

Group Voluntary Accident (GVAP1)

On- and Off-the-Job Accident Insurance from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the employees of:

Corwin Automotive

BENEFIT AMOUNTS

BASE ACCIDENT BENEFITS		PLAN 1
Accidental Death and Dismemberment ¹	Employee	\$40,000
	Spouse	\$20,000
	Children	\$10,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000
	Spouse	\$100,000
	Children	\$50,000
Dislocation or Fracture ¹	Employee	\$4,000
	Spouse	\$2,000
	Children	\$1,000
Initial Hospital Confinement (Pays once)		\$1,000
Hospital Confinement (Pays daily)		\$200
Intensive Care (Pays daily)		\$400
Medical Expenses (pays up to amount shown)		\$500
Ambulance	Ground	\$200
	Air	\$600
Outpatient Physician's Treatment (Pays per visit)		\$50

¹ Up to amount shown; actual amount paid depends on injury and is based on Schedule of Benefits and Factors in your certificate of coverage. Multiple losses from same injury pay only up to amount shown above.

BENEFIT ENHANCEMENT RIDER		PLAN 1
Hospital Admission ²		\$500
Ruptured Spinal Disc Surgery		\$500
Lacerations ² (Pays once/year)		\$50
Accident Follow-Up Treatment		\$50
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$50
Burns ² (Pays once/accident; other than sunburns) < 15% body surface		\$100
	> 15% or more	\$500
Skin Graft (Pays once/accident; % of Burns Benefit)		50%
Brain Injury Diagnosis ² (Pays once)		\$150
Paralysis ² (Pays once)	Paraplegia	\$7,500
	Quadriplegia	\$15,000
Coma with Respiratory Assistance (Pays once)		\$10,000
Open Abdominal or Thoracic Surgery ²		\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500
	Exploratory	\$150
Eye Surgery (Pays once/accident)		\$100
Rehabilitation Unit		\$100
General Anesthesia		\$100
Family Member Lodging		\$100
Blood and Plasma ² (Pays once/accident)		\$300
Appliance (Pays once/accident)		\$125
Medical Supplies (Pays once/accident)		\$5
Medicine (Pays once/accident)		\$5
Prosthesis (Pays once/accident)	1 device	\$500
	2 or more devices	\$1,000
Physical Therapy (Pays daily; max. 6 treatments/accident)		\$30
Non-Local Transportation		\$400
Post-Accident Transportation (Pays once/year)		\$200

²Within 3 days after accident.

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.16	\$7.82	\$8.51	\$10.36
Bi-Weekly	\$8.32	\$15.64	\$17.02	\$20.72
Semi-Monthly	\$9.00	\$16.93	\$18.42	\$22.45
Monthly	\$17.99	\$33.86	\$36.84	\$44.89

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

For Internal Home Office use only

Opt 1 - 2.00U Base; 1.00U Ber



For use in enrollments situated in: MO. This rate insert is part of the approved flyer for Corwin Automotive and form ABJ29977-1 and is not to be used on its own.

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