



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

SBS

**LIFE AND HEALTH INSURANCE**

the right coverage • your future • great choice



**Allstate**<sup>®</sup>

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 Voluntary Term, Group Voluntary Critical Illness, and Group Voluntary Accident 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 Term Life Insurance for you and your family through the convenience of payroll deduction.

- \$25,000\* in valuable Group Term Life coverage
- Dependent coverage is 20% of face value or \$5,000
- You can choose individual or family coverage
- 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

\* Coverage reduces at age 70. See page 12 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 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 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 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

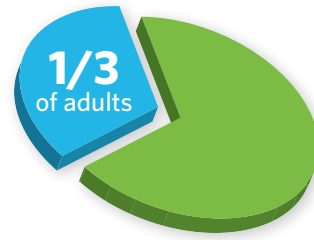


Replace income to continue the same standard of living

Losing a loved one can be devastating. Final expenses and daily bills shouldn't add to the stress. Group 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 Term Life coverage. Each benefit enhances the basic coverage and can help with expenses associated with disability or terminal illness.



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

**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.

## turn uncertainty into security

Term Life coverage can 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 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...

### **i** 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 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 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.<sup>2</sup>

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.

<sup>2</sup> 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 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 Critical Illness certificate will be paid. The benefits received may vary based upon each insured's personal medical experience.

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

\*(Under Category 2 benefits)

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

\*(Under Category 2 benefits)



## Remember!

Benefits are paid directly to you unless assigned.

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.





## group voluntary accident

Accidents are not planned and can happen at any moment. Having the right coverage that fits you and your family's needs the moment an accident occurs is important. Our Group Accident policy can help you be financially prepared in the event of an on- or off-the-job accidental injury.

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

### **i** meeting your needs

Our coverage can help meet the needs of you, your spouse, and your child(ren) and help with financial peace of mind, should an accident occur unexpectedly.

- Up to \$40,000\* in accident benefit coverage
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus many more
- Affordable premiums
- Benefits paid directly to you, unless assigned

\* Accidental Death Benefit; the Common Carrier Accidental Death benefit increases the benefit by 5 X's.

Your employer has made it easy to help protect you and your family in the event of an accidental injury.

# EASY

on you & your savings

### benefit coverage highlights

Group Accident Insurance offers you and your family coverage against sudden accidental injuries that can occur without warning. It protects you and your family 24-hours a day, seven days a week, both on- or off-the-job.

Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). Our valuable coverage can help supplement your traditional medical insurance. Your traditional health insurance is valuable, but may limit your coverage during an unexpected accidental injury.

You and each covered family member can be sure they will receive:



A lump sum benefit, in case the accident leads to death or dismemberment



24-7 protection for accidental injuries\*\*



Benefit coverage that goes where you go\*\*

Unexpected accidents can also mean unexpected out of pocket expenses. Hospital stays, medical or surgical treatments, dislocations or fractures, and transportation by air or ground ambulance can add up quickly and be very costly. Our Group Accident Insurance helps offset some of these expenses so your finances remain healthy.

\*\*Treatment must be obtained in the U.S. or its territories.

## your benefit coverage

If a covered person sustains an injury which results in a covered loss within 90 days from the date of an accident, while the coverage is in force, Allstate Workplace Division will pay the benefits as stated in the benefits provision. Benefits are for 2 units of coverage.



Accidents happen— a fatal injury occurs every 14 minutes and a disabling injury every 4 seconds.<sup>3</sup>

### Accidental Death

A **\$40,000 benefit will be paid** for you if death is the result of a covered accidental injury. The benefit pays \$20,000 for an insured spouse and \$10,000 for each covered child.

### Common Carrier Accidental Death

A **\$200,000 benefit will be paid** for you if death is a result of a covered injury sustained while riding as a fare paying passenger on a scheduled common carrier. The benefit pays \$100,000 for an insured spouse and \$50,000 for each covered child.

### Dismemberment

**Up to a \$40,000\* benefit will be paid** for dismemberment (see Injury Benefits schedule). If a covered person sustains more than one dismemberment in any one injury, the total amount AWD will pay cannot exceed the amount shown in the chart on page 11. The benefit pays \$20,000\* for an insured spouse and \$10,000\* for each covered child. \*depending on type of loss

### Dislocation and Fracture

**Up to a \$4,000\* benefit will be paid** for dislocation or fracture (see Injury Benefits schedule on page 11). If a covered person sustains more than one dislocation or fracture in any one injury, the total amount AWD will pay cannot exceed the amount shown. The benefit pays \$2,000\* for an insured spouse and \$1,000\* for each covered child. \*depending on type of loss

### Initial Hospital Confinement

A **\$1,000 benefit will be paid** for the first time a covered person is hospital confined as a result of injury after the effective date of coverage. AWD pays this benefit only once for each covered person over the lifetime of the certificate.

