

SafeShield[®]

*Simplified
Issue
Term
Life
Ratebook*

Form No. 6146-CL (Rev. 5/12)



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY

SafeShield®

SafeShield® is non-participating renewable term life insurance with a level death benefit.

BASE PLANS

- **SafeShield®** is available with initial level premiums for 15, 20 or 30 years, and annual guaranteed renewable term premiums thereafter to age 95.

Issue Ages	15-Year Term: 18 - 65
(Age Last Birthday)	20-Year Term: 18 - 60
	30-Year Term: 18 - 55

- **SafeShield® Plus**, which returns 50% or 100% of all base policy premiums paid to date at the end of the initial level term period, is available with initial level premiums for 20 or 30 years. The policy continues in force to age 95 with annual guaranteed renewable term premiums.

Issue Ages	<u>50% Return of Premium*</u>	<u>100% Return of Premium*</u>
(Age Last Birthday)	20-Year Term: 18 - 60	20-Year Term Non-Tobacco: 18 - 50
		20-Year Term Tobacco: 18 - 45
	30-Year Term: 18 - 50	30-Year Term: 18 - 50

Issue Amounts \$25,000 - \$250,000

Underwriting

- Simplified Issue
- Tobacco and Non-Tobacco underwriting classes
- Standard issue only, issued through Table D

Premium Modes & Modal Factors	<u>SafeShield®</u>		<u>SafeShield® Plus</u>	
	Annual	1.00	Annual	1.00
	Semi-Annual	.52	Semi-Annual	.50
	Monthly	.087	Monthly	.0833

- Annual and Semi-Annual available through Direct Bill or EFT
- Monthly available through EFT only

Policy Fee	<u>SafeShield®</u>	<u>SafeShield® Plus</u>
	\$60 Annual Policy Fee	No Policy Fee
	Fully Commissionable	

Conversions The policy may be converted to a permanent plan of insurance after the first policy anniversary without evidence of insurability:

- 15-Year Term: Through Year 10 or to age 65 if earlier
- 20-Year Term: Through Year 15 or to age 65 if earlier
- 30-Year Term: Through Year 25 or to age 65 if earlier

*In Pennsylvania, the Return of Premium benefit is called "Endowment Benefit."

Refers to Policy/Rider Form 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F589-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL and 1H846-CL or state variation.

Product/Rider specifications and availability may vary by state. For Agent use only. Not for use with consumers.

ADDITIONAL BENEFITS

Unemployment Premium Waiver

All premiums will be waived for up to six months if the insured becomes unemployed after the second policy anniversary and collects unemployment benefits for at least four consecutive weeks. The lifetime benefit under the policy is six months.

This benefit is automatically provided with the policy at no additional premium (where allowed).

Accelerated Benefit Rider

The policyowner can choose to receive a 50% advance on the base policy death benefit if the primary insured is diagnosed by a physician as having a terminal condition and a life expectancy of 12 months or less (24 months where required).

Premiums will continue to be payable after an accelerated benefit payment is made. Any premium required to keep the insured's coverage in force for the twelve-month period following the date of the accelerated benefit payment will be deducted from the payment (except where prohibited).

Receipt of the accelerated death benefit may affect eligibility for public assistance programs and may be taxable.

Issue Ages Same as base plans

Coverage Period To the first policy anniversary on or after the insured's 90th birthday, unless the owner requests termination in writing

Premiums There is no additional premium charge for the rider. If an accelerated benefit payment is made, an administrative service fee, not to exceed \$250, is deducted from the payment (except where prohibited). The accelerated benefit payment will be treated as a lien against the death benefit and there will be an interest charge assessed.

Accidental Death Benefit Rider

An additional benefit equal to the face amount of the base policy benefit will be payable for accidental death of the insured while the policy and rider are in effect.

Issue Amounts Equal to base policy, up to \$250,000 for all Columbian policies combined

Issue Ages Same as base plans

Coverage Period To the first policy anniversary on or after the insured's 70th birthday

SafeShield®

Children's Insurance Rider

Each Unit provides \$1,000 of level term insurance on all eligible children of the insured, including natural born children, stepchildren and legally adopted children. Children becoming eligible through birth, marriage or legal adoption after the rider is issued are automatically covered if less than 19 years old.

