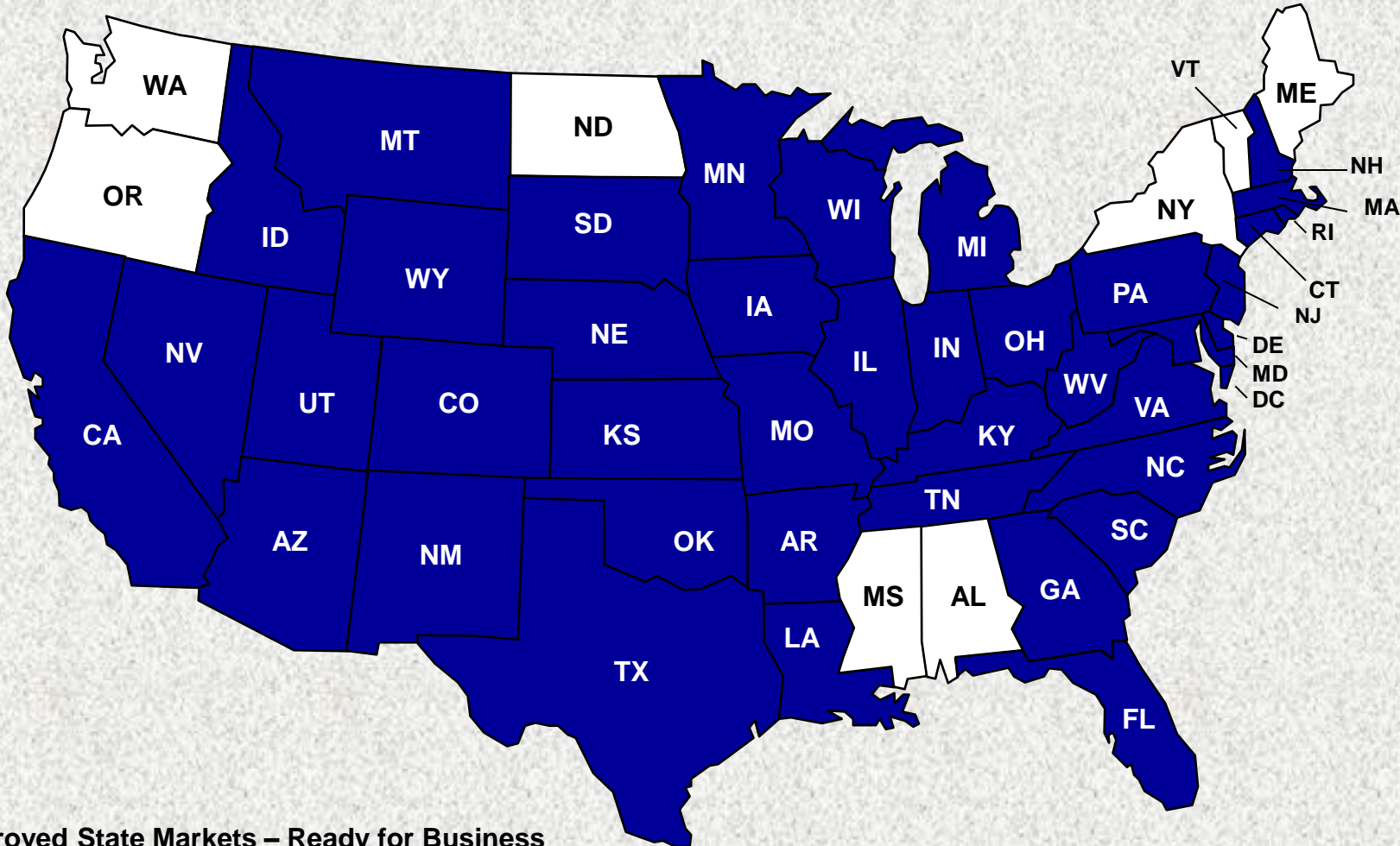


SafeShield[®]

