



Our Small Business Insurance Solutions
offer your family big business protection.

SBS

LIFE AND HEALTH INSURANCE

the right coverage • your future • great choice



Allstate[®]

Workplace Division

Your employer has worked with Allstate Workplace Division to create a package of benefits that will provide you with valuable coverage without straining your budget. Our Group Term and Group Critical Illness will help to cover some of the things your health insurance may not and are designed to supplement any coverage you may receive through your employer. You won't have to answer any questions at initial enrollment to qualify. These products are guaranteed issue at initial enrollment meaning no medical questions are required, so enrolling is easy!

Life is full of surprises, but you don't have to be caught off guard. Allstate Workplace Division can help you and your family rest easy knowing the future is a little more secure.

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group voluntary term life

Have you thought about how your family's quality of life will be affected if they lose you—and your income? Group Term Life insurance can help pay for large expenses in the event of an untimely death. Make sure money won't be your family's major worry after you are gone.

Take a look at what we have to offer...

i meeting your needs

To help meet your needs, Allstate Workplace Division offers Group Voluntary Term Life Insurance for you and your family through the convenience of payroll deduction.

- \$25,000* in valuable Group Voluntary Term Life coverage
- You can choose individual or family coverage
- Dependent coverage is 20% of your face value or \$5,000
- Affordable packaged rates
- Coverage is in addition to any benefit that may already be provided by your employer
- Guaranteed Issue at initial enrollment, no questions to answer or tests to take
- Choose to convert to an AWD universal life policy

* Coverage reduces at age 70. See page 9 for details.

Your employer has made it simple to help secure you and your family's finances in the event of an untimely death.

EASY

on you & your savings

benefit coverage highlights

This program offers Group Voluntary Term Life Insurance for you, your spouse and your dependent children. It is meant to supplement any coverage you may already have through your employer by providing a valuable life insurance coverage at an affordable cost. This coverage is ideal for those who want to protect their families, but may not need a permanent Life Policy. For your convenience, your premiums are payroll deducted so you don't have to hassle with writing checks or remembering when to pay.

Your family's needs and situation can change. There may be times when you want to give them a little more protection in case of an untimely death. Group Voluntary Term Life Insurance is designed to provide coverage for a specified time and provides you with the ability to choose a plan just for you or your entire family. The lump sum benefit can help offset final burial expenses or costs incurred as life events happen.

You or your family members may use term life insurance to:



Pay off a mortgage or other outstanding debts



Provide for child-care or educational expenses



Replace income to continue the same standard of living

Losing a loved one can be devastating. Final expenses and daily bills shouldn't add to the stress. Group Voluntary Term Life Insurance can help protect the ones you love so you can have the peace of mind you deserve.

additional benefit coverage

The Waiver of Premium and Accelerated Death Benefit are included with the Group Voluntary Term Life coverage. Each benefit enhances the basic coverage and can help with expenses associated with disability or terminal illness.

Waiver of Premium - If you become disabled prior to age 60 and the disability lasts for 6 months or longer, you will not be required to pay premiums for as long as the disability lasts or until you reach age 65, whichever occurs first, provided the group policy remains in force.

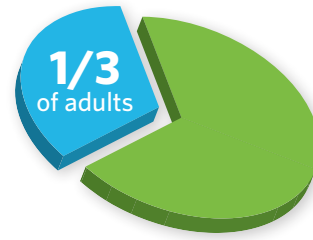
Accelerated Death Benefit - If you or your insured spouse are diagnosed with a terminal illness (defined as less than 12 months to live), this benefit pays a portion of the total face amount up to 50%. The remaining life insurance benefit is paid upon the death of the insured.

Benefit Reduction Schedule - Reductions in group insurance amounts will apply at older ages, according to the following schedule:

Insured's Attained Age	Reduction to x% of Original Coverage
70	65%
75	50%
80	35%

If you do not enroll during your initial enrollment period, you may enroll later during the annual re-enrollment period. However, you must submit evidence of insurability with your enrollment form.

Continuation of Coverage - You have the option, when you are no longer eligible for this coverage, to continue coverage at group rates up to age 70, so long as the group policy remains in force.



One third of adults in the United States carry no life insurance at all.¹

turn uncertainty into security

Term Life coverage can help provide for a secure future!