### Hospital Confinement

A **daily benefit of \$200 will be paid** for each day a covered person is confined in a hospital, as a result of injury, up to a maximum of 90 days for any one injury.

### Intensive Care

A **daily benefit of \$400 will be paid** for each day a covered person is confined in a hospital intensive care unit, as a result of injury, up to a maximum of 90 days for any continuous period of hospital intensive care confinement.

### Ambulance

**Up to \$600\* will be paid** for you or each covered family member for transfer by ambulance service to or from a hospital, as a result of injury.

\*\$200 Ground Ambulance

\*\$600 Air Ambulance

### Medical Expenses

**Up to a \$500 benefit will be paid** for you or each covered family member for expenses incurred for each medical or surgical treatment a covered person may require, as a result of an injury. Covers doctor fees, x-rays; emergency services; and repair to natural sound teeth, if diagnosed by a licensed dentist to be a result of the injury.

### Outpatient Physician's Treatment

A **\$50 benefit will be paid per visit** if a covered person is treated by a physician for any cause outside of a hospital. This benefit is limited to 2 visits for each covered person, each calendar year; and a maximum of 4 visits each calendar year for family coverage.

<sup>3</sup> Injury Facts 2007 Edition, National Safety Council.

## injury benefit amounts

The below shows covered injury benefits for 2 units of coverage and one occurrence. An insured spouse gets 50% of the amounts shown; insured children get 25% of the amounts shown.

### Loss of:

Life	\$40,000
Both Eyes	\$40,000
One Eye	\$20,000
Both Hands or Arms	\$40,000
Both Feet or Legs	\$40,000
One Hand or Arm and One Foot or Leg	\$40,000
One Hand or Arm	\$20,000
One Foot or Leg	\$20,000
One or More Entire Toes	\$4,000
One or More Entire Fingers	\$4,000

### Complete Dislocation of:

Hip Joint	\$4,000
Knee Joint (except Patella)	\$1,600
Bone or Bones of the Foot (except Toes)	\$1,600
Ankle Joint	\$1,600
Wrist Joint	\$1,400
Elbow Joint	\$1,200
Shoulder Joint	\$800
Bone or Bones of the Hand (except Fingers)	\$600
Collarbone	\$600
Two or More Fingers	\$280
Two or More Toes	\$280
One Finger or Toe	\$120

### Simple or Closed Fracture of Bone or Bones of:

Skull (except Bones of Face or Nose)	\$3,800
Hip, Thigh (Femur)	\$4,000
Pelvis (except Coccyx)	\$4,000
Arm, between Shoulder and Elbow (Shaft)	\$2,200
Shoulder Blade (Scapula)	\$2,200
Leg (Tibia or Fibula)	\$2,200
Ankle	\$1,600
Knee Cap (Patella)	\$1,600
Collarbone (Clavicle)	\$1,600
Forearm (Radius or Ulna)	\$1,600
Foot (except Toes)	\$1,400
Hand or Wrist (except Fingers)	\$1,400
Lower Jaw (except Alveolar Process)	\$800
Two or More Ribs, Fingers or Toes	\$600
Bones of Face or Nose	\$600
One Rib, Finger or Toe	\$280
Coccyx	\$280

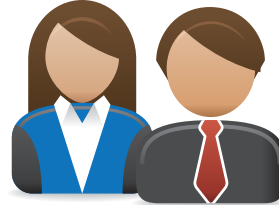
## life is unpredictable

Life is dynamic and unpredictable. You cannot predict when an accidental injury will strike, or how life may change from day to day. With Allstate Workplace Division's group voluntary products, you can be sure the right protection is in place when you need it most.



### Budget friendly

Sometimes, receiving proper care is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work with your budget.



### Putting you first

The quality of your health shouldn't be undermined by unaffordable care that your group insurance might not cover. With the products described within this book, you can take action now to help protect yourself and your family from any future uncertainty.



 **premiums detailed**

Your packaged premiums consist of:

**Low Option**

Insureds	Weekly
Employee Only	\$11.57
Family	\$22.06

**High Option**

Insureds	Weekly
Employee Only	\$16.58
Family	\$30.07

**Low Option Employee**

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

**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 Critical Illness, with \$100 Wellness Screening Benefit,  
 plus Group Accident.