Simplified Issue Term Life



State Markets



Approved State Markets – Ready for Business

Arkansas	Florida	Kansas	Missouri	New Mexico	South Carolina	West Virginia
Arizona	Georgia	Kentucky	Montana	Nevada	South Dakota	Wyoming
California	Hawaii	Louisiana	New Hampshire	North Carolina	Tennessee	
Colorado	Iowa	Massachusetts	New Jersey	Ohio	Texas	
Connecticut	Idaho	Maryland	Nebraska	Oklahoma	Utah	
District of Columbia	Illinois	Michigan	New Hampshire	Pennsylvania	Virginia	
Delaware	Indiana	Minnesota	New Jersey	Rhode Island	Wisconsin	

SafeShield[®] Product Overview

- Level benefit term insurance renewable to age 95
- SafeShield[®] available with initial level premiums for 15, 20 or 30 years
- SafeShield[®] *Plus* available with initial level premiums for 20 or 30 years. SafeShield[®] *Plus* returns 50% or 100% of base policy premiums at the end of the initial term period.
- Unemployment Premium Waiver included with the policy at no additional cost, where allowed by state.
- Accelerated Benefit Rider, Accidental Death Benefit Rider, Children's Insurance Rider, Disability Waiver of Premium Rider and Disability Income Rider available.

Policy/Rider availability and specifications may vary by state.

SafeShield[®] Policy Overview

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

Issue Ages

(Age Last Birthday)

SafeShieldSM

Non-ROP

15 YT: 18 – 65

20 YT: 18 – 60

30 YT: 18 – 55

SafeShieldSM *Plus*

50% ROP

20 YT: 18 – 60

30 YT: 18 – 50

100% ROP

20 YT: Non Tob: 18 – 50

20 YT: Tob: 18 – 45

30 YT: 18 – 50

Underwriting

- Simplified Issue
- Tobacco and Non-Tobacco Classes
- Standard issue only, through Table D

Conversions

Convertible after the first policy anniversary:

- **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

Policy availability and specifications may vary by state.

SafeShield[®] Policy Overview

Unemployment Premium Waiver

This benefit is automatically included with the policy at no additional cost, where allowed by state. If the insured becomes unemployed after the 2nd policy anniversary, all premiums for up to six months will be waived while the insured remains unemployed.

- The benefit has a two-year waiting period. The policy must be in effect for 24 months before unemployment begins.
- The benefit has a four-week elimination period. The insured must be collecting state or federal unemployment benefits for four weeks before premiums will be waived.
- The benefit has a six-month lifetime maximum. Premiums will not be waived for unemployment for more than a total of six months over the life of the policy.

SafeShield[®] Rider Overview

Accelerated Benefit Rider

50% advance on base policy benefit for terminal condition and life expectancy of 12 months or less (24 months in TX).

Accidental Death Benefit

Additional benefit equal to the face amount of the policy for accidental death. Rider remains in effect to the first policy anniversary on or after the insured's 70th birthday.
\$250,000 maximum ADB for all Columbian policies combined.

Children's Term Rider

Each Unit provides \$1,000 level, convertible term coverage on all eligible children to each child's age 25. Children becoming eligible after rider issue are automatically covered.
Available from 5 to 15 Units.

Disability Waiver

Waives premiums after six months of total and continuous disability. If disability begins before age 60, premiums will continue to be waived until disability ends. If disability begins on or after the 60th birthday, premiums will resume at age 65 or when disability ends, whichever occurs first.

Rider availability and specifications may vary by state.

SafeShield[®] Rider Overview

Disability Income Rider

Provides for a monthly benefit after 90 days of total disability due to accident or illness.

There are two versions of this rider:

- **The Off-the-job rider** is available to those who are covered by Worker's Compensation insurance at their job. This rider does not provide benefits for occupational disabilities.
- **The Occupational rider** is available for those who are not covered by Worker's Compensation insurance. Certain occupations are excluded (i.e. Mining, Off-Shore Workers). Contact the Home Office with questions. There are no restrictions on the cause of disability.

