

YES! I want to keep my Colonial Life Coverage.



My premiums are no longer being payroll-deducted.

Complete this form and mail it today — along with a check for your premium payment.

Name: _____ Daytime Telephone Number: (____) _____

Mailing Address: _____ Social Security Number or Date of Birth: _____

City: _____ State: _____ Zip: _____

Policy number(s) to be continued:

_____, _____, _____, _____

Which Colonial Life & Accident Insurance do you want to continue? (check one or more)

Accident Disability Hospital Income Cancer or Critical Illness Life

Please choose one of the following payment options:

1. Deduct premiums monthly from my bank account.

1st-5th 6th-10th 11th-15th 16th-20th 21st-26th

Your draft will occur on one of the dates within the range you have selected. Please include a voided check or

Routing # _____ and Account # _____

Signature of bank account owner

2. Bill me directly. (choose one of the following)

Quarterly

(Submit a payment 3 times your monthly premium)

Semi-annually

(Submit a payment 6 times your monthly premium)

Annually

(Submit a payment 12 times your monthly premium)

Date: _____

Policy Owner's Signature: _____

Return To:

Colonial Life & Accident Insurance Company
P.O. Box 1365
Columbia, South Carolina 29202
1.800.325.4368 (phone)
1.800.561.3082 (fax)

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