**High Option Employee**

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

**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 Critical Illness, with \$100 Wellness Screening Benefit,  
 plus Group Accident.

\*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, GROUP CRITICAL ILLNESS and GROUP ACCIDENT**

**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 Critical Illness or Group Accident Insurance Plans 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 -** 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.

#### **GROUP ACCIDENT 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 and your unmarried children including adopted children, children during pendency of adoption procedures, and stepchildren, 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. Your children must not have a full-time job and be dependent on you for support. Children born to you or your spouse while 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 and your unmarried children, including adopted children, children during the pendency of adoption procedures and stepchildren, 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 full-time student status at an accredited institution of postsecondary education.

**Termination of Coverage -** As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you were in active employment, except as provided under the “Temporarily Not Working” provision; or the date you were no longer in an eligible class; or the date your class is no longer eligible.

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. 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 by 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 and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.

## **POLICY COVERAGE DISCLOSURES**

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

Group 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 Accident benefits provided by policy GVAP1, or state variations thereof. The policy does not provide benefits for any other sickness or condition.

**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 August 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 situated in AK, AZ, 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:**  
**AL, AR, CA, CO, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, ME, MI, MO, MT, NC, NE, ND, NJ, NM, OK, OR, PA, SD, TN, TX, UT, VA, WI, WV**



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## Alabama Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Alabama state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Alabama, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 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 intoxicated as defined in the jurisdiction where the injury took place; 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 AL.** 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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## Arkansas Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Arkansas state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Arkansas, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

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.



**Allstate**

Workplace Division

**This insert is for use in AR.** This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy form GVAP1, 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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## California Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes California's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to California, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 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).

#### 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; 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.

**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.

#### **GROUP ACCIDENT ONLY**

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or loss sustained or contracted in consequence of any covered person being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an illegal occupation or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia. 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 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, and GVAP1, 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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## Colorado Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Colorado state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Colorado, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, while sane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia. 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 CO.** This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy form GVAP1, 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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Workplace Division

## District of Columbia Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes District of Columbia state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to District of Columbia, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 AWD14845. The certificate specifications described in the brochure apply to Florida, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 ward, 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 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. 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.

## GROUP ACCIDENT

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and your dependent children including newborn children, adopted children, children during pendency of adoption procedures, foster children and stepchildren, who are under 26 years of age (or until the end of the calendar year in which such child reaches the age of 26, whichever is later). Your children must live in your household or be a full-time or part-time student. Your children must not have a full-time job and be dependent on you for support. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



**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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Georgia, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. 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.

**Dependent Coverage** - 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 22 years of age, or under 26 years of age, if during each calendar year since reaching age 22, the child has been enrolled for 5 months or more as a full-time student at a postsecondary institution of higher learning, or if not so enrolled, would have been eligible to be so enrolled and was prevented from being so enrolled due to sickness or injury. Your children must not have a full-time job and be dependent on you for support. Children born to you or your spouse while 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 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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Hawaii, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Dependent Coverage** - 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 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Your children must not have a full-time job and be dependent on you for support; your reciprocal beneficiary is an eligible family member if the relationship is certified by Hawaii law as a "reciprocal beneficiary relationship." Children born to you or your spouse while 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 and GVAP1, 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; included in brochure AWD14845. The certificate specifications described in the brochure apply to Illinois, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless

administered upon the advice of a physician; or any bacterial infection (except infections which result from an accidental injury or infection which results from an accidental or involuntary or an unintentional ingestion of contaminated substance); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia (except for hernia caused by an accident). 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.



**Allstate**

Workplace Division

**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 GVCIP1 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Indiana, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and 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. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to

the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.



**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. 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 by 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.



**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 and GVAP1, 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 to the base policy; included in brochure AWD14845. The certificate specifications described in the brochure apply to Kansas, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 Thin Prep 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 AWD14845. The certificate specifications described in the brochure apply to Kentucky, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

**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 AWD14845. The certificate specifications described in the brochure apply to Louisiana, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

## GROUP ACCIDENT

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and your unmarried children including adopted children, children during pendency of adoption procedures, grandchild(ren) (who are in legal custody of the grandparent), and stepchildren, 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 a vocational, technical, vocational-technical or trade school or institute in Louisiana on a full-time basis. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained or contracted in

consequence of the covered person being intoxicated or under the influence of alcohol or any narcotics, unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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 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, and GVAP1, 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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## Massachusetts Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Massachusetts state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Massachusetts, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Dependent Coverage** - 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 a specified age to not exceed 25 years of age, or 2 years following loss of dependent status under the Internal Revenue Code, whichever occurs first. Children born to you or your spouse while 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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Maine, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**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 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 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 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, and GVAP1, 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

## Michigan Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Michigan's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Michigan, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury caused by the covered person, 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 any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or

driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

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 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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Missouri, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

### GROUP TERM

**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 American Heritage Life Insurance Company 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.

### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, while sane; or any injury sustained while the covered person is under the

influence of alcohol or any narcotic, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound, or sustained in consequence of the ingestion of a contaminated substance or material); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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 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, and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Montana, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 benefit 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.

## **GROUP ACCIDENT**

**Dependent Coverage** - 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 25 years of age. Children born to you or any covered person while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

**Termination of Coverage** - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you were in active employment, except as provided under the "Temporarily Not Working" provision; or the date you were no longer in an eligible class; or the date your class is no longer eligible; or the date you discontinue your business.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained or contracted in consequence of the covered person being intoxicated or voluntarily under the influence of any narcotic, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition which: existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended by or received from a member of the medical profession within the 12 month period prior to the effective date of 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 GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to North Carolina, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### **GROUP ACCIDENT**

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and your unmarried children including adopted children, children during pendency of adoption procedures, foster children if living in a regular parent child relationship with the employee and stepchildren, who are under 22 years old, or under 26 years old and full-time students at an educational institution of higher learning beyond high school. Your children must not have a full-time job and be dependent on you for support. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.



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## Nebraska Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Nebraska's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Nebraska, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 months 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.



**Allstate**

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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## North Dakota Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes North Dakota's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to North Dakota, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP ACCIDENT

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. 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.

#### 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.



**Allstate**

Workplace Division

**This insert is for use in ND.** This material is valid as long as information remains current, but in no event later than July 13, 2012. Benefits provided by policy forms GVAP1 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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## New Jersey Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes New Jersey's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Nebraska, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP ACCIDENT

**Medical Expenses** - Up to a \$500 benefit will be paid for you or each covered family member for expenses incurred for each medical or surgical treatment a covered person may require, as a result of an injury. Covers doctor fees, x-rays; emergency services; and repair to natural sound teeth, if diagnosed by a licensed dentist or licensed physician to be a result of the injury.

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. However, any benefits provided for Accidental Death and Common Carrier Accidental Death and Dismemberment are not subject to a pre-existing condition limitation. A pre-existing condition can exist even though a diagnosis has not yet been made.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot or insurrection; or suicide, or attempt at suicide, whether sane or insane; or any loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 injury sustained while committing or attempting to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

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.

**Termination of Coverage** - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions to the employer; or the last day you were in active employment, except as provided under the "Temporarily Not Working" provision; or the date you were no longer in an eligible class; or the date your class is no longer eligible.

## 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.



**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, and GVAP2, 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 AWD14845. The certificate specifications described in the brochure apply to New Mexico, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Medical Expenses - Up to a \$500 benefit will be paid** for you or each covered family member for expenses incurred for each medical or surgical treatment a covered person may require, as a result of an injury. Covers doctor fees, x-rays; emergency services; and repair to natural sound teeth, if diagnosed by a licensed dentist to be a result of the injury. This also includes coverage for Temporomandibular and Craniomandibular joint disorders if services rendered are the result of an injury.

**Dependent Coverage** - 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 25 years of age. Children born to you or your spouse while 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 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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Oklahoma, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 ACCIDENT

**Dependent Coverage** - 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 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 born to you or your spouse while 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 any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained due to alcoholism or due to any covered person being under the influence of drugs or any narcotic, unless administered on the advice of a physician and

taken according to the physician's advice; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or hernia, including complications due to hernia.

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.

### 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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## Oregon Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Oregon's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Oregon, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

##### Ambulance Benefit

Payments for ambulance care and transportation will be made jointly to the provider of ambulance care and transportation and the insured employee, unless the payments are made directly to the provider.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage

subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while legally intoxicated as defined by the laws of this state or while under the influence of any narcotic unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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

committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.



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## Pennsylvania Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Pennsylvania's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Pennsylvania, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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](http://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.