SafeShield[®] Rider Overview

Disability Income Rider

Benefit Period Year 1 - Own Occupation: Benefits will be paid during the first 12 months following the 90-day Waiting Period if the Insured is unable to perform *all of the duties of his or her occupation*.

Benefit Period Year 2 - Any Occupation: After 12 months following the 90-day Waiting Period, benefits will be paid if the Insured is unable to perform *the duties of any occupation for which the Insured may qualify by training, education or experience*.

Minimum Monthly Benefit: \$250

Maximum Monthly Benefit is the lesser of:

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

The rider has a 24-month lifetime maximum benefit. Once a total of 24 months has been paid, the rider terminates.

Coordination of Benefits: Benefits will NOT be reduced by receipt of disability income from other sources.

SafeShield[®] Rider Overview

Disability Income Rider

Maximum Monthly Benefit Example

Maximum monthly benefit is the lesser of:

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

For this example, the base insurance face amount is \$100,000 and the insured's gross monthly income is \$5,000.

Maximum monthly benefit is the lesser of:

- **\$2,000** per month; or
- **\$1,500** (1.5% face amount); or
- **\$2,500** (50% of gross monthly income)

In this example, the maximum monthly benefit amount is **\$1,500**.

SafeShield® Calculator

Use the SafeShield® Calculator for quick calculations.

SafeShieldSM Simplified Issue Term Life

Input parameters in cells with yellow background.

	Requested Benefits	Allowable Benefits*	Premium	Input Premium (if desired)
Plan Type	100% Return of Premium	100% Return of Premium		
Level Premium Period	15	20		
Issue Age (Age Last Birthday)	45	45		
Tobacco Class	Non-Tobacco	Non-Tobacco		
Premium Mode	Monthly EFT	Monthly EFT		
Base Policy Face Amount	250,000.00	250,000.00	377.92	0.00
Children's Insurance Rider Face Amount	7,000.00	7,000.00	3.50	
Accidental Death Benefit Rider (ADB)	Yes	Yes	22.50	
Waiver of Premium (WP)	Yes	Yes	58.96	
Disability Income Rider (Income/month)	700.00	700.00	17.26	
Monthly Gross Income (required for DI rider)	2,000.00			
Disability Rider Type	Occupational	Occupational		
		Total Modal Premium	480.14	
Return of Premium Benefit at end of year 20 at age 65		\$90,700.00		

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

SafeShieldSM Simplified Issue Term Life

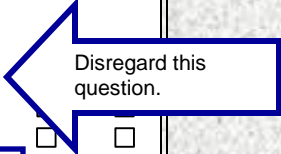
Input parameters in cells with yellow background.

	Requested Benefits	Allowable Benefits*	Premium	Input Premium (if desired)
Plan Type	Non Return of Premium	Non Return of Premium		
Level Premium Period	30	30		
Issue Age (Age Last Birthday)	45	45		
Tobacco Class	Non-Tobacco	Non-Tobacco		
Premium Mode	Monthly EFT	Monthly EFT		
Base Policy Face Amount	250,000.00	237,259.00	149.50	200.00
Children's Insurance Rider Face Amount	7,000.00	7,000.00	3.65	
Accidental Death Benefit Rider (ADB)	Yes	Yes	22.29	
Waiver of Premium (WP)	Yes	Yes	24.56	
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	200.00	

