

# 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.