- You can purchase coverage to help protect yourself and your entire family
- Benefits are paid directly to your beneficiary upon your death, and can help provide financial assistance for burial expenses

1. Facts About Life, LIMRA International, 2008.





group voluntary critical illness

Being diagnosed with a critical illness can be emotionally devastating. Having the right coverage in place at the moment a diagnosis occurs is important. Our Group Voluntary Critical Illness policy can help you and your family be financially prepared in such an event.

Take a look at what we have to offer...

meeting your needs

Our coverage can help meet the needs of you, your spouse, and your child(ren). Our group critical illness coverage helps offer financial peace of mind, should a covered illness be diagnosed.

- Choose from \$5,000 or \$10,000 in basic benefit coverage
- Benefits payable from category 1, 2, 3, plus the wellness screening
- Premiums are affordable
- Benefits paid directly to you unless otherwise assigned
- Coverage that supplements your existing medical benefits
- Dependents receive 50% of basic benefit amount and 100% Wellness Screening Benefit

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

EASY
on you & your savings

benefit coverage highlights

Group Voluntary Critical Illness insurance pays you a lump-sum benefit upon diagnosis of a covered critical illness or condition. Having supplemental Critical Illness insurance can help lessen the financial impact to your wallet. It allows you to concentrate on getting better, rather than spend your time and energy worrying about how to pay the bills.

Our lump-sum benefit for each category of coverage helps you to:



Pay for treatments not covered under your medical insurance



Spend precious time with your family and friends



Pay your mortgage and other expenses

Traditional health insurance is valuable, but often has limits. Because medical treatments and technology are advancing daily, people are living longer with major illnesses or diseases. This can be very costly. Financial hardship can happen, due to indirect medical expenses that health and disability insurance doesn't cover. Group Voluntary Critical illness insurance is a strong supplement to your current health or disability insurance coverage.

The best way to determine your need is to understand how your finances would be affected tomorrow if you or a family member suffered a critical illness today.

your benefit coverage

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



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

Choose from either a \$5,000 or \$10,000 basic benefit amount. Depending on the basic benefit amount you choose, up to 100% of the basic benefit amount will be payable in each of three benefit categories. (Coronary Artery By-Pass Surgery, Alzheimer's Disease, and Carcinoma in Situ pay 25% of the basic benefit amount). See Example of Benefits Paid on page 8.

CATEGORY 1 BENEFITS

Heart Attack (100%) - A **\$5,000 or \$10,000 benefit will be paid** for the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be based on both new electrocardiographic changes; and elevation of cardiac enzymes or biochemical markers showing a pattern and to a level consistent with a diagnosis of heart attack.

Heart Transplant (100%) - A **\$5,000 or \$10,000 benefit will be paid** for surgical transplantation of the heart from a patient who died and whose heart was intact and capable of functioning in the recipient. The transplanted organ must come from a human donor.

Stroke (100%) - A **\$5,000 or \$10,000 benefit will be paid** for the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. There must be evidence of permanent neurological deficit. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Coronary Artery By-Pass Surgery (25%) - A **\$1,250 or \$2,500 benefit will be paid** for undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist registered in the United States. Angiographic evidence to support the necessity for bypass surgery will be required. Procedures not covered: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

CATEGORY 2 BENEFITS

Major Organ Transplant* (100%) - A **\$5,000 or \$10,000 benefit will be paid** for the surgical transplantation of a lung, liver, pancreas, or kidney. The transplanted organ must come from a human donor.

*heart transplant is excluded from coverage.

End Stage Renal Failure (100%) - A **\$5,000 or \$10,000 benefit will be paid** for the failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis or a renal transplant.

Paralysis* (100%) - A **\$5,000 or \$10,000 benefit will be paid** for complete and permanent loss of use of two or more limbs.

*not covered if a result of a stroke.

Alzheimer's Disease (25%) - A **\$1,250 or \$2,500 benefit will be paid** for a clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 3 or more of the following activities of daily living: bathing; or dressing; or toileting; or eating; or taking medication.

² Heart Disease and Stroke Statistics Update, American Heart Association, 2009.



additional benefit coverage

We have enhanced the coverage by providing you and your family a Wellness Screening Benefit. This benefit covers cancer or heart screening tests, if the test is performed while the covered person is not hospital confined.

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A **\$5,000 or \$10,000 benefit will be paid** if diagnosed with a new form or type of invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma. Subject to the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this benefit is in force; and the illness is not excluded by name or specific description in the certificate.

Carcinoma In Situ (25%) - A **\$1,250 or \$2,500 benefit will be paid** if diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps. This is subject to all of the following: clear and definitive diagnosis by either a pathological

or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit is in force; and the illness is not excluded by name or specific description in the certificate.

