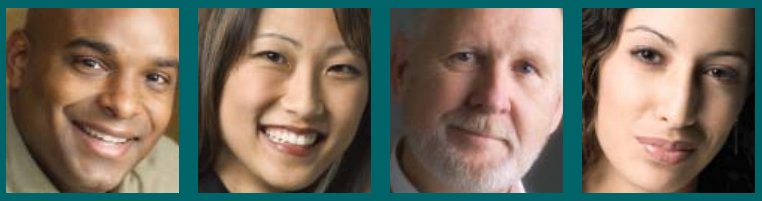

BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

critical illness insurance

with cancer

Do you know someone who has had heart disease or a stroke?

- About every 26 seconds an American will suffer a coronary event.[1]
- The estimated cost of coronary heart disease in the United States for 2008 is $156.4 billion.[1]
- About 780,000 people will have a stroke this year – that's an average of someone every 40 seconds in the United States.[1]

Would your finances survive a critical illness?

1 *Heart Disease and Stroke Statistics*, The American Heart Association, 2008.

Allstate Life Insurance Company of New York (ALICNY)

Allstate
Workplace Division

AWD12661NY-1

ALICNY Individual Critical Illness Policy

With ALICNY's Critical Illness Insurance You Can Have Peace-of-Mind Knowing -

- Benefits paid directly to you, unless assigned
- Benefits paid in addition to any other coverage
- Guaranteed renewable for life, subject to change in premiums by class
- No reduction in benefits due to age
- Individual, single parent family, or family coverage is available
- Your premium does not increase with age
- Your premium is based on your age at issue, tobacco status, and basic benefit amount you select
- Basic benefit amounts have been packaged to meet your individual needs

Here's how our Critical Illness policy benefits you and your family

You choose the plan that best fits you or your family's needs. The benefit amounts for Basic is $20,000 with the Wellness Benefit Rider included; Enhanced is $25,000 with the Wellness Benefit Rider included; and Premier is $30,000 with the Wellness Benefit Rider included. 100% of the Basic Benefit Amount is payable once to each insured.

Basic Benefit Amount Additional Information - The amount of coverage purchased is called the Basic Benefit Amount, which is the lifetime maximum benefit payable for each covered person. We pay a percentage of the basic benefit amount if you are diagnosed for the first time ever with one of the illnesses shown within this brochure if the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while insured and that illness is not excluded by name or specific description in the policy. After 100% of the basic benefit amount of the policy has been paid, we do not pay any more benefit for any illness for that covered person. Once each covered person has received 100% of the basic benefit amount, the policy and the Wellness Benefit Rider terminate.

Example I

How benefits may be paid under the $20,000 Basic Plan

Benefit - If you have

■ Cancer Screening Test CEA (blood test for colon cancer)	= $50 (2 units)
■ Melanoma Skin Cancer (one time only)	= $250
■ a Heart Attack (100%)	= $20,000

Total Basic and Wellness Benefits paid = $20,300 - The covered person is no longer eligible for coverage, the policy is terminated.

BENEFITS

Basic Benefit Amount

Heart Attack - 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.

Stroke - 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.

Coronary Artery By-Pass Surgery - Undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a consultant cardiologist registered in the United States. Angiographic evidence to support the necessity for bypass surgery will be required.

Major Organ Transplant (other than heart) - The process of receiving a transplant of a lung, liver, pancreas, or kidney.

End Stage Renal Failure - End stage renal disease affecting both kidneys, with the insured undergoing peritoneal dialysis or hemodialysis or resulting in renal transplant.

Alzheimer's Disease - A clinically established diagnosis of Alzheimer's disease by a psychiatrist or neurologist, resulting in the inability to perform independently 3 or more of the following activities of daily living: bathing; and dressing; and toileting; and eating; and taking medication.

Carcinoma in Situ - Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis.

Invasive Cancer - A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma.

Skin Cancer - Basal cell carcinoma and squamous cell carcinoma of the skin or melanoma that is diagnosed as Clark's Level I or II or Breslow less than .75mm. Payment of Skin Cancer Benefit will not reduce the benefit percentage.

Wellness Benefit Rider (WBR4NY) - Pays a benefit for each covered person for each calendar year, for one of the following preventative tests performed: 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); or biopsy for skin cancer; or stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid Panel (total cholesterol count); or Blood test for triglycerides. There is no limit to the number of years a covered person can receive preventative tests. This benefit is paid regardless of the result of the test(s).

Basic	Enhanced	Premier
$20,000	$25,000	$30,000
100%	100%	100%
100%	100%	100%
25% (payable once)	25% (payable once)	25% (payable once)
100%	100%	100%
100%	100%	100%
100%	100%	100%
25% (payable once)	25% (payable once)	25% (payable once)
100%	100%	100%
$250 (payable once)	$250 (payable once)	$250 (payable once)
$50	$75	$100

Example II

How benefits may be paid under the $20,000 Basic Plan Benefit - If you have

■ Cancer Screening Test CEA (blood test for colon cancer)	= $50 (2 units)
■ Coronary Artery By-Pass Surgery (25%)	= $5,000
■ Melanoma Skin Cancer (one time only)	= $250
■ a Heart Attack (75%)	= $15,000

Total Basic and Wellness Benefits paid = $20,300 - The covered person is no longer eligible for coverage, the policy is terminated.

