



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

# disability insurance

## Heritage Paycheck Protector

- Every 10 minutes, 441 people suffer a disabling injury.<sup>1</sup>
- According to the Social Security Administration's Annual Statistical Supplement, 2005 draft, the average monthly benefit for disabled workers in December 2004 was \$1,002 for men and \$765 for women.

If you are like the rest of us, you probably don't have much cushion for the unexpected. What if you got hurt off-the-job would you be covered?

- Workers' Compensation may cover you on-the-job, but about three-fifths of the disabling injuries suffered by workers in 2004 occurred off-the-job.<sup>1</sup>
- If a few weeks of missed work would make it hard to keep up with bills such as: mortgage/rent; car payments; utilities; and credit card payments; and you have insurance coverage, but all your expenses won't be covered, what would you and your family do to make ends meet?

This is where supplemental insurance can help, because it works in conjunction with other insurance you may have individually or through your employer. You can use the policy on its own or to fill a benefit income gap in your other policies. So you and your family can still maintain your lifestyle until you're back at work.

1. *Injury Facts 2005-2006 Edition*, National Safety Council.



## What You Get

The Heritage Paycheck Protector from Allstate Workplace Division gives you a source of income when you can't work because of a covered sickness or off-the-job injury.

- A monthly benefit you choose, from \$400 to \$5,000 - up to 60% of your income.
- Your choice of a 3 month, 6 month, 12 month, or 24 month benefit period.\*
- Guaranteed renewability to age 70, subject to change in premium by class.
- Affordable premium rates paid through convenient payroll deduction.
- A policy that is portable.

\* All benefit and elimination period combinations may not be available.

## Customizing your Disability package is easy, simply choose the package that best fits the needs of you and your family.

| Monthly Policy Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       |          |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|------------------------------------------------------|
| Benefit amount \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |          |                                                      |
| Policy Benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Basic | Enhanced | Premier                                              |
| <b>Total Disability</b> - While you're totally disabled, you get your monthly benefit amount after the elimination period has been satisfied. An elimination period is the consecutive days of total disability that must pass before benefits start; this period cannot be met if you are only partially disabled. The elimination period may be different for disabilities resulting from sickness and disabilities resulting from an off-the-job accidental injury. Benefits continue while you're totally disabled up to the length of your benefit period. |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | Paid for the benefit period chosen.                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Partial Disability</b> - If you are partially disabled immediately following at least one month of total disability benefits being payable, you'll get 50% of the monthly benefit. Payments continue while you're partially disabled for up to three months, but not beyond the maximum benefit period.                                                                                                                                                                                                                                                      |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | 50% after 1 mo. of disability.                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Pregnancy</b> - Pregnancy is covered like any other sickness if the insured first begins a total disability after the policy has been in force for at least 10 months.                                                                                                                                                                                                                                                                                                                                                                                       |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | Paid the same as any sickness.                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Monthly Benefit When You Attain Age 70</b> - We continue to pay a monthly benefit if you are totally disabled when you attain age 70, and have received monthly payments for less than the maximum benefit period for the lesser of the balance of the applicable benefit period or 12 months after you attain age 70.                                                                                                                                                                                                                                       |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | Paid if totally disabled at age 70.                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Recurrent Disabilities</b> - For any disability period, you may collect a partial disability benefit or a total disability benefit, but not both. If you're disabled from the same or related cause within six months of recovery, it is considered the same disability; you will not be required to satisfy a new elimination period.                                                                                                                                                                                                                       |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | Paid if disabled within 6 months of last disability. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Concurrent Disability</b> - If you are disabled due to more than one cause, only one monthly benefit is paid. Being disabled due to more than one cause will not extend the time benefits are paid.                                                                                                                                                                                                                                                                                                                                                          |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | One monthly benefit paid.                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
| <b>Waiver of Premium</b> - After monthly benefits are payable for 90 days in a row, we'll waive future premiums as they become due for as long as monthly benefits are payable.                                                                                                                                                                                                                                                                                                                                                                                 |       |          |                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          | Yes                                                  |

| Policy Benefit Reduction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Basic | Enhanced | Premier                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|---------------------------------|
| <b>Monthly Benefit Reduction for Social Security and/or Railroad Retirement</b> - If you receive benefits in any month from Social Security, Railroad Retirement, or other federal disability benefits, while receiving benefits under the policy, your monthly benefit will be reduced. The amount of the reduction will equal the total of the other benefits you receive, except the monthly benefit we pay you will be at least \$100 a month. We may require reasonable proof of any such disability benefits received during any month. |       |          |                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |          | Reduced; but at least \$100/mo. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |          |                                 |

| Monthly Rider Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       |          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|---------|
| Benefit amount \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |          |         |
| Rider Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Basic | Enhanced | Premier |
| <b>On-the-job Accident Total Disability Rider</b> - If you are totally disabled due to an on-the-job injury we pay a monthly benefit amount equal to the policy benefit amount, once sufficient written proof has been received. The elimination period is the same as the policy. For a period of disability less than one full month, 1/30th of the monthly amount is paid for each day of total disability. For any month you receive worker's compensation disability or other state disability, the monthly benefit is reduced by 50%. We have the right to require reasonable proof of any such disability benefit you receive during any month. |       |          |         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No    | Yes      | Yes     |

## For an additional premium you can expand your coverage by adding the On-the-job Accident Total Disability Rider and/or the Accidental Death and Dismemberment Rider.

