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Allstate at Work®

# group voluntary critical illness insurance

## My Lifeline and New Generation

If we told you that you have the opportunity to provide your employees or members with valuable group voluntary critical illness insurance without impacting your benefits' budget, would you want to know more? What if we showed you how adding this valuable coverage to your benefits' offering could help you attract and retain employees or members, would you want to know more? And, if we could help you strengthen your relationship with your employees or members by helping them protect and plan for their financial future, just one of the benefits of voluntary insurance coverage, would you want to know more? Finally, if we could provide you and your employees or members coverage at competitive premium rates, even if your employees or members are in multiple states, would you want to know more?

Allstate Workplace Division's Group Voluntary Critical Illness policy is all you need to know. It does all of these things and more. It pays your employees or members a lump sum benefit for a covered critical illness at the time of diagnosis. This benefit can be used to help meet expenses which are not normally covered under their traditional health insurance. Which means you and your employees or members can concentrate on getting well without worrying about having enough money to cover the bills.

If you have not thought about adding this valuable coverage to your benefits' offering, you may want to think about the chances of you or your employees or members becoming critically ill or living with a critical illness. Consider these statistics:

- Stroke is the leading cause of serious, long-term disability in the United States.<sup>1</sup>
- 13,200,000 victims of angina, heart attack, and other forms of coronary heart disease are still living.<sup>2</sup>
- Men have a 1 in 2 lifetime risk of developing cancer; for women the risk is a little more than 1 in 3.<sup>3</sup>

**Offering this valuable coverage to your employees or members today may mean their finances will be there tomorrow.**

1. *Heart Disease and Stroke Statistics Update*, American Heart Association, 2006.
2. American Heart Association Website, [www.americanheart.org](http://www.americanheart.org).
3. *Cancer Facts & Figures*, American Cancer Society, 2005.



**Allstate**®

Workplace Division

# Offer Your Employees or Members More Than Just Coverage . . . Help Give Them Peace of Mind.

## **You can offer your employees or members the coverage they need to help keep their finances intact.**

There is a new era in health benefits out there. Along with advancements in medical technology that can increase life span and chances of surviving critical illnesses comes an increasing appreciation of the personal economic strain people face with the diagnosis and lifestyle changes associated with critical illness.

Help provide peace of mind knowing finances will not be depleted by these critical illnesses. One way you can do this is by making Allstate Workplace Division's Group Voluntary Critical Illness part of your benefits' offering. If your employees or members elect coverage under the policy, it will pay them a lump-sum benefit if they are diagnosed with a critical illness including a cancer critical illness benefit, if selected by you. And with the addition of the optional benefits for Wellness and Recurrence added to their coverage, they can receive Cancer and Heart screenings each year, plus a one-time additional lump sum benefit at 25% of the original basic benefit amount, if their illness recurs after 18 months.

Just as there are gaps in medical coverage, there are direct and indirect expenses that could have a significant impact on an employee or member's hard-earned finances. Here are just a few examples:

- Lost income
- Child care
- Mortgage payments
- Travel expenses
- Prescription drugs
- Home health care

Today, insurance protection for critical illnesses can make a difference in an employee or member's standard of living during and following an illness. That difference can be measured in dollars and cents.

## The Right Coverage for Your Employees or Members

With some benefit offerings, a "one size fits all" approach seems to be the prevailing choice. However, most employees or members do not view themselves as the same as everyone else. They see themselves as individuals with needs that are different from others. Therefore, they want benefits that allow them to have choices and options, but still be able take advantage of the competitive premiums they get by being part of group coverage. Allstate Workplace Division's Group Voluntary Critical Illness insurance can provide them with valuable protection that does just that. Not only can you provide them with a customized benefit offering to fit their needs (one which can provide them with a low option and high option benefit offerings from which to choose at competitive premium rates), but they also get other benefits that may not be tangible, which can mean the difference between good coverage or great coverage.

### **Here's What They Get**

- Benefits paid directly to them unless they have assigned benefits to someone else.
- Coverage they can choose to match their budget.
- They do not have a definition of disability to meet.
- There is no reduction in benefits as they grow older.
- They can choose to cover themselves, their spouse, and/or their child(ren).
- Coverage for spouse and child(ren) is 50% of the employee's or member's benefit.
- Coverage is portable. If they leave the company, association or union, or employment is terminated, they can continue their coverage as long as they continue to pay premiums to AWD.
- 100% of the benefit amount elected can be paid in each of 3 categories (for example—if the employee or member elects \$10,000 in coverage, it is possible, depending upon future diagnoses, they could receive up to \$30,000 in benefits).
- Guaranteed issue—no evidence of insurability required at initial enrollment, if the group meets the GI participation requirements and the basic benefit amount is no more than \$15,000.