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

Application Sample

5. HEALTH HISTORY			YES	NO
SECTION A.				
1.	Are all proposed insureds US citizens, permanent US residents or holding a permanent Visa?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Are you currently employed? If "NO," please explain _____ Occupation: _____ Annual Income: _____ Total Household Income: _____	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Have you obtained a home mortgage or refinanced an existing mortgage, been married and/or had or adopted a child in the last three (3) years? (If "NO," do not continue.)	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Do you have a Driver's License? If "NO," please provide details: _____ If "YES," Driver's License No. and State: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	In the past three (3) years, has any proposed insured: <ul style="list-style-type: none"> ▪ Been on probation, parole, been arrested for, convicted or, or pled guilty to any crime or to possession or distribution of drugs or any other illegal substance? ▪ Been convicted of three or more moving violations, been convicted of driving under the influence of alcohol or drugs, or had a driver's license suspended or revoked? If "YES" to above, please provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Have you used tobacco or any nicotine products in the past twelve (12) months (to include cigarettes, cigars, snuff/chew/dip, pipes, nicotine patch and nicotine gum)?	<input type="checkbox"/>	<input type="checkbox"/>	



Include Driver's License number and state of issue.

SECTION B. If "YES" to questions in Sections B or C, please provide details in chart below.			YES	NO
1.	Has any proposed insured been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infections (symptomatic or asymptomatic) or been treated for AIDS, ARC, or HIV by a physician or health care provider?	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Has any proposed insured ever received or been recommended for an organ or bone marrow transplant?	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Is any proposed insured currently: <ul style="list-style-type: none"> a. Bedridden or confined to any hospital, nursing home, or other medical facility? b. Using any of the following: walker, wheelchair, electric scooter, oxygen or catheter? If "YES," please provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Current Height: _____ Current Weight: _____ Any unexplained history of weight loss of more than 10 lbs. in the last year? If "YES," please provide details: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5.	In the past three (3) years has any proposed insured: <ul style="list-style-type: none"> a. Engaged in: hang-gliding, cliff diving, scuba diving over 130 feet, parachuting, skydiving, rock or mountain climbing, speeds (in any vehicle) in excess of 100 mph (land or water) or plan such activity in the next 2 years? b. Flown as a student pilot, or private pilot with over 250 flight hours per year, used an ultra-light aircraft or plan such activity in the next 12 months? 	<input type="checkbox"/>	<input type="checkbox"/>	

Detail any "yes" answers.

Application questions may vary by state.

Application Sample

SECTION C		YES	NO
1.	In the past three (3) years, has any proposed insured been declined, postponed, rated or denied reinstatement or asked to pay extra premium by any insurance company?	<input type="checkbox"/>	<input type="checkbox"/>
2.	In the past five (5) years, has any proposed insured:		
	a. Used cocaine, narcotics, hallucinogens, barbiturates, amphetamines, marijuana or other drugs except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Been advised by a healthcare professional to reduce or stop alcohol or drug use or received treatment for alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does any proposed insured have or has had a diagnosis of diabetes prior to the age of 35 and/or experienced complications of diabetes, including insulin shock, diabetic coma, Retinopathy (eye), Nephropathy (kidney), Neuropathy (nerve, circulatory) disorder, leg ulcers, amputation or diabetes not under control with current treatments?	<input type="checkbox"/>	<input type="checkbox"/>
4.	In the past ten (10) years, has any proposed insured received a diagnosis of or required follow-up for:		
	a. Cancer (other than basal cell or squamous cell carcinoma of the skin), leukemia, or lymphoma?	<input type="checkbox"/>	<input type="checkbox"/>
	b. Stroke (CVA), transient ischemic attack (TIA), paralysis?	<input type="checkbox"/>	<input type="checkbox"/>
	c. Systemic lupus, sarcoidosis, rheumatoid arthritis, Crohn's Disease or ulcerative colitis, degenerative muscle or nerve disease/disorder, immune system or connective tissue disease/disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	d. Schizophrenia, bipolar disorder, major depression, mental retardation, Down's Syndrome, Alzheimer's disease, dementia, Parkinson's disease or Multiple Sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
	e. Coronary artery disease, heart attack, coronary bypass surgery (CABG), coronary angioplasty (PTCA), heart valve replacement, angina, heart arrhythmia, congenital heart disease, cardiomyopathy, congestive heart failure (CHF), pacemaker, defibrillator, aneurysm, disease or disorder of the brain, peripheral arteries, blood, liver, pancreas, or kidney (other than kidney stones)?	<input type="checkbox"/>	<input type="checkbox"/>
	f. Emphysema, COPD or asthma that has required one or more acute emergency care visits or an inpatient hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
	g. Epilepsy and recurring seizures with the last seizure occurring within the past year?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is any proposed insured awaiting a diagnosis or been advised to have a surgical operation, a diagnostic test or a medical or mental evaluation that has not been completed?	<input type="checkbox"/>	<input type="checkbox"/>
6.	In the past five (5) years, has any proposed insured been prescribed medication or taken any medication prescribed by a physician or been hospitalized or consulted a physician or medical facility for any reason?	<input type="checkbox"/>	<input type="checkbox"/>

