

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:

<input type="checkbox"/> 1. Deduct premiums monthly from my bank account. <input type="checkbox"/> 1st-5th <input type="checkbox"/> 6th-10th <input type="checkbox"/> 11th-15th <input type="checkbox"/> 16th-20th <input type="checkbox"/> 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
<input type="checkbox"/> 2. Bill me directly. (choose one of the following) <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> Quarterly <small>(Submit a payment 3 times your monthly premium)</small> </div> <div style="text-align: center;"> <input type="checkbox"/> Semi-annually <small>(Submit a payment 6 times your monthly premium)</small> </div> <div style="text-align: center;"> <input type="checkbox"/> Annually <small>(Submit a payment 12 times your monthly premium)</small> </div> </div>

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.