



# Individual Short Term Disability Insurance\*

If a covered accident or covered sickness prevents you from earning a paycheck, Short Term Disability Insurance can provide a monthly benefit to help you cover your ongoing expenses. Use the worksheet on this page to see how this coverage can help fill gaps so you can focus on recovery.

## Disability Insurance Worksheet

You can tailor disability coverage to fit your specific needs. Talk with your benefits counselor about your expenses and other paid leave benefits, such as state paid medical leave, to help determine the coverage that's right for you.<sup>1</sup>

MONTHLY EXPENSES	ROUND TO THE NEAREST HUNDRED
Rent or mortgage (insurance, minor home repairs)	\$
Transportation (car note, bus fare, insurance, gas, maintenance)	\$
Utilities (cell phone, Wi-Fi, electricity/gas, water)	\$
Food and household necessities (toiletries, cleaning supplies)	\$
Childcare (daycare, after school care)	\$
Health (medical needs and prescription drugs)	\$
Other (gym/fitness, streaming/cable, extracurricular)	\$
<b>Total monthly expenses (add lines 1-7 together)</b>	<b>\$</b>

Your state's paid medical leave approximate benefits (if any):

Monthly benefit: \_\_\_\_\_ Benefit period up to: \_\_\_\_\_

## DISABILITY INSURANCE: WHAT'S RIGHT FOR ME?

### 1. How much disability 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. Subject to income requirements.

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

### 2. How long do I want benefits coverage?

Benefit period: \_\_\_\_\_ months

The partial disability benefit period is three months.

Partial disability benefit is 50% of the total disability amount.

### 3. When would I like my total disability benefits to start?

After an accident: \_\_\_\_\_ days

After a sickness: \_\_\_\_\_ days

## Frequently asked questions

### What is the definition of total disability?

"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 does partial disability work?

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.

### What is waiver of premium?

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

### What are the age guidelines to qualify for this coverage?

Coverage is available from ages 17 to 74.

### Can I keep my coverage if I change jobs or employers?

You can keep your coverage to age 75, even if you change jobs, as long as you pay your premiums when they are due.

### What happens if I am disabled while traveling outside of the country?

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



**To learn more,  
talk with your  
benefits counselor.**

\* The filed product name in Idaho is Short Term Disability Income Protection Insurance. The filed product name in New Hampshire is Disability Income Protection Coverage. The filed product name in Pennsylvania is Disability Income Coverage. A Connecticut policy, Iowa policy or Kansas policy with a benefit period of 3 months is considered Limited Benefit Health Insurance Coverage. A Texas policy with a benefit period of 3 months is considered Limited Benefit Individual Short Term Disability Insurance.

1. State paid medical leave (PML) benefits fall under state-specific program names. For example, in New Jersey, it may be referred to as Temporary Disability Insurance (TDI). Not available in all states.

#### 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, intoxicants and narcotics, 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.

Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the policy coverage effective date shown on the policy schedule.

After this policy has been in force for 12 months from the policy coverage effective date shown on the policy schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description if the covered disability began at least 12 months after the policy coverage effective date and the elimination period has been satisfied.

**For policies issued or delivered in the Commonwealth of Virginia, THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.**

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form ISTD3000 and rider form ISTD3000-ADIB (including state abbreviations where used, for example: ISTD3000-TX and ISTD3000-ADIB-TX). This form is not complete without form number 1498879 in applicable states. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company. An insurance producer may contact you.

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# Individual Short Term Disability\*

## State-specific Exclusions and Limitations

### Exclusions

**CT:** Drug abuse and intoxication added. Intoxicants or narcotics, substance abuse and illegal occupations removed.

**GA:** Hazardous avocations removed.

**ID:** Aviation and elective abortion added. Flying, hazardous avocations, intoxicants or narcotics, racing and semiprofessional or professional sports removed. Psychiatric or psychological conditions changed to mental or nervous disorders.

**IL:** Remove hazardous avocations, racing, semiprofessional or professional sports. Substance abuse changed to substance use.

**KS:** Giving birth limitation removed.

**MD:** Substance abuse removed.

**MI:** Intoxicants and narcotics removed.

**MN:** Felonies or illegal occupations changed to felonies or illegal jobs. Narcotic addictions added. Suicide or injuries which you intentionally do to yourself removed.

**NC:** Giving birth limitation is referred to as "birth limitation." We will not pay benefits due to being pregnant before the policy coverage effective date shown on the policy schedule if medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown. Disability due to complications of pregnancy will be covered to the same extent as any other covered sickness.

**NH:** Intoxicants and narcotics removed. Racing removed.

**NJ:** Intoxication or drug addiction added. Hazardous avocations, intoxicants or narcotics, racing, semiprofessional or professional sports, and substance abuse removed. Giving birth limitation:

We will not pay benefits due to any covered person giving birth as the result of a normal pregnancy, including elective cesarean, in which conception occurred prior to the effective date of this policy.

Complications of pregnancy will be covered to the same extent as any other covered sickness.

**NV:** Intoxicants and narcotics removed.

**OH:** Giving birth limitation: We will not pay benefits for losses due to you giving birth within the first 270 days after the policy coverage effective date.

