

Paycheck Protection *Plus*[®]



Goes to Work When You Can't

*An Accident Only Insurance Policy
that is Guaranteed Renewable Until Age 65.*



COLORADO BANKERS LIFE
Insurance Company

Money When You Need it Most

If you're like most American workers, your financial security, and your family's, depends on your paycheck. What would happen if you are hurt or lose your life in an accident and can't bring home that paycheck? The result could be financial tragedy. Accidents, unfortunately, happen every day – both on and off the job.

In Just One Year:

- A fatal injury occurs every 5 minutes and a disabling injury occurs every 1.5 seconds.
- On the job, 3.7 million American workers suffered disabling injuries in 2002.
- In the home, there were 33,300 fatalities and 8 million disabling injuries in 2002.

Source: National Safety Council Injury Facts®, 2003 Edition

Yet many American workers – perhaps you included – have no means of providing for themselves and their families if they are involved in an accident.

Paycheck Protection Plus® is a plan designed for workers like you. It is called Paycheck Protection Plus® because income continues after an accident even if your paycheck stops. Best of all, you won't have to pay any Federal Income Taxes on benefits you receive from this policy.

Paycheck Protection Plus® combines many important accident benefits in a single policy, including protection on and off the job for total disability, hospitalization, medical treatment, death and dismemberment.

Premiums

Single Coverage Issue Ages*:	1 Unit†		2 Units†	
	Weekly	Monthly	Weekly	Monthly
18-40	\$3.00	13.00	\$5.00	21.67
41-50	\$3.50	15.17	\$5.75	24.92
51-60	\$4.25	18.42	\$7.75	33.58
Family Coverage Issue Ages*:	Weekly	Monthly	Weekly	Monthly
18-40	\$4.50	19.50	\$7.50	32.50
41-50	\$5.00	21.67	\$8.25	35.75
51-60	\$5.75	24.92	\$10.25	44.42

- Pays benefits regardless of other insurance you may have. Cash benefits paid directly to you or to your beneficiaries.
- Covers accidents anywhere in the world, 24 hours a day, 365 days a year.
- Premium rates can only change for the entire policy class, not for individual policies.
- Plan can be continued if you leave your present job.
- Premiums can be paid automatically through payroll deductions or by monthly bank draft.
- The policy is guaranteed renewable until age 65 at rates in effect at date of renewal – Form Number AO-1297 NJ.
- You can examine the policy for 30 days without an obligation to buy.

*Issue ages premium does not increase as you get older.

†Current income determines the number of units which can be purchased. Additional medical information may be required during the underwriting process.

Paycheck Protection Plus® At-A-Glance Coverage and Benefit Amounts*

Type of Coverage	1 Unit	2 Units
Total Disability Income Cash Benefit (8th day) <i>Total disability occurs within 30 days after the accidental injury.</i>	\$500/mo for 12 months \$250/mo for next 48 months No dependent coverage	\$1,000/mo for 12 months \$500/mo for next 48 months No dependent coverage
Hospitalization Cash Benefit (1st day) <i>Hospitalization must occur within 6 months of the accidental injury.</i>	\$60/day for up to 90 days \$30/day for dependent spouse and/or children**	\$120/day for up to 90 days \$60/day for dependent spouse and/or children**
Medical Treatment Cash Benefit <i>Medical treatment must be received from a legally qualified physician within 60 days of the accidental injury.</i>	Up to \$250	Up to \$250
Accidental Death Cash Benefit	\$5,000 for insured \$2,000 for dependent spouse and/or children**	\$10,000 for insured \$4,000 for dependent spouse and/or children**
Dismemberment†: <ul style="list-style-type: none"> • Loss of both eyes, or both hands, or both feet or one hand and one foot • Loss of one hand, or one foot or one eye 	\$5,000 for insured \$2,000 for dependent spouse and/or children** \$2,500 for insured \$1,000 for dependent spouse and/or children**	\$10,000 for insured \$4,000 for dependent spouse and/or children** \$5,000 for insured \$2,000 for dependent spouse and/or children**
Common Carrier Death Benefit	\$10,000 for insured \$4,000 for dependent spouse and/or children**	\$20,000 for insured \$8,000 for dependent spouse and/or children**

**Available only if optional family coverage is elected. Dependent spouse must be under age 65 at the time the policy is issued. Dependent children (including future and legally adopted children) are unmarried children under the age of 19 (23 if a full-time student). Any dependent child who is mentally or physically handicapped and incapable of employment will not lose protection because of age.

†Loss of limb means actual severance. Loss of eyes means total and irrecoverable loss of sight. For multiple losses from one accident the benefit is limited to a single payment.

Consult the policy for full benefits, exclusions and limitations. Amounts and benefits are subject to the terms of the policy when issued.