ADDITIONAL BENEFIT

Wellness Screening Benefit - A **\$100 benefit will be paid** for one of the following cancer screening tests or heart screening tests performed while not hospital confined:

- Bone Marrow Testing
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography, including breast ultrasound
- Pap Smear, including Thin Prep Pap Test
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Biopsy for skin cancer
- Stress test on bike or treadmill
- Electrocardiogram (EKG)
- Carotid doppler
- Echocardiogram
- Lipid panel (total cholesterol count)
- Blood test for triglycerides

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

example of benefits paid

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

\$5,000 BENEFIT		
If you have	Amount Payable	
Category 1		
Coronary Artery By-Pass Surgery then -	at 25%	= \$1,250
a Heart Attack then - (Since By-Pass Surgery paid)	at 75%	= \$3,750
Category 2		
Alzheimer's Disease then -	at 25%	= \$1,250
Category 3		
Invasive Cancer then -	at 100%	= \$5,000
Additional Benefit		
a Cancer Screening Test -	at 4 units	= \$100
Total		= \$11,350
Still eligible for*	75%	= \$3,750

*(Under Category 2 benefits)

\$10,000 BENEFIT		
If you have	Amount Payable	
Category 1		
Coronary Artery By-Pass Surgery then -	at 25%	= \$2,500
a Heart Attack then - (Since By-Pass Surgery paid)	at 75%	= \$7,500
Category 2		
Alzheimer's Disease then -	at 25%	= \$2,500
Category 3		
Invasive Cancer then -	at 100%	= \$10,000
Additional Benefit		
a Cancer Screening Test -	at 4 units	= \$100
Total		= \$22,600
Still eligible for*	75%	= \$7,500

*(Under Category 2 benefits)



Remember!

Benefits are paid directly to you.

In both the \$5,000 and \$10,000 benefit example, after 100% of the basic benefit amount of the certificate has been paid within a category (Category 1, Category 2, or Category 3), no more basic benefits for any illness associated with that category are available.

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



 **premiums detailed**

Your packaged premiums consist of:

Low Option

Insureds	Weekly
Employee Only	\$7.98
Family	\$12.99

High Option

Insureds	Weekly
Employee Only	\$12.99
Family	\$21.00

Low Option Employee

\$25,000 Group Term Life*,
 \$5,000 Group Voluntary Critical Illness, with \$100 Wellness Screening Benefit.

Low Option Family - Spouse and Children coverage shown is in addition to the amount shown under "Low Option Employee"

\$5,000 Group Term Life**,
 \$2,500 Group Voluntary Critical Illness, with \$100 Wellness Screening Benefit.

High Option Employee

\$25,000 Group Term Life*,
 \$10,000 Group Voluntary Critical Illness, with \$100 Wellness Screening Benefit.

High Option Family - Spouse and Children coverage shown is in addition to the amount shown under "High Option Employee"

\$5,000 Group Term Life**,
 \$5,000 Group Voluntary Critical Illness, with \$100 Wellness Screening Benefit.

*At issue age 70, the Group Term Life benefit is \$5,000; beginning at insured's attained age 70, benefit reductions apply (see page 4).

**Group Term Life benefit amounts are \$500 for covered children from ages 14 days to one year.



certificate specifications

GROUP TERM LIFE and GROUP CRITICAL ILLNESS

Eligibility - In **AK, AZ, IA, MS, NV, OH, RI, SC, VI, and WY**, your employer determines the criteria for eligibility (such as length of service and hours worked each week). Issue ages are 18 and over if actively at work for the number of hours determined by your employer. In **AK, AZ, MS, OH, RI, SC, VI, and WY**, you cannot be covered under both the Individual and Group Voluntary Critical Illness Insurance Plan with Allstate Workplace Division (AWD).

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

GROUP TERM LIFE ONLY

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse and your unmarried children, including legally adopted children, stepchildren, and legal wards who are under 19 years of age (under 25 if considered a full-time day student by and in an accredited school or college). Your children must be dependent on you for support and not have a full-time job. A child who is an Employee or who is in active military service is not considered a Dependent.

Exclusion - If an Employee or Spouse dies by suicide within the one year period after the effective date of that person's life insurance under the policy, we will pay only an amount equal to the premiums paid for that insurance. This applies whether the death occurs while the person is sane or insane.

