

Employees who retire after January 1, 2020 may continue their Colonial Life Group Term Life with AD&D coverage(s). Retirees may elect to take up to 50% of their current active employee coverage into retirement. Colonial Life Group Term Life with AD&D coverage(s) are subject to an additional 50% benefit reduction at age 75 for retiree and spousal coverage(s). Increases in coverage are not allowed at or after retirement. Please complete the Colonial Life Service and Payment Authorization Form and return it within 31 days of your retirement.

- Forms received after 31 days will not be processed.
- Completed forms may be returned by mail or fax:

Colonial Life
PO BOX 1365
Columbia, SC 29202
Fax #: 803-678-6861

The dedicated Arkansas Customer Service number is 1-855-868-6009
Monday – Friday – 8:00 a.m. – 8:00 p.m.

Please remember that your active coverage must be canceled by your employer before your retirement elections can be processed.

- Please also note that you may receive a termination notice for your active employee coverage prior to your retirement coverage(s) being issued.

Supplemental Group Term Life with AD&D coverage is an age banded product which means that your rates will increase in January after you cross into a new age band.

Additional questions may be answered by reviewing the Colonial Life Group Term Life with AD&D Insurance for Retired Employees brochure.

Note: If you do not want to continue your Colonial Life Group Term Life with AD&D coverage(s) into retirement, you don't need to complete a Colonial Life Service and Payment Authorization Form. Your active employee coverage will automatically terminate after your retirement date.

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY, PO BOX 1365, COLUMBIA, SC 29202
STATE OF ARKANSAS RETIREES - GROUP TERM LIFE WITH AD&D SERVICE FORM AND PAYMENT AUTHORIZATION FORM

Retired: <input type="checkbox"/> AR State Employee <input type="checkbox"/> AR Public School Employee		Retirement Date (mm/dd/yyyy):	
Name of District/Agency retired from:		Code of District/Agency retired from:	
Retiree Information			
Retiree Name (First, MI, Last)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/dd/yyyy)
Home Address – Street		City	State
		Zip Code	Member No.
Email Address		Primary Phone No. Secondary Phone No.	
List all policies/certificate numbers related to this request (Required to process):			
Qualifying Life Event <input type="checkbox"/> Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Birth or Adoption of Child <input type="checkbox"/> Death of Spouse <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Placement of Child for Adoption <input type="checkbox"/> Death of Dependent Child			Event Date
Service Requested			
<input type="checkbox"/> Cancel Retiree Coverage <input type="checkbox"/> Decrease Coverage <input type="checkbox"/> Cancel Dependent Child(ren) Coverage <input type="checkbox"/> Change Address <input type="checkbox"/> Surviving Spouse Coverage Continuation <input type="checkbox"/> Cancel Spouse Coverage <input type="checkbox"/> Change Name <input type="checkbox"/> Change Retiree Premium Payment Method			
If adding a spouse or child coverage as a result of a qualifying life event, an Enrollment Form or Evidence of Insurability Form must be completed. If canceling or decreasing coverage, complete Cancel/ Decrease Details below. For all other changes, complete the corresponding section below.			
Surviving Spouse Coverage Continuation			
Surviving Spouse Name:			
Cancel/Decrease Details			
Employee and spouse coverages are reduced by 50% of the active employee coverage. At age 75, employee and spouse coverages are reduced by an additional 50%.			
Coverage Type	Check only if you wish to cancel or decrease coverage	New Amount of Coverage Requested (required)	
Basic Group Term Life and AD&D	<input type="checkbox"/> Cancel	\$5,000	
Expanded Basic Group Term Life and AD&D	<input type="checkbox"/> Cancel <input type="checkbox"/> Decrease	\$	
Supplemental Group Term Life and AD&D	<input type="checkbox"/> Cancel <input type="checkbox"/> Decrease	\$	
Spouse Supplemental Group Term Life and AD&D	<input type="checkbox"/> Cancel <input type="checkbox"/> Decrease	\$	
¹ Dependent Child(ren) Supplemental Group Term Life and AD&D	<input type="checkbox"/> Cancel <input type="checkbox"/> Decrease	\$	
¹ Elected child(ren) coverage includes all eligible dependents. If cancelling, all dependent child(ren) coverage will be removed.			
Name Change			
Previous:	Current:	Reason: <input type="checkbox"/> Marriage/Divorce <input type="checkbox"/> ² Correction <input type="checkbox"/> ² Other	
² A copy of legal documentation is required unless your name is changing due to reason of marriage or divorce.			
Address Change			
Home Address – Street		City	State
		Zip Code	
Email Address		Primary Phone No. Secondary Phone No.	
Select the retirement system in which you participate. Always complete. Check only one of the following:			
<input type="checkbox"/> ARDOT RETIREES SOA 091 (E5373097) <input type="checkbox"/> APERS STATE RETIREES 998 (E5381462) <input type="checkbox"/> ARTRS RETIREES SOA 999,059001 (E5381587) <input type="checkbox"/> ARJS STATE RETIREES SOA 021 (E5381488) <input type="checkbox"/> APERS SCH RETIREES SOA 059002 (E5381470) <input type="checkbox"/> ADJRS STATE RETIREES SOA (E5381496) <input type="checkbox"/> STATE OF AR RETIREES to DIRECT BILL (E5381421), check and complete Premium Payment Method Change Section below.			
Premium Payment Method Change – If your premiums will not be deducted from your retirement check, please select a payment method			
1. <input type="checkbox"/> Please deduct monthly premiums from my bank account. <input type="checkbox"/> 1 st - 5 th <input type="checkbox"/> 6 th - 10 th <input type="checkbox"/> 11 th - 15 th <input type="checkbox"/> 16 th - 20 th <input type="checkbox"/> 21 st - 26 th Your draft will occur on one of the dates within the range you have selected. Please include a voided check or provide: Routing # _____ Account # _____		2. <input type="checkbox"/> Please bill me directly. (Choose one of the following): <input type="checkbox"/> Quarterly (3 times your monthly premium) <input type="checkbox"/> Semi-Annual (6 times your monthly premium) <input type="checkbox"/> Annual (12 times your monthly premium)	
Signature of bank account owner (REQUIRED)		IPG for direct pay retiree policies (Internal use only): I2058329	

