SafeShield®

Product Guide

Safe Shield® Simplified Issue Term

For Agents

For agent use only. Not for use with consumers.

January 2022

Base Plans

SafeShield® Non-Return of Premium

	Issue Age (Last Birthday)
10-Year Term	18-70
15-Year Term	18-**70**
20-Year Term	18-65
30-Year Term	18-55

New plan

New maximum

Minimum Issue $20,000

New minimum

Maximum Issue

- Ages 18-55 **$350,000**
- Ages 56+ $250,000

New maximum

Underwriting

- MIB
- Prescription Drug Database
- Medical Billing Records Database
- Motor Vehicle Report for ages 18-35
- PHI for telesales over $100,000

Premiums

- Male / Female
- Tobacco / Non-Tobacco
- **$48 commissionable policy fee**

New

Benefits Available

With No Additional Premium

Common Carrier Accidental Death Benefit

Additional benefit payable if the insured dies within 180 days of accidental injury that occurred while a fare-paying passenger on a common carrier.

- **Benefit Amount:** Equal to base policy, not to exceed $250,000 aggregate limit for all Common Carrier Accidental Death Benefit Riders
- **Coverage Period:** To the first policy anniversary on or after the insured's 85th birthday

Automatically included on all policies at no additional premium.

Unemployment Premium Waiver

Waives premiums for up to six months if the insured becomes unemployed after the second policy anniversary and collects unemployment benefits for at least four weeks.

- **Benefit Limit:** The lifetime benefit under the policy is six months
- **Coverage Period:** Rider coverage remains in force as long as the policy remains in force

Automatically included on all policies at no additional premium.*

*Not available in MA, PA, TN or WA.

Living Benefit Riders - Terminal Illness Rider

Provides for acceleration of up to 95% of the policy death benefit if the Insured is diagnosed with a terminal condition and life expectancy of 12 months or less.

- Available at all issue ages.
- No additional health questions required for eligibility.
- Rider terminates when an accelerated benefit is paid for terminal illness.

Living Benefit Riders are not long-term care insurance. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Living Benefit Riders are not available in CA.

Living Benefit Riders - Critical Illness Rider

Provides for acceleration of up to 95% of the policy death benefit if the Insured is diagnosed with life-threatening cancer, ALS, kidney failure, heart attack, major organ failure or stroke.

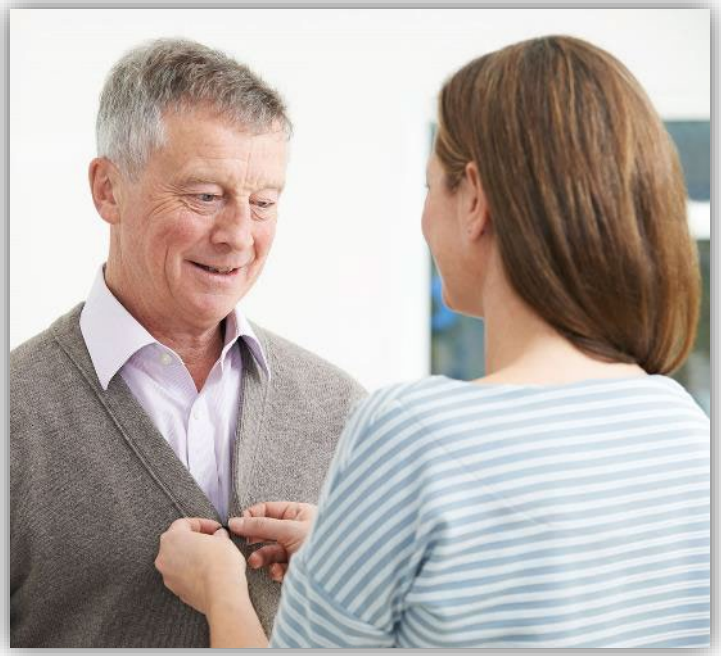
- Available at all issue ages.
- No additional health questions required for eligibility.
- Rider terminates when the total accelerated amount under all Living Benefit Riders reaches the maximum amount.

Living Benefit Riders are not long-term care insurance. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Living Benefit Riders are not available in CA.

Living Benefit Riders - Chronic Illness Rider

Provides for acceleration of up to 24% of the policy death benefit per year, up to 95% in total, if the Insured is unable to perform at least two of the six activities of daily living* for a period of at least 90 days or requires substantial supervision for a period of at least 90 days due to severe cognitive impairment.

