



Accidents happen—an unintentional-injury death occurs every 4 minutes and a disabling injury every 1 second.¹

¹ *Injury Facts 2010 Edition*, National Safety Council.

ACCIDENT INSURANCE

the right coverage • your future • great choice



Allstate[®]

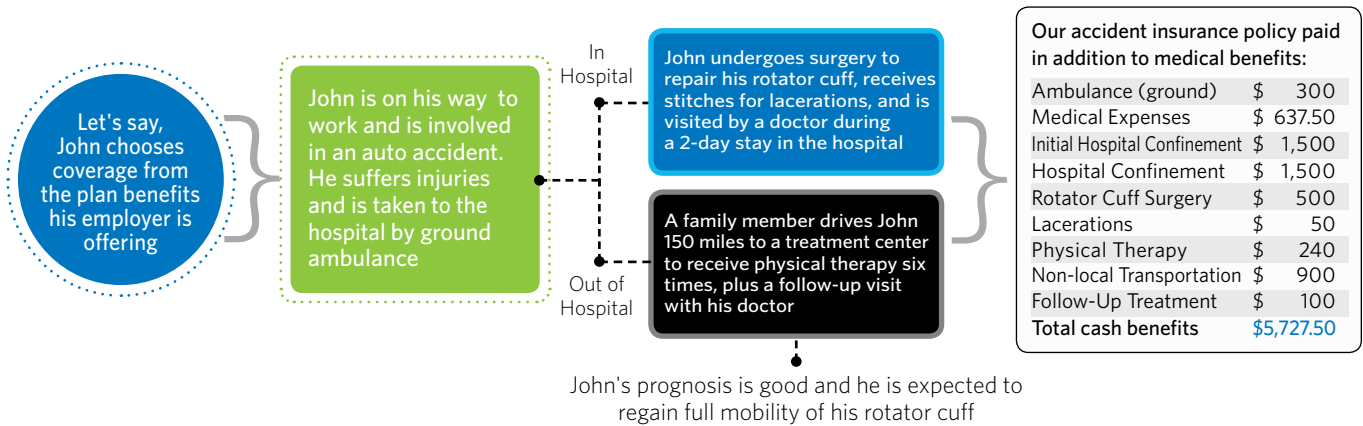
Benefits

accident

Allstate Benefits (AB) accident coverage provides cash benefits for on- or off-the-job accidental injuries, and can help cover the costs associated with injury treatments.

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 coverage can help with some of these expenses so your finances can remain healthy.

Accident coverage can help offer peace of mind when you are injured and seek medical treatment. Below is an example of how benefits might be paid.⁷



i meeting your needs

Our coverage can help provide financial support when an on- or off-the-job accidental injury occurs.

Here's what you get:

- Coverage is available for you or your entire family if you purchase an: on- or off-the-job accident injury policy
- Benefits paid directly to you, unless assigned to someone else
- Pays in addition to insurance you may already have in place
- Affordable premiums
- Coverage can be enhanced by the addition of rider benefits
- Portable coverage. If you leave your job you can take the coverage with you

👍 your benefit coverage**

Accidental Death and Dismemberment² - Pays for accidental death or dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed in the policy.

Dislocation or Fracture² - Pays for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed in the policy.

Medical Expenses³ - Pays for medical expenses.

Disability (Primary Insured Only) - Pays if totally disabled for 3 full days. Payable for only one disability at a time and for up to 6 months. (See definition page 3)

Ambulance - Pays for transportation by ambulance service to or from a hospital.

Hospital Confinement - Pays for confinement in a hospital, as a result of injury, up to 90 days for each period of continuous hospital confinement.

⁷The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and 2b for your plan details.

** See pages 4 and 5 for conditions and limits.

² Pays 50% of the benefit amount for a covered spouse and 25% for each covered child.

³ Must be received within 60 days of the injury.



Nearly 1 in 9 people sought medical attention because of an injury.³

³Injury Facts 2010 Edition, National Safety Council.

BENEFIT ENHANCEMENT RIDER

Initial Hospitalization - Pays for the first hospital confinement during a calendar year. Must be confined within 3 days after the accident. Paid once per year.

Lacerations - Pays for treatment of 1 or more cuts within 3 days after the accident. Paid once per year.

Burns - Pays for treatment of burns, other than sun burns, within 3 days after the accident. Paid once per accident.

Skin Graft** - Pays for a skin graft for a covered burn. Paid once per accident.

Brain Injury Diagnosis*** - Pays a one-time benefit when diagnosed with 1 of these traumatic brain injuries within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage.

Paralysis - Pays a one-time benefit when paralyzed from a spinal cord injury.

Coma with Respiratory Assistance - Pays a one-time benefit when in a coma.

Open Abdominal or Thoracic Surgery* - Pays for open abdominal or thoracic surgery for internal injuries within 3 days after the accident; or for exploratory surgery.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery*** - Pays for surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery*** - Pays for a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** - Pays for surgery or a foreign object removed from the eye. Paid once per accident.

Blood and Plasma* - Pays for a blood or plasma transfusion. Paid once per accident.

Appliance** - Pays for 1 of the following: wheelchair, crutches, or walker. Paid once per accident.