Authorization Section

If this form is not received by Colonial Life & Accident Insurance Company before the monthly pension deduction deadline, a direct bill will be mailed to you. Failure to pay this bill may result in cancelled coverage. Once the initial bill is paid, monthly deductions from your pension check will automatically begin. In the event my retirement annuity does not have sufficient funds for premium deduction, a Bank Draft Authorization form, along with a voided check must be attached. Premiums paid will be post-tax. I understand that my elections can only be changed if I have a qualifying status change event and that I must request such changes within 60 days of the qualifying event.

I hereby authorize you to deduct from my retirement check such amounts as necessary to pay the premiums for my life insurance plan. I further authorize you to pay such amounts to the insurance company providing such insurance or its authorized representative. This authorization remains in effect until you receive notice from me in writing that it has been changed or revoked.

Retiree Signature

Date (mm/dd/yyyy)



Group Term Life Insurance with Accidental Death & Dismemberment (AD&D) Insurance for Retired* Employees



How secure is your family's financial future without you?

If something happened to you, would your family be able to maintain their way of life? How would they cover ongoing living expenses? Colonial Life's group term life insurance can help provide financial security for your family.

Why is group term life insurance a good option?

- Death benefit protection
- Lower cost option
- Coverage for specified periods of time, which can be during high-need years
- Benefit is typically paid tax-free to your beneficiaries

AD&D insurance provides benefits to help cover the additional expenses associated with an accidental death, as well as the high costs of recovery and rehabilitation required by an accidental dismemberment.

The AD&D full benefit amount is equal to your group term life insurance death benefit amount.

The following benefits are paid under the AD&D benefit:

If the loss is:	% of the full amount paid
Loss of life	100%
Loss or loss of use of both hands or both feet or sight of both eyes	100%
Loss or loss of use of one hand and one foot	100%
Loss or loss of use of one hand and sight of one eye	100%
Loss or loss of use of one foot and sight of one eye	100%
Loss of speech and hearing	100%
Loss or loss of use of one hand or one foot	50%
Loss of sight of one eye	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%

Additional benefits and services:

Seatbelts and Airbags – Pays if the cause of death or dismemberment is a car accident and if the covered person was using a seatbelt or airbag.

