

OPTIONS

ALLSTATE SUPPLEMENTAL INSURANCE

EMPLOYEE NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

SOCIAL SEC # _____ DATE OF HIRE _____

GENDER M F TOBACCO Y N CELL/HOME# _____

BENEFICIARY NAME _____ RELATIONSHIP _____

SPOUSE NAME _____ DATE OF BIRTH _____ AGE _____

TOBACCO Y N SOCIAL SEC # _____ ACTIVELY WORKING Y N

EMPLOYER _____ JOB TITLE _____

CHILD(REN)

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

NAME _____ DATE OF BIRTH _____ GENDER M F

SIGNATURE: _____ DATE: _____

I DECLINE PARTICIPATION AT THIS TIME. I UNDERSTAND THAT THE LIFE INSURANCE IS GI
ONLY FOR THE INITIAL ENROLLMENT.

1. ACCIDENT PLAN – On and Off Job Coverage 24/7

EXAMPLES OF PAYOUTS PER ACCIDENT

Accidental Death- \$50,000
 Common Carrier- \$125,000
 Emergency Room - \$300
 Urgent Care - \$150
 Doctor Office - \$150

Hosp/ICU - \$200-\$400 a day
 Hosp. Admission - \$1,000
 Reg./Air Ambulance - \$300-\$900
 Follow Up treatment - \$100
 X-Ray - \$300

FRACTURE EXAMPLES:
 Hip, Thigh, Pelvis - \$5,000
 Leg, Upper Arm - \$2,750
 Ankle, Forearm - \$2,000
 Foot,Hand,Wrist- \$1,750

PLAN 1 EMPLOYEE \$8.10 EMP+CHILDREN \$17.30 EMP+SPOUSE \$14.00 FAMILY \$22.60

2. CRITICAL ILLNESS – CANCER, HEART ATTACK, STROKE, MAJOR ORGAN

TRANSPLANT, END STAGE RENAL FAILURE. \$100 WELLNESS BENEFIT. CHILDREN FREE TO AGE 26.

AGE **\$10,000 LUMP SUM PAYOUT**

\$20,000 LUMP SUM PAYOUT

	<input type="checkbox"/> <u>EMPLOYEE</u>	<input type="checkbox"/> <u>FAMILY</u>
18-29	\$3.28	\$5.84
30-39	\$5.42	\$9.06
40-49	\$9.68	\$15.46
50-59	\$16.10	\$25.08
60-64	\$21.48	\$33.14
65+	\$32.62	\$49.84

	<input type="checkbox"/> <u>EMPLOYEE</u>	<input type="checkbox"/> <u>FAMILY</u>
	\$4.72	\$7.98
	\$9.00	\$14.42
	\$17.52	\$27.18
	\$30.38	\$46.48
	\$41.12	\$62.58
	\$63.36	\$95.98