Prosthesis*** - Pays for a physician-prescribed prosthetic hand, foot or eye. Paid once per accident.

Physical Therapy** - Pays for physician-prescribed physical therapy (up to 6 treatments per accident). Must take place within 6 months after the accident.

Non-Local Transportation - Pays if you require physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

Family Member Lodging - Pays for one adult family member to accompany you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home, up to 30 days.

Accident Follow-Up Treatment** - Pays for follow-up treatment from a physician in their office or in a hospital as an outpatient (up to 2 treatments per accident). Must take place within 6 months after the accident.

Hospital Intensive Care - Pays for confinement in an intensive care unit (ICU), up to 60 days for each ICU confinement.

ADDITIONAL RIDER

Outpatient Physician's Treatment Benefit Rider -

Pays for treatment by a physician outside of a hospital for any reason. Limited to 2 visits each calendar year, and a maximum of 4 visits each calendar year for family coverage.

DEFINITIONS

Disability and Sickness Disability - Means due solely to injury, you are under the care of a physician, not able to do every important duty of your regular job and are not working at any job. If retired, means unable to engage in activities of persons of like age and good health.

Total disability resulting from pregnancy or childbirth is covered the same as any covered sickness if the rider has been in effect for the 10 consecutive months just before the start of such total disability. Total disability resulting from complications of pregnancy or childbirth are treated the same as any other sickness.

*First treatment or confirmation by a doctor must be in the first 3 days after the accident.

**Must begin or be received within 90 days of the accident.

***Must begin, be received or performed within 180 days of the accident.

POLICY SPECIFICATIONS

Please read your policy carefully. This section details some specifics of the policy and riders.

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident, AB will pay benefits as stated.

Condition for Medical Expenses/Hospital Confinement - Coverage will only be provided for treatment and confinement in the U.S. or its territories.

Eligibility/ Termination - (a) Family coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce.

Termination Provision for All Riders - The riders end on: the end of the grace period; or the date the policy terminates; or the next renewal date after your request to terminate the rider.

Renewability - The policy is guaranteed renewable until age 70, subject to change in premiums by class.

Exclusions and Limitations for Policy and Benefit Enhancement Rider - (1) Benefits are not paid for any loss as a result of: (a) injuries incurred before the effective date, subject to the Incontestability Provision; (b) any act of war, participation in a riot, insurrection or rebellion; (c) suicide or attempted suicide; (d) injuries sustained while under the influence of alcohol or narcotics, unless administered on the advice of a doctor; (e) bacterial infections (except pyogenic infections with and through an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (g) taking of poison or asphyxiation from or voluntary inhalation of gas or fumes; (h) committing or attempting to commit an assault or felony; (i) driving in an organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (j) mental diseases or deficiencies without demonstrable organic disease; (k) injuries sustained by a dependent child while practicing for or participating in an

organized competitive football game; (l) hernia, including complications; (m) serving as an active member of the Military, Naval or Air Forces of any country or combination of countries. (2) Disability benefits for a sprained, strained or lame back or any intervertebral disc condition are limited to a maximum of three months for any one injury.

Exclusions and Other Limitations for Outpatient Physician's Treatment Benefit Rider - The rider does not pay benefits for sickness caused by or resulting from: (a) any act of war, participation in a riot, insurrection or rebellion; (b) attempted suicide, whether sane or insane; (c) being under the influence of alcohol, narcotics or any other controlled substance or drug unless administered on the advice of a physician; (d) alcoholism, drug addiction or dependence on any controlled substance; (e) mental illness without organic disease; (f) voluntary inhalation of gas or fumes. (g) dental or plastic surgery for cosmetic purposes, unless the surgery is required to correct a disorder of normal body functions are also excluded.

Pre-existing Condition Limitations for Policy - Benefits are not paid on losses occurring during the first 2-year period of coverage if caused by a pre-existing condition. A pre-existing condition is a condition which manifested itself prior to the effective date of coverage, for which medical advice or treatment was recommended by or received from a physician in the 5-year period prior to the effective date.

Pre-existing Condition Limitations for Riders - Benefits are not paid on losses occurring during the first 1-year period of coverage if caused by a pre-existing condition. A pre-existing condition is a condition which manifested itself prior to the effective date of coverage, for which medical advice or treatment was recommended by or received from a physician in the 1-year period prior to the effective date.

STATE VARIATIONS TO THE POLICY

Minnesota (changes affect pages 3 and 4) - In the **Initial Hospitalization** benefit, "Must be confined within 3 days after the accident" is deleted. In the **Lacerations** benefit, "within 3 days after the accident" is deleted. In the **Burns** benefit, "within 3 days after the accident" is deleted. In the **Brain Injury Diagnosis** benefit, "within 3 days after the accident" is deleted. In the **Open Abdominal or Thoracic Surgery** benefit, "within 3 days after the accident" is deleted. In the **Physical Therapy** benefit, "Must take place within 6 months after the accident" is deleted. In the **Accident Follow-Up Treatment** benefit, "Must take place within 6 months after the accident" is deleted. In the **Eligibility/Termination** paragraph, item (a) is replaced with: Family coverage may include you, your spouse and children as defined in the policy (including grandchildren who are financially dