



For 92% of the medically bankrupt, high medical bills directly contributed to their bankruptcy.¹

¹Harvard Study: 60% of Bankruptcies Caused by Health Problems, *American Journal of Medicine*, 2009

California License No: _____

GROUP CRITICAL ILLNESS INSURANCE
Best in Benefits SeriesSM



Allstate

Workplace Division



group voluntary critical illness

Let our Group Voluntary Critical Illness coverage offer you protection for your health and finances should you be diagnosed with a critical illness. Our coverage provides benefits to help supplement your existing medical insurance, and helps pay for non-medical expenses not usually covered. It is never too early to start thinking about the future.

i meeting your needs

Our group critical illness coverage helps offer financial peace of mind, should a covered illness be diagnosed.

- Choose from \$10,000 or \$20,000 basic benefit coverage
- Benefits payable from Categories 1, 2, and Optional Category 3, plus wellness and recurrence benefits
- Coverage for you, your spouse, and your child(ren) is available
- Benefits paid directly to you unless otherwise assigned
- Coverage that supplements your existing medical benefits
- Spouse and child(ren) basic benefit amount is 50% of benefit shown and 100% Wellness Screening Benefit
- Portable coverage

Your employer has made it easy to help protect you and your family in the event of a critical illness.

EASY
on you & your savings

illness discovery form

Family History - Has anyone in your immediate family suffered a critical illness, such as a heart attack or stroke?

Mother or Father ☐ Yes ☐ No

You or Your Spouse ☐ Yes ☐ No

Children ☐ Yes ☐ No

Total Household Members Diagnosed # _____

Medical Expenses - What expenses might be incurred during a critical illness?

Doctor Visits (in-patient, out-patient) \$ _____

Prescriptions (doctor prescribed medications) \$ _____

Medical Supplies (medical devices and supplies) \$ _____

Transportation (to or from hospital, treatment facility) \$ _____

Care (nanny, nurse) \$ _____

Total \$ _____

Payment Options - Will you have enough to cover expenses?

Insurance (major medical, FSA, supplemental) \$ _____

Savings (high interest, checking, signature loan) \$ _____

Retirement (Pension, 401k, IRA, CD) \$ _____

Mortgage (refinance, equity loan/credit) \$ _____

Total \$ _____

Group Critical Illness Package - Coverage you would like.

You only \$ _____

You and Your Spouse \$ _____

You and Your Child(ren) \$ _____

Family \$ _____

your benefit coverage

Benefits are for critical illness coverage plus additional benefit options, and will be provided to you, your spouse or domestic partner, and children, where applicable. Terms and conditions for each benefit will vary. Please review your coverage carefully.



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

HOW TO GET STARTED

1. Choose from either a \$10,000 or \$20,000 basic benefit amount. Depending on the basic benefit amount you choose, up to 100% of the basic benefit amount will be payable in each of three benefit categories. (Coronary Artery By-Pass Surgery, Alzheimer's Disease, and Carcinoma in Situ pay 25% of the basic benefit amount). Benefit Category 3 (Cancer) is optional. See Example of Benefits Paid on page 5.
2. Select coverage for you, you and your spouse or domestic partner, you and your child(ren), or your entire family. Dependents receive 50% of basic benefit amount and 100% Wellness Benefit.

CATEGORY 1 BENEFITS

Heart Attack (100%) - A \$10,000 or \$20,000 benefit will be paid for 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.

Heart Transplant (100%) - A \$10,000 or \$20,000 benefit will be paid for 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.

Stroke (100%) - A \$10,000 or \$20,000 benefit will be paid for the 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 (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Coronary Artery By-Pass Surgery (25%) - A \$2,500 or \$5,000 benefit will be paid for 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. Procedures not covered: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

CATEGORY 2 BENEFITS

Major Organ Transplant (100%) - A \$10,000 or \$20,000 benefit will be paid for the surgical transplantation of a lung, liver, pancreas, or kidney. The transplanted organ must come from a human donor. Heart transplant is excluded from coverage.

