

Group Accident for UT

Applicable to policy forms GACC1.0-P & GACC1.0-C

● On/Off-Job Accident Coverage

Plan 2

| ISSUE AGE | NAMED INSURED | EMPLOYEE & SPOUSE | ONE-PARENT FAMILY | TWO-PARENT FAMILY |
|-----------|---------------|-------------------|-------------------|-------------------|
| 17-99 | \$14.93 | \$24.64 | \$28.56 | \$38.27 |

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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