Built-in accelerated death benefit provides an advance of up to 75% of the death benefit, to a maximum of \$150,000, if the covered person is diagnosed with a terminal illness.¹

Health Advocate employee assistance program provides 24-hour confidential personal support and referral service, including a medical bill saver service. Face-to-face sessions and video counseling with mental health professionals are available.²

ONLINE
ColonialLife.com/EAP

Telephone
1-888-645-1772

Life planning services offer financial and legal counseling services, as well as grief support and referral for up to 12 months after a claim.²

*Includes Arkansas state and public school employees retired after 1/1/2020.

Take action to retain your group term life with AD&D insurance coverage as a retiree.

Within 31 days of your retirement date, submit a group term life with AD&D service form and payment authorization form to Colonial Life via fax at 803-678-6861. The retiree service form and beneficiary designation form are available at <https://www.transform.ar.gov/employee-benefits/retirees/>.

¹ Terminal illness means an injury or sickness that results in the covered person having a life expectancy of 12 months or less and from which there is no reasonable prospect of recovery.

² The Employee Assistance Program and Life Planning Services, provided by Health Advocate, are available with Colonial Life & Accident Insurance Company's Group Term Life offering. Terms and availability of service are subject to change. The service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact the company for full details.

Your basic and optional coverages

Coverage options	Retiree coverage details. Retirees may not increase coverage amounts.
Basic group term life with AD&D insurance**	Upon retirement, coverage is reduced by 50% of the active employee coverage. At age 75, coverage is reduced by an additional 50%.
Expanded basic group term life with AD&D insurance**	Upon retirement, coverage is reduced by 50% of the active employee coverage. At age 75, coverage is reduced by an additional 50%.
Supplemental employee group term life with AD&D insurance **	Upon retirement, coverage is reduced by 50% of the active employee coverage. At age 75, coverage is reduced by an additional 50%.
Supplemental spouse group term life with AD&D insurance	Upon retirement, spouse coverage is reduced by 50% of the active employee coverage. At age 75, spouse coverage is reduced by an additional 50%.
Supplemental dependent child(ren) group term life with AD&D insurance	No coverage reductions to dependent child(ren) coverage

** At age 75, Basic, Expanded Basic and Supplemental Life Insurance may not exceed a combined face amount of \$25,000, comprised of no more than \$12,500 of Basic and Expanded Basic combined and no more than \$12,500 of Supplemental Life coverage.

2026 Retiree Rates* (per \$1,000)	
Monthly cost of coverage	
Retiree basic and expanded basic group term life with AD&D insurance	
\$1.13 per \$1,000	
Retiree supplemental group term life with AD&D insurance	
Age	Employee
Under 50	\$0.41
50-54	\$0.66
55-59	\$0.95
60-64	\$1.43
65-69	\$2.78
70-74	\$ 4.53
75+	\$ 9.03
Retiree supplemental spouse group term life with AD&D insurance	
All eligible ages	\$1.28
Retiree supplemental dependent child(ren) group term life with AD&D insurance	
All eligible ages	\$0.12

*Includes Arkansas state and public school employees retired after 1/1/2020.

BENEFIT REDUCTION SCHEDULE

Retirees prior to 1/1/2020:

Refer to your certificate for benefit reduction details.

EXCLUSIONS AND LIMITATIONS

Losses Not Covered Under Your Life Insurance Benefit:

Your life insurance benefit does not cover any losses where death is caused by, contributed to by, or results from suicide occurring within 24 months after a covered person's initial effective date of insurance or after the date any increases or additional insurance becomes effective, whether sane or insane.

This applies to any amounts of insurance for which you pay all or part of the premium.

This applies to any amount subject to evidence of insurability requirements and we approve the evidence of insurability form and the amount you applied for at that time.

You will be given credit for any period of time applied toward the satisfaction of the suicide provision, if any, under your Employer's prior group life insurance plan.