End Stage Renal Failure (100%) - A \$10,000 or \$20,000 benefit will be paid for the failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis or a renal transplant.

Paralysis* (100%) - A \$10,000 or \$20,000 benefit will be paid for complete and permanent loss of use of two or more limbs. Not covered if a result of a stroke.

Alzheimer's Disease (25%) - A \$2,500 or \$5,000 benefit will be paid for 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.

² Heart Disease and Stroke Statistics Update, American Heart Association, 2006.



additional benefit coverage

We have enhanced coverage by providing Recurrence and Wellness Screening Benefits. These benefits help if you have a recurrence of a covered critical illness in Category 1 or 2 and also if you have a cancer or heart screening test.

OPTIONAL CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A **\$10,000 or \$20,000 benefit will be paid** if diagnosed with a new form or type of cancer that has spread to surrounding tissues or cancer which is contained and has not spread to surrounding areas. This includes Leukemia and Lymphoma. Subject to 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 benefit is in force; and the illness is not excluded by name or specific description in the certificate.

Carcinoma In Situ (25%) - A **\$2,500 or \$5,000 benefit will be paid** if diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having spread to neighboring tissue. Carcinoma in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma which has not spread to adjacent tissue. 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 certificate.

ADDITIONAL BENEFIT

Recurrence Benefit (25%) - **25% of previously paid category 1 or 2 will be paid** if 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 your 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 certificate. • AWD will pay an amount equal to 25% of the specified critical illness basic benefit amount previously paid for that specified critical illness. AWD will pay no more than one recurrence benefit per previously paid specified critical illness under Categories 1 and 2.

Wellness Screening Benefit - A **\$100 benefit will be paid** if one of the following cancer screening tests or heart screening tests is 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
- Pap Smear, including Thin Prep 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)
- Blood test for triglycerides

There is no limit to the number of years screening tests can be received, and the benefit is paid regardless of the result of the test(s). Limited to one test each calendar year for each covered person.

Mammography Benefit - AWD pays the actual charges up to \$100 for a covered person as follows: baseline mammography for women ages 35 to 39, inclusive; mammography every 2 years, or more frequently upon a physician's recommendation for women ages 40 to 49, and annual mammography for women ages 50 and over.

example of benefits paid

Below are two examples of how benefits under the Group Voluntary Critical Illness certificate will be paid. The benefits received may vary based upon each insured's personal medical experience.

\$10,000 BENEFIT		
If you have	Amount Payable	
Category 1 Coronary Artery By-Pass Surgery then - a Heart Attack then - (Since By-Pass Surgery paid)	at 25%	= \$2,500
	at 75%	= \$7,500
Category 2 Alzheimer's Disease then -	at 25%	= \$2,500
Category 3 Invasive Cancer then -	at 100%	= \$10,000
Additional Benefits a Cancer Screening Test then -	at 4 units	= \$100
a Second Heart Attack 2 years later -	at 25% prev. paid	= \$1,875
Total		= \$24,475
Still eligible for*	75%	= \$7,500

*(Under Category 2 benefits)

\$20,000 BENEFIT		
If you have	Amount Payable	
Category 1 Coronary Artery By-Pass Surgery then - a Heart Attack then - (Since By-Pass Surgery paid)	at 25%	= \$5,000
	at 75%	= \$15,000
Category 2 Alzheimer's Disease then -	at 25%	= \$5,000
Category 3 Invasive Cancer then -	at 100%	= \$20,000
Additional Benefits a Cancer Screening Test then -	at 4 units	= \$100
a Second Heart Attack 2 years later -	at 25% prev. paid	= \$3,750
Total		= \$48,850
Still eligible for*	75%	= \$15,000

*(Under Category 2 benefits)



Remember!

Benefits are paid directly to you, unless assigned.

In both the \$10,000 and \$20,000 benefit example, after 100% of the basic benefit amount of the certificate has been paid within a category (Category 1, Category 2, or Category 3) no more basic benefits for any illness associated with that category are available.

