

What can
living with a
critical illness
mean to you?



mortgage



doctor



prescriptions

Daily out-of-pocket
expenses for fighting
the disease while still
paying your bills!

On average, every 40 seconds, someone in the
United States has a stroke.¹

¹ Heart Disease and Stroke Statistics—2011 Update, American Heart Association

GROUP CRITICAL ILLNESS INSURANCE

Best in Benefits SeriesSM

ABJ17729-2



Allstate[®]

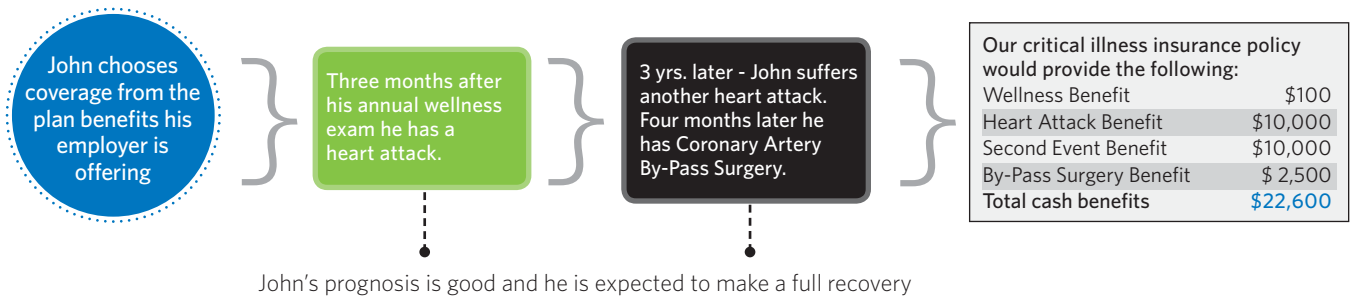
Benefits

group voluntary critical illness

Allstate Benefits (AB) group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness.

No one knows what lies ahead on the road through life. Will you be diagnosed with Alzheimer's or Parkinson's? Will you suffer a stroke, heart attack or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed.

Critical illness coverage can offer peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.*



i meeting your needs

Our coverage can help meet the needs of you and your family by offering financial support when it is needed most:

- Benefits and coverage amounts have been selected by your employer to make it easy to choose a plan that meets your needs**
- Covered dependents receive 50% of your basic-benefit amount
- Benefits paid directly to you
- Coverage supplements any existing medical benefits
- Premiums are affordable
- Portable

👍 your benefit coverage

A percentage of the basic-benefit amount is payable for each covered person in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Supplemental Critical Illness benefits, Second Event Initial Illness Benefit, and Additional benefits. **Benefit amounts are shown on pages 2a and/or 2b.** See page 4 and 5 for conditions and requirements.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays when you have a heart attack.

Stroke (100%) - Pays when you have a stroke.

Coronary Artery By-Pass Surgery (25%) - Pays when you have coronary artery by-pass surgery.

Major Organ Transplant (100%) - Pays when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

**Amounts over the guaranteed issue amount or enrolling after your initial enrollment period requires evidence of insurability.



Stroke is the leading cause of serious, long-term disability in the United States.²

² Heart Disease and Stroke Statistics - 2010 update, American Heart Association, 2010.

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays when you are diagnosed with cancer in situ.

CRITICAL ILLNESS ADDITIONAL BENEFIT

Second Event Initial Critical Illness Benefit - Pays when you are diagnosed for the second time with a previously paid Initial Critical Illness Benefit.

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%) - Pays when you are diagnosed with Advanced Alzheimer's.

Advanced Parkinson's Disease (25%) - Pays when you are diagnosed with Advanced Parkinson's.

Benign Brain Tumor (100%) - Pays when you are diagnosed with a brain tumor.

Coma (100%) - Pays when you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).

Complete Blindness (100%) - Pays when you are diagnosed with irreversible loss of sight in both eyes.

Complete Loss of Hearing (100%) - Pays when you are diagnosed with total and irreversible loss of hearing in both ears.

Paralysis (100%) - Pays when you suffer a complete and permanent loss of use of two or more limbs.

ADDITIONAL BENEFIT

Wellness Benefit - Pays annually when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125 and CEA (blood tests for breast, ovarian and colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound (screening for abdominal aortic aneurysms)

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse (or domestic partner) and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

Termination of Coverage - Your coverage under the policy ends when: the policy is canceled; you stop paying your premium; last day of active employment; you are no longer eligible; a false claim is filed; or when all critical illness benefits have been paid.