Issue Amounts 5 Units – 15 Units

Issue Ages Parent: 18 – 55
Child: 15 days – less than 19 years

Coverage Period Coverage for each child terminates at the earlier of the child's 25th birthday or the first policy anniversary on or after the primary insured's 70th birthday.

Conversion Insured child may convert to a permanent plan of insurance without evidence of insurability:

- **Up to the face amount of the rider** before age 21, if the rider expires before the child is 21, or if the base policy is converted to permanent insurance; or
- **Up to five times the face amount of the rider or \$50,000, whichever is less,** at ages 21 through 25.

Rider Availability Available through Table D to children eligible at the time of application. Children becoming eligible after rider issue are automatically covered.

Premiums Annual Premium \$6.00 per Unit

Waiver of Premium - Disability

Waives payment of premium after six months of total and continuous disability occurring while rider coverage is in effect. Rider benefit terminates at the first anniversary on or after the insured's 65th birthday; however, if the insured is totally and continuously disabled prior to age 60, premiums will continue to be waived until such disability ceases.

Issue Ages 18 - 55

Coverage Period To the first policy anniversary on or after the insured's 65th birthday

Rider Availability Issued through Table D

Premiums Premium is a percentage of all premiums to be waived, including riders

Issue Age or Renewal Age	Premium
18 - 35	12% of Total Premium
36 - 40	13% of Total Premium
41 - 45	14% of Total Premium
46 - 64	15% of Total Premium

Refers to Policy/Rider Form 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F589-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL and 1H846-CL or state variation.

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Disability Income Rider

The Disability Income Rider provides for a monthly benefit if the insured becomes totally disabled due to injury or sickness. The benefit begins after the insured is totally disabled for 90 days. The rider has a lifetime maximum benefit of 24 months for all periods of disability.

- The **Occupational Rider** provides coverage for those who are not covered by Worker's Compensation insurance. Certain occupations are excluded (see Agent Guide).
- The **Off-the-job Rider** provides coverage for those who are covered by Worker's Compensation insurance. This rider does not provide benefits for occupational disabilities.

Benefit Amounts Minimum Monthly Benefit \$250
 Maximum Monthly Benefit is the lesser of:

- 1.5% of the base policy face amount; or
- \$2,000; or
- 50% of the insured's monthly gross income

Issue Ages 20 – 55

Coverage Period To the policy anniversary following the insured's 60th birthday

Rider Availability Issued through Table D

Premiums First-year premiums are guaranteed. Subsequent premiums may change on a class basis only with a guaranteed maximum of 2 times the initial premium.

Disability Income Rider									
Annual Premium per \$100 Monthly Income - First Year Premium									
Issue Age	Occupational		Non-Occupational		Issue Age	Occupational		Non-Occupational	
	Non-Tob	Tobacco	Non-Tob	Tobacco		Non-Tob	Tobacco	Non-Tob	Tobacco
20	13.57	16.07	11.94	14.14	38	21.94	27.69	19.31	24.37
21	13.83	16.40	12.17	14.43	39	22.81	28.95	20.07	25.48
22	14.08	16.72	12.39	14.71	40	23.76	30.27	20.91	26.64
23	14.33	17.05	12.61	15.00	41	24.80	31.72	21.82	27.91
24	14.58	17.38	12.83	15.29	42	25.90	33.30	22.79	29.30
25	14.83	17.72	13.05	15.60	43	27.07	34.98	23.82	30.78
26	15.01	17.99	13.21	15.83	44	28.31	36.72	24.91	32.31
27	15.30	18.39	13.46	16.18	45	29.59	38.59	26.04	33.96
28	15.65	18.88	13.77	16.61	46	31.03	40.61	27.31	35.74
29	16.17	19.57	14.23	17.22	47	32.59	42.82	28.68	37.68
30	16.72	20.33	14.72	17.89	48	34.33	45.27	30.21	39.84
31	17.28	21.10	15.21	18.57	49	36.30	48.04	31.94	42.28
32	17.85	21.89	15.71	19.26	50	38.55	51.28	33.92	45.12
33	18.43	22.70	16.22	19.98	51	41.18	54.71	36.24	48.14
34	19.03	23.55	16.75	20.72	52	44.24	58.64	38.93	51.60
35	19.63	24.42	17.27	21.49	53	47.82	63.30	42.08	55.70
36	20.35	25.44	17.91	22.39	54	52.01	69.16	45.77	60.86
37	21.12	26.54	18.59	23.36	55	56.68	76.37	49.88	67.20

Refers to Policy/Rider Form 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F589-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL and 1H846-CL or state variation.