Once the covered person has exhausted all basic benefit maximums in Categories 1, 2, and 3, Additional Wellness Benefit and Additional Recurrence Benefit, coverage is terminated.



bi-weekly premiums detailed



The \$10,000 Option package and premiums consist of:
Category 1 and Category 2 Group Voluntary Critical Illness benefits; Optional/Additional Category 3 Critical Illness Cancer Coverage; Optional/Additional Recurrence Benefit; and Additional Wellness Benefit (4 units).

The \$20,000 Option package and premiums consist of:
Category 1 and Category 2 Group Voluntary Critical Illness benefits; Optional/Additional Category 3 Critical Illness Cancer Coverage; Optional/Additional Recurrence Benefit; and Additional Wellness Benefit (4 units).

Issue		NT	T	NT	T
Age	Insured	\$10k	\$10k	\$20k	\$20k
18-35	EE	\$4.30	\$6.34	\$6.74	\$10.80
	EE + Sp	\$6.62	\$9.62	\$10.22	\$16.22
	EE + C	\$4.54	\$6.56	\$7.20	\$11.26
	F	\$6.90	\$9.90	\$10.78	\$16.78
36-49	EE	\$8.64	\$15.24	\$15.42	\$28.62
	EE + Sp	\$13.08	\$22.82	\$23.14	\$42.62
	EE + C	\$8.92	\$15.46	\$15.98	\$29.08
	F	\$13.30	\$23.04	\$23.60	\$43.08
50-59	EE	\$17.22	\$31.80	\$32.60	\$61.76
	EE + Sp	\$25.72	\$47.38	\$48.44	\$91.72
	EE + C	\$17.46	\$32.08	\$33.06	\$62.32
	F	\$26.00	\$47.60	\$48.98	\$92.18
60-64	EE	\$26.26	\$43.30	\$50.68	\$84.74
	EE + Sp	\$39.16	\$64.36	\$75.30	\$125.70
	EE + C	\$26.54	\$43.54	\$51.24	\$85.20
	F	\$39.38	\$64.58	\$75.76	\$126.16
65-69	EE	\$32.46	\$48.46	\$63.06	\$95.08
	EE + Sp	\$48.34	\$71.98	\$93.66	\$140.92
	EE + C	\$32.74	\$48.70	\$63.60	\$95.54
	F	\$48.62	\$72.20	\$94.22	\$141.38
70+	EE	\$37.94	\$52.54	\$74.04	\$103.20
	EE + Sp	\$56.38	\$78.02	\$109.72	\$153.02
	EE + C	\$38.18	\$52.80	\$74.50	\$103.76
	F	\$56.64	\$78.30	\$110.28	\$153.58

Issue Ages: 18 and over if actively at work.

k = Thousand NT = Non-Tobacco T = Tobacco

EE = Employee Sp = Spouse or Domestic Partner

C = Children F=Family



certificate specifications

Eligibility - As a member in good standing of the CPF you are eligible to participate in this plan. Issue ages are 18 and over if actively at work for the number of hours determined by your employer. You cannot be covered under both the Individual and Group Voluntary Critical Illness Insurance Plans with Allstate Workplace Division (AWD).

Dependent Coverage - Family members who are eligible for coverage are: your spouse (or domestic partner); your unmarried children including adopted children, step children (child(ren) of domestic partner), or legal ward who is under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while Individual and Child(ren) coverage or Family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

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) - The coverage provided under the plan is subject to the federal COBRA continuation requirements. In general, this allows you to continue insurance under the policy for 18 months after your employment terminates. If your dependent should lose coverage due to your 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 your employer before the end of the COBRA continuation period, you are entitled to continue coverage under the Portability Provision.

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 or membership, 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.

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 you became an 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.

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 or contracted in consequence of the insured being intoxicated or under the influence of any controlled substance 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.

Coverage Subject to the Policy - The coverage described in the certificates of insurance are 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.

Group Voluntary 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.

The coverage is provided by limited benefit supplemental insurance policies. This material is valid as long as information remains current, but in no event later than May 1, 2013.

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 certificates issued.

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



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