Exclusions

This Policy does not cover any death or injury, which results from:

- 1) Suicide or attempted suicide, or self-inflicted injuries intentionally inflicted while you are sane or insane.
- 2) Intoxication or voluntary drug overdose, excluding those taken as medicine under a physician's prescription.
- 3) Disease or infirmity, unless resulting from an accident or occurring within 90 days of the accident.
- 4) Commission of, or attempt to commit a felony.
- 5) Insurrection, war or any act of war, declared or undeclared or participation in a riot.
- 6) Engaging in an illegal occupation.
- 7) Full-time active duty in the armed forces.
- 8) Operating, riding in or descending from any kind of aircraft, except as a passenger without aeronautic duties or any other specific duties in connection with aeronautic aircraft.

*This policy excludes infirmities, sickness or disease, or work related events covered by workers compensation or employer's liability or similar laws.

Optional Family Coverage

Provides accident protection for your spouse and children, under age 19, age 23 if a full-time student. Dependent benefits include all categories of benefits except for total disability.

Your spouse even becomes the insured, and is entitled to full-insured benefits in the event of your death, or after you have attained age 65.

Definitions

Accidental Injury means bodily injuries resulting from an accident which is the direct and independent cause of the loss, and which occurs while the Policy is in force.

Total Disability during the first two years of a loss means the inability to perform all the substantial and material duties of your regular occupation. After the first two years of a loss, it means the inability to perform the material and substantial duties of any occupation for which you are qualified by education, training or experience. You must be under the regular care of a physician.

Hospital means an institution, which is:

- a) Licensed by the state agency, which approves hospitals.
- b) Providing medical care and treatment for sick or injured persons on an in-patient basis.
- c) Providing 24-hour registered nursing services.

Hospital Confinement means one or more separate or combined periods for the same or related causes unless separated by an interval of six consecutive months. If less than a six consecutive month separation, the confinement will be considered as one.

Pre-Existing Condition - A condition which:

- 1) Symptoms resulting from an injury existed within the 2-year period before the Date of Issue; or
- 2) Medical advice or treatment for an injury was recommended by or received from a physician within the 2-year period before the Date of Issue.



COLORADO BANKERS LIFE
Insurance Company

*Colorado Bankers Life is licensed in 48 states
(excluding New York and Vermont) and the District of Columbia.*

**5990 Greenwood Plaza Boulevard
Greenwood Village, Colorado 80111
(303) 220-8500 • (800) 367-7814**

www.cblnet.com

COLORADO BANKERS LIFE INSURANCE COMPANY

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OUTLINE OF COVERAGE FOR ACCIDENT ONLY POLICY (AO-1297-NJ)

THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

Accident Only Coverage - This type of policy does not pay you benefits if you get sick. It covers you for certain losses resulting from a covered accident ONLY. Limitations on benefits may apply. Basic hospital, basic medical and surgical or major medical coverage is not provided.

Read Your Policy Carefully - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and the insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY. REMEMBER, if you are not satisfied with your policy, you have 10 days to return it to this company and get your money back.**

ANNUAL PREMIUM: \$ _____

You Pay: \$ _____ per _____

ACCIDENTAL TOTAL DISABILITY: If you are totally disabled within 30 days after an accidental injury, monthly benefits will be paid as follows for one (1) unit of coverage:

1st Year of Total Disability
After Injury (Subject to 7-day
Elimination Period)

\$500

Ttal Disability During
the following 4 Years

\$250

TOTAL DISABILITY: This means you cannot perform the regular duties of your occupation during the first year of a loss. After that, it means you cannot perform any gainful occupation for which you are qualified by education, training or experience.

HOSPITALIZATION: If you, or Other Covered Persons, are hospitalized for treatment of an injury within six months of such injury, we will pay the following benefit up to 90 days for one (1) unit of coverage:

DAILY BENEFIT

Covered Person	You	Other Covered Person
	\$60	\$30

ACCIDENTAL DEATH & DISMEMBERMENT & COMMON CARRIER ACCIDENTAL DEATH: The table below shows the principal sum payable for accidental death or dismemberment for one (1) unit of coverage.

	<u>Insured</u>	<u>Family Coverage</u>
Life	\$5,000	\$2,000
Either both eyes, both hands, both feet, or one hand and one foot	\$5,000	\$2,000
Either hand, either foot, or either eye	\$2,500	\$1,000
Common Carrier Accidental Death	\$10,000	\$4,000

ACCIDENTAL MEDICAL TREATMENT: A maximum payment of \$250 is made for physician's medical charges within 60 days of an injury.

EXCLUSIONS: This policy does not cover death or injury from:

1. Suicide or attempted suicide, or self-inflicted injuries intentionally inflicted while you are sane or insane.
2. Intoxication or under the influence of any narcotic, excluding those taken as medicine under a physician's prescription.
3. Disease or infirmity, unless resulting from an accident and occurring within 90 days of the accident.
4. Commission of, or attempt to commit, a felony.
5. Insurrection, war or any act of war, declared or undeclared or participating in a riot.
6. Engaging in an illegal occupation.
7. Full-time active duty in the armed forces. We will provide a refund of premium on a pro-rate basis upon receipt of a written request.
8. Operating, riding in or descending from any kind of aircraft, except as a passenger without aeronautic duties or any other specific duties in connection with aeronautic aircraft.
9. A work related event covered by workmans compensation, employers liability, or a similar law.