****RATES ARE BIWEEKLY****

3. PERMANENT LIFE INSURANCE Based on BIWEEKLY PAYROLL

NO HEIGHT/WEIGHT QUESTIONS, NO BLOOD TESTS, LIFE POLICY LASTS TILL AGE 95, CASH VALUE, PORTABLE (TOB) = Tobacco Rate

DEATH BENEFIT and RATE

AGE:	\$6.00 (TOB)	\$10.00 (TOB)	\$12.00 (TOB)	\$20.00 (TOB)	\$32.00 (TOB)	\$40.00 (TOB)
18	\$30,153	\$54,292	\$66,348	\$114,626	\$187,016	\$104,817
19	\$30,083 \$16,900	\$54,167 \$30,429	\$66,194 \$37,186	\$114,361 \$64,244	\$186,583 \$101,901	\$234,722 \$128,192
20	\$29,403 \$16,430	\$52,941 \$29,583	\$64,697 \$36,152	\$111,774 \$62,458	\$182,362 \$93,184	\$229,412 \$117,225
21	\$28,689 \$15,024	\$51,656 \$27,052	\$63,126 \$33,059	\$109,060 \$57,114	\$177,934 \$90,770	\$223,841 \$114,189
22	\$28,009 \$14,635	\$50,431 \$26,351	\$61,629 \$32,203	\$106,474 \$55,635	\$173,716 \$88,382	\$218,534 \$111,184
23	\$27,303 \$14,250	\$49,160 \$25,658	\$60,076 \$31,355	\$103,790 \$54,171	\$169,336 \$86,023	\$213,025 \$108,218
24	\$26,631 \$13,870	\$47,951 \$24,973	\$58,598 \$30,519	\$101,238 \$52,726	\$165,172 \$83,614	\$207,787 \$105,187
25	\$25,940 \$13,481	\$46,707 \$24,274	\$57,078 \$29,664	\$98,611 \$51,249	\$160,886 \$78,946	\$202,395 \$99,314
26	\$22,407 \$12,729	\$40,345 \$22,919	\$49,303 \$28,008	\$85,179 \$48,388	\$138,972 \$76,766	\$174,828 \$96,571
27	\$21,879 \$12,377	\$39,394 \$22,286	\$48,141 \$27,234	\$83,172 \$47,051	\$135,697 \$74,564	\$170,707 \$93,802
28	\$21,340 \$12,022	\$38,424 \$21,647	\$46,956 \$26,453	\$81,123 \$45,702	\$132,355 \$72,355	\$166,502 \$91,023
29	\$20,794 \$11,666	\$37,440 \$21,005	\$45,754 \$25,607	\$79,046 \$44,348	\$128,966 \$70,213	\$162,240 \$88,328
30	\$20,243 \$11,321	\$36,449 \$20,383	\$44,542 \$24,909	\$76,953 \$43,035	\$125,551 \$65,214	\$157,944 \$82,039
31	\$19,339 \$10,515	\$34,821 \$18,932	\$42,554 \$23,136	\$73,518 \$39,971	\$119,946 \$63,268	\$150,893 \$79,592
32	\$18,808 \$10,201	\$33,864 \$18,367	\$41,384 \$22,446	\$71,496 \$38,779	\$116,648 \$61,342	\$146,744 \$77,169
33	\$18,278	\$32,911 \$17,808	\$40,219 \$21,763	\$69,485 \$37,598	\$113,267 \$59,486	\$142,616 \$74,834
34	\$17,778	\$32,011 \$17,269	\$39,119 \$21,104	\$67,584 \$36,461	\$110,265 \$57,615	\$138,714 \$72,480
35	\$17,282	\$31,117 \$16,726	\$38,027 \$20,440	\$65,697 \$35,314	\$107,186 \$53,593	\$134,840 \$67,420
36	\$14,472	\$26,058 \$15,559	\$31,844 \$19,013	\$55,016 \$32,848	\$89,759 \$51,902	\$112,918 \$65,293
37	\$14,126	\$25,435 \$15,068	\$31,083 \$18,413	\$53,700 \$31,812	\$87,613 \$50,252	\$110,217 \$63,217
38	\$13,796	\$24,841 \$14,589	\$30,357 \$17,828	\$52,446 \$30,800	\$85,567 \$48,645	\$107,643 \$61,195
39	\$13,467	\$24,249 \$14,122	\$29,633 \$17,258	\$51,196 \$29,815	\$83,527 \$47,082	\$105,078 \$59,229
40	\$13,127	\$23,636 \$13,668	\$28,885 \$16,703	\$49,903 \$28,857	\$81,418 \$42,670	\$102,424 \$53,679
41	\$12,342	\$22,222 \$12,388	\$27,157 \$15,138	\$46,917 \$26,154	\$76,547 \$41,357	\$96,296 \$52,027
42	\$12,044	\$21,687 \$12,006	\$26,502 \$14,672	\$45,787 \$25,348	\$74,703 \$40,067	\$93,976 \$50,398
43	\$11,750	\$21,157 \$11,630	\$25,855 \$14,213	\$44,669 \$24,555	\$72,879 \$38,789	\$91,682 \$48,797
44	\$11,460	\$20,635 \$11,261	\$25,217 \$13,761	\$43,566 \$23,775	\$71,079 \$37,525	\$89,418 \$47,207
45	\$11,155	\$20,086 \$10,894	\$25,546 \$13,313	\$42,507 \$23,000	\$69,188 \$32,994	\$87,039 \$41,506
46		\$16,572	\$20,252 \$11,705	\$34,989 \$20,223	\$57,085 \$31,948	\$71,813 \$40,190
47		\$16,183	\$19,776 \$11,334	\$34,166 \$19,581	\$55,743 \$30,895	\$70,124 \$38,865
48		\$15,789	\$19,296 \$10,961	\$33,336 \$18,936	\$54,389 \$29,853	\$68,421 \$37,556
49		\$15,395	\$18,813 \$10,591	\$32,503 \$18,298	\$53,029 \$28,828	\$66,711 \$36,266
50		\$15,000	\$18,331 \$10,227	\$31,669 \$17,670	\$51,669 \$23,784	\$65,000 \$29,920
51		\$13,213	\$16,147	\$27,896 \$14,578	\$45,513 \$23,109	\$57,256 \$29,071
52		\$12,885	\$15,747	\$27,205 \$14,164	\$44,385 \$22,434	\$55,837 \$28,222
53		\$12,560	\$15,349	\$26,519 \$13,750	\$43,266 \$21,761	\$54,428 \$27,376
54		\$12,232	\$14,948	\$25,825 \$13,338	\$42,135 \$21,089	\$53,006 \$26,531
55		\$11,908	\$14,553	\$25,142 \$12,926	\$41,020 \$18,365	\$51,603 \$23,103
56			\$12,015	\$20,758 \$11,256	\$33,867 \$17,821	\$42,605 \$22,419
57			\$11,724	\$20,256 \$10,923	\$33,048 \$17,278	\$41,574 \$21,736
58			\$11,425	\$19,738 \$10,590	\$32,203 \$16,737	\$40,511 \$21,055
59			\$11,118	\$19,208 \$10,258	\$31,339 \$16,202	\$39,425 \$20,382
60			\$10,807	\$18,671	\$30,463 \$13,405	\$38,322 \$16,863
61			\$10,807	\$14,752	\$24,687 \$13,020	\$31,057 \$16,379
62				\$14,366	\$24,068 \$12,638	\$30,278 \$15,898
63				\$13,587	\$23,438 \$12,259	\$29,485 \$15,422
64					\$22,808 \$11,888	\$28,693 \$14,956
65					\$22,168 \$17,770	\$27,888 \$22,264