You can choose to enhance their coverage by including one or all of the optional benefits in the policy.

- Cancer Critical Illness Optional Benefit provides a lump-sum benefit at time of diagnosis for invasive cancer or carcinoma in situ.
- Recurrence Optional Benefit allows an additional claim for the same specified critical illness condition at 25% of the previously paid Category 1 or 2 benefit, as long as 18 months have elapsed since the last diagnosis, and coverage is still in force.
- Wellness Optional Benefit provides benefits for cancer and heart screenings (state variations apply).
- Coverage does not replace any other group medical benefits. Instead, it is designed to supplement their present coverage.

# How the Plan Works

The Group Voluntary Critical Illness policy has been divided into two categories which provide your employees or members with coverage for specific critical illnesses plus one optional category for cancer benefits, and optional benefits for Wellness and Recurrence. By providing you with categories and options, this allows you to create a custom plan design for your employees or members. Your benefits' representative can help you determine the variables that can affect your plan design; such as: the age of your employees or members; the type and size of your company, association or union; non-tobacco or tobacco usage among your employees or members; participation requirements that must be met; whether you wish to offer a two-option plan design or one option; and whether or not your plan design is through My Lifeline or New Generation. Once the variables have been assessed, your benefits' representative will help walk you through the best benefit offering for them so you can make an informed decision.

One of the most significant advantages Group Voluntary Critical Illness has to offer your employees or members is the lump sum payment at time of diagnosis for 100% of the elected benefit amount for most illnesses in Categories 1 and 2. And, if you choose to offer them the optional cancer benefit, it will also pay them 100% for certain cancerous conditions. Thus, a \$15,000 basic benefit amount could potentially pay \$45,000 if an employee or member experiences conditions covered in each of the three categories. Additionally, if their benefit offering provided them with the Optional Wellness or Optional Recurrence benefits, they are also covered for a specified dollar amount. Which means the \$45,000 benefit amount can be increased by the addition of the Wellness and Recurrence benefits.

***The example below depicts a benefit offering providing employees or members with the choice of a Low Option \$10,000 Basic Benefit Amount or a High Option \$15,000 Basic Benefit Amount.***

You have determined you want to offer your employees or members a low option and high option benefit amount with basic benefit amounts of \$10,000 and \$15,000 (including Optional Cancer Benefit, Category 3); plus, include 3 units of the optional Wellness Benefit with both the low and high options, and the optional Recurrence Benefit with the high option only. Knowing this, if an employee or member who has a Critical Illness basic benefit amount of either \$10,000 or \$15,000 experiences the following: a By-Pass Surgery is performed; then a Heart Attack occurs; then diagnosed with Alzheimer's Disease; then a Colon Cancer Screening (CEA) Test is performed and an Invasive Cancer is diagnosed; and finally, a second Heart Attack occurs; would they be covered? How would their benefits be paid? The answer is yes, they would be covered based on the initial benefit offering determined by the employer, association, or union. See example below.

Example of how benefits are paid under a \$10,000 Low Option		Example of how benefits are paid under a \$15,000 High Option	
Benefit	Amount Payable	Benefit	Amount Payable
If employee or member has		If employee or member has	
<ul style="list-style-type: none"> <li>■ Coronary Artery By-Pass Surgery then -</li> <li>■ a Heart Attack then -</li> <li>■ Alzheimer's Disease then -</li> <li>■ a Cancer Screening Test then -</li> <li>■ Invasive Cancer then -</li> <li>■ a second Heart Attack</li> </ul>	<ul style="list-style-type: none"> <li>■ Coronary Artery By-Pass Surgery at 25% = \$2,500</li> <li>■ Heart Attack at 75% = \$7,500 (Since By-Pass Surgery being paid)</li> <li>■ Alzheimer's at 25% = \$2,500</li> <li>■ CEA (blood test for colon cancer) = \$75 (3 units)</li> <li>■ Invasive Cancer at 100% = \$10,000</li> <li>■ Heart Attack not covered under the Low Option, because the Optional Recurrence Benefit is not included</li> <li>■ Total Category 1, Category 2, Category 3, and Wellness Benefits paid = \$22,575</li> </ul>	<ul style="list-style-type: none"> <li>■ Coronary Artery By-Pass Surgery then -</li> <li>■ a Heart Attack then -</li> <li>■ Alzheimer's Disease then -</li> <li>■ a Cancer Screening Test then -</li> <li>■ Invasive Cancer then -</li> <li>■ a second Heart Attack</li> </ul>	<ul style="list-style-type: none"> <li>■ Coronary Artery By-Pass Surgery at 25% = \$3,750</li> <li>■ Heart Attack at 75% = \$11,250 (Since By-Pass Surgery being paid)</li> <li>■ Alzheimer's at 25% = \$3,750</li> <li>■ CEA (blood test for colon cancer) = \$75 (3 units)</li> <li>■ Invasive Cancer at 100% = \$15,000</li> <li>■ Heart Attack covered under the Optional Recurrence Benefit at 25% = \$2,812.50</li> <li>■ Total Category 1, Category 2, Category 3, Wellness Benefits, and Recurrence Benefit paid = \$36,637.50</li> </ul>
Employees or Members are still eligible for up to \$7,500 under Category 2 benefits.		Employees or Members are still eligible for up to \$11,250 under Category 2 benefits.	