BENEFIT CONDITIONS

Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

Pre-Existing Condition Limitation - (a) We do not pay benefits for a critical illness that is caused by or is contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Other Limitations and Exclusions - We do not pay benefits for: (a) any act of war, declared or undeclared, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or participation in an illegal occupation; (d) suicide while sane, or self-destruction while insane, or any attempt at either; (e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery By-Pass Surgery Exclusions - Does not include: abdominal aortic by-pass, balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ; tumors related to HIV; non-invasive or metastasized skin cancer; or early prostate cancer.

Carcinoma In Situ Exclusions - Does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Critical Illness Benefit only once for each initial critical illness.

Advanced Alzheimer's Disease Conditions - Must have impaired memory and judgment, and be unable to perform 3 or more daily activities.*

Advanced Parkinson's Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

Benign Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.

STATE VARIATIONS TO THE POLICY

Idaho (changes affect page 4) – **SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II** is deleted. This benefit is not available in Idaho. In the **Dependent Eligibility/Termination** paragraph, item (a) is replaced with: Family members eligible for coverage are your spouse and dependent children. Item (d) is deleted. In the **Pre-Existing Condition Limitation** paragraph, item (b) is replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which, during the 6 months prior to the effective date of coverage, either symptoms existed; or medical advice or treatment was recommended by or received from a physician or other member of the medical profession. In the **Exclusions and Limitations** paragraph, item (a) is replaced with: war, declared or undeclared, or participation in a riot.

Hawaii (change affects page 4) - In the **Dependent Eligibility/Termination** paragraph, item (a) is replaced with: Family members eligible for coverage are your spouse (or domestic partner), children, and your reciprocal beneficiary if certified as such by Hawaii law.

Oregon (change affects page 4) – In the **Pre-Existing Condition Limitation** paragraph, item (b) is replaced with: A pre-existing condition is a condition for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Rev. 10/11. Coverage is provided by supplemental, limited benefit insurance. This material is valid as long as information remains current, but in no event later than August 1, 2015. Group Critical Illness benefits provided by policy form GVCIP2, 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. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.**

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your Insurance Agent, or call Allstate Benefits at: **1-800-521-3535** or, go to allstatebenefits.com. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in enrollments situated in the following states: AK, AZ, HI, ID, NM, OR, and WA



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group voluntary critical illness

benefit amounts

INITIAL CRITICAL ILLNESS BENEFITS

	LOW	HIGH
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery By-Pass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium (Employee only)	Yes	Yes

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000

CRITICAL ILLNESS ADDITIONAL BENEFIT

Second Event Initial Critical Illness Benefit ¹	Yes	Yes
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SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000

ADDITIONAL BENEFIT

Wellness Benefit (per year)	\$100	\$100
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¹Pays same amount as Initial Critical Illness Benefit

weekly premiums

LOW PLAN - \$10,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 2.89	\$ 4.86	\$ 2.89	\$ 4.86
36-50	\$ 5.45	\$ 8.70	\$ 5.45	\$ 8.70
51-60	\$ 10.28	\$ 15.94	\$ 10.28	\$ 15.94
61-63	\$ 15.59	\$ 23.90	\$ 15.59	\$ 23.90
64+	\$ 22.74	\$ 34.63	\$ 22.74	\$ 34.63

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 3.95	\$ 6.45	\$ 3.95	\$ 6.45
36-50	\$ 8.39	\$ 13.10	\$ 8.39	\$ 13.10
51-60	\$ 16.44	\$ 25.18	\$ 16.44	\$ 25.18
61-63	\$ 23.45	\$ 35.70	\$ 23.45	\$ 35.70
64+	\$ 34.58	\$ 52.39	\$ 34.58	\$ 52.39

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work

Additional premiums on reverse.

GROUP CRITICAL ILLNESS INSURANCE

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Benefits

weekly premiums

HIGH PLAN - \$20,000 BASIC BENEFIT AMOUNT

non-tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 4.28	\$ 6.94	\$ 4.28	\$ 6.94
36-50	\$ 9.40	\$ 14.62	\$ 9.40	\$ 14.62
51-60	\$ 19.05	\$ 29.09	\$ 19.05	\$ 29.09
61-63	\$ 29.66	\$ 45.02	\$ 29.66	\$ 45.02
64+	\$ 43.97	\$ 66.47	\$ 43.97	\$ 66.47

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

tobacco

AGES	EE	EE + SP	EE + CH	F
18-35	\$ 6.40	\$ 10.12	\$ 6.40	\$ 10.12
36-50	\$ 15.26	\$ 23.41	\$ 15.26	\$ 23.41
51-60	\$ 31.37	\$ 47.58	\$ 31.37	\$ 47.58
61-63	\$ 45.41	\$ 68.63	\$ 45.41	\$ 68.63
64+	\$ 67.65	\$ 101.99	\$ 67.65	\$ 101.99

Issue Ages: 18 and over if Actively at Work

This insert is for use in: HI

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