CHILDREN & GRANDCHILDREN \$6.00 PER CHILD

0	\$38,450		9	\$38,910
1	\$38,910	NUMBER OF CHILDREN	10	\$37,889
2	\$39,027		11	\$36,920
3	\$39,145	COVERED _____	12	\$35,901
4	\$39,263		13	\$34,842
5	\$39,263		14	\$32,409
6	\$39,263		15	\$31,391
7	\$39,263		16	\$30,651
8	\$39,145		17	\$30,223
			18	\$30,153

EMPLOYEE LIFE

\$6.00 \$10.00 \$12.00 \$20.00
 \$32.00 \$40.00

SPOUSE LIFE

\$6.00 \$10.00 \$12.00

4.SHORT TERM DISABILITY – Off Job Accident & Illness, 7 Day Wait,
3 Month duration.

Rates for Ages 18 - 49

- \$11.12 = \$800 payout per month
- \$13.90 = \$1000 payout per month
- \$18.06 = \$1300 payout per month
- \$22.24 = \$1600 payout per month

Rates for Ages 50 - 59

- \$13.24 = \$800 per month
- \$16.54 = \$1000 per month
- \$21.50 = \$1300 per month
- \$26.46 = \$1600 per month

Rates for Ages 60-64

- \$16.04 = \$800 payout per month
- \$20.06 = \$1000 payout per month
- \$26.06 = \$1300 payout per month
- \$32.08 = \$1600 payout per month

Rates for Ages 65-69

- \$17.56 = \$800 per month
- \$21.94 = \$1000 per month
- \$28.52 = \$1300 per month
- \$35.10 = \$1600 per month

****RATES ARE BIWEEKLY****

SUPPLEMENTAL INSURANCE ENROLLMENT

CHECK THE BOX OF PRODUCT(S) CHOSEN: ****RATES ARE BIWEEKLY****

INITIAL ON THE LINE:

- ACCIDENT INSURANCE** _____
- CRITICAL ILLNESS CANCER INSURANCE** _____
- LIFE INSURANCE** _____
- STD INSURANCE** _____
- I DECLINE PARTICIPATION AT THIS TIME** _____