After 100% of the basic benefit amount has been paid within a category (Category 1, Category 2, or Category 3), AWD does not pay any more benefits for any illness associated with that category for the insured. Once the insured has exhausted all basic benefit maximums in Category 1, 2, and 3 and the Optional Recurrence Benefit, their coverage is terminated.

# Group Voluntary Critical Illness Benefits

The product offers your employees and members group critical illness coverage which only provides benefits as defined, or other optional benefits described in the policy and certificate. The amount paid for each illness is the percentage shown below for each illness multiplied by the basic benefit amount which is determined by you.

Benefit Category 1 - Group Critical Illness Coverage	Benefit Percentage
<p><b>Heart Attack</b> - The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be based on both new electrocardiographic changes, and elevation of cardiac enzymes or biochemical markers showing a pattern and to a level consistent with a diagnosis of heart attack.</p>	100%
<p><b>Heart Transplant</b> - The surgical transplantation of the heart from a patient who died and whose heart was intact and capable of functioning in the recipient. The transplanted organ must come from a human donor.</p>	100%
<p><b>Stroke</b> - Death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. There must be evidence of permanent neurological deficit. Transient ischemic attacks (TIA's), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.</p>	100%
<p><b>Coronary Artery By-Pass Surgery</b> - Undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist registered in the United States. Angiographic evidence to support the necessity for bypass surgery will be required. The following procedures are not considered by-pass surgery: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.</p>	25%
Benefit Category 2 - Group Critical Illness Coverage	Benefit Percentage
<p><b>Major Organ Transplant (other than heart)</b> - The surgical transplantation of a lung, liver, pancreas, or kidney. The transplanted organ must come from a human donor.</p>	100%
<p><b>End Stage Renal Failure</b> - Failure of both kidneys to perform their essential functions, with the insured undergoing peritoneal dialysis or hemodialysis or a renal transplant.</p>	100%
<p><b>Paralysis (not as a result of a stroke)</b> - Complete and permanent loss of use of two or more limbs. Paralysis as a result of stroke is excluded.</p>	100%
<p><b>Alzheimer's Disease</b> - A clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 3 or more of the following activities of daily living: bathing; or dressing; or toileting; or eating; or taking medication.</p>	25%
Benefit Category 3 - Optional Cancer Coverage	Benefit Percentage
<p><b>Invasive Cancer</b> - AWD pays this benefit if a covered person is diagnosed with a new form or type of invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma. This is subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit is in force; and the illness is not excluded by name or specific description in the policy and certificate.</p>	100%
<p><b>Carcinoma in Situ</b> - AWD pays this benefit if a covered person is diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps. This is subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit is in force; and the illness is not excluded by name or specific description in the policy and certificate.</p>	25%

Optional Benefits	Benefit Percentage
<p><b>Wellness Benefit (Cancer Screenings and Heart Screenings)</b> - AWD pays \$25 for each unit of coverage, up to a maximum of 4 units, 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.</p> <p><b>Recurrence Benefit</b> - AWD 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.</p> <p>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.</p>	<p>\$25/unit up to 4 units maximum</p> <p>25% of previously paid Category 1 or 2 benefit</p>

**Payment of Benefits** - If a critical illness is diagnosed after an employee or member's effective date of coverage and while insured, AWD pays according to the Benefit Provision, subject to Exclusions and Limitations' provisions and all other provisions contained in the policy or certificate.