## GROUP ACCIDENT

### Dismemberment

Up to a \$40,000\* benefit will be paid for dismemberment (see Injury Benefits schedule). The benefit pays \$20,000\* for an insured spouse and \$10,000\* for each covered child. \*depending on type of loss

### Dislocation and Fracture

Up to a \$4,000\* benefit will be paid for dislocation or fracture (see Injury Benefits schedule on page 11). The benefit pays \$2,000\* for an insured spouse and \$1,000\* for each covered child. \*depending on type of loss

**Dependent Coverage** - 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 22 years of age, or under 26 years of age and full-time students at an educational institution of higher learning beyond high school. Your children must not have a full-time job and be dependent on you for support. 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 such 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](http://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 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 loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which medical advice or treatment has been received by a covered person within 90 days immediately prior to becoming covered under this policy. The condition shall be covered after an individual has been covered for more than 12 months under this policy.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained or contracted in consequence of being intoxicated, or under the influence of any narcotic, unless administered on the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia will be excluded

during the first 6 months of coverage but will be covered thereafter.

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.



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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 AWD14845. The certificate specifications described in the brochure apply to South Dakota, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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 committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.



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## GROUP ACCIDENT

### Exclusions and Limitations, cont'd.

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.



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## Tennessee Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Tennessee's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Tennessee, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Dependent Coverage** - 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 dependent on you for maintenance and support. Children born to you or your spouse while 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 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 and GVAP1, 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 AWD14845. The certificate specifications described in the brochure apply to Texas, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and your unmarried children including adopted children, children during pendency of adoption procedures, dependent grandchildren living in your household and stepchildren, who are under 25 years of age. Children must not have a full-time job and be dependent on you for support. Your grandchildren must be dependent for federal income tax purposes at the time of enrollment. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the

covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or a loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic unless administered on the advice of a physician; or any bacterial infection (except food poisoning and pyogenic infections which shall occur with and through an accidental cut or wound); or participation in any form of aeronautics except as a fare-paying passenger in an aircraft provided by a licensed common carrier and operating between definitely established airports; or committing or attempting to commit a felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.

#### Hospital Confinement

A daily benefit of \$200 will be paid for each day a covered person is confined in a hospital, as a result of injury, up to a maximum of 90 days for any one injury. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

#### Medical Expenses

Up to a \$500 benefit will be paid for you or each covered family member for expenses incurred for each medical or surgical treatment a covered person may require, as a result of an injury. Covers doctor fees, x-rays; emergency services; and repair to natural sound teeth, if diagnosed by a licensed dentist to be a result of the injury. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.



**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, and GVAP1, 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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## Utah Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Utah's state variations to the base policy; included in brochure AWD14845. The certificate specifications described in the brochure apply to Utah, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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.

#### GROUP ACCIDENT

**your benefit coverage** - If a covered person sustains an injury which results in a covered loss within 180 days from the date of an accident, while the coverage is in force, and is diagnosed by a physician, Allstate Workplace Division will pay the benefits. Benefits are for 2 units of coverage.

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse and you and your spouse's unmarried children including adopted children, children during pendency of adoption procedures, and stepchildren, who are under 26 years of age. Children born to you or your spouse while family coverage is in force will be eligible for coverage. Coverage begins at the moment of birth.

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while under the influence of alcohol or any narcotic, unless administered upon the advice of a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident; or any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); 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

committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia.

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.

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 6 month period beginning on the date that person became a covered person. 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 by 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.



**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, and GVAP1, 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

This insert describes Virginia's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Virginia, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP CRITICAL ILLNESS AND GROUP ACCIDENT

**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.

#### GROUP ACCIDENT

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which medical advice or treatment was recommended by or received from a member of the medical profession within the 12 month period prior to the effective date of coverage.

**This insert is for use in VA.** 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 GVAP1, 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



## Wisconsin Small Business Solutions

### Important Coverage Information State Variation Insert

This insert describes Wisconsin's state variations; included in brochure AWD14845. The certificate specifications described in the brochure apply to Wisconsin, except where noted on this insert. This insert is incomplete without brochure AWD14845, 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 AWD14845. The certificate specifications described in the brochure apply to West Virginia, except where noted on this insert. This insert is incomplete without brochure AWD14845, which provides complete details about the coverage.

#### GROUP CRITICAL ILLNESS AND GROUP ACCIDENT

**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.

#### GROUP ACCIDENT

**Exclusions and Limitations** - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or any bacterial infection (except pyogenic infections which shall occur with and through an accident); 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 committing or attempting to commit an assault or felony; or

driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway.

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.

**Pre-existing Condition Limitation** - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which the condition existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended by 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.

**This insert is for use in WV.** 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 GVAP1, 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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