

SafeShieldSM Simplified Issue Term Life

Input parameters in cells with yellow background.	Requested Benefits	Allowable Benefits*	Premium	Input Premium (if desired)
Issue State	Virginia			#REF!
Plan Type	Non Return of Premium	Non Return of Premium		To adjust Base Face Amount to achieve a specified modal premium, input Total Modal Premium here:
Level Premium Period	30	30		
Issue Age (Age Last Birthday)	45	45		
Tobacco Class	Non-Tobacco	Non-Tobacco		0.00
Premium Mode	Monthly EFT	Monthly EFT		
Base Policy Face Amount	200,000.00	200,000.00	126.85	Otherwise leave at zero
Children's Insurance Rider Face Amount	0.00	0.00	0.00	
Accidental Death Benefit Rider (ADB)	No	No	0.00	
Waiver of Premium (WP)	No	No	0.00	
Disability Income Rider (Income/month)	0.00	0.00	0.00	
Monthly Gross Income (required for DI rider)	0.00			
Disability Rider Type	Occupational	Occupational		
Total Modal Premium			126.85	

* Any benefits shown in red have been adjusted to conform with product issue limits.

Policy and Rider Limits					
	Issue Age		Benefit		Age Benefit Ends
	Minimum	Maximum	Minimum	Maximum	
Base Policy	18	55	25,000	250,000	95
Children's Insurance Rider	18	55	5,000	15,000	70
Accidental Death Benefit Rider	18	65			70
Waiver of Premium	18	55			65
Disability Income Rider	20	55	250.00	2,000.00	60
Allowable Issue Ages by Level Premium Period and Tobacco Class					
		Non-ROP	50% ROP	100% ROP	
	15 Year Non-Tobacco	18 - 65	not available	not available	
	15 Year Tobacco	18 - 65	not available	not available	
	20 Year Non-Tobacco	18 - 60	18 - 60	18 - 50	
	20 Year Tobacco	18 - 60	18 - 60	18 - 45	
	30 Year Non-Tobacco	18 - 55	18 - 50	18 - 50	
	30 Year Tobacco	18 - 55	18 - 50	18 - 50	

Not for consumer use. This is not a contract.

Columbian Life Insurance Company

Home Office: Chicago, IL Administrative Service Office: P.O. Box 1381, Binghamton, NY 13902-1381
(800) 423-9765

This quote refers to Policy Form No. 1F585-CL or 1F589-CL or state variation. Product availability may vary by state.