I have read or had read to me the completed application and understand that any misstatement or misrepresentation in the application may result in loss of coverage. I represent that statements and answers given on this application are true, complete, and correctly recorded. **UNDERSTANDING.** I understand that: if premiums for the coverage(s) is (are) to be paid by payroll deductions, these deductions may start before the "effective date" of coverage(s) and that this does not change the effective date of coverage; and the "effective date" for health insurance coverages will be the date recorded on the policy/certificate/benefit statement, not the date the application is signed. If the coverage(s) is (are) not issued, American Heritage Life will refund any deductions it receives. I also understand that no producer (agent) has authority to waive any answer or otherwise modify this application, or to bind AHL in any way by making any promise or representation that is not set out in writing in this application. **PREMIUM DEDUCTION AUTHORIZATION. I AUTHORIZE** my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverages requested. **AUTHORIZATION TO OBTAIN AND DISCLOSE CERTAIN DATA (FOR SI LIFE AND CRITICAL ILLNESS).** I authorize any physician, medical practitioner, hospital, clinic or other medical facility, Pharmacy Benefit Managers, insurance company, MIB, Inc. or other organization, institution or person, that has records or knowledge of me or my health including my prescription medication history to give to AHL, its subsidiaries or its reinsurers any information. I also authorize AHL, or its reinsurers, to make a brief report of my health information to MIB, Inc. I understand that there is a possibility of redisclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality. I acknowledge receipt of the Important Notice About Privacy and MIB Notice form. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for 24 months from the date signed or until I have cancelled the policy or I am no longer covered under the policy. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so.

Hospital Indemnity: I ACKNOWLEDGE THAT THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN ADDITIONAL PAYMENT WITH MY TAXES.

I hereby attest that I am purchasing this policy as a supplement or in addition to other major medical health insurance coverage, also known as "minimum essential coverage."

FRAUD NOTICE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: City/State _____ Date Signed _____

Signature of Proposed Insured _____

***If you have any questions please contact Brian Patureau with Allstate at (504)239-4520**



American Heritage Life Insurance Company

Protection for accidental injuries on- and off-the-job, 24 hours a day

Accident Insurance from Allstate Benefits*

Today, active lifestyles in or out of the home may result in bumps, bruises and sometimes breaks. Getting the right treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With Accident insurance from Allstate Benefits, you can gain the advantage of financial support, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to be on the mend.

Here's How It Works

Our coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dismemberment; dislocation or fracture; ambulance services; physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations**
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

With Allstate Benefits, you can protect your finances against life's slips and falls.

Practical benefits for everyday living.®

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. **Please refer to the Exclusions and Limitations section of this brochure.

¹National Safety Council, Injury Facts®, 2019 Edition

DID YOU KNOW ?

The number of injuries suffered by workers in one year, both on- and off-the-job, includes:¹

ON-THE-JOB (in millions)



Work
4.4

OFF-THE-JOB (in millions)



Home
25.0



Non-Auto
12.6



Auto
4.3

Offered to the employees of:

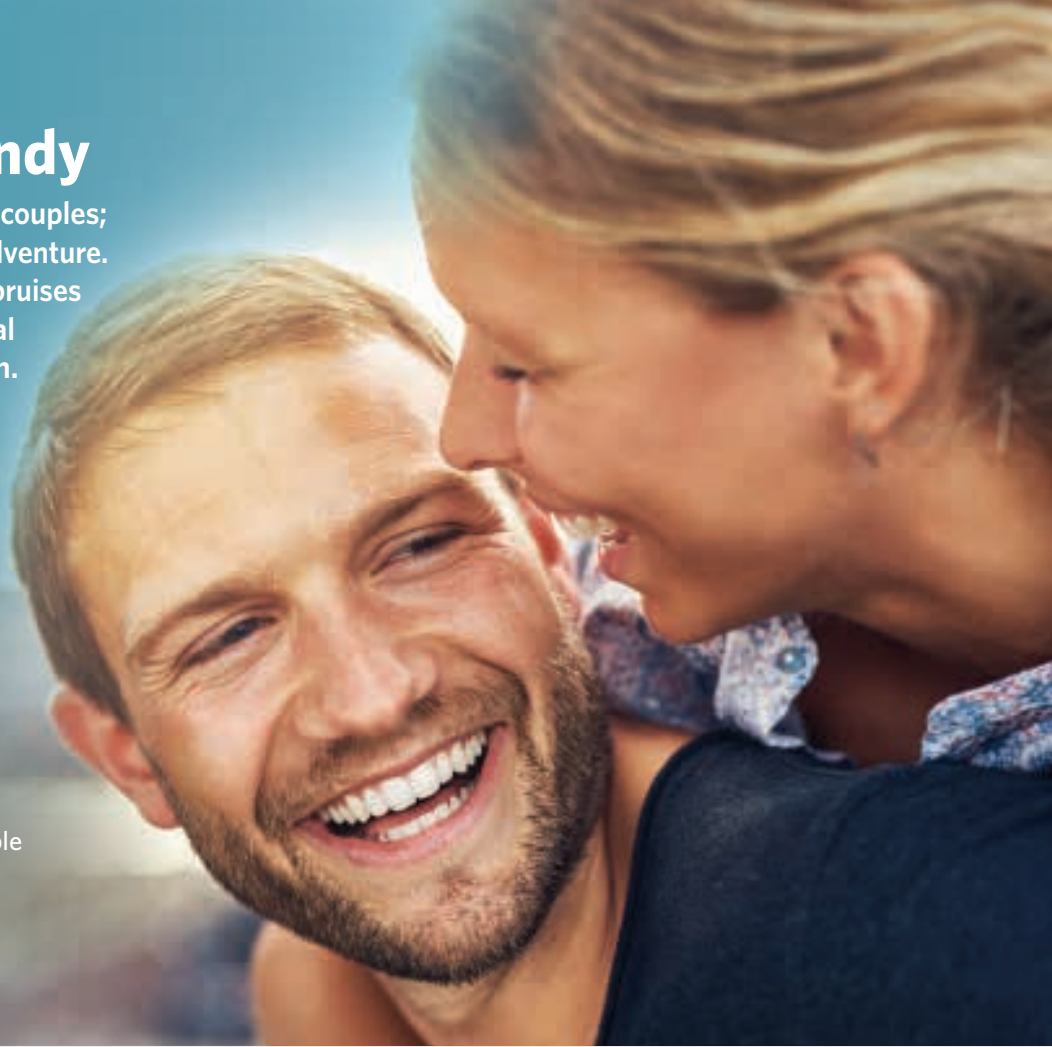
OPTIONS

Meet Daniel & Sandy

Daniel and Sandy are like most active couples; they enjoy the outdoors and a great adventure. They have seen their share of bumps, bruises and breaks. Sandy knows an accidental injury could happen to either of them. Most importantly, she worries about how they will pay for it.

Here is what weighs heavily on her mind:

- Major medical will only pay a portion of the expenses associated with injury treatments
- They have copays they are responsible for until they meet their deductible
- If they miss work because of an injury, they must cover the bills, rent/mortgage, groceries and their child's education
- If they need to seek treatment not available locally, they will have to pay for it



Daniel's story of injury and treatment turned into a happy ending, because he had supplemental Accident Insurance to help with expenses.



CHOOSE

Daniel and Sandy choose benefits to help protect their family if they suffer an accidental injury.



USE

Daniel was playing a pick-up game of basketball with his friends when he went up for a jump-shot and, on his way back down, twisted his foot and ruptured his Achilles tendon.

Here's Daniel's treatment path:

- Taken by ambulance to the emergency room
- Examined by a doctor and X-rays were taken
- Underwent surgery to reattach the tendon
- Visited by his doctor and released after a one-day stay in the hospital
- Had to immobilize his ankle for 6 weeks
- Seen by the doctor during a follow-up visit and sent to physical therapy to strengthen his leg and improve his mobility

Daniel would go online after each of his treatments to file claims. The cash benefits were direct deposited into his bank account.

Daniel is back playing basketball and enjoying life.



CLAIM

Daniel's Accident claim paid cash benefits for the following:

Ground Ambulance

Medicine

Emergency Room

X-rays

Initial Hospital Confinement

Daily Hospital Confinement

Accident Physician's Treatment

Tendon Surgery

General Anesthesia

Outpatient Physician

Physical Therapy (3 days/week)

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Dependent Eligibility

Coverage may include you, your spouse or domestic partner, and your children.

*Two treatments per covered person, per accident. **Up to three times per covered person, per accident. ¹Multiple dislocations, fractures, dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on rate insert. ²Two or more surgeries done at the same time are considered one operation. ³Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospital Confinement benefit is paid.

