Deductions per year: 24

Accident 1.0 for NV

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

- On/Off-Job Accident Coverage with Sickness Hospital Confinement Rider

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic with health screening	0-80	$10.05	$14.97	$15.36	$20.28
Preferred with health screening	0-80	$12.33	$17.99	$19.09	$24.74
Premier with health screening	0-80	$15.01	$21.66	$22.60	$29.25

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 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.

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