

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:

☐ Deduct premiums each month from my checking account.

Attach a **voided check** with this form and circle one range of dates you would like your account to be drafted.
Your draft will occur on one of the dates within the range you have selected.

Range: (A) 1st-5th (B) 6th-10th (C) 11th-15th (D) 16th-20th (E) 21st-26th

Signature of Checking Account Owner: _____

or

☐ **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

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