- The amount payable for each illness within each category is the percentage shown to the right of each benefit description, multiplied by the basic benefit amount shown in the policy/certificate.
- Coverage remains in force until 100% of the basic benefit amount shown in the policy/certificate has been paid within Category 1 or Category 2, individually. Once this occurs, no additional benefits for any illness associated with that category are payable.
- If they 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 they will receive for the subsequent illness is the lesser of: the percentage of the basic benefit amount shown in the certificate for that illness, or 100% minus the percentage of basic benefit amount the insured received for the previous illness(es).
- They can only receive benefits for an illness shown in the explanation of benefits on the following pages for one time, unless the Optional Recurrence Benefit is included.

**Premium Rates** - Premium rates are competitive and may vary by case, by state, or by other variables mentioned earlier in this brochure and can be either issue age banded or composite. Be sure to discuss these variables with your benefits' representative. Premium rates can be offered to employee or member only; employee or member and spouse; employee or member and child(ren); and family.

**Eligibility** - You determine the criteria for eligibility (such as length of service/hours worked each week). This information will need to be included on the Request for Group Insurance. An employee or member cannot be covered under both the Individual and Group Voluntary Critical Illness Insurance Plans with Allstate Workplace Division (AWD). **Issue ages are 18 and over if actively at work for the number of hours determined by you, the employer.**

**Minimum Group Size** - My Lifeline requires a minimum of five eligible employees or members enrolled with full underwriting. New Generation requires a minimum of 200 eligible employees or members and 50 employees or members enrolled. Minimum group size may increase due to state regulations.

## Guaranteed Issue Amounts (GI), Rate Guarantees & Participation Requirements

- **For case size 200-499 with Guaranteed Issue Amounts of \$5,000 - \$15,000**
  - 1 Year Rate Guarantee (25% participation)
  - 2 Years' Rate Guarantee (30% participation)
  - 3 Years' Rate Guarantee (35% participation)
- **For case size 500-999 with Guaranteed Issue Amounts of \$5,000 - \$15,000**
  - 1 Year Rate Guarantee (20% participation)
  - 2 Years' Rate Guarantee (25% participation)
  - 3 Years' Rate Guarantee (30% participation)
- **For case size 1,000+ with Guaranteed Issue Amounts of \$5,000 - \$15,000**
  - 1 Year Rate Guarantee (15% participation)
  - 2 Years' Rate Guarantee (20% participation)
  - 3 Years' Rate Guarantee (25% participation)

### Rate guarantees are valid as long as participation requirements are maintained.

A change in premium rate will not take effect before the rate guarantee date; however, AWD may change premium rates at any time for reasons which affect the risk assumed, including those reasons shown: 1. a change occurs in the plan design; or 2. a division, subsidiary or affiliated company is added or deleted; or 3. the number of insureds changes by the percentage determined during the underwriting process; or 4. a new law or a change in any existing law is enacted which applies to the plan; or 5. less than the percentage of those eligible for coverage, as determined during the underwriting process, are participating.

AWD will notify you in writing at least 30 days before a premium rate is changed. A change may take effect on an earlier date when both AWD and you agree in writing.

## 4 Levels of Underwriting

There are four levels of underwriting to help make the product flexible. Note: Underwriting requirements do not vary between My Lifeline and New Generation.

### ■ True GI

The employee must complete the Group Enrollment Form (AWD5017 or AWD5018), and answer the tobacco use question. Coverage for eligible employees will be effective on or after the issue date as specified in the group policy. Unions/Associations are not eligible for guarantee issue.

### ■ Level 1 - GI Participation Not Met and Group Basic Benefit Amounts at least \$5,000 but no more than \$15,000

For those groups that do not meet GI participation and the basic benefit amount is less than the GI limit, applicants must complete level 1 of the Group Voluntary Critical Illness Evidence of Insurability form (AWD4504). This will be simplified underwriting on an accept/reject basis.

### ■ Level 2 - Basic Benefit Amounts more than \$15,000 but no more than \$50,000

For those groups that request a basic benefit amount greater than the guaranteed issue limit and no more than \$50,000, employees or members must complete level 1 and 2 of the Group Voluntary Critical Illness Evidence of Insurability form (AWD4504). If the group meets GI participation requirements, but applicants do not pass level 1 & 2 underwriting questions, certificates will be issued at the guarantee issue limit.

### ■ Level 3 - Basic Benefit Amounts over \$50,000 but no more than \$100,000

For those groups that request a basic benefit amount greater than \$50,000, employees or members must complete level 1 and 2 of the Group Voluntary CI Evidence of Insurability form (AWD4504). An Attending Physician statement will also be requested and reviewed. If the group met GI participation requirements but applicants did not pass underwriting review, certificates will be issued at the guarantee issue limit.

