
SafeShield®
2022 Product Overview
Safe Shield®
Simplified Issue Term
For Agents

Safe Shield®
Simplified Issue Term

2022

What's New

- 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
- Application changes

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 *New maximum*

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

Underwriting

- Simplified Issue
- Standard through Table D

Premiums

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

Benefits Available

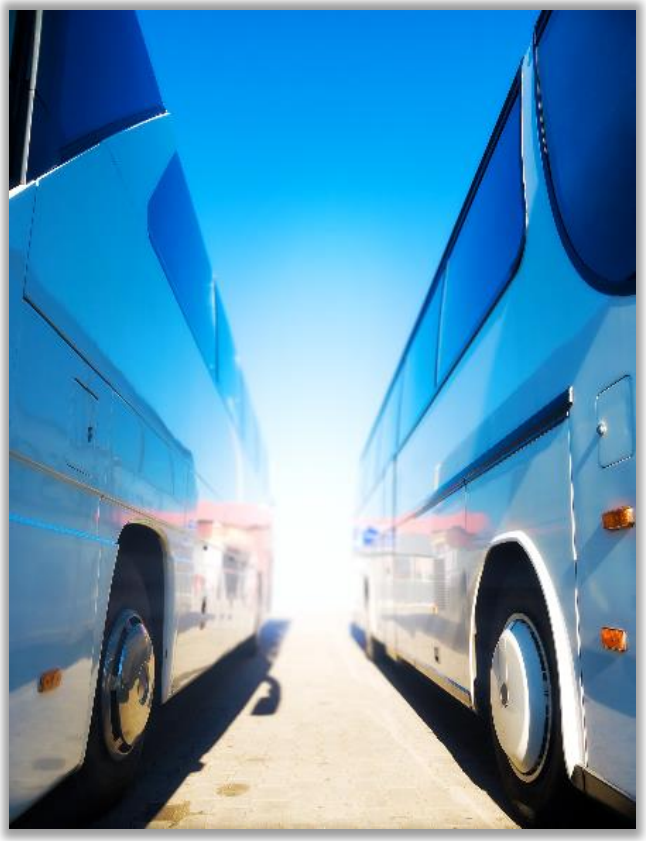
With No Additional Premium

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.

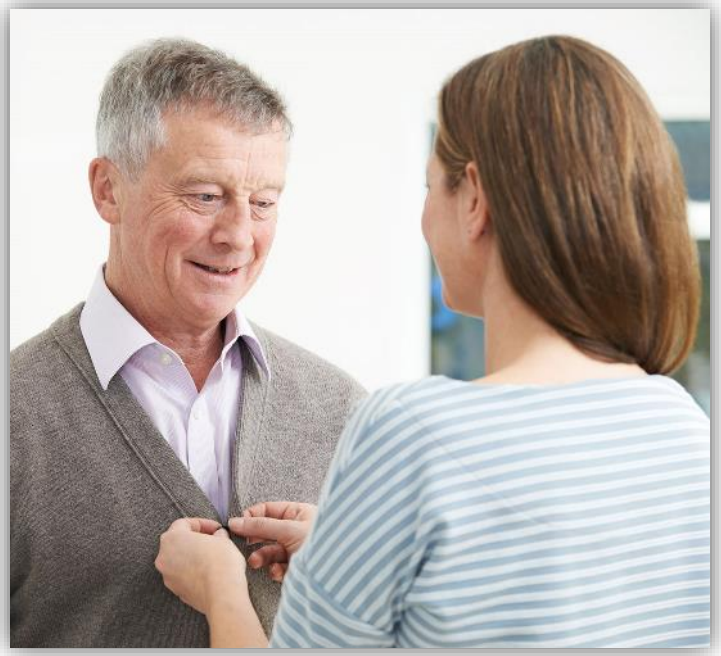
- Available at all issue ages.
- No additional health questions required for eligibility.
- Rider terminates when the total accelerated amount under all Living Benefit Riders reaches the maximum amount.

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.
- 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.