GROUP CRITICAL ILLNESS ONLY

Dependent Coverage - In **AK, AZ, MS, NV, OH, RI, SC, VI, and WY**, family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or

evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

In **DE**, family members who are eligible for coverage are: your legal spouse and your unmarried children including adopted children, children during pendency of adoption procedures and stepchildren, who are under 24 years of age and are either residents of Delaware or are full-time students at an educational institution of higher learning beyond high school. Your children must be dependent on you for support and not have a full-time job. Coverage begins at the moment of birth.

In **IA**, family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, step children, or legal ward through the policy anniversary date on or after the date the child marries, ceases to be a resident of Iowa or attains the age of 25, whichever occurs first; or so long as the unmarried child maintains a full-time student status at an accredited institution of postsecondary education.

Termination of Coverage - Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible; or the date you have received the maximum total percentage of the basic benefit amount for each critical illness category.

Pre-Existing Condition Limitation -

AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. ▪ A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions & Limitations - In AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury sustained 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.

POLICY COVERAGE DISCLOSURES

Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof, which provides stated benefits for specified illnesses. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

Group Voluntary Term Life benefits provided by policy GVL-4000, or state variations thereof.

The coverage is provided by limited benefit supplemental insurance policies. This material is valid as long as information remains current, but in no event later than July 1, 2012.

This brochure highlights some features of the policies but is not the insurance contract. Only the actual policy provisions control. The policy themselves set forth in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For costs and complete details, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policies underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.



This brochure is for use in enrollments which are used in AK, AL, AR, AZ, CO, DE, IA, MS, NV, OH, RI, SC, VI, and WY.

If your state is not listed above, click on your state below to view your state variations:
CA, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, ME, MI, MO, MT, NC, ND, NE, NJ, NM, OK, OR, PA, SD, TN, TX, UT, VA, WI, WV



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California Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes California's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to California, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM LIFE ONLY

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse and your unmarried children, including legally adopted children, stepchildren, and legal ward who are under 21 years of age (under 25 if attending an educational institution). A child who is an Employee or who is in active military service is not considered a Dependent.

GROUP CRITICAL ILLNESS ONLY

This is a supplement to health insurance. It is not a substitute for hospital or medical expense insurance, a health maintenance organization (HMO) contract or major medical expense insurance.

Wellness Screening Benefit - A **\$100 benefit will be paid** for one of the following cancer screening tests or heart screening tests performed while not hospital confined: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count); Blood test for triglycerides.

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

Mammography Benefit - **Actual charges up to a \$100 benefit will be paid** if you or a covered female family member have a baseline mammogram (ages, inclusive; 35-39), and a mammogram (ages, inclusive; 40-49), inclusive, every two years or more frequently based upon the women's physician's recommendation; and a mammogram every year (ages 50 and older).

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A **\$5,000 or \$10,000 benefit will be paid** if diagnosed with a new form or type of cancer that has spread to surrounding tissues or cancer which is contained and has not spread to surrounding tissue. Invasive cancer means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma.

Carcinoma In Situ (25%) - A **\$1,250 or \$2,500 benefit will be paid** if diagnosed with cancer wherein the tumor cells still lie within the tissue of origin without having spread to neighboring tissue. Carcinoma in Situ covers: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma which has not spread to adjacent tissue. Carcinoma in Situ does not cover: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Both Invasive Cancer and Carcinoma In Situ are subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit is in force; and the illness is not excluded by name or specific description in the certificate.

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

Exclusions and Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury sustained or contracted in consequence of the insured being intoxicated or under the influence of any controlled substance unless administered on 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.



This insert is for use in CA. This material is valid as long as information remains current, but in no event later than August 1, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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. ©2009 Allstate Insurance Company. The Workplace Marketer® www.allstate.com or allstateatwork.com

District of Columbia Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes District of Columbia state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to District of Columbia, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Exclusions and Limitations - AWD does not pay benefits for an illness due to, or resulting from (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or 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.

This insert is for use in DC. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy form GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Florida Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Florida's state variations to the base policy; included in brochure AWD14870. The certificate specifications described in the brochure apply to Florida, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

CATEGORY 1 BENEFITS

Coronary Artery By-Pass Surgery (25%) - A \$1,250 or \$2,500 benefit will be paid for undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist licensed in the United States. Angiographic evidence to support the necessity for bypass surgery will be required. Procedures not covered: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

CATEGORY 2 BENEFITS

Alzheimer's Disease (25%) - A \$1,250 or \$2,500 benefit will be paid for a clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the following activities of daily living: bathing; or dressing; or toileting; or eating; or taking medication.