**Accidental Death and Dismemberment Rider** - If, while the rider is in force, a covered person sustains an injury, which results, within 90 days (180 days for Accidental Death or Dismemberment) from the date of an accident, in any of the losses stated in the Benefits provision and is diagnosed by a physician (doctor), we pay the following benefits for such loss. Any loss not stated in the Benefits provision is not covered under the rider. *The rider is an accident only rider which does not pay benefits for a loss from sickness.*

**Benefit descriptions shown are for one full unit of coverage** - Benefits are available for Individual Insured, Individual Insured Family, Spouse (if covered), and Child (if covered). The Accidental Death and Dismemberment benefit amount varies for the Spouse and Child, and is explained in the benefit description below. Hospital Confinement, Ambulance Services, and Emergency Room/Treatment provide the same benefit amount for the Insured, Spouse and Child.

| Rider Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Insured Rider Benefit |          |                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------|----------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Basic                 | Enhanced | Premier                    |
| <b>Accidental Death and Dismemberment</b> - Pays the amount shown in the Schedule of Benefits below, per unit of coverage. The total amount paid for death will not exceed \$30,000 for the insured, \$15,000 for covered spouse, and \$5,000 for covered children. If more than one dismemberment is sustained in any one accident, as defined in the rider, the total amount we pay for the multiple dismemberments will not exceed \$10,000 for the insured or the insured's spouse, if covered, and \$5,000 for covered children.                    | No                    | No       | See Schedule Below         |
| <b>Hospital Confinement</b> - If a covered person is confined in a hospital, as a result of an injury, within 90 days from the date of the injury, we pay a daily benefit of \$200 per day, for each day of hospital confinement, up to a maximum of 90 days for any one injury, starting with the first full day of confinement. No hospital confinement beyond the 180th day after the injury is covered. The hospital must be located in the U.S. or its territories.                                                                                 | No                    | No       | \$200/day                  |
| <b>Ambulance Services</b> - If a covered person, as a result of an injury, within 90 days from the date of the injury, requires ambulance service for transfer to or from a hospital, we pay: (a) \$100; or (b) \$200 for transfer by air ambulance. This benefit is limited to two ambulance transfers per injury. <i>The benefit covers Regular Ambulance or Air Ambulance for the amount shown.</i>                                                                                                                                                   | No                    | No       | \$100 Regular<br>\$200 Air |
| <b>Emergency Room/Treatment</b> - If a covered person, as a result of an injury, within 90 days from the date of the injury, requires medical or surgical treatment in an emergency room, we pay actual charges up to \$100 per occurrence. This is limited to \$200, per calendar year, per covered person. This includes treatment for dental repair only to sound natural teeth, if the necessity for repair is diagnosed by a licensed dentist to have been a result of the accident. The treatment must be received in the U.S. or its territories. | No                    | No       | up to \$100                |

## Helpful Definitions

**Total Disability** - When, because of sickness or an off-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined below) and are under a physician's care.

**Any Occupation** - Any gainful occupation for which you're suited by education, training, or experience.

**Own Occupation** - Your occupation when a total disability period begins; if you're unemployed at that time, it means any gainful occupation for which you're suited by education, training, or experience.

**On-the-Job Injury Totally Disabled or On-the-Job Injury Total Disability** - When, because of an on-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined above) and are under the regular care of a physician.

**Pre-Existing Condition** - A sickness not disclosed in the application for which symptoms existed in 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.

| Schedule of Benefits                | Amount Payable Per Unit |                        |                       |
|-------------------------------------|-------------------------|------------------------|-----------------------|
|                                     | Insured                 | Spouse<br>(if covered) | Child<br>(if covered) |
| Life                                | \$30,000                | \$15,000               | \$5,000               |
| Both Eyes                           | \$10,000                | \$10,000               | \$5,000               |
| One Eye                             | \$5,000                 | \$5,000                | \$2,500               |
| Both Hands or Both Arms             | \$10,000                | \$10,000               | \$5,000               |
| Both Feet or Both Legs              | \$10,000                | \$10,000               | \$5,000               |
| One Hand or Arm and One Foot or Leg | \$10,000                | \$10,000               | \$5,000               |
| One Hand or One Arm                 | \$5,000                 | \$5,000                | \$2,500               |
| One Foot or One Leg                 | \$5,000                 | \$5,000                | \$2,500               |
| One or More Entire Toes             | \$500                   | \$500                  | \$250                 |
| One or More Entire Fingers          | \$500                   | \$500                  | \$250                 |