- Available at all issue ages.
- Three additional health questions for eligibility.
- Rider terminates when the total accelerated amount under all Living Benefit Riders reaches the maximum amount.



*Activities of Daily Living: Eating, Bathing, Transferring, Toileting, Dressing, Continence

Living Benefit Riders are not long-term care insurance. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Living Benefit Riders are not available in CA.

Living Benefit Riders - Chronic Illness Rider cont'd

Application health questions for Chronic Illness Rider –

ANSWER ONLY IF APPLYING FOR THE CHRONIC ILLNESS ACCELERATED BENEFIT RIDER		YES	NO
1.	Do you require any assistance or supervision to perform any of the following activities of daily living: bathing, eating, dressing, toileting, walking, transferring to or from bed or chair, or maintaining continence?	☐	☐
2.	Have you ever been diagnosed by, or consulted with, a member of the medical profession for any of the following: a. Memory loss, cognitive impairment, organic brain syndrome? b. Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?	☐ ☐	☐ ☐
3.	In the past five (5) years, have you been tested for, been advised to be tested or treated, by a member of the medical profession for any of the following: a. Memory loss, cognitive impairment, organic brain syndrome? b. Fractures due to osteoporosis, numbness, tremors, imbalance or any condition which limits motion or mobility?	☐ ☐	☐ ☐

Answer only if applying for the rider. Answers do not affect eligibility for Terminal Illness Rider or Critical Illness Rider.

Benefits Available

With Additional Premium

Accidental Death Benefit Rider

Additional benefit payable for accidental death.

- **Benefit Amount:** Equal to base policy, not to exceed $250,000 aggregate limit for all Accidental Death Benefit Riders
- **Issue Ages:** same as base plans
- **Coverage Period:** To the first policy anniversary on or after the insured's 95th birthday

Children's Term Rider

(Grandchild Rider)

Individual level term coverage on up to 20 children, grandchildren or great grandchildren

- **Issue Amounts:** $2,500 to $15,000, not to exceed policy amount
  - $15,000 maximum per child for multiple policies
  - Amount must be the same for all riders
- **Issue Ages:** 15 days through 18 years
- **Coverage Period:** To each child's age 25

Children's Term Rider

(Grandchild Rider) cont'd

Riders issued with the policy include a "paid-up" benefit. Rider stays in force with *no further payment of premiums* if the policy insured dies while the rider is in effect.*

Conversion Options:

- Up to the rider amount between ages 22 and 25
- Up to five times the rider amount on the date rider coverage ends
- *For riders issued with the policy* - Up to five times the rider amount on the date of the policy insured's death if by suicide within two years of policy issue
- *For riders added after the policy is issued* - Up to five times the rider amount on the date of the policy insured's death

*Paid-up benefit not provided if the insured commits suicide within two years of policy issue and does not apply to riders added to a policy after issue.

Children's Term Rider

(Grandchild Rider) cont'd

SUPPLEMENTAL APPLICATION FOR INDIVIDUAL CHILDREN'S TERM INSURANCE RIDER

COLUMBIAN LIFE INSURANCE COMPANY
HOME OFFICE: CHICAGO, IL
ADMINISTRATIVE SERVICE OFFICE:PO Box 1381, Binghamton, NY 13902-1381

This application supplements Application Form No. _____, dated _____.

CHILDREN'S TERM INSURANCE RIDER NUMBER OF UNITS APPLIED FOR: _____

You can apply for coverage on a maximum of 20 children as defined below.

Please attach a 2nd Supplemental Application for Children's Term Insurance to list more than 10 Proposed Insured children.

1. CHILDREN PROPOSED FOR INSURANCE

Name natural born children, stepchildren, legally adopted children, grandchildren, step grandchildren, legally adopted grandchildren, great grandchildren, step great grandchildren and legally adopted great grandchildren proposed for insurance. Insurance will not be provided on newborn children less than 15 days of age or children that are not US citizens.

Full Name of Proposed Insured Child	Address and Telephone Number	Date of Birth MM/DD/YYYY	Age Last Birthday	Social Security No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2. BENEFICIARY If a trust, give Trustee Name, Trust Name & Trust Date. Each child rider may have a different Beneficiary. If no Beneficiary is named for any child, the Beneficiary will be the Insured of the base policy. Attach a separate sheet for additional beneficiaries.