GUARANTEED RENEWABLE PROVISION: The policy is renewable until the later of your 65th birthday or your spouse, if then a Covered Person. Rates are those in effect on the renewal date. We reserve the right to modify the rates for policies of a given class.

CANCELLATION BY INSURED: The Insured may cancel this policy at any time by written notice delivered or mailed to us effective upon our receipt of this notice. Refunds will be calculated on a pro-rata basis. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

FOR ADDITIONAL INFORMATION ABOUT POLICY BENEFITS OR CLAIMS, CALL US AT 1-800-367-7814.

Licensed Resident Agent

Dated: _____

INDIVIDUAL ACCIDENT-ONLY DISABILITY POLICY

1. Proposed Insured: First Name _____ M. Initial _____ Last Name _____
 2. Residence: Street & No. _____ City _____ State _____ Zip _____
 Home Phone _____ Date of Birth _____ Age Nearest Birthday _____ Place of Birth _____ Sex _____ S.S.# _____
 3a. Name of Employer _____ b. Exact Job Duties _____ c. Employment Date _____
 4. Name of Beneficiary _____ Relationship to Proposed Insured _____

5. Complete this section if other eligible family members of the Proposed Insured are to be covered

Name of Family Members to be covered	Sex	Relationship to Proposed Insured	Age	Date of Birth

6. Plan Requested

- Individual Coverage
 Family Coverage
 Number of Units
 1
 2
 3

7. Premium Payable

- Weekly
 Bi-Weekly
 Semi-Monthly
 Monthly
 Other _____
 Modal Premium \$ _____

8. Is there any existing monthly income/hospital income Insurance in force on the Proposed Insured or any eligible family member to be covered?
 Yes No If yes, give names(s) of the company issuing the insurance, type and amount of coverage. _____
9. Earned income is the total annual salary or wages, commissions, fees and other earned income, reduced by regular business expenses, but before all other deductions.
10. Earned Income: At the current monthly rate of \$ _____ or current hourly rate of \$ _____
11. Does your unearned income exceed \$5,000 per year? Yes No If YES, give sources and amounts _____
12. Have you been hospitalized for more than 5 days or been absent from work due to an accident or sickness for more than 5 consecutive work days during the past 12 months? Yes No If YES, please explain _____
- Explain YES answers
13. Have you been treated for injuries suffered on or off the job within the past 12 months? Yes No
14. Are you currently under the care of a physician? Yes No
15. Do you have any residual problems as a result of injuries that occurred during the past 12 months? Yes No
16. Name and address of your personal physician and date last consulted _____
17. Will this policy replace or change any insurance coverage on any proposed insured? Yes No

Insurance shall take effect on the application date. However, it is understood that the company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid or that an authorization for payroll deductions has been signed by the applicant while the health and other conditions affecting the insurability of the Proposed Insured are as described in the application. No change in amount, classification, plan of insurance, or benefits shall be effective unless agreed to in writing by the Proposed Insured. I hereby acknowledge receipt of the disclosure statement required by the Fair Credit Reporting Act. I hereby give my permission to Colorado Bankers Life Insurance Company to obtain the investigative consumer report as described in the Disclosure Statement below.

I hereby authorize any physician, medical practitioner, hospital, clinic, Health Maintenance Organization, including Mayo, Kaiser Foundation, Veterans Administration or other medical or medically related facility, insurance company of the Medical Information Bureau to give to Colorado Bankers Life Insurance Company, or its reinsurers, any record or knowledge of my health, medical history or physical condition, including psychiatric histories to use for underwriting insurance purposes and further, to testify as to such information.

This authorization is valid for thirty (30) months after the date it is signed. A photostatic copy of this authorization shall be valid as the original.

Dated at _____ City _____ State _____ This _____ Day of _____ 19 _____

Witnessed by _____ Licensed Resident Agent _____ Proposed Insured Signature _____

CBL-AO 1/98 (NJ) White & Yellow - Home Office Pink - Agent Gold - Applicant

DISCLOSURE STATEMENT

Information regarding your insurability will be treated as confidential. Colorado Bankers Life Insurance Co., or its reinsurer may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates on information exchanged on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you the Bureau will arrange a disclosure of any information it may have in your file. (All medical information shall be disclosed either directly to you or to a medical professional, whichever you prefer.) If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 436-3660.

Colorado Bankers Life Insurance Co., or its reinsurer, may also release information in its file to other life insurance companies to whom you apply for life or health insurance, or to whom a claim for benefits may be submitted.

As a part of our normal procedure for processing your application for insurance an investigative consumer report may be obtained which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living, excluding sexual orientation. This information will be obtained through personal interviews with your friends, neighbors and associates. You may request to be interviewed in connection with the preparation of the investigative consumer report. Upon your request, you are entitled to receive a copy of the investigative consumer report.

Upon written request to the Underwriting Department, further information on the nature and scope of the report will be provided.

THIS PRE-WRITTEN NOTICE MUST BE DETACHED AND LEFT WITH THE PROPOSED INSURED.