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:

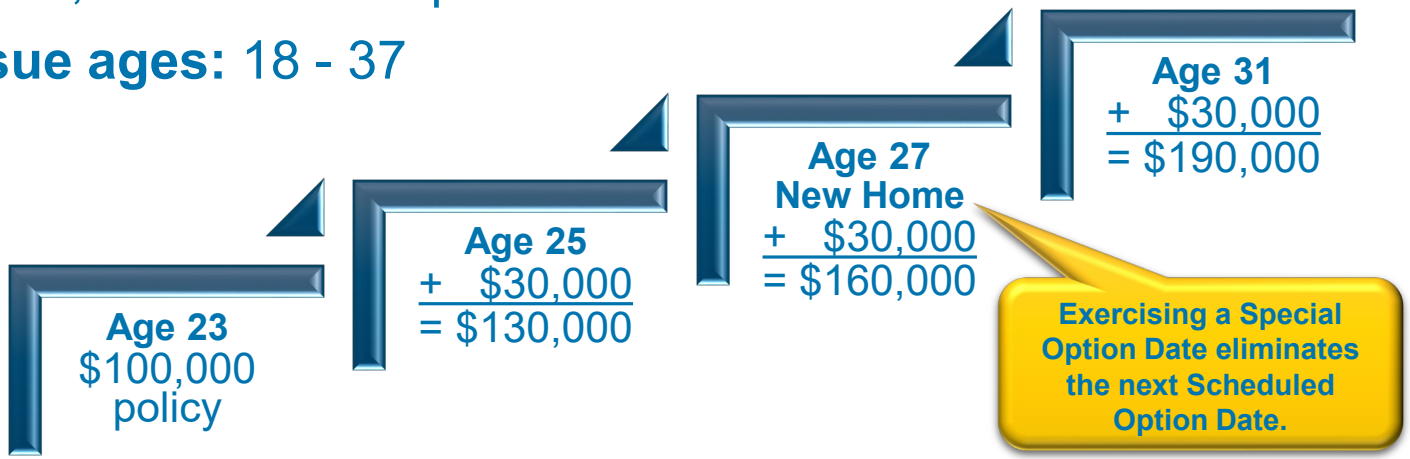
- Up to the rider amount between ages 22 and 25
- Up to five times the rider amount on the date rider coverage ends
- *For riders issued with the policy* - Up to five times the rider amount on the date of the policy insured's death if by suicide within two years of policy issue
- *For riders added after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

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

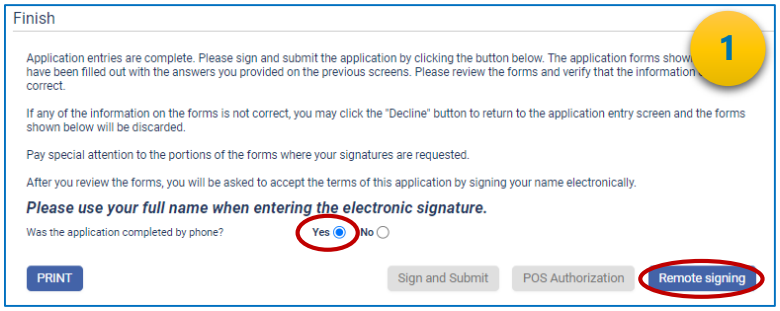
Waives all premiums after six months of total and continuous disability.

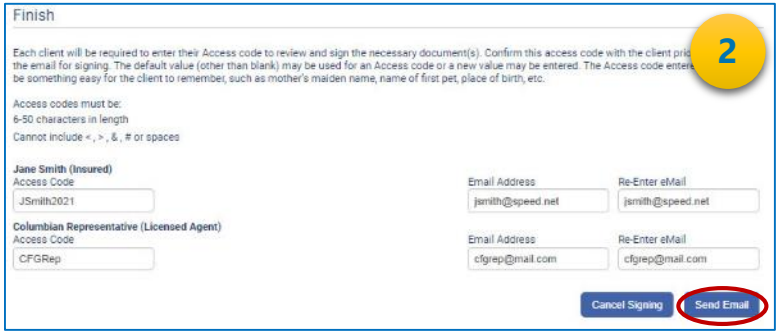
- **Coverage Period:** To the first policy anniversary on or after the insured's 65th birthday
  - If disability begins before age 60, premiums will continue to be waived until disability ends
- **Issue Ages:** 18 - 55