## Plan Selected

Name: \_\_\_\_\_ Disability Package: Basic: \_\_\_\_\_ Enhanced: \_\_\_\_\_ Premier: \_\_\_\_\_  
Elimination Period: \_\_\_\_\_ days for injury \_\_\_\_\_ days for sickness. Benefit Period: \_\_\_\_\_ months. Monthly Benefit: \_\_\_\_\_ each month.  
On-The-Job Accident Total Disability Rider Benefit: \_\_\_\_\_ Accidental Death and Dismemberment Rider Unit(s): \_\_\_\_\_  
Individual Coverage: \_\_\_\_\_ Family Coverage: \_\_\_\_\_ Total Premium: \_\_\_\_\_

**Pre-Existing Condition Limitation** - We do not pay benefits under the policy for disability or loss due to sickness that begins within 12 months of the effective date, if caused by a pre-existing condition, unless the condition: was disclosed without material misrepresentation in written answer to questions in the application for the policy; and is not excluded by name or specific description. A disability that begins after 12 months from the effective date that is caused by a pre-existing condition and is not excluded by name or specific description is covered. **Limitations and Exclusions** - We do not pay benefits under the policy for total disability due to or resulting from: an on-the-job injury; or pregnancy, if disability first begins within 10 months of the policy date; or 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; or voluntary inhalation of gas or fumes; or bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders or mental illness without demonstrable organic disease. The policy will pay, however, for covered disabilities resulting from Alzheimer's disease, or similar forms of senility or senile dementia (without a requirement of demonstrable organic disease), first manifested while coverage is in force. ■ Disability benefits will not be provided during any period of incarceration. ■ If you are or become disabled due to a covered injury or sickness while you are outside the United States and you are disabled longer than the elimination period, your maximum benefit period while you are outside the United States will be limited to 30 days. **On-the-Job Accident Total Disability Rider Limitations and Exclusions** - We do not pay benefits under the rider for injury due to or resulting from: 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; or alcoholism, drug addiction or dependence upon any controlled substance; or voluntary inhalation of gas or fumes. ■ Disability benefits will not be provided during any period of incarceration. **Accidental Death and Dismemberment Rider Exclusions and Other Limitations** - This rider does not pay for any loss for injury as a result of: injury incurred prior to the effective date of coverage under the rider, subject to the Incontestability provision in the policy; or any act of war, whether or not declared, participation in riot, insurrection, or rebellion; or suicide or any attempt at suicide, whether sane or insane; or any injury sustained while under the influence of alcohol, narcotics or any controlled substance unless administered upon the advice of a physician (doctor); or any bacterial infection (except pyogenic infections which occur with and through an accidental cut or wound); or participation in any form or aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier operating between definitely established airports; or taking of poison or asphyxiation from or voluntary inhaling of gas or fumes; or committing or attempting to commit an assault 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 mental diseases or deficiencies without demonstrable organic disease; or hernia, including complications due to hernia. The rider will not provide benefits that duplicate benefits paid by Medicare. **Eligibility/Effective Date/Renewability/Termination** - Individual coverage is available for the policy and the On-the-Job Accident Total Disability Rider. Individual or Family coverage is available for the Accidental Death and Dismemberment Rider. Family coverage includes you (the employee), your spouse, and dependent children as defined in the rider. The effective date of coverage will be the policy and rider date assigned by the Home Office and shown on the policy specifications page, and not the application date. The policy and riders are guaranteed renewable until age 70, subject to change in premiums by class; and terminate at the earliest of: the end of the grace period; the end of the last renewal period as described in the Renewal Provision; the next renewal date after your request to terminate the policy or rider; or your death. If your child is covered under the Accidental Death and Dismemberment Rider, his/her coverage terminates at the child's age 21 (25 if a full-time student at an educational institution of higher learning beyond high school).



*This brochure is for use in Florida.*

**Rev. 3/07.** Benefits are provided by Disability Income policy DI5W, or state variations thereof. On-the-Job Total Disability benefits provided by rider R1DI5, or state variations thereof. Accidental Death and Dismemberment benefit provided by rider ABR1, or state variations thereof. Coverage is underwritten by American Heritage Life Insurance Company. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company.

Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation. ©2007 Allstate Insurance Company. The Workplace Marketer® [www.allstate.com](http://www.allstate.com) and [allstateatwork.com](http://allstateatwork.com)