TABLE FOR "YES" ANSWERS IN SECTIONS B OR C

Person Proposed for Insurance	Medication Name (Copy from Pharmacy Label)	Date last taken	Name & Address of Physician or Medical Facility	Treatment / Diagnosis	Dates & Durations
			Detail any "yes" answers.		

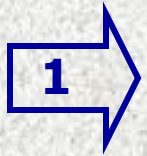
Application questions may vary by state.

Application Sample

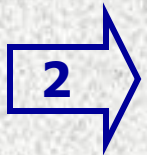
6. ANSWER ONLY IF APPLYING FOR THE DISABILITY INCOME RIDER	YES	NO
Are you currently covered by Workers Compensation? <i>(If yes, you are only eligible to apply for an Off-the-Job Disability Income Rider. If so, skip to question #3.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation Information: a. Description of duties _____ b. Have you been working full-time (at least 30 hours per week) for the last 12 months? c. If self-employed, % of time working at home? _____	 <input type="checkbox"/>	 <input type="checkbox"/>
What is the monthly amount of any individual disability insurance you have in force? _____		
In the past ten (10) years, have you received care or treatment for, or been diagnosed by a member of the medical profession as having:		
a. Fibromyalgia, Chronic Fatigue Syndrome, Chronic Epstein-Barr, Rheumatoid Arthritis or other inflammatory arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
b. Inflammatory Bowel Disease including Crohn's Disease or Ulcerative Colitis, Diabetes, Skin or Connective Tissue Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
c. Disease or impairment of the spinal column, neck or back, including acute and Chronic neck or back strain; herniated disc syndrome, surgery of the spine or back, acute and chronic sciatica, or congenital disorders of the spinal column and back?	<input type="checkbox"/>	<input type="checkbox"/>
d. Recurring disease or impairment of other bones or joints, e.g. wrist, knee, or shoulder?	<input type="checkbox"/>	<input type="checkbox"/>
e. Any emotional or psychological disorder, including stress, anxiety, depression or nervous system disorder (including Grand mal Epilepsy)?	<input type="checkbox"/>	<input type="checkbox"/>
In the past five (5) years, have you filed for or received Disability, Worker's Compensation or State Disability benefits?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>

Application questions may vary by state.

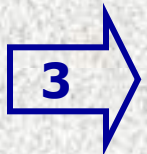
Underwriting Workflow



- Complete the application, asking all questions in the Health History section.
- If the applicant has a driver's license, be sure to include the Driver's License Number and state of issue.
 - If any questions in Section B or C are answered "yes," provide details in the spaces provided below the questions.






Submit the application and any required forms to your Agency Manager.



Upon receipt of the application, Columbian will perform an MIB check, prescription drug database check and Motor Vehicle Report check. A telephone interview may be conducted if necessary to follow up on any of the above items.