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A \$5,000 or \$10,000 benefit will be paid if diagnosed with a new form or type of invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma.

Carcinoma In Situ (25%) - A \$1,250 or \$2,500 benefit will be paid if diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and

melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Both Invasive Cancer and Carcinoma In Situ are subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this benefit is in force; or the illness is not excluded by name or specific description in the certificate; or it is determined, as the result of an autopsy, that the insured died as the result of one of these illnesses.

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your dependent children including newborn children, adopted children, children during pendency of adoption procedures, foster children, stepchildren, or legal wards, who are under 26 years of age. Children must live in your household or be a full-time or part-time student and must be dependent on you for support. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. The exception to the above would be for follow-up care for breast cancer. Routine follow-up care for a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care. • A pre-existing condition can exist even though a diagnosis has not yet been made.



This insert is for use in FL. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Georgia Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Georgia state variations; included in brochure AWD 14870. The certificate specifications described in the brochure apply to Georgia, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Pre-Existing Condition Limitation has been changed to Benefit Waiting Period Limitation.

Benefit Waiting Period Limitation - AWD does not pay any benefits for a covered specified critical illness which occurs during the first 30 day period following the date that person became insured. A benefit waiting period is the first 30 days following the effective date of the insured's coverage. No benefits will be paid for a covered specified critical illness which occurs during the benefit waiting period.



Allstate

Workplace Division

This insert is for use in GA. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Hawaii Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Hawaii's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Hawaii, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form; your reciprocal beneficiary but only if certified by Hawaii law that a "reciprocal beneficiary relationship" exists. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



Allstate

Workplace Division

This insert is for use in HI. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Illinois Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Illinois state variations to the base policy; included in brochure AWD14870. The certificate specifications described in the brochure apply to Illinois, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Exclusions and Limitations - AWD does not pay benefits for an illness due to, or resulting directly 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 except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or drug addiction or dependence upon any controlled substance.

This insert is for use in IL. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Indiana Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Indiana state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Indiana, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your natural children, including non-custodial children, adopted children on the date of placement or the date of the entry of an order granting you custody for the purposes of adoption up to age 24; and stepchildren, grandchildren and blood relatives, or those under legal custody provisions who are financially dependent on you for 50% or more of their total support, up to age 24. The children must be named on the enrollment or the evidence of insurability form. Children born to you or your spouse will be eligible for coverage. Coverage begins at the moment of birth.

This insert is for use in IN. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Kansas Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Kansas' state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Kansas, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Accelerated Death Benefit - If you or your insured spouse are diagnosed with a terminal illness (defined as less than 24 months to live), this benefit pays a portion of the total face amount up to 50%. The remaining life insurance benefit is paid upon the death of the insured.

GROUP CRITICAL ILLNESS

Wellness Screening Benefit - A \$100 benefit will be paid for one of the following cancer screening tests or heart screening tests performed while not hospital confined:

- Bone Marrow Testing
- CA15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography, including breast ultrasound
- Pap Smear, including ThinPrep Pap Test, performed at the direction of a person licensed to practice medicine and surgery by the board of healing arts acting within the lawful scope of such person's license

- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Biopsy for skin cancer
- Stress test on bike or treadmill
- Electrocardiogram (EKG)
- Carotid Doppler
- Echocardiogram
- Lipid panel (total cholesterol count)
- Blood test for triglycerides

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

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for

support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



This insert is for use in KS. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000 and GVCIP1, or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Kentucky Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Kentucky's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Kentucky, except where noted on this insert. This insert is incomplete without brochure AWD14870 which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Exclusions & Limitations - AWD does not pay benefits for an illness due to or resulting from (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic or any hallucinogenic unless administered on 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.



Allstate

Workplace Division

This insert is for use in KY. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Louisiana Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Louisiana state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Louisiana, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Benefit Reduction Schedule - Reductions in group insurance amounts will apply at older ages, according to the following schedule:

Insured's Attained Age	Reduction to x% of Original Coverage
65	65%
70	50%

If you do not enroll during your initial enrollment period, you may enroll later during the annual re-enrollment period.

However, you must submit evidence of insurability with your enrollment form.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children, unmarried grandchildren who are in your legal custody, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an accredited school or college, or if attending vocational, technical, vocational-technical or trade school or institute in Louisiana on a full time bases. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child

relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of narcotics unless administered on 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.