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SafeShield® - Non-Return of Premium Plan							
Initial Annual Premium per \$1,000							
Issue Age	15-Year Term		20-Year Term		30-Year Term		ADB Rider
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	
18	1.34	2.45	1.39	2.96	1.78	3.61	1.18
19	1.34	2.45	1.39	2.96	1.78	3.61	1.16
20	1.34	2.45	1.39	2.96	1.78	3.61	1.14
21	1.34	2.45	1.39	2.96	1.78	3.61	1.13
22	1.34	2.45	1.39	2.96	1.78	3.61	1.11
23	1.34	2.45	1.39	2.96	1.78	3.61	1.09
24	1.34	2.45	1.39	2.96	1.78	3.61	1.08
25	1.34	2.45	1.39	2.96	1.78	3.61	1.08
26	1.36	2.49	1.46	3.02	1.87	3.77	1.07
27	1.38	2.53	1.53	3.07	1.97	3.94	1.06
28	1.39	2.57	1.60	3.13	2.07	4.12	1.05
29	1.41	2.60	1.68	3.19	2.18	4.31	1.04
30	1.43	2.63	1.76	3.25	2.29	4.50	1.04
31	1.49	2.84	1.85	3.47	2.43	4.82	1.03
32	1.56	3.06	1.94	3.70	2.58	5.15	1.03
33	1.64	3.30	2.03	3.95	2.73	5.51	1.03
34	1.72	3.55	2.13	4.21	2.90	5.89	1.02
35	1.80	3.82	2.23	4.48	3.08	6.29	1.02
36	1.95	4.14	2.42	4.87	3.34	6.85	1.02
37	2.11	4.49	2.63	5.29	3.63	7.46	1.02
38	2.29	4.87	2.86	5.74	3.94	8.13	1.02
39	2.48	5.28	3.11	6.23	4.27	8.86	1.02
40	2.68	5.72	3.37	6.76	4.62	9.64	1.02
41	2.89	6.18	3.66	7.37	5.02	10.45	1.03
42	3.12	6.65	3.96	8.02	5.46	11.32	1.04
43	3.36	7.18	4.29	8.74	5.93	12.25	1.06
44	3.62	7.75	4.66	9.52	6.44	13.27	1.07
45	3.90	8.34	5.04	10.36	6.99	14.34	1.08
46	4.26	9.03	5.48	11.11	7.67	15.09	1.11
47	4.64	9.76	5.95	11.89	8.41	15.85	1.12
48	5.07	10.56	6.46	12.75	9.23	16.66	1.14
49	5.53	11.40	7.02	13.65	10.12	17.52	1.15
50	6.04	12.32	7.61	14.60	11.08	18.40	1.18
51	6.52	13.26	8.28	15.73	12.46	20.11	1.20
52	7.02	14.26	8.99	16.93	13.84	21.82	1.21
53	7.57	15.34	9.79	18.24	15.22	23.53	1.25
54	8.15	16.49	10.66	19.64	16.60	25.24	1.27
55	8.79	17.73	11.59	21.15	17.97	26.93	1.30
56	9.45	18.89	13.08	23.78	-	-	1.32
57	10.17	20.15	14.78	26.78	-	-	1.36
58	10.95	21.49	16.67	30.10	-	-	1.39
59	11.78	22.89	18.79	33.80	-	-	1.42
60	12.66	24.43	21.16	37.95	-	-	1.47
61	14.19	27.73	-	-	-	-	1.50
62	15.89	31.45	-	-	-	-	1.55
63	17.81	35.59	-	-	-	-	1.61
64	19.95	40.39	-	-	-	-	1.64
65	22.30	45.66	-	-	-	-	1.71

Add \$60 policy fee.

Modal factors: Semi-Annual .52; Monthly EFT .087

Refers to Policy/Rider Form 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F589-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL and 1H846-CL or state variation.