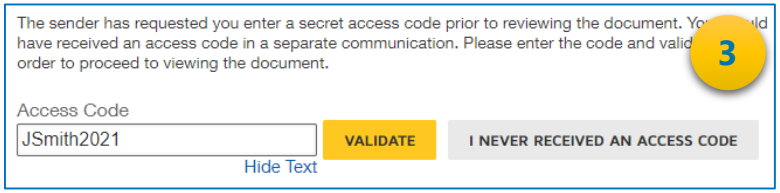
eApp Remote Signatures

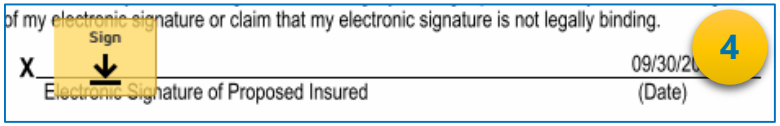
New

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. Let each signer know what their access code is.
3. Each signer will receive an email from DocuSign, with a link to the completed application and any additional forms.
4. Each party will review the document and apply their electronic signature. You will receive an email from DocuSign when all signatues are complete, and the application will automatically be submitted to the Company.









Application Changes

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?	☐ ☐	☐ ☐

New question

Part 1	
TOBACCO USE	
Have you smoked marijuana or used any form of tobacco or nicotine products in the past twelve (12) months?	

Simplified

Application Changes

Part 2 (If any question in this section is answered "Yes," DO NOT SUBMIT THE APPLICATION.)		YES	NO
1.	Have you ever been diagnosed by a member of the medical profession as having or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or have you been diagnosed by a member of the medical profession as having a terminal medical condition that is expected to result in death within the next twelve (12) months?	☐	☐
2.	Are you currently: a. Using a catheter, bedridden, confined to hospital, nursing home or other medical facility? b. Regularly using any of the following: oxygen, walker, wheelchair or electric scooter?	☐ ☐	☐ ☐
3.	In the past five (5) years, have you been recommended by a member of the medical profession for an organ or bone marrow transplant, or ever had or received treatment or required follow-up for a heart, lung, liver, kidney, or bone marrow transplant, or ever had or received treatment or required follow-up for an amputation due to disease, or within the last twelve (12) months, received kidney dialysis?	☐	☐
4.	Have you ever been diagnosed by a member of the medical profession or received treatment for a stroke (CVA), transient ischemic attack (TIA), congestive heart failure, mental retardation, Down's Syndrome, Alzheimer's disease or dementia, or received a cardiac defibrillator implant?	☐	☐
5.	In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow up for: a. Schizophrenia, bipolar disorder, major depression, or have you attempted suicide? b. Parkinson's disease, Multiple Sclerosis, cardiomyopathy, or received a cardiac pacemaker implant?	☐ ☐	☐ ☐
6.	Have you: a. Been prescribed insulin by a member of the medical profession for the treatment of diabetes prior to age 50 or have you been advised by a member of the medical profession to use oral medication or diet for the treatment of diabetes prior to age 30? b. Have you been diagnosed by a member of the medical profession as having 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?	☐ ☐	☐ ☐
7.	In the past ten (10) years, have you been diagnosed, received treatment, or required follow-up by a member of the medical profession for Emphysema or Chronic Obstructive Pulmonary Disease (COPD)?	☐	☐
8.	In the past five (5) years, have you: a. Used cocaine, narcotics, hallucinogens, barbiturates, amphetamines, or other drugs (excluding marijuana) except as prescribed by a physician? b. Received treatment or been advised by a member of the medical profession to reduce, stop, or seek treatment for alcohol use or the abuse of prescribed or non-prescribed drugs?	☐ ☐	☐ ☐
9.	a. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for leukemia, lymphoma, liver cancer, lung cancer, or pancreatic cancer? b. In the past five (5) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for cancer (other than leukemia, lymphoma, liver cancer, lung cancer, pancreatic cancer, basal cell or squamous cell carcinoma of the skin)?	☐ ☐	☐ ☐
10.	In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for: a. Coronary artery disease, heart attack, coronary bypass surgery (CABG), coronary angioplasty (PTCA), heart valve replacement, angina, heart arrhythmia, congenital heart disease, aneurysm, disease or disorder of the brain, peripheral arteries, heart or circulatory system? b. Paralysis, degenerative muscle or nerve disease/disorder, immune system or connective tissue disease/disorder? c. In the past five (5) years, have you been hospitalized for hypertension or high blood pressure?	☐ ☐ ☐	☐ ☐ ☐
11.	In the past three (3) years, have you been convicted of three (3) or more moving violations or been convicted of driving under the influence of alcohol or drugs?	☐	☐
12.	In the past three (3) years, have you been on probation, parole, convicted of, or pled guilty to any crime or to possession or distribution of drugs (excluding marijuana) or any other illegal substance?	☐	☐