This insert is for use in LA. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Allstate

Workplace Division

Massachusetts Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Massachusetts state variations; included in brochure AWD 14870. The certificate specifications described in the brochure apply to Massachusetts, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward who do not exceed 25 years of age, or 2 years past the loss of dependent status under the Internal Revenue Code, whichever occurs first. Children must be dependent on you for support and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



Allstate

Workplace Division

This insert is for use in MA. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Maine Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Maine's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Maine, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Exclusion - If an Employee or Spouse dies by suicide within the two year period after the effective date of that person's life insurance under the policy, we will pay only an amount equal to the premiums paid for that insurance. This applies whether the death occurs while the person is sane or insane.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward who are under 25 years of age and a resident of Maine or enrolled full-time student at an accredited public or private institution of higher education. Children must not have dependents of their own, and must not be provided coverage under any other health plan. Children must be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 6 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 6

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 6 month period prior to the effective date of coverage. • A pre-existing condition can exist even though a diagnosis has not yet been made.



Allstate

Workplace Division

This insert is for use in ME. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Michigan Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Michigan's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Michigan, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

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

Exclusions and Limitations - AWD does not pay benefits for an illness due to, or resulting from (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury caused by the insured, sustained while under the influence of alcohol (as defined by the laws of the state of Michigan), narcotics (drugs that depress the central nervous system) 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.



Allstate

Workplace Division

This insert is for use in MI. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Missouri Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Missouri's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Missouri, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM LIFE

Exclusion - Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy unless Allstate Workplace Division (AWD) can show that the employee or spouse intended suicide when the owner applied for the policy regardless of any language to the contrary in the policy.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or

injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane; or 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.



Allstate

Workplace Division

This insert is for use in MO. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Montana Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Montana's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Montana, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A **\$5,000 or \$10,000 benefit will be paid** if diagnosed with a new form or type of invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma.

Carcinoma In Situ (25%) - A **\$1,250 or \$2,500 benefit will be paid** if diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Both Invasive Cancer and Carcinoma In Situ are subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional rider is in force; and the illness is not excluded by name or specific description in the certificate.

Wellness Screening Benefit - A **\$100 benefit will be paid** for one of the following cancer screening tests or heart screening tests performed while not hospital confined: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis;

Pap Smear, including Thin Prep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count); Blood test for triglycerides.

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

Mammography Benefit - Actual charges up to a \$100 benefit will be paid if you elect to have, or a physician requires you to have, a baseline mammogram (ages 35-39, inclusive); and a mammogram (ages 40-49, inclusive), every two years or more frequently based upon the women's physician's recommendation; and a mammogram every year (ages 50 and older).

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward who are under 25 years of age. Children must be named on the enrollment or evidence of insurability

form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Termination of Coverage - Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day you are in active employment, except as provided under the "Temporary Layoff , Leave of Absence, or Family and Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible; or the date you have received the maximum total percentage of the basic benefit amount for each critical illness category, including the Optional Riders, if applicable.

Exclusions and Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of the insured's being voluntarily intoxicated or under the influence of narcotics or any other controlled substance or drug unless administered on 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person enrolled for coverage. A pre-existing condition means a disease or physical condition for which medical advice or treatment was recommended or received from a member of the medical profession within the 6 month period prior to the date that person enrolled for coverage.



This insert is for use in MT. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 and rider R1CIEP or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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North Carolina Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes North Carolina's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to North Carolina, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children or foster children from the moment of placement in the residence, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury sustained 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition means a disease

or physical condition for which 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.

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A \$5,000 or \$10,000 benefit will be paid if diagnosed with invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma.

Carcinoma In Situ (25%) - A \$1,250 or \$2,500 benefit will be paid if diagnosed with cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Both Invasive Cancer and Carcinoma In Situ are subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit

is in force; and the illness is not excluded by name or specific description in the certificate; or it is determined, as the result of an autopsy, that the insured died as the result of these illnesses.

Wellness Screening Benefit - A \$100 benefit will be paid for one of the following cancer screening tests or heart screening tests performed while not hospital confined: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including breast ultrasound; Cervical Cancer Screening; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count); Blood test for triglycerides.

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



This insert is for use in NC. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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North Dakota Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes North Dakota's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to North Dakota, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNES

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

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which 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.



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Workplace Division

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Nebraska Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Nebraska's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Nebraska, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Alzheimer's Disease - A clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 2 or more of the following activities of daily living: bathing; or dressing; or toileting; or eating; or taking medication.

