



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

critical illness insurance

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

- No one likes to think about getting cancer. But in the United States the lifetime risk of developing cancer is slightly less than 1 in 2 for men and slightly more than 1 in 3 for women.¹
- About every 26 seconds an American will suffer a coronary event.²
- The estimated cost of coronary heart disease in the United States for 2008 is \$156.4 billion.²
- About 780,000 people will have a stroke this year – that's an average of someone every 40 seconds in the United States.²
- According to the National Institutes of Health the estimated overall cost of cancer in 2007 was \$219.2 billion.¹

Would your finances survive a critical illness?

¹ *Cancer Facts & Figures*, American Cancer Society, 2008

² *2008 Heart and Stroke Statistical Update*, The American Heart Association



Allstate®

Workplace Division

Allstate Workplace Division's Individual Critical Illness Policy

You can survive a critical illness and help keep your finances intact.

With the advancements in medical technology and treatment, people are living longer and once deadly diseases are being controlled and cured.

One way you can help protect yourself, your family and your finances is to purchase a critical illness policy, which pays a lump sum benefit when you are diagnosed with a critical illness. Because, there are gaps in medical coverage, there are direct and indirect expenses you may have that could have a significant impact on your hard-earned finances. Here are just a few examples:

- Lost income
- Child care
- Travel expenses
- Prescription drugs
- Mortgage payments
- Home health care

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

- Benefits paid directly to you, unless assigned
- Benefits paid in addition to any other coverage
- Guaranteed renewable for life, subject to change in premiums by class
- No reduction in benefits due to age
- Individual, single parent family, or family coverage is available
- Your premium does not increase with age
- Your premium is based on your age at issue, tobacco status, and basic benefit amount you select
- Basic benefit amounts (\$5,000 - \$50,000) to meet your individual needs
- Benefits payable from Categories 1, 2 and 3

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

BENEFITS

Category 1

Heart Attack - 100%

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.

Stroke - 100%

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.

Heart Transplant -100%

The process of receiving a transplant of a heart.

By-Pass Surgery - 25%

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

Angioplasty, Atherectomy, Stent Placement - 25%

The dilatation of an artery for the treatment of coronary artery disease: stenosed by atherosclerotic plaque or hyperplasia by the passage of an inflatable catheter through the vessel to the area of disease where inflation of the catheter compresses the plaque against the vessel wall. Stent placement and/or atherectomy are likewise covered in a similar manner. Confirmation by a licensed cardiologist and angiographic evidence of the underlying disease must be received. Benefits are payable for only one of the three procedures listed.

Category 2

Major Organ Transplant (other than heart) - 100%

The process of receiving a transplant of a lung, liver, pancreas, or kidney.

Category 2

End Stage Renal Failure - 100%

End stage renal disease affecting both kidneys, due to whatever cause or causes, with the insured undergoing peritoneal dialysis or hemodialysis or resulting in renal transplant.

Multiple Sclerosis - 25%

Unequivocal diagnosis by a consultant neurologist following more than one episode of well-defined neurological symptoms and signs and confirmed by a neurologic exam and/or MRI scan of the brain or spinal fluid analysis. Symptoms must persist continuously for 6 months to ensure that the condition is permanent.

Paralysis (not as a result of a stroke) - 50% (2 limbs) & 100% (4 limbs)

Complete and permanent loss of use of two (2) limbs (Paraplegia) through paralysis. Complete and permanent loss of use of four (4) limbs (Quadriplegia) through paralysis. • Paralysis as a result of stroke is excluded. The additional 50% of the basic benefit amount may be payable for diagnosis of Quadriplegia subsequent to diagnosis of Paraplegia.

Category 3

Cancer - 100%

A clear and definitive diagnosis by a pathologist or clinical method of malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes leukemia and Hodgkin's disease. The following are not cancer for the purpose of the policy: non-invasive cancer in situ; tumors in the presence of any human immunodeficiency virus; skin cancer other than malignant melanoma that are greater than .75 mm in depth; and early prostate (Stage A) cancer. *If you currently have cancer coverage with AWD, you are not eligible for the policy.*

Plan you have selected

Option

- Individual*
 Single Parent Family*
 Family**

Proposed Insured

Age (at last birthday) _____

Tobacco Non-Tobacco

Basic Benefit Amount _____

Weekly Premium _____

Monthly Premium _____

Issue Ages: 18-64

Example of how benefits are paid

Amount Payable is based on a \$50,000 basic benefit amount

Benefit - If you have

- | | |
|---|------------|
| ■ an Angioplasty procedure at 25%
then - | = \$12,500 |
| ■ a Stent Placement at 25%
(due to Angioplasty benefit being paid)
then - | = \$0 |
| ■ By-Pass Surgery at 25%
then - | = \$12,500 |
| ■ a Stroke at 100%
(\$25,000 already paid under Category 1)
then - | = \$25,000 |
| ■ Total Category 1 benefits paid | = \$50,000 |

And you are still eligible for up to \$50,000 under Category 2 and \$50,000 under Category 3 benefits.

After 100% of the basic benefit amount of the policy has been paid within a category (Category 1, Category 2, or Category 3) we do not pay any more benefit for any illness associated with that category for that covered person. Bi-weekly (26 deductions per year) premium is two times the weekly premium. Semi-monthly (24 deductions per year) premium is half of the monthly premium (the result is rounded up to the next penny). *Use tobacco rates for individual and single parent family coverage if the proposed insured has used any cigarette product in the last 12 months.**Use tobacco rates for family coverage if the employee or the spouse has used any cigarette product in the last 12 months.

Renewability/Termination - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change. Family coverage may include the insured, the insured's spouse and eligible children as defined in the policy. Single Parent Family coverage includes the insured and eligible children as defined in the policy. The policy terminates at the earliest of the end of the grace period for the payment of the premium for the policy; or the next renewal date after the insured's written request to terminate the policy; or the date each covered person has received the maximum total percentage of the basic benefit amount for each illness category. Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries or reaches age 21 (26 years of age if a full-time student at a postsecondary institution of higher learning). Coverage for your spouse ends upon valid decree of divorce.

Waiting Period - The policy contains a 30 day waiting period. No benefits are payable for any covered person for an illness if such illness is first diagnosed before coverage has been in force on that person for 30 days.

Limitations and Exclusions - We do not pay benefits under the policy for an illness due to or resulting from: any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of you being intoxicated or under the influence of any narcotic unless administered upon the advice of a medical doctor; 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. • Claims for benefits under the policy not satisfying all the criteria for diagnosis are subject to review by our medical director or his or her designee. • The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness under the policy once. The policy does not cover any other disease, sickness or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while the covered person is outside the United States will be reviewed and considered for approval by a United States medical doctor on foreign soil or when the covered person returns to the United States.

Stroke - Transient ischemic attacks (TIAs) are excluded.

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

Additional Information

Lifetime Maximum - The amount of coverage purchased is called the Basic Benefit Amount, which is the lifetime maximum benefit payable per category of illness for each covered person. Within the policy there are three categories of illnesses for which benefits may be payable. • We pay a percentage of the basic benefit amount if you are diagnosed for the first time ever with one of the illnesses shown within this brochure if the date of diagnosis is after the policy date, and the date of diagnosis is while the policy is in force and that illness is not excluded by name or specific description in the policy. Clear and definitive diagnosis of cancer must be made by either a pathological or clinical method.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy sets forth, in detail, the rights and obligations of both the insured and the insurance company. (It is very important that you read your policy carefully).

This is a Limited Benefit Critical Illness Policy.

The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division.



Workplace Division

This brochure is for use in Georgia.

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