**OK:** Psychiatric or psychological conditions changed to mental or emotional conditions benefit. Alcoholism or drug addiction added. Intoxicants removed. Aviation added. Flying, hazardous avocations, racing, semiprofessional or professional sports, and substance abuse removed.

**PA:** Psychiatric or psychological conditions changed to mental, nervous or emotional disorders benefit. Substance abuse removed.

**SD:** Intoxicants and narcotics and substance abuse removed. Separated illegal occupations from felonies and illegal occupations.

**TX:** Psychiatric or psychological conditions changed to mental or nervous disorders.

**VA:** Alcoholism or drug addiction added. Flying changed to aviation. Hazardous avocation, racing, substance abuse and semiprofessional or professional sports removed.

### Pre-existing condition limitations

**GA:** The existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment, or a condition for which medical advice or treatment was recommended by or received from a provider of health care services, within 12 months preceding the policy coverage effective date.

**ID:** The pre-existing condition review is six (6) months before the policy effective date. We will pay benefits for any pre-existing condition if the covered disability began at least 12 months after the policy coverage effective date.

**IL:** Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing, received medical advice, produced symptoms or had taken medication within 12 months before the policy coverage effective date shown on the policy schedule.

**ME:** Pre-existing condition means a sickness or physical condition, whether diagnosed or not, for which you were treated, had medical testing or received medical advice within 12 months before the coverage effective date.

**MD:** Pre-existing condition standard with the additional wording as follows: Pre-existing condition does not include a condition revealed on the application unless excluded by a signed waiver rider attached to the policy. A condition admitted or disclosed on the application will be covered unless the disease or condition is excluded by name or specific description by means of a signed waiver attached to the policy.

**MI:** The pre-existing condition review is six (6) months before the policy effective date. We will pay benefits for any pre-existing condition if the covered disability began at least 12 months after the policy coverage effective date.

**NC:** For coverage issued at age 65 or older, the pre-existing conditions are only excluded if an exclusion rider is added. Pre-existing condition means those conditions for which medical advice, diagnosis, care, or treatment was received or recommended within the one-year period immediately preceding the policy coverage effective date shown. Any recurrent disability caused by a pre-existing condition will not be covered if it is treated as a continuation of the previous disability.

**ND:** Pre-Existing Condition means a sickness or physical condition for which you were treated, had medical testing, received medical advice or had taken medication within 12 months before the Policy Coverage Effective Date shown on the Policy Schedule.

**NV:** The pre-existing condition review is six (6) months before the policy effective date. We will pay benefits for any pre-existing condition if the covered disability began at least 12 months after the policy coverage effective date.

**PA:** Pre-existing condition means a sickness or physical condition for which you were treated, had medical testing, received medical advice or had taken medication that was recommended by a physician or received from a physician within 12 months before the policy effective date.

**SD:** Pre-existing limitation period: After this policy has been in force for 12 months from the policy coverage effective date shown on the policy schedule, we will pay benefits for any pre-existing condition not excluded by name or specific description and the elimination period has been satisfied.

**TX:** Insureds age 65 or older on the policy coverage effective date, the pre-existing condition review is 12 months before the policy effective date, we will pay benefits for any pre-existing condition if the covered disability began at least six (6) months after the coverage effective date.

**VA:** Pre-existing limitation period: After the policy has been in force the pre-existing condition limitation period of the policy, we will pay benefits for any loss as a result of a pre-existing condition not excluded by name or specific description if the covered disability began after the pre-existing condition limitation period.

**WY:** The pre-existing condition limitation period is the first 6 months following the coverage effective date for conditions existing within 12 months before the coverage effective date. Credit toward the satisfaction of the pre-existing condition limitation period may be given for any continuous time you were covered under the pre-existing condition clause of previous coverage through another carrier if approved.

## Definitions of total disability

**GA:** Unable to perform the material and substantial duties of your occupation; not actually engaged in any substantially gainful occupation; and under the regular and appropriate care of a physician.

**IA:** Unable to perform the material and substantial duties of your job; not, in fact, working at any job; and under the care of a physician. Partial disability is referred to as "residual disability" or "residually disabled".

**MD:** Standard wording for the first 12 months. After the first 12 months of disability, totally disabled or total disability means you are unable to perform each and every duty of any business or occupation for which you are reasonably fitted by education, training and experience.

**ME:** Unable to perform the material and substantial duties of your job; not, in fact, working at any job; and under the care of a physician. Partial disability: Removed "regular and appropriate" in regard to care of a physician.

**MO:** During the first year of disability: unable to perform the material and substantial duties of your job; and under the care of a physician. After the first year of disability, if applicable, means you are: unable to perform the material and substantial duties of any job for which you are qualified by reason of education, training or experience; and under the care of a physician.

**NJ:** Means you are unable to perform the material and substantial duties of your regular occupation, not, in fact, engaged in any employment or occupation for wage or profit, and under the care of a physician.

\* The filed form name in Idaho is Short Term Disability Income Protection Insurance Policy. In New Hampshire, the filed form name is Disability Income Protection Coverage Policy. In Pennsylvania, the filed form name is Disability Income Coverage. In Connecticut, Iowa, and Kansas, a policy with a benefit period for 3 months is considered Limited Benefit Health Insurance. In Texas, a policy with a benefit period of 3 months is considered Limited Benefit Individual Short Term Disability Insurance.

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