

CONSENT TO USE OF ELECTRONIC RECORDS & EMPLOYEE AGREEMENT

By clicking on "I Agree" below, you agree to conduct this transaction and all future transactions concerning this insurance policy and any other insurance policy with Colonial Life & Accident Insurance Company, including the receipt of legally required disclosures or notices, by electronic means and in an electronic format.

You may contact Colonial Life's Policyholder Service Center at any time to:

1. Withdraw this consent to conduct transactions by electronic means; or
2. Request a paper copy of any electronic transaction, disclosure or notice without charge; or
3. Update your account information, including your e-mail address.

You may contact our Colonial Life Policyholder Service Center by telephone toll-free at 1-800-325-4368, Monday through Friday 8:00 to 7:00 EST.

I understand that the policy applied for will not pay benefits for any loss incurred during the first 12 months after the issue date for a disease or physical condition that I now have or have had in the past. This pre-existing statement does not apply to first diagnosis cancer or critical illness policies.

THE APPLICANT AGREES AS FOLLOWS:

Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison as determined by a court of competent jurisdiction. To the best of my knowledge and belief, the answers and statements above are true and complete. I understand that this application will not be binding upon Colonial Life & Accident Insurance Company (Colonial) until both: 1) the policy is issued; and 2) the first premium is paid. Items 1 and 2 must occur while any conditions affecting insurability are the same as described above. If applicable, I have received an outline of coverage for the plan(s) applied for and I have been explained all exceptions and limitations pertaining to the coverage(s) applied for, including any pertaining to pre-existing conditions, if applicable. I understand that any untrue statement or material misrepresentation may result in claim denial or rescission of coverage. If coverage is rescinded, Colonial's only obligation will be to refund all premiums paid. I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER. If applicable, I have received and read a copy of the Notice of Insurance Information Practices, (which includes MIB, Inc. Disclosure Notice).