Pre-Existing Condition Limitation - AWD does not pay any benefit due to, or caused by, a pre-existing condition, as defined during the 12 month period beginning on the date that person became insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any injury contracted in consequence of the insured being intoxicated or under the influence of narcotics or any other controlled substance or drug

unless administered on 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.



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Workplace Division

This insert is for use in Nebraska. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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New Jersey Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes New Jersey's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Nebraska, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your spouse; your unmarried children including adopted children from the moment of placement in the residence, step children, or legal ward who is under 22 years of age, or under 26 years of age, and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse will be eligible for coverage from the moment of birth and such coverage will continue for 31 days. Benefits for the newborn child will be the same as provided for any other person insured under the policy. No additional premium will be required for newborns added if Individual and Children Coverage or Family Coverage is in force at the time the newborn is added. If Individual or Individual and Spouse Coverage is in force 31 days after the child's birth, additional premium will be required to continue the child's coverage.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from (directly or indirectly): any act of war, whether or not declared, while the insured is serving in the military or any unit supporting or accompanying the military, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or any loss to which a contributing cause was the insured's commission of, or attempt to commit, a felony or to which a contributing cause was the insured's engagement in an illegal occupation; or attempted suicide, while sane or insane; or any loss sustained or contracted as a consequence of the insured's intoxication or being under the influence of narcotics or any other controlled

substance or drug unless administered or consumed on 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 and abuse or alcoholism, drug addiction or dependence upon any controlled substance.

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A \$5,000 or \$10,000 benefit will be paid if diagnosed with a form or type of invasive cancer that has not been previously diagnosed, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma. Subject to the following: diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this benefit is in force; and the illness is not excluded by name or specific description in the certificate.

Carcinoma In Situ (25%) - A \$1,250 or \$2,500 benefit will be paid if diagnosed with a form or type of cancer that has not been previously diagnosed wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Cancer in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin

malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps. This is subject to all of the following: diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this optional benefit is in force; and the illness is not excluded by name or specific description in the certificate.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 6 month period beginning on the date that person became an insured. A pre-existing condition is a condition for which medical advice or treatment was recommended by or received from a physician within the 6 month period prior to the effective date of coverage. ▪ A pre-existing condition can exist even though a diagnosis has not yet been made.



This insert is for use in NJ. This material is valid as long as information remains current, but in no event later than August 1, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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New Mexico Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes New Mexico's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to New Mexico, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward, who are under 25 years of age. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



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Workplace Division

This insert is for use in NM. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Oklahoma Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Oklahoma's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Oklahoma, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse and your unmarried children, including legally adopted children, stepchildren, and legal wards who domicile with you in a parent-child relationship, who are under 21 years of age (21 years of age or older and who is attending an educational institution and relying upon you for financial support). A child who is an Employee or who is in active military service is not considered a Dependent.

GROUP CRITICAL ILLNESS

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

Exclusions & Limitations - AWD does not pay benefits for an illness due to or resulting from (directly or indirectly): 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 due to alcoholism or any insured being under the influence of narcotics or any other controlled substance unless administered upon the advice of a physician and taken according to the physician's advice; 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.

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Workplace Division

This insert is for use in OK. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000 and GVCIP1, or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Oregon Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Oregon's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Oregon, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

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

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of being intoxicated or under the influence of any 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage.



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Workplace Division

This insert is for use in OR. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Pennsylvania Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Pennsylvania's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Pennsylvania, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward, who are under 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. A full-time student called to active duty in the PA National Guard or reserve component of the armed forces of the U.S., if enrolled as a full-time student at the time of activation, coverage will be extended either for a period equal to the duration of his active duty service or until no longer a full-time student, whichever time is shorter. This will only apply if the child enrolls as a full-time student for the first term or semester beginning 60 days or more after release from active duty and submits the following forms: (a) Form to Notify Insurer of Active Duty Status (DMVA Form 83-1); and (b) Form to Notify Insurer of Completion of Active Duty (DMVA Form 83-2); and (c) Form to Notify Insurer of Re-Enrollment as Full-Time Student (DMVA 83-3). Such forms may be obtained at www.dmva.state.pa.us. In no event will coverage be extended beyond the length of time the child was on active duty. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage.

Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted as a consequence of intoxication or being under the influence of narcotics or any other controlled substance or drug, unless administered on 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition

means a disease or physical condition for which medical advice or treatment has been received by an insured within 90 days immediately prior to becoming covered under this policy. The condition shall be covered after an individual has been insured for more than 12 months under this policy.

Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, AWD will return the pro-rata portion of the premium paid for any period of such service.



This insert is for use in PA. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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South Dakota Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes South Dakota's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to South Dakota, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 12 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which an ordinarily prudent person would seek medical advice, diagnosis, care, or treatment during the 12 months immediately preceding 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 preexisting condition can exist even though a diagnosis has not yet been made.

This insert is for use in SD. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Tennessee Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Tennessee's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Tennessee, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward, who are under 24 years of age. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

This insert is for use in TN. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Texas Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Texas' state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Texas, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse and your unmarried children, including legally adopted children, stepchildren, and legal wards who are under 25 years of age and dependent on you for support. Stepchildren and legal wards must meet the above and reside with the employee. Excludes active military.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, children during pendency of adoption procedures, dependent grandchildren living in the employee's household and stepchildren, or legal ward who are under 25 years of age. Children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Coverage for your grandchildren will not terminate solely because they are no longer dependent on you for federal income tax purposes. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to or resulting from (directly or indirectly): any act of war, whether or not declared, during military service; participation in

a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while 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.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THE POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NONSUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED.

This insert is for use in TX. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Allstate

Workplace Division

Utah Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Utah's state variations included in brochure AWD14870. The certificate specifications described in the brochure apply to Utah, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP TERM

Waiver of Premium - If you become disabled prior to age 60 and the disability lasts for 6 months or longer, you will not be required to pay premiums for as long as the disability lasts provided the group policy remains in force.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse (or domestic partner); your unmarried children who are under 26 years of age, including adopted children from the moment of placement in the residence, stepchildren, (children of a domestic partner,) or legal ward. Your children must be dependent on you for support or reside with you over 50% of the time in a regular parent-child relationship and be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

Exclusions & Limitations - AWD does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, active 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 the insured is under the influence of alcohol (over the legal limit), 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.

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined, during the 6 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 6 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 6 month period prior to the effective date of coverage. • A pre-existing condition can exist even though a diagnosis has not yet been made.



Allstate

Workplace Division

This insert is for use in UT. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVL-4000, GVCIP1 or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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Virginia Small Business Solutions

Important Coverage Information State Variation Insert

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GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children including adopted children from the moment of placement in the residence, stepchildren, or legal ward who are under 19 years of age; under 25 years of age and dependent on you for support; or under 25 years of age, dependent on you for support and a full-time student at an educational institution of higher learning beyond high school, without regard to whether the dependent student resides in the same household as you. If such child is unable due to a medical condition to continue as a full-time student, coverage under the policy shall continue in force for a period of not more than 12 months from the date the child ceases to be a full-time student; or no longer qualifies as a dependent child under the terms of the policy. The treating physician must certify at the time the child withdraws as a full-time student that the child's absence is medically necessary.

Your children must not have a full-time job and must be named on the enrollment or evidence of insurability form. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

GROUP CRITICAL ILLNESS

Pre-Existing Condition Limitation - AWD does not pay for any benefit due to, or caused by, a pre-existing condition, as defined during the 12 month period beginning on the date that person became an insured. A pre-existing condition is a disease or physical condition for which 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.



Allstate

Workplace Division

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Wisconsin Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes Wisconsin's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to Wisconsin, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Exclusions & Limitations - AWD does not pay benefits for an illness due to or resulting from (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while committing a crime, that results in the insured's conviction of a felony; or attempted suicide, while sane or insane; or any injury caused by the insured, sustained while under the influence of alcohol (as defined by the laws of the state of Wisconsin), narcotics (drugs that depress the central nervous system) 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.



Allstate

Workplace Division

This insert is for use in WI. This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy form GVCIP1, or state variations thereof, underwritten by American Heritage Life Insurance Company. For complete details of the coverage, contact your insurance agent, or call 1-800-521-3535.

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West Virginia Small Business Solutions

Important Coverage Information State Variation Insert

This insert describes West Virginia's state variations; included in brochure AWD14870. The certificate specifications described in the brochure apply to West Virginia, except where noted on this insert. This insert is incomplete without brochure AWD14870, which provides complete details about the coverage.

GROUP CRITICAL ILLNESS

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse; your unmarried children, including adopted children, children during pendency of adoption procedures and stepchildren who are under 25 years of age and who meet the definition of a Qualifying Child or a Qualifying Relative, pursuant to Section 152 of the Internal Revenue Code. Children born to you or your spouse while individual and children coverage or family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



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