Application Changes

Part 3 Please provide details for "Yes" answers in Section 6 on page 4. (If any question in this section is answered "Yes," the Proposed Insured may not qualify for this plan of insurance.)		YES	NO
1.	Have you experienced any unexplained weight loss of more than 10 lbs. in the last year?	☐	☐
2.	a. In the past five (5) to ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for cancer (other than basal cell or squamous cell carcinoma of the skin)?	☐	☐
	b. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for:		
	1. Systemic Lupus, Sarcoidosis, rheumatoid arthritis, Crohn's Disease, Hepatitis B, Hepatitis C or ulcerative colitis?	☐	☐
	2. Disease or disorder of the peripheral arteries, blood, liver, pancreas, or kidney (other than kidney stones)?	☐	☐
	3. In the past ten (10) years, have you been diagnosed by a member of the medical profession, received treatment, or required follow-up for chronic asthma or asthma that has required one or more emergency care visits or an inpatient hospitalization or any disease or disorder of the respiratory system?	☐	☐
	4. Epilepsy and recurring seizures with the last seizure occurring within the past year?	☐	☐
3.	In the past thirty-six (36) months, have you used marijuana, in any form, for more than four (4) days a week? (If "YES," please provide details including frequency and reason in Section 6 on page 4)	☐	☐
4.	Are you awaiting a diagnosis or test result, or in the past five (5) years, been advised by a member of the medical profession to have a surgical operation or any diagnostic test (except for HIV) other than for routine screening, that has not been completed?	☐	☐
5.	Have you ever been diagnosed or treated by a member of the medical profession for diabetes?	☐	☐
6.	In the past five (5) years, have you been prescribed medication, or taken any medication prescribed by a physician, or been hospitalized or consulted a physician or medical facility for any reason?	☐	☐
Part 4		**YES**	**NO**
1.	Are you a US citizen, permanent US resident or holding a current Resident Card ("green card") or a permanent Visa? If "NO," please provide details: _____	☐	☐
2.	Do you have a driver's license? If "NO," please provide details: _____ If "YES," provide Driver's License No. and State: _____	☐	☐
3.	In the past three (3) years, have you had a driver's license suspended or revoked? If "YES," please provide details: _____	☐	☐
4.	Within the next two (2) years, do you plan to travel outside the US or Canada for more than thirty (30) consecutive days? If "YES," please provide details that include what country you will be residing in, the length of time you plan to reside outside of the USA, the reason for your foreign residency, and your occupation/job duties while you are living abroad: _____ _____	☐	☐
5.	In the past three (3) years have you: a. Engaged in hang-gliding, cliff diving, scuba diving with depth over 130 feet, parachuting, skydiving, rock or mountain climbing, ultra-light flying, traveling at speeds (in any vehicle) in excess of 100 mph (land or water) or plan such activity in the next two (2) years?	☐	☐
	b. In the past two (2) years have you flown, or do you intend to fly within the next two (2) years in an aircraft as a student or a private licensed pilot? If "Yes" to either question, please provide details	☐	☐
6.	In the past three (3) years, have you been declined, postponed, rated or denied reinstatement or asked to pay extra premium by any insurance company? If "YES," please provide details: _____	☐	☐

