GROUP solutions

Accidents happen—an unintentional-injury death occurs every 4 minutes and a disabling injury every 1 second. [1]

[1] *Injury Facts 2010 Edition*, National Safety Council.

GVAP1

GROUP ACCIDENT INSURANCE

Best in Benefits Series℠

Allstate®
Workplace Division

group voluntary accident

Accidents are not planned and can happen at any moment. Having the right coverage that fits you and your family's needs the moment an accident occurs is important. Our Group Voluntary Accident policy can help you be financially prepared in the event of an on- or off-the-job accidental injury.

meeting your needs

Our coverage can help meet the needs of you, your spouse, and your child(ren) and help with financial peace of mind, should an accident occur unexpectedly.

- Up to $40,000* in accident benefit coverage
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- Affordable premiums
- Benefits paid directly to you, unless assigned
- Portable coverage

* Accidental Death Benefit; the Common Carrier Accidental Death benefit increases the benefit by 5 times.

Your employer has made it easy to help protect you and your family in the event of an accidental injury.

EASY
on you & your savings

accident discovery form

History - Have you or you family ever suffered an accidental injury?

You	☐Yes ☐No
Your Children	☐Yes ☐No
Your Spouse	☐Yes ☐No
Total Family Members Injured	#_____

Expenses - What expenses might be incurred due to an injury?

Hospital Stay (inpatient, initial confinement)	$_____
Medical Costs (doctor visits, medicines, X-rays)	$_____
Physical Therapy (rehab facility, hospital)	$_____
Fractures (legs, toes, fingers, arm)	$_____
Medical Supplies (wheelchair, crutches, walker)	$_____
Intensive Care (daily, weekly, monthly)	$_____
Head Injuries (MRI, CT, EEG, PET)	$_____
Transportation (ambulance, air ambulance, car)	$_____
Total	$_____

Payment Options - Will there be enough to cover injury expenses?

Insurance (major medical, FSA, supplemental)	$_____
Savings (high interest, checking, signature loan)	$_____
Retirement (pension, 401K, IRA, CD)	$_____
Mortgage (refinance, equity loan/credit)	$_____
Total	$_____

Accident Coverage - Who would you like to be covered?

You Only	☐Yes ☐No
Family	☐Yes ☐No
Total Premium	$_____

your benefit coverage

If you or each covered family member sustain an injury which results within 90 days from the date of an accident (180 days for Accidental Death or Dismemberment) while the coverage is in force, Allstate Workplace Division will pay the benefits as stated in the benefits provision. Treatment must be received in the United States or its territories.

Accidental Death - A **$40,000 benefit will be paid** for you if death is the result of a covered accidental injury. The plan pays $20,000 for an insured spouse and $10,000 for each covered child.

Common Carrier Accidental Death - A **$200,000 benefit will be paid** for you if death is a result of a covered injury sustained while riding as a fare paying passenger on a scheduled common carrier. The plan pays $100,000 for an insured spouse and $50,000 for each covered child.

Dismemberment - **Up to a $40,000* benefit will be paid** for you in the event of dismemberment (see Injury Benefits schedule). If a covered person sustains more than one dismemberment in any one injury, the total amount AWD will pay cannot exceed the amount shown in the chart on page 4. The plan pays up to $20,000* for an insured spouse and up to $10,000* for each covered child. *depending on type of loss.

Dislocation and Fracture - **Up to a $4,000* benefit will be paid** for you for dislocation or fracture (see Injury Benefits schedule on page 4). If a covered person sustains more than one dislocation or fracture in any one injury, the total amount AWD will pay cannot exceed the amount shown. The plan pays up to $2,000* for an insured spouse and up to $1,000* for each covered child. *depending on type of loss.

Initial Hospital Confinement - A **$1,000 benefit will be paid** for the first time you or each covered family member are hospital confined as a result of injury after the effective date of coverage. AWD pays this benefit only once for each covered person over the lifetime of the certificate.

Hospital Confinement - **A benefit of $200 will be paid** for each day you or each covered family member are confined in a hospital, as a result of injury, up to a maximum of 90 days for any one injury.

Intensive Care - **A benefit of $400 will be paid** for each day you or each covered family member are confined in a hospital intensive care unit, as a result of injury, up to a maximum of 90 days for any continuous period of hospital intensive care confinement.

Ambulance - **A $200 (Ground) or a $600 (Air) benefit will be paid** for you or each covered family member for transfer by ambulance service to or from a hospital, as a result of injury.

Medical Expenses - **Up to a $500 benefit will be paid** for you or each covered family member for expenses incurred for each medical or surgical treatment a covered person may require, as a result of an injury. Covers doctor fees, x-rays; emergency services; and repair to natural sound teeth, if diagnosed by a licensed dentist to be a result of the injury.

Outpatient Physician's Treatment - **A $50 benefit will be paid** per visit for you or each covered family member if treated by a physician for any cause outside of a hospital. This benefit is limited to 2 visits for each covered person, each calendar year; not to exceed 4 times per year for Family Coverage.

injury benefit amounts

The below shows covered injury benefits for 2 units of coverage and one occurrence. An insured spouse gets 50% of the amounts shown; insured children get 25% of the amounts shown.