Benefits (subject to maximums as listed on the attached rate insert)

BASE POLICY BENEFITS

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

RIDER BENEFITS ADDED TO BASE POLICY

Accident Treatment & Urgent Care Rider

Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Dislocation/Fracture Rider¹ - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule in rate insert

Emergency Room Services Rider - received as a result of injury

OPTIONAL/ADDITIONAL RIDER BENEFITS

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered. Does not cover sickness

Accidental Death, Dismemberment and Functional Loss Rider

Benefits for: Accidental Death, Common Carrier, Dismemberment¹, Functional Loss¹

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid*

Lacerations

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - must be performed by a physician²

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery²

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician²

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the rider Surgery benefits is paid

Blood and Plasma

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies

Medicine

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab³

Non-Local Transportation - obtaining treatment more than 50 miles from your home when not available locally. Ground or air ambulance is not covered**

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

Post-Accident Transportation - three-day hospital stay more than 250 miles from your home, with a flight on a common carrier to return home. Payable only if the Daily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from Allstate Benefits

Offered to the employees of:
Options

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the brochure

BASE POLICY BENEFIT		PLAN 1
Initial Hospital Confinement	(pays once/year)	\$1,000
Daily Hospital Confinement	(pays daily)	\$200
Intensive Care	(pays daily)	\$400
RIDER BENEFITS		PLAN 1
Accident Treatment & Urgent Care Rider		
Ambulance	Ground	\$300
	Air	\$900
Accident Physician's Treatment		\$150
X-ray		\$300
Urgent Care		\$150
Dislocation or Fracture Enhanced Rider ¹		
Open Reduction (300% of Closed Reduction)		\$15,000
Closed Reduction		\$5,000
Avulsion and Chip Fracture (25% of Closed Reduction)		\$1,250
Stress Fracture (10% of Closed Reduction)		\$500
Emergency Room Services Rider		\$300
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		\$50
Accidental Death [*] , Dismemberment ^{1,*} and Functional Loss ^{1,*} Rider		
Common Carrier (fare-paying passenger)		\$125,000
		\$50,000
BENEFIT ENHANCEMENT RIDER		PLAN 1
Accident Follow-Up Treatment (pays daily)		\$100
Lacerations		\$100
Burns	< 15% body	\$200
	15% or more	\$1,000
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		\$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		\$100
Paralysis (pays once)	Paraplegia	\$15,000
	Quadriplegia	\$30,000
Coma with Respiratory Assistance		\$20,000
Open Abdominal or Thoracic Surgery		\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000
	Exploratory	\$300
Ruptured Spinal Disc Surgery		\$1,000
Eye Surgery		\$200
General Anesthesia		\$200
Blood and Plasma		\$600
Appliance		\$250
Medical Supplies		\$10.00
Medicine		\$10.00
Prosthesis	1 device	\$1,000
	2 or more devices	\$2,000
Physical, Occupational or Speech Therapy (pays daily)		\$60
Rehabilitation Unit (pays daily)		\$200
Non-Local Transportation		\$500
Family Member Lodging (pays daily)		\$200
Post-Accident Transportation (pays once/year)		\$400
Broken Tooth		\$200
Residence/Vehicle Modification		\$1,000
Pain Management (Epidural Injection)		\$100
Miscellaneous Outpatient Surgery		\$200

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Bi-Weekly	\$8.10	\$14.00	\$17.30	\$22.60

Issue ages: 18 and over if actively at work

EE=Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Injury Benefit Schedule is on reverse

*Each benefit pays the amount shown. ¹ Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	REDUCTION**	PLAN 1
Hip joint	Open	\$15,000
	Closed	\$5,000
Knee or ankle joint [^] , bone or bones of the foot [^]	Open	\$6,000
	Closed	\$2,000
Wrist joint	Open	\$5,250
	Closed	\$1,750
Elbow joint	Open	\$4,500
	Closed	\$1,500
Shoulder joint	Open	\$3,000
	Closed	\$1,000
Bone or bones of the hand [^] , collarbone	Open	\$2,250
	Closed	\$750
Two or more fingers or toes	Open	\$1,050
	Closed	\$350
One finger or toe	Open	\$450
	Closed	\$150
COMPLETE, SIMPLE OR CLOSED FRACTURE		PLAN 1
Hip, thigh (femur), pelvis ^{**}	Open	\$15,000
	Closed	\$5,000
Skull ^{**}	Open	\$14,250
	Closed	\$4,750
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	Open	\$8,250
	Closed	\$2,750
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	Open	\$6,000
	Closed	\$2,000
Foot ^{**} , hand or wrist ^{**}	Open	\$5,250
	Closed	\$1,750
Lower jaw ^{**}	Open	\$3,000
	Closed	\$1,000
Two or more ribs, fingers or toes, bones of face or nose	Open	\$2,250
	Closed	\$750
One rib, finger or toe, coccyx	Open	\$1,050
	Closed	\$350
LOSS		PLAN 1
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg		\$50,000
One eye, hand, arm, foot, or leg		\$25,000
One or more entire toes or fingers		\$5,000

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{**}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

**Avulsion & Chip fracture pays 25% of the Closed Reduction amount. Stress fracture pays 10% of the Closed Reduction amount.