Losses Not Covered Under the AD&D Insurance Benefit:

Your AD&D benefit does not cover any losses that are caused by, contributed to by, or resulting from:

- an attempt to commit or commission of suicide or intentional self-inflicted injury while sane or insane;
- active participation in a riot;
- an attempt to commit or commission of a felony or engaging in an illegal occupation;
- voluntary use of any drugs, poisonous substance, intoxicant or narcotic, except any drugs taken as prescribed by a physician and taken as prescribed. Accidental exposure to any poisonous substance will not be excluded;
- the presence of that percentage of alcohol in the covered person's blood which raises a presumption that the covered person was under the influence of alcohol. The blood-alcohol level which raises this presumption is governed by the laws of the state in which the accident occurred;
- disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
- being exposed to war or any act of war, declared or undeclared, or serving in the armed forces of any country or authority. Losses as a result of acts of terrorism or nuclear release committed by individuals or groups will not be excluded from coverage unless the covered person who suffered the loss committed the act of terrorism or nuclear release; or
- investigational or experimental procedures, surgery, or drugs, including complications arising from having experimental or investigative procedures, surgeries, or drugs.

Termination

Coverage terminates:


- if the group policy ends;
- the date you no longer meet eligibility requirements;
- the end of the grace period if we do not receive the required premium for your insurance; or
- the date the next premium is due after you ask us to end your coverage.

Premium will vary based on plan options and face amount.

Applicable to policy number GTL1.0-P-AR-SOA and certificate number GTL1.0-C-AR-SOA.

This is not an insurance contract and only the actual policy provisions will control.

Colonial Life State of Arkansas Change of Beneficiary Form

 FAX this direction	Fax this form: 803-678-6861 Or mail: P.O. Box 1365, Columbia, SC 29202	From:	
			Number of pages:

I am changing the following: Primary Beneficiary Contingent Beneficiary Both (If no box is checked, the form will be reviewed only for the beneficiary designations listed.)

Insured's name:	First:	Middle Initial:	Last:
SSN:	DOB: ____/____/____	Telephone:	Email:
Address:	City:	State:	ZIP:
Policy number(s):			

General Information

Naming a Minor as a Beneficiary: In some instances, Colonial Life may not be able to pay life insurance proceeds to a minor beneficiary unless a court appointed adult guardian, conservator or custodian has been properly designated for the minor's property in advance planning documents. When Colonial Life is unable to disperse benefits in such situations, Colonial Life will hold the proceeds (with interest earned on the funds) until the minor reaches the age of majority. If you have questions about the consequences of naming a minor as a beneficiary, feel free to discuss with a legal or estate planning professional.

Naming a Trust: Provide the name of the trust, the date the trust was established, and the address of where the trust is held.

Naming a Funeral Home: Provide the name, full address, and the owner or authorized personnel of the funeral home. Write "As Interest May Appear" and designate another primary beneficiary to receive any remaining benefits available after the funeral home's expenses have been paid.

Primary beneficiary(ies) All fields must be completed for each beneficiary. Unless otherwise specified, proceeds will be paid in equal shares to surviving beneficiaries. If selecting more than one Primary Beneficiary, the percentages must equal 100%. Attach additional pieces of paper if more space is needed.

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

First:	Middle initial:	Last:	Percentage
DOB: ____/____/____	SSN:	Telephone:	
Address:	City:	State:	ZIP:

Contingent beneficiary(ies) If at the time of the insured's death and all primary beneficiaries are disqualified or die before the insured, proceeds will be paid to the contingent beneficiaries listed in equal shares. If selecting more than one contingent beneficiary, the percentage must equal 100%. Attach additional pieces of paper if more space is needed.

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

First:	Middle initial:	Last:	Percentage	
DOB: ____/____/____	SSN:	Telephone:		
Address:	City:	State:	ZIP:	

Required signature (complete this section in its entirety)

_____	_____
Signature of policy owner	Date (MM/DD/YYYY)

Print policy owner name:	SSN:		
DOB: ____/____/____	Telephone:	Email:	
Address:	City:	State:	ZIP:

Special Notice for Residents of a Community Property State: A spouse or former spouse may have an interest in life insurance proceeds or any accumulated cash value if the policy premiums were paid with community funds. It is your responsibility to consult your legal advisor to 1) ensure that any required consent from a spouse or former spouse has been received and 2) ensure that your spouse or former spouse will not be able to make a claim against any policy values and/or proceeds in the event any policy benefits become payable.