Non-Tobacco Weekly Premiums

The Basic package and premiums consist of:
Critical Illness benefits and Wellness Benefit (2 units).

The Enhanced package and premiums consist of:
Critical Illness benefits and Wellness Benefit (3 units).

The Premier package and premiums consist of:
Critical Illness benefits and Wellness Benefit (4 units).

	Basic	Enhanced	Premier
Ages: 18-29			
Individual	$2.43	$3.15	$3.87
Individual & Child(ren)	$3.19	$4.17	$5.15
Family	$4.70	$6.07	$7.43
Ages: 30-39			
Individual	$3.85	$4.93	$6.00
Individual & Child(ren)	$4.61	$5.95	$7.28
Family	$7.37	$9.41	$11.43
Ages: 40-49			
Individual	$6.81	$8.63	$10.45
Individual & Child(ren)	$7.57	$9.65	$11.72
Family	$12.94	$16.36	$19.78
Ages: 50-59			
Individual	$11.48	$14.47	$17.45
Individual & Child(ren)	$12.24	$15.48	$18.73
Family	$21.72	$27.34	$32.95
Ages: 60-64			
Individual	$19.37	$24.32	$29.28
Individual & Child(ren)	$20.13	$25.34	$30.56
Family	$36.55	$45.88	$55.19

Issue Ages: 18-64

Tobacco Weekly Premiums

The Basic package and premiums consist of:
Critical Illness benefits and Wellness Benefit (2 units).

The Enhanced package and premiums consist of:
Critical Illness benefits and Wellness Benefit (3 units).

The Premier package and premiums consist of:
Critical Illness benefits and Wellness Benefit (4 units).

	Basic	Enhanced	Premier
Ages: 18-29			
Individual	$3.90	$4.98	$6.07
Individual & Child(ren)	$4.65	$6.00	$7.35
Family	$7.46	$9.51	$11.56
Ages: 30-39			
Individual	$6.67	$8.45	$10.23
Individual & Child(ren)	$7.43	$9.47	$11.51
Family	$12.68	$16.04	$19.39
Ages: 40-49			
Individual	$12.64	$15.91	$19.18
Individual & Child(ren)	$13.40	$16.93	$20.46
Family	$23.89	$30.05	$36.20
Ages: 50-59			
Individual	$21.96	$27.56	$33.17
Individual & Child(ren)	$22.72	$28.58	$34.45
Family	$41.42	$51.97	$62.51
Ages: 60-64			
Individual	$35.16	$44.07	$52.97
Individual & Child(ren)	$35.92	$45.09	$54.25
Family	$66.24	$82.99	$99.73

Issue Ages: 18-64

Renewability/Termination - The policy and rider are guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change. Family coverage may include you, your spouse and eligible children as defined in the policy. Single Parent Family coverage includes you and eligible children as defined in the policy. The policy terminates at the earliest of the end of the grace period for the payment of the premium for the policy; or the next renewal date after your request to terminate the policy; or the date each covered person has received 100% of the basic benefit amount. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries or reaches age 21 (25 if a full-time student at an accredited institution of higher learning). Coverage for your spouse ends upon final divorce or annulment.

Pre-Existing Condition - If a covered person has a pre-existing condition as defined, we do not pay benefits for such condition under the policy or any riders attached to the policy during the 6 month period beginning on the date that person became a covered person. • A pre-existing condition is a condition for which medical advice or treatment was recommended by or received from a licensed healthcare provider within 6 months before the effective date of coverage.

Limitations and Exclusions General - We do not pay benefits under the policy 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 covered person being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician; or aviation, other than a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline; or alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance. • Claims for benefits under the policy not satisfying all the criteria for diagnosis are subject to review by an independent physician consultant. • The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness under the policy once. The policy does not cover any other disease, sickness or incapacity. Benefits are payable under the policy for, or in connection with, treatment received in the United States, the U.S. territories or the countries of Canada or Mexico. • Diagnosis must be submitted to support each claim.

Stroke - Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Invasive Cancer - The following are not considered invasive cancer for purposes of this benefit: carcinoma in situ; tumors in the presence of any human immuno-deficiency virus; skin cancer other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic; and early prostate (Stage A) cancer. • Invasive cancer does not include: premalignant conditions; or conditions with malignant potential; or pre-leukemic conditions.

Coronary Artery By-Pass Surgery - The following procedures are not covered under the by-pass surgery benefit: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

Skin Cancer - We will pay this benefit if a covered person is diagnosed with skin cancer if: the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while the policy is in force; and it is not excluded by name or specific description in the policy. • The covered person can only receive benefits for skin cancer one time.

Allstate
Workplace Division

This brochure is for use in New York

This is a Limited Benefit Critical Illness Policy with an Optional Rider.

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. (It is very important that you read your policy carefully). The policy and rider are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

Rev. 8/08. Critical Illness benefits provided by policy CCIP1NY. Wellness Benefit Rider benefits provided by rider WBR4NY. Issued by Allstate Life Insurance Company of New York. Allstate Workplace Division is a marketing name used by Allstate Life Insurance Company of New York (Home Office, Hauppauge, NY). www.allstate.com