

ALLSTATE BENEFITS (AB) GROUP CRITICAL ILLNESS INSURANCE

Policy GVCIP1

Customer Service 1-800-348-4489

Hours: Mon-Thurs, 8 a.m. – 8 p.m.

www.allstateatwork.com

Offered DURING OPEN ENROLLMENT ONLY

With the advancements in medical technology and treatment, people are living longer and once-deadly diseases are being controlled and cured. One way you can help protect yourself, your family and your finances is to purchase a critical illness policy, which pays a lump sum benefit when you are diagnosed with a critical illness.

The basic benefit amounts are \$10,000 - \$25,000 Guaranteed Issue for new employees only. Up to 100 percent is payable for covered illnesses from each of Category 1, Category 2, and Category 3 as illustrated below. You choose the amount that best fits you and your family's needs.

Benefit Category 1 – Group Critical Illness Coverage		
Illness	Percentage of the Basic Benefit Amount	Maximum Total Percentage of Basic Benefit Amount for Category
Heart Attack	100%	100%
Heart Transplant	100%	100%
Stroke	100%	100%
Coronary Artery By-Pass Surgery	25%	25%

Benefit Category 2 – Group Critical Illness Coverage		
Illness	Percentage of the Basic Benefit Amount	Maximum Total Percentage of Basic Benefit Amount for Category
Major Organ Transplant (other than heart)	100%	100%
End Stage Renal Failure	100%	100%
Paralysis (not as a result of a stroke)	100%	100%
Alzheimer's Disease	25%	25%

Benefit Category 3 – Cancer Coverage		
Illness	Percentage of the Basic Benefit Amount	Maximum Total Percentage of Basic Benefit Amount for Category
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%

Subject to the conditions in the policy and the Pre-existing Condition Limitation, AB pays this benefit if you are diagnosed for the first time ever with one of the illnesses shown below if:

- the date of the diagnosis is after the policy date and
- the date of diagnosis is while the policy is in force and
- that illness is not excluded by name or specific description in the policy; or
- it is determined, as the result of an autopsy, that the insured died as the result of one of the specified critical illnesses listed below.

The amount payable for each illness is the percentage multiplied by the basic benefit amount selected (\$10,000 – \$25,000 in \$5,000 increments is Guaranteed Issue (if you are currently enrolled in the Group Voluntary Critical Illness Insurance); however, you can purchase up to \$100,000 subject to underwriting guides). The percentage of the basic benefit amount payable for each illness is shown beside the illness. The maximum total percentage of the basic benefit amount payable per category of the illnesses is shown in the last column of the chart on below. The policy remains in force after a benefit is paid for an illness. However, after 100 percent of the basic benefit amount has been paid within a category (Category 1, 2, or 3), no more benefits are paid for illnesses associated within that category for a covered person. If you receive a percentage of the basic benefit amount for one illness within a category, and then become

eligible for benefits for another illness within the same category, the percentage of the basic benefit amount you receive for the subsequent illness is the lesser of:

- the percentage of the basic benefit amount shown on the chart at left for that illness or
- 100 percent minus the percentage of the basic benefit amount you received for the previous illness(es) in that category.
- Covered Spouse and children basic benefit amount is 50% of benefit shown and 100% of the Wellness Benefit.

Wellness Benefit (Cancer Screenings and Heart Screenings)

AB pays \$100 for each calendar year per insured, for one of the following cancer screening tests or heart screening tests performed while not hospital confined:

Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); chest X-ray; colonoscopy; flexible sigmoidoscopy; hemocult stool analysis; mammography, including breast ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); biopsy for skin cancer; stress test on bike or treadmill; electrocardiogram (EKG); carotid doppler; echocardiogram; lipid panel (total cholesterol count); and blood test for triglycerides. There is no limit to the number of years a covered person can receive cancer screening tests. This benefit is paid regardless of the result of the test(s) and is limited to one test per calendar year per insured.

Recurrence Benefit

AB pays this benefit if an insured is diagnosed more than once with the same specified critical illness listed in category 1 or 2 for which a benefit was previously paid if: there is more than 18 months between each diagnosis; and treatment was not received during that 18 month period (for purposes of the preceding statement, treatment does not include medications and follow-up visits to the insured's physician); and the subsequent date of diagnosis is while coverage is in force; and the specified critical illness is not excluded by name or specific description in the policy and certificate.

We will pay an amount equal to 25% of the specified critical illness basic benefit amount previously paid for that specified critical illness. We will pay no more than one recurrence benefit per previously paid specified critical illness under category 1 and 2.

True Guaranteed Issue

The employee must complete the Group Enrollment Form (AWD5017 or AWD5018), and answer the tobacco use question.

Benefit amounts are available on a Guaranteed Issue basis for employees from \$10,000 - \$25,000.

For benefit amounts over the limits listed above, Evidence of Insurability (AWD4504FL) will be requested.

It is a requirement that the name and address of the proposed insured's personal physician be included in the Required Health History section for all applications.

Portability Privilege

AB will provide Group Voluntary Critical Illness insurance portability coverage, subject to the policy provisions.

Pre-Existing Condition Limitation

AB does not pay for any loss due to a pre-existing condition, as defined, during the 12 month period beginning on the date the employee or member became insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. The exception to the above would be for follow-up care for breast cancer. Routine follow-up care for a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as a result of, the follow-up care. A pre-existing condition can exist even though a diagnosis has not yet been made.

Current AHL Critical Illness Participants

If you are currently enrolled in AWD Critical Illness, you may continue your coverage. You are also eligible to enroll in the new Group Voluntary Critical Illness (GVCI). The GVCI is available during this enrollment period on a Guarantee Issue basis up to \$25,000. See your Enrollment Counselor for more information and details on how to enroll.

Exclusions and Limitations

AB does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician; or participation in any form of aeronautics except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

Claims for benefits under the policy not satisfying all the criteria for diagnosis are subject to review by our medical director or his or her designee.

The policy provides benefits only for the illnesses shown. The policy does not cover any other disease, sickness or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while the covered person is outside the United States will be reviewed and considered for approval by a United States medical doctor on foreign soil or when the covered person returns to the United States.

Stroke: Transient ischemic attacks (TIAs) are excluded.

By-Pass Surgery: The following procedures are not covered under the by-pass surgery benefit: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

Critical Illness Cancer Benefit: We do not pay a benefit under the rider for any disease other than cancer as defined in the policy.

Eligibility: Your employer determines the criteria for eligibility (such as length of service and hours worked each week). Issue ages are 18 and over if actively at work for the number of hours determined by your employer.

Dependent Coverage: Family members who are eligible for coverage are: your legal spouse; your children including newborn children, adopted children, children during pendency of adoption procedures, foster children, stepchildren, or legal ward who are under 26 years of age. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Termination of Coverage: Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible; or the date you have received the maximum total percentage of the basic benefit amount for each critical illness category, including the Optional Recurrence Benefit, if applicable.

Policy Provider

The coverage is provided by limited benefit supplemental insurance. This material is valid as long as information remains current, but in no event later than February 1, 2013. Group Critical Illness benefits provided by policy form GVCIP1, or state variations thereof, which provides stated benefits for specified illnesses. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy sets forth in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details, including premiums, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

Allstate Benefits is the marketing name for American Heritage Life Insurance Company (Home Office: Jacksonville, FL), a subsidiary of The Allstate Corporation. American Heritage Life Insurance Company underwrites the policy and riders. The A.M. Best Company, an organization that rates the financial strength and performance of insurance companies rates American Heritage Life "A+" Superior. Benefits are provided by Policy GVCIP1FL. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide, available from Allstate Benefits.