Primary Beneficiary Designation (Full name and address) For Child Rider #__ (Write All if this beneficiary shall apply to all Child Riders.)	Relationship to Insured	Social Security No.
	Telephone Number	Date of Birth
Contingent Beneficiary Designation (Full name and address) For Child Rider #__ (Write All if this beneficiary shall apply to all Child Riders.)	Relationship to Insured	Social Security No.
	Telephone Number	Date of Birth

3. HEALTH HISTORY — YES / NO

1. Has any child proposed for insurance ever been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or has any Proposed Insured Child tested positive for Human Immunodeficiency Virus (HIV)? ☐ ☐
2. Has any child proposed for insurance ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician? ☐ ☐
3. Has any child proposed for insurance ever been diagnosed or treated (including taking medication) for high blood pressure, heart or circulatory disorder, cancer, mental disorder, mental retardation, Down's Syndrome, muscular dystrophy, spina bifida, cystic fibrosis, kidney or liver disease, diabetes, sickle cell anemia, seizures, cerebral palsy, paralysis, had or been recommended for an organ transplant or been hospitalized for asthma or any respiratory disorder in the past twelve (12) months? ☐ ☐

If any of these questions are answered "YES" that child will be excluded from coverage. Please list the children for which "YES" answers were given: _____

4. ACKNOWLEDGEMENT & SIGNATURES

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application.

_____ X _____
Date — Signature of Primary Insured

_____ X _____
Date — Signature of Licensed Agent — Agent Number

FORM NO. A640A-CL

Only the name and age are required.

Not Required

Not Required

Not Required

Only the name and relationship are required for beneficiaries.

Not Required

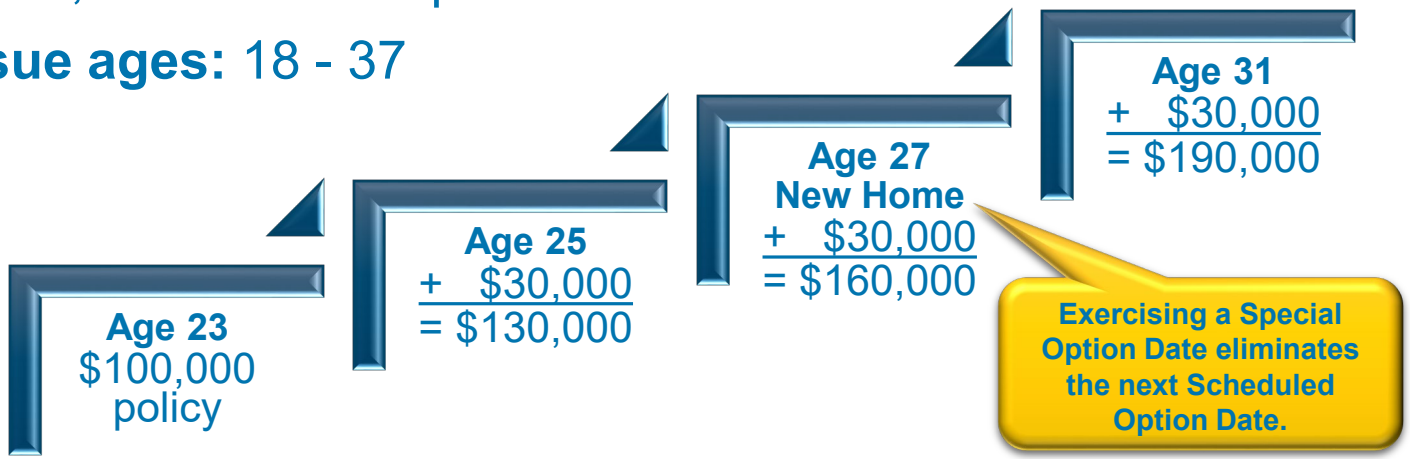
Not Required

Only three health questions. No Script Check or MIB.

Guaranteed Purchase Option Rider

Provides an opportunity to increase coverage without evidence of insurability on Option Dates.

- **Maximum Benefit:** Lesser of face amount or $30,000 per option.
- **Scheduled Option dates:** Within 90 days prior to the policy anniversary on which the Insured is 25, 28, 31, 34, 37 and 40 years old.
- **Special Option dates:** Within 90 days after marriage, purchase of a home, or birth or adoption of a child.
- **Issue ages:** 18 - 37



Waiver of Premium Rider

Waives all premiums after six months of total and continuous disability.