Employees or members who enroll late must submit an Evidence of Insurability form (AWD4504) and are subject to underwriting. The level of underwriting is dependent on the requested basic benefit amount and coverage type.

**Existing Groups and Re-Enrollments** - For groups that meet GI participation at issue but do not maintain the required participation level, AWD will consider terminating the case.

**When Evidence of Insurability is Required** - Evidence of Insurability may be required at the time of enrollment. It will also be required when the employee or member voluntarily canceled coverage and reapplies; or applies for an amount of coverage over the Guaranteed Issue Limit; or applies for the coverage, or an increase in the amount of coverage, at any time after the initial enrollment period. If an eligible dependent does not enroll within 31 days of eligibility, evidence of insurability will be required.

**Absent from Work on the Date Coverage Would Normally Begin** - If the employee is absent from work or a member is not in active employment due to disability, injury, sickness, temporary layoff or leave of absence, coverage for that employee or member will begin on the date they return to active employment. Active employment means the employee or member is working for an employer for earnings that are paid regularly and is performing the material and substantial duties of his or her occupation. This applies to an employee or member's initial coverage, as well as any increase or addition to coverage that occurs after the employee or member's initial coverage is effective.

**Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence** - If your employee or member's active employment ceases or membership in the union or association terminates because of a temporary layoff or leave of absence while coverage is in force, we will continue coverage according to the personnel practices of your company, as long as premium payments are made to AWD. Coverage will be continued for 3 months following the date the insured ceases employment or membership.

**Termination of Coverage** - An employee or member's 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 an employee or member is in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; or the date the employee or member is no longer in an eligible class; or the date the employee or member's class is no longer eligible; or the date each employee or member has received the maximum total percentage of the basic benefit amount for each critical illness category, including the Optional Recurrence Benefit, if chosen as part of their coverage.

**Cancellation of Policy** - The policy can be canceled by AWD or you. AWD may cancel or offer to modify the policy, with at least 31 days written notice to you if: less than 15% of those eligible for coverage are participating; or the policy has been in effect for more than 12 months; or you do not promptly provide AWD with information that is reasonably required; or you fail to perform any obligations that relate to the policy; or fewer than 5 employees or members are insured; or you fail to pay any premium within the 31 day grace period. If the premium is not paid during the grace period, the policy will terminate automatically at the end of that period. You must pay all premiums due for the full period each plan is in force.

**Portability Privilege** - AWD will provide Group Voluntary Critical Illness insurance portability coverage, subject to the following provisions. Coverage will not be available to an employee or member unless: coverage under the policy terminates as stated in the "Termination of Coverage" provision; and we receive a written request and payment of the first premiums for the portability coverage no later than 30 days after such termination; and the request is made on a form we furnish or approve for that purpose. Specific criteria for coverage, premiums, grace period and termination of insurance provisions are included with this privilege; refer to the policy or certificate for complete details. ***This option is not available to an employee or member if they failed to make the required monthly premium payments.***

**Continuation of Coverage (COBRA)** - COBRA continuation is available for groups with 20 or more employees or members since the plan is subject to the same federal COBRA continuation requirements that apply to medical plans. In general, this allows the insured to continue their insurance under the policy for 18 months after employment terminates. If their dependent should lose coverage due to the insured's death, divorce, or attainment of the limiting age for eligibility of dependents, the coverage may be continued for up to 36 months. If the policy is terminated by you before the end of the COBRA continuation period, the employee or member is entitled to continue coverage under the Portability Provision. A third party vendor, CobraGuard, Inc., may perform COBRA administration services if selected by you.

**Section 125** - Group Voluntary Critical Illness ***does qualify*** for the pre-tax benefit under the Section 125 Cafeteria Plans—meaning payroll deductions can be set up on a pre-tax basis. There could be tax consequences for the insured at the time of claim. Please consult with your tax advisor.

**Pre-existing Condition Limitation** - AWD 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. A pre-existing condition can exist even though a diagnosis has not yet been made. State variations exist.

**Exclusions & Limitations** - AWD 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. State variations exist.



**Allstate**

Workplace Division

Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof. This guide 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. **This is a limited benefit Critical Illness Policy with optional benefits, which provides stated benefits for specified illnesses or other benefits that may be added.** This policy does not provide benefits for any other sickness or condition. The policy and optional benefits are not a Medicare Supplement Policy. Subject to COBRA continuation of coverage. Underwritten by American Heritage Life Insurance Company.

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