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SafeShield® Plus									
Initial Annual Premium per \$1,000									
Issue Age	50% Return of Premium				100% Return of Premium				ADB Rider
	20-Year Term		30-Year Term		20-Year Term		30-Year Term		
	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	Non-Tob	Tobacco	
18	2.85	6.07	3.47	7.04	7.37	12.43	5.16	10.47	1.18
19	2.85	6.07	3.47	7.04	7.37	12.91	5.16	10.47	1.16
20	2.85	6.07	3.47	7.04	7.37	13.38	5.16	10.47	1.14
21	2.85	6.07	3.47	7.04	7.37	13.85	5.16	10.47	1.13
22	2.85	6.07	3.47	7.04	7.37	14.33	5.16	10.47	1.11
23	2.85	6.07	3.47	7.04	7.37	14.80	5.16	10.47	1.09
24	2.85	6.07	3.47	7.04	7.37	15.27	5.16	10.47	1.08
25	2.85	6.07	3.47	7.04	7.37	15.69	5.16	10.47	1.08
26	2.99	6.19	3.59	7.24	7.65	15.82	5.31	10.71	1.07
27	3.14	6.29	3.72	7.45	7.93	15.90	5.48	10.95	1.06
28	3.28	6.42	3.85	7.66	8.19	16.03	5.63	11.21	1.05
29	3.44	6.54	3.99	7.89	8.50	16.14	5.80	11.46	1.04
30	3.61	6.66	4.12	8.10	8.80	16.25	5.95	11.70	1.04
31	3.77	7.08	4.33	8.58	9.25	17.18	6.22	12.34	1.03
32	3.94	7.51	4.54	9.06	9.70	18.13	6.50	12.98	1.03
33	4.10	7.98	4.75	9.59	10.15	19.16	6.77	13.66	1.03
34	4.28	8.46	4.99	10.13	10.65	20.21	7.08	14.37	1.02
35	4.46	8.96	5.24	10.69	11.15	21.37	7.39	15.10	1.02
36	4.69	9.45	5.58	11.44	11.54	21.96	7.82	16.03	1.02
37	4.94	9.95	5.95	12.23	11.94	22.59	8.28	17.01	1.02
38	5.21	10.45	6.34	13.09	12.33	23.19	8.75	18.05	1.02
39	5.47	10.96	6.75	14.00	12.69	23.74	9.22	19.14	1.02
40	5.73	11.49	7.16	14.94	12.97	24.40	9.70	20.24	1.02
41	6.19	12.46	7.68	15.99	13.91	24.98	10.39	20.90	1.03
42	6.65	13.47	8.24	17.09	14.85	25.58	11.14	21.28	1.04
43	7.16	14.60	8.84	18.25	15.87	26.22	11.92	21.81	1.06
44	7.74	15.80	9.47	19.51	17.01	26.85	12.75	22.16	1.07
45	8.32	17.09	10.14	20.79	18.14	27.45	13.63	22.66	1.08
46	8.93	18.11	10.89	21.43	19.45	-	14.42	22.94	1.11
47	9.58	19.14	11.69	22.03	20.83	-	15.22	23.30	1.12
48	10.27	20.27	12.55	22.66	22.29	-	16.06	23.66	1.14
49	11.02	21.43	13.46	23.30	23.87	-	16.90	24.00	1.15
50	11.80	22.63	14.40	23.92	25.49	-	17.73	24.66	1.18
51	12.83	24.38	-	-	-	-	-	-	1.20
52	13.93	26.24	-	-	-	-	-	-	1.21
53	15.17	28.27	-	-	-	-	-	-	1.25
54	16.52	30.44	-	-	-	-	-	-	1.27
55	17.96	32.78	-	-	-	-	-	-	1.30
56	20.27	36.86	-	-	-	-	-	-	1.32
57	22.91	41.51	-	-	-	-	-	-	1.36
58	25.84	46.66	-	-	-	-	-	-	1.39
59	29.12	52.39	-	-	-	-	-	-	1.42
60	32.80	58.82	-	-	-	-	-	-	1.47

No policy fee

Modal factors: Semi-annual .50; Monthly EFT .08333

Refers to Policy/Rider Form 1F580-CL, 1F581-CL, 1F582-CL, 1F583-CL, 1F584-CL, 1F585-CL, 1F586-CL, 1F587-CL, 1F588-CL, 1F589-CL, 1F590-CL, 1H840-CL, 1H841-CL, 1H843-CL, 1H844-CL, 1H845-CL and 1H846-CL or state variation.

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COLUMBIAN FINANCIAL GROUP
www.cfglife.com

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Form No. 6146-CL (Rev. 5/12)



COLUMBIAN LIFE
INSURANCE COMPANY

HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE: BINGHAMTON, NY