- **Coverage Period:** To the first policy anniversary on or after the insured's 65th birthday
  - If disability begins before age 60, premiums will continue to be waived until disability ends
- **Issue Ages:** 18 - 55

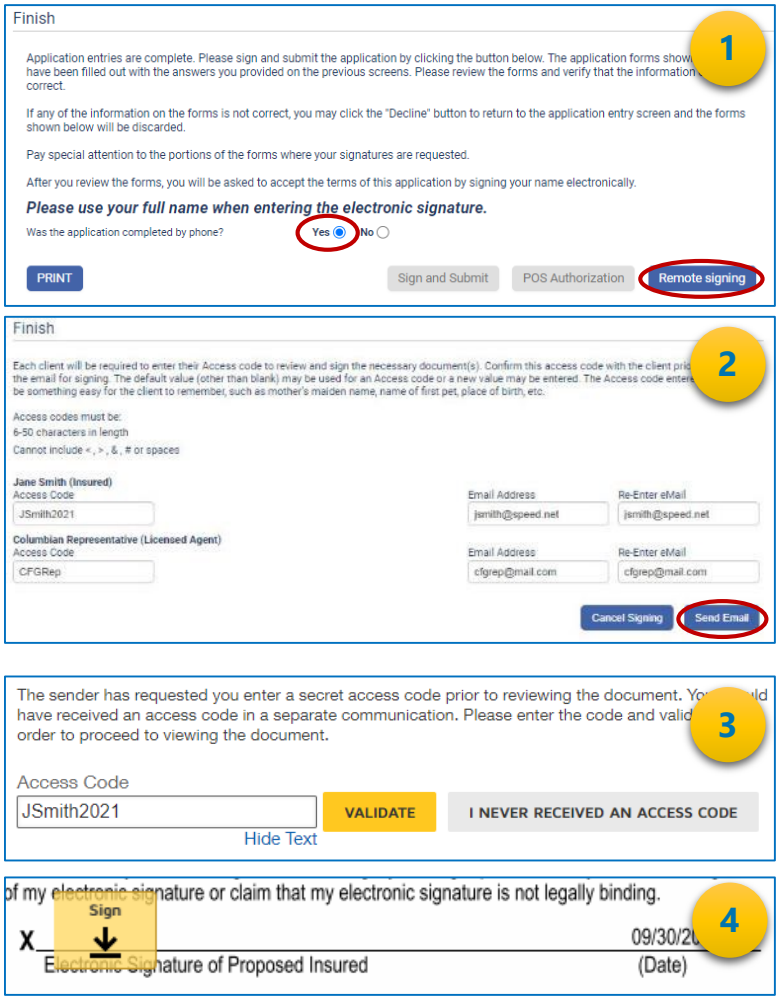
eApp Remote Signatures

New

1. Answer “Yes” to “Was the application completed by phone?” and select the Remote Signing button.
2. Enter an access code and email address for each signer.
3. Each signer will receive an email from DocuSign, with a link to the document.
4. DocuSign will let you know when all signatures are complete, and the application will automatically be submitted to the Company.

For details on telesales, refer to the Telesale Procedure Guide, Form No. 6085-CL.

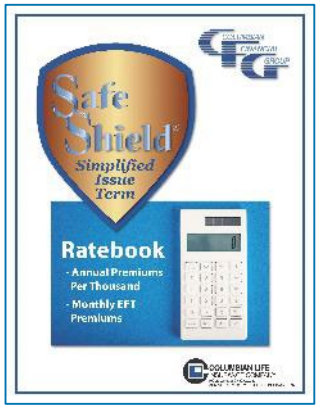
For details on eApp, refer to the SafeShield® eApp Training Presentation, Form No. 6076-CL.



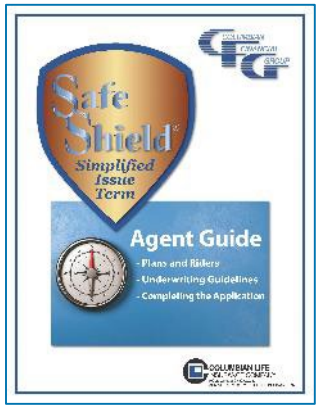
Agent Materials

Use Columbian's agent materials to help you prepare for sales.

