spouse	AE1S	AEHS	\$24.75
1-Parent Family	AE1C	AEHC	\$29.75
2-Parent Family	AE1F	AEHF	\$36.00

**Cancer 1000 Base with \$5,000 initial diagnosis benefit – Monthly Premiums**

	<b>Employee</b>	<b>Employee &amp; Dependent Children</b>	<b>Employee, Spouse &amp; Dependent Children</b>
Level 1	\$17.50	\$20.50	\$29.50
Level 2	\$26.50	\$29.50	\$44.00
Level 3	\$32.50	\$37.50	\$55.00
Level 4	\$41.50	\$47.00	\$68.50

**COLONIAL LIFE Rate Example ON/OFF Job Coverage**

<u>Short Term Disability</u> <u>AA</u>		3 Months Benefit Period			
<i>Other coverage options available.</i>		<b>0 Days Accident / 14 Days Sickness Elimination Period</b>			
<u>Plan</u>	<u>Your Age Band</u>	<u>Plan Code</u>	<u>Monthly ON/Off-Job Benefit Amount</u>	<u>Monthly Premium</u>	<u>Select One</u>
Employee	17-49	DSGW	\$1,000	\$25.50	<input type="checkbox"/>
	50-69			\$30.50	<input type="checkbox"/>
Employee	17-49	DSGW	\$1,200	\$30.60	<input type="checkbox"/>
	50-69			\$36.60	<input type="checkbox"/>
Employee	17-49	DSGW	\$1,500	\$38.50	<input type="checkbox"/>
	50-69			\$45.74	<input type="checkbox"/>
Employee	17-49	DSGW	\$1,800	\$45.90	<input type="checkbox"/>
	50-69			\$54.90	<input type="checkbox"/>

**Cancer 1000 Base with \$5,000 initial diagnosis benefit – Per Pay Period Premiums**

	Employee	Employee & Dependent Children	Employee, Spouse & Dependent Children
Level 2	\$6.11 CO20,RDX0	\$6.81 CO21,RDX2	\$10.16 CO22,RDX2

Total Weekly Deduction \_\_\_\_\_

Employee Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Contact # \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_