SafeShield® Web Support

Agent's Home Page (Dashboard)



COLUMBIAN MUTUAL LIFE INSURANCE COMPANY

COLUMBIAN LIFE INSURANCE COMPANY

[Help](#) | [Profile](#) | [Contact Us](#) | [Logout](#)

Find agent
Search

[Review my hierarchy](#)

My Menu

[Home](#) | [Commission Statement](#) | [Production Credits](#) | [Forms](#) | [Bulletins](#) | [Policy Search](#) | [Inforce & Terminated](#) | [Management](#)

Welcome, [Simplified Issue](#)

[Please provide your email address so that we may better serve you!](#)

Currently Viewing Business for: Simplified Issue Change
[Set Default Business View](#)

Final Expense
 SPWL
Simplified Issue

Agent Home

[View Payment by Check](#)

Mar 31, 2011 318798-003 \$401.82 Get Detail

Application History

	Week 03/31/2011 - 04/03/2011			Last 30 Days 03/05/2011 - 04/03/2011			Year to Date 01/01/2011 - 04/03/2011			Since Inception 01/01/2000 - 04/03/2011		
	Count	Premium	Face Amt	Count	Premium	Face Amt	Count	Premium	Face Amt	Count	Premium	Face Amt
Submitted <i>(Based on submission date.)</i>												
No applications were found for the selected time periods.												
Issued <i>(Based on production date.)</i>												
Issued	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Not Taken	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00
Net Issued	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00	0	0.00	0.00

Applications Pending

Proceeding	0	-
Action Needed	0	-

Columbian Life Insurance Company is not licensed in every state. Product availability may vary by state.

Done
Local intranet 100%

SafeShield® Web Support

Policy Information



[Help](#) | [Profile](#) | [Contact Us](#) | [Logout](#)

Find agent

[Review my hierarchy](#)

My Menu

[Home](#) | [Commission Statement](#) | [Production Credits](#) | [Forms](#) | [Bulletins](#) | [Policy Search](#) | [Inforce & Terminated](#) | [Management](#)

Welcome,

Simplified Issue

2021004542 - Nick Jones - SafeShield Term

Base Plan					Status	
Product:	SafeShield Term				Status:	Inforce
Plan Name:	20 SIT ROP 50 Pct				As Of Date:	04/03/2011
Face Value:	\$250,000.00				Issue Date:	01/01/2011
Premium (base only):	\$5,064.40				Effective Date:	03/31/2011
Age at Issue:	55				Maturity Date:	03/31/2051
					Paid to Date:	06/30/2011
Supplemental Coverages					Owner - 35005876	
<u>Coverage</u>	<u>Face Value</u>	<u>Modal</u>	<u>Annual</u>	<u>Maturity Date</u>	Owner:	Nick Jones
Accelerated Benefit Rider	\$125,000.00	\$0.00	\$0.00	03/31/2046	Address:	10123 N Main St
Accidental Death Benefit	\$250,000.00	\$81.25	\$325.00	03/31/2026		Archdale, NC 27263-2905
Disability Income -Non Occ	\$500.00	\$62.35	\$249.40	03/31/2016	Phone:	
Unemployment Premium Waiver	\$5,064.40	\$0.00	\$0.00	03/31/2051	Insured - 35005876	
Billing Details					Insured:	Nick Jones
Frequency:	Quarterly				Gender:	Male
Amount:	1266.100000				Smoker:	N
Payment History					Date of Birth:	01/15/1956
<u>Date</u>		<u>Amount</u>	<u>Reason</u>		Attained Age:	55
03/31/2011		1,266.10			Beneficiaries	
Participating Agents						

How To Contact Us

Product Support: (800) 423-9765 Ext. 5959

Underwriting: (800) 423-9765 Ext. 5904

New Business: (800) 423-9765 Ext. 5944

Customer Service: (800) 423-9765 Ext. 5920

Licensing: (800) 423-9765 Ext. 6332

Commissions: (800) 423-9765 Ext. 5908
Online www.cfqlife.com

Forms: (800) 423-9765 Ext. 7197
Fax (607) 724-4345
Online www.cfqlife.com

New Business To: Agency Manager



www.cfglife.com

Product/rider specifications and availability may vary by state.

For full terms, refer to Policy/Rider Form Nos. 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.