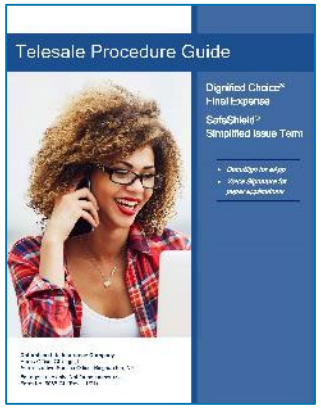
Ratebook Form No. 6146-CL



Agent Guide Form No. 6147-CL*



Telesale Procedure Guide Form No. 6085-CL*



Living Benefit Rider Fact Sheet Form No. 6070-CL

New Business Checklist Form No. 6150CL-XX**

Forms are available for download from www.cfglife.com or may be ordered from General Services at 800-423-9765, ext. 7197, or ordered online using Supply Order Form No. 266 for your state.

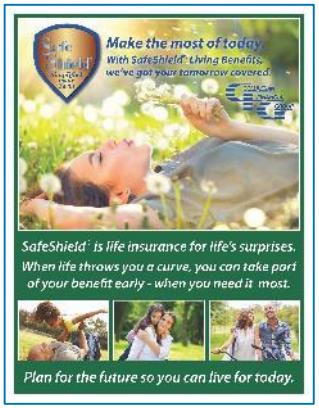
*Available in English or Spanish.
**XX = Your state abbreviation.

Consumer Materials

Use Columbian's consumer materials to help increase your sales.

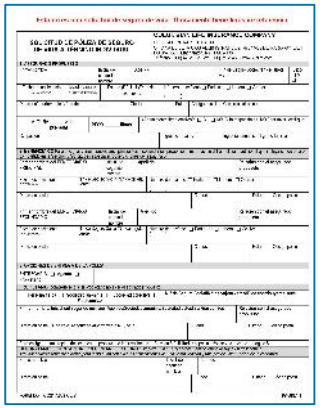
Consumer Brochure Form No. 6145-CL*

Living Benefit Rider Flyer Form No. 6063-CL



Living Benefit Rider Flyer Form No. 6071-CL

Spanish Application Reference Form No. A663-CL-S**



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*Available in English or Spanish.
**Or state variation. For use as a reference tool only. English version must be submitted.

Quoting Tools

Premium calculators are available for mobile devices or computers.

A simple calculator for iPhone, iPad, Android, Windows or Mac provides quick premium calculations. Download instructions are posted at https://www.cfglife.com/calculator/safeshield-calculator/

Quote software for use with Chrome, Safari, Firefox, Internet Explorer or Microsoft Edge calculates premiums and generates printable sales quotes. Download instructions are posted at https://viscalc.com/cfg/SS

How to Contact Us

Sales Support/Marketing
(800) 423-9765 ext. 7582
SYRMarketing@cfglife.com

New Business
(800) 423-9765 ext. 5944
SIT.NB@cfglife.com

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Mon - Fri 8:00am to 8:00pm Eastern
(800) 423-9765 ext. 5904
Risk.Assessment@cfglife.com

Commissions
(800) 423-9765 ext. 5908
zBGMCommissions@cfglife.com

Customer Service
(800) 423-9765 ext. 5920
zATL_CustomerService@cfglife.com

Licensing
(800) 423-9765 ext. 5927
zBGM_Licensing@cfglife.com

Supply Orders
(800) 423-9765 ext. 7197
SupplyOrders@cfglife.com

Help Desk
(800) 423-9765 ext. 4357

2022

Product Changes Recap

- 10-Year Term plan with issue ages 18-70
- Increased maximum issue amount for ages 18-55
- Increased maximum issue age for 15-Year Term
- Lower minimum face amount for all plans
- Commissionable policy fee
- Slight premium changes
- Return of Premium plans discontinued
- Remote signatures through DocuSign for eApp

www.cfglife.com
800-423-9765

For complete terms, please refer to Policy/Rider Form Nos. 1F612-CL, 1F613-CL, 1H931-CL, 1H932-CL, 1H841-CL, 1H933-CL, 1H906-CL, 1H907-CL, 1H908-CL, 1H915-CL, 1H916-CL and 1H934-CL or state variation. Product specifications and availability may vary by state.