Application Changes

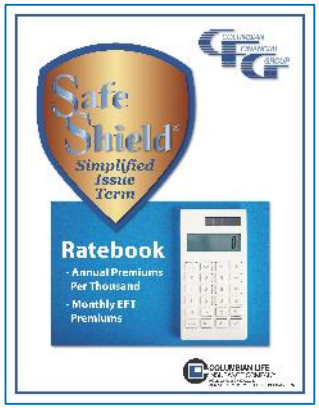
10. AUTHORIZATION & ACKNOWLEDGMENT:

I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance company, MIB, Inc., consumer reporting agency, or other organization, institution or person that has any records or knowledge of me or any proposed insured, to give any such information to Columbian Life Insurance Company ("the Company") or its reinsurers for underwriting or claims purposes. This medical or health information may include information on the diagnosis and treatment of mental illness, alcohol, and drug use. This also may include information on the diagnosis, treatment, and testing results related to HIV, AIDS, and sexually transmitted diseases, unless otherwise restricted by state law. This authorization also includes information about drugs, alcoholism, prescription drug records, or any other medical history information. To facilitate rapid submission of such information, I authorize all said sources, except MIB, Inc., to give such records or knowledge to any agency employed by the Company to collect and transmit such information. **I understand** my information may be subject to redisclosure to a third party and may no longer be protected by federal privacy laws. **I authorize** Columbian Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc. **I understand** a telephone interview may be necessary to verify or supplement information given to the Company on this application. This interview may be made from the Administrative Service Office or from a consumer-reporting agency by a trained interviewer acting on the Company's behalf. A photocopy of this form will be as valid as the original; this authorization will be valid for two (2) years from the date shown below, or the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery. You may revoke this authorization by contacting us at PO Box 1381 Binghamton, NY 13902-1381 however, we retain the right to use any information obtained under your authorization prior to your revocation. **I have read and understand** the Conditions Relating to the Application and the Authorization & Acknowledgment. **I acknowledge** receipt and review of the Information Practices Relating to Underwriting Your Application. **I have read and understand the fraud warning in Section 5 of this application.**

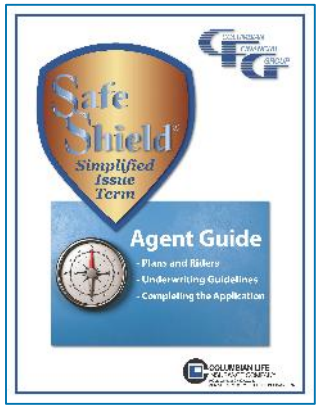
Agent Materials

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

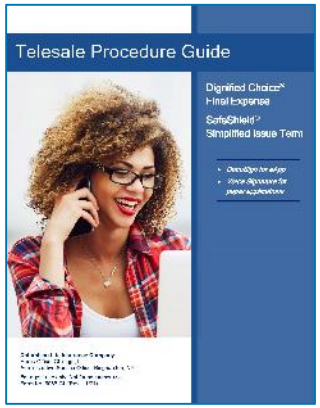
Ratebook Form No. 6146-CL



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*

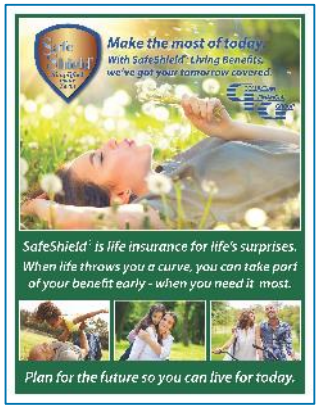
*XX = Your state abbreviation.

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

*Available in English or Spanish.

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.