FOR HOME OFFICE USE ONLY - GVAP6

Opt 1 - 2.0U Base; 2.5U D/F-E 100%CH; 3.0U AUC; 3.0U ERS; 2.5U ADD; 2.0U BER; 2.0U OPH; 24 Hour

ABQ V 09.30.2021 RE V 06.03.2020



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ABJ29986 - Insert - 54398

CERTIFICATE SPECIFICATIONS

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Exclusions and Limitations for Policy and the following riders: Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any bacterial infection (except pyogenic infections from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider

Benefits are not paid for: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway; injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

This brochure is for use in enrollments situated in LA, and is incomplete without the accompanying rate insert. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative. This material is valid as long as information remains current, but in no event later than November 9, 2024.

Group Accident benefits are provided under policy form GVAP6, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; and Benefit Enhancement Rider GP6BE.

The coverage provided is limited benefit supplemental accident insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



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American Heritage Life Insurance Company

Offering protection when faced with a critical illness diagnosis and you need treatment

Critical Illness Insurance from Allstate Benefits*

No one is ever really prepared for a life-altering critical illness diagnosis. The whirlwind of appointments, tests, treatments and medications can add to your stress levels.

The treatment to recovery is vital, but it can also be expensive. Your medical coverage may only cover some of the costs associated with treatment. You're still responsible for deductibles and coinsurance. If treatment keeps you out of work, the financial worries can grow quickly and stress levels may rise.

Critical Illness coverage helps provide financial support if you are diagnosed with a covered critical illness. With the expense of treatment often high, seeking the treatment you need could seem like a financial burden. When a diagnosis occurs, you need to be focused on getting better and taking control of your health, not stressing over financial worries.

Here's How It Works

You choose benefits to protect yourself and any family members if diagnosed with a critical illness. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

Meeting Your Needs

- Guaranteed Issue coverage without a Pre-Existing Condition Limitation**
- Coverage available for individual and child(ren) or family
- Covered dependents receive 50% of your Basic-Benefit Amount
- Benefits paid regardless of any other medical or disability plan coverage
- Premiums are affordable and conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- 100% of your Basic-Benefit Amount is paid for Advanced Alzheimer's Disease and Advanced Parkinson's Disease

With Allstate Benefits, you can make treatment decisions without putting your finances at risk. **Practical benefits for everyday living.®**

*Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.

**Please refer to the Exclusions and Limitations section of this brochure.

¹https://www.cdc.gov/heartdisease/heart_attack.htm ²<https://www.cdc.gov/stroke/facts.htm>

POD111662

DID YOU KNOW ?



Every 40 seconds, an American will have a heart attack¹



Every 40 seconds, someone in the U.S. has a stroke²

Offered to the employees of:

Options

Meet Ashley

Ashley is like any single parent who has been diagnosed with a critical illness. She's worried about her future, her children and how they will cope with her treatments. Most importantly, she worries about how she will pay for it all.

Here is what weighs heavily on her mind:

- Major medical only pays a portion of the expenses associated with my treatment
- I have copays I am responsible for until I meet my deductible
- If I am not working due to my treatments, I must cover my bills, rent/mortgage, groceries and my children's education
- If the right treatment is not available locally, I will have to travel to get the treatment I need



Ashley's story of diagnosis and treatment turned into a happy ending, because she had supplemental Critical Illness Insurance to help with expenses.



CHOOSE

Ashley chooses Critical Illness and rider benefits to help protect herself and her children, if they are diagnosed with a critical illness.



USE

During Ashley's annual wellness exam, her doctor noticed an irregular heartbeat. She underwent an electrocardiogram (EKG) test and stress test, which confirmed she had a blockage in one of her coronary arteries.

Here's Ashley's treatment path:

- Ashley has her annual wellness exam
- Her doctor notices an abnormality in her heartbeat; tests are performed and she is diagnosed with coronary artery disease
- After visits with doctors, surgeons and an anesthesiologist, Ashley undergoes surgery
- Surgery is performed to remove the blockage with a bypass graft. She is visited by her doctor during a 4-day hospital stay and released
- Ashley followed her doctor required treatment during a 2-month recovery period, and had regular doctor office visits

Ashley is doing well and is on the road to recovery.