Loss of:	Plan
Life	$40,000
Both Eyes	$40,000
One Eye	$20,000
Both Hands or Arms	$40,000
Both Feet or Legs	$40,000
One Hand or Arm and One Foot or Leg	$40,000
One Hand or Arm	$20,000
One Foot or Leg	$20,000
One or More Entire Toes	$4,000
One or More Entire Fingers	$4,000

Complete Dislocation of:	Plan
Hip Joint	$4,000
Knee Joint (except Patella)	$1,600
Bone or Bones of the Foot (except Toes)	$1,600
Ankle Joint	$1,600
Wrist Joint	$1,400
Elbow Joint	$1,200
Shoulder Joint	$800
Bone or Bones of the Hand (except Fingers)	$600
Collarbone	$600
Two or More Fingers	$280
Two or More Toes	$280
One Finger or Toe	$120

Simple or Closed Fracture of Bone or Bones of:	Plan
Skull (except Bones of Face or Nose)	$3,800
Hip, Thigh (Femur)	$4,000
Pelvis (except Coccyx)	$4,000
Arm, between Shoulder and Elbow (Shaft)	$2,200
Shoulder Blade (Scapula)	$2,200
Leg (Tibia or Fibula)	$2,200
Ankle	$1,600
Knee Cap (Patella)	$1,600
Collarbone (Clavicle)	$1,600
Forearm (Radius or Ulna)	$1,600
Foot (except Toes)	$1,400
Hand or Wrist (except Fingers)	$1,400
Lower Jaw (except Alveolar Process)	$800
Two or More Ribs, Fingers or Toes	$600
Bones of Face or Nose	$600
One Rib, Finger or Toe	$280
Coccyx	$280

premiums detailed

Your premium offerings consist of:
2 units of Group Voluntary Accident

Bi-Weekly

Insureds	Premium
Employee Only	$7.18
Family	$18.14

Issue Ages: 18 and over if actively at work

Certificates

Certificates under this plan are issued on a guaranteed basis only at the time of the initial enrollment. A completed Evidence of Insurability form is required for late entrants into the group plan.

certificate specifications

Eligibility - Family members eligible for coverage include: you; your legal spouse; unmarried children including adopted children, children pending adoption and stepchildre who are under 22 years old, or under 26 years old and a full-time student at an educational institution of higher learning beyond high school. Children must not have a full-time job and must be completely dependent on you for support.

Termination of Coverage - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you were in active employment, except as provided under the "Temporarily Not Working" provision; or the date you were no longer in an eligible class; or the date your class is no longer eligible. Spouse coverage ends upon valid decree of divorce or your death. A child's coverage ends on the certificate anniversary next following the date the child is no longer eligible. This is the earlier of when the child: (a)marries; or (b) reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage for unmarried children does not terminate if they are: 1. incapable of self-sustaining employment by reason of mental or physical incapacity; and 2. became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and 3. chiefly dependent upon you for support and maintenance. Coverage for the child continues as long as the policy remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished within 60 days of the child's attainment of the limiting age of eligibility. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility. If AWD accepts a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Temporarily Not Working - AWD will continue your coverage in accordance with the personnel practices of the policyholder's Human Resource department for a temporary layoff or leave of absence, if premium payments continue and the policyholder approved the leave in writing. Coverage will be continued for three months following the date you ceased active employment. If your coverage ends while on a family and medical leave of absence, your coverage will be reinstated when you return to active employment. AWD will not: 1. apply a new pre-existing condition exclusion; or 2. require evidence of insurability.

Portability Privilege - If your coverage terminates for any reason other than failure to pay required premiums, or if your employer terminates the group policy and does not replace it with another group accident plan, you will be eligible for portability coverage. This means you continue the same benefits you had under the group policy, but pay your premiums directly to AWD. You will no longer be covered under the group policy, but will continue to receive the benefits described in your certificate ofinsurance.

Payment of Benefits - If, while the policy is in force, in any of the losses stated in the benefits provision, subject to the Limitations/Exclusions provisions and all other provisions contained in the certificate of insurance, and is diagnosed by a physician, AWD will pay the benefits for such loss. Any loss not stated in the benefits provisions is not covered under the policy. Treatment must be received in the United States or its territories.

Exclusions and Limitations - AWD does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or loss sustained or contracted in consequence of any covered person being intoxicated or under the influence of any controlled substance, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an illegal occupation or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia. Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, AWD will return the pro-rata portion of the premium paid for any period of such service.

Pre-existing Condition Limitation - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which: 1. symptoms existed within the 12 month period prior to the effective date of coverage; or 2. medical advice or treatment was recommended by 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.

Coverage Subject to the Policy - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AWD and the policyholder. Your consent is not required for this. AWD is not required to give you prior notice.

The coverage is provided by a limited benefit supplemental insurance policy. This material is valid as long as information remains current, but in no event later than May 1, 2013. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof. 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, 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 certificate issued.

This brochure is for use in enrollments which are sitused in California.

Allstate Workplace Division

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