CLAIM

Ashley's Critical Illness claim paid her cash benefits for the following:

Fixed Wellness

Coronary Artery Bypass Surgery

The cash benefits were direct deposited into her bank account.

For a listing of benefits and benefit amounts, see your company's rate insert.

Using your cash benefits

Cash benefits provide you with options, because you decide how to use them.



Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted.



Travel

Can help pay for expenses while receiving treatment in another city.



Home

Can help pay the mortgage, continue rental payments, or perform needed home repairs for after care.



Expenses

Can help pay your family's living expenses such as bills, electricity, and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

Fixed Wellness Rider - Biopsy for skin cancer; Blood tests for tri-glycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

Benefits (subject to maximums as listed on the attached rate insert)

Benefit paid upon diagnosis of one of the following conditions

INITIAL CRITICAL ILLNESS BENEFITS*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness or specified disease

CANCER CRITICAL ILLNESS BENEFITS*

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

REOCCURRENCE OF CRITICAL ILLNESS BENEFITS*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

RIDER BENEFITS

Supplemental Critical Illness Rider*-

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities¹ without adult assistance

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two daily activities¹ without adult assistance

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered

Coma - unconscious and not responsive to external stimulation or responsive to internal needs. Medically-induced coma, coma resulting from alcohol or drug use, and diagnosis of brain death are not covered

Complete Loss of Hearing - permanent loss of hearing in both ears

Complete Loss of Sight - permanent loss of vision in both eyes

Complete Loss of Speech - permanent loss of speech or verbal communication

Paralysis - permanent loss of muscle function in two or more limbs, due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Fixed Wellness Rider - 24 exams. Once per person per calendar year; see left for list of wellness services and tests

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates. ¹Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from Allstate Benefits

Offered to the employees of:

Options

BENEFIT AMOUNTS

Percentages below are based on the Basic Benefit Amount of \$10,000(Plan 1) or \$20,000(Plan 2) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

INITIAL CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Major Organ Transplant (100%)	\$10,000	\$20,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma In Situ (25%)	\$2,500	\$5,000
REOCCURRENCE OF CRITICAL ILLNESS BENEFITS†	PLAN 1	PLAN 2
Initial Critical Illness (same amount as Initial Critical Illness Benefit)	Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)	Yes	Yes
RIDER BENEFITS	PLAN 1	PLAN 2
Supplemental Critical Illness Rider†		
Advanced Alzheimer's Disease (100%)	\$10,000	\$20,000
Advanced Parkinson's Disease (100%)	\$10,000	\$20,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Complete Loss of Sight (100%)	\$10,000	\$20,000
Complete Loss of Speech (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
Fixed Wellness Rider (per year)	\$100	\$100

PLAN 1		
BI-WEEKLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
Uni-Tobacco		
18-29	\$3.28	\$5.84
30-39	\$5.42	\$9.06
40-49	\$9.68	\$15.46
50-59	\$16.10	\$25.08
60-64	\$21.48	\$33.14
65+	\$32.62	\$49.84

PLAN 2		
BI-WEEKLY ISSUE AGE		
PREMIUMS		
AGE	EE, EE+CH	EE+SP, F
Uni-Tobacco		
18-29	\$4.72	\$7.98
30-39	\$9.00	\$14.42
40-49	\$17.52	\$27.18
50-59	\$30.38	\$46.48
60-64	\$41.12	\$62.58
65+	\$63.36	\$95.98

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family

FOR HOME OFFICE USE ONLY - GVCIP4

Opt 1 - No Pre-Ex; 1.0U Base; CCILB: RCIB; RCCIB; SCI W/O; 4U FWR;

Opt 2 - No Pre-Ex; 2.0U Base; CCILB: RCIB; RCCIB; SCI W/O; 4U FWR;

ABQ V 09.24.2021 Proposal Creation Date: 11/12/2021

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CERTIFICATE SPECIFICATIONS

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the certificate is canceled; the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; or when all benefits have been paid under the policy and riders, if applicable.

Continuing Your Coverage

You may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

EXCLUSIONS AND LIMITATIONS

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to all limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Exclusions

Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs or narcotics; or being intoxicated or under the influence of narcotics, unless administered and taken as prescribed by a physician.



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Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Supplemental Critical Illness Rider GCIP4SR2 and Fixed Wellness Rider GCIP4FWR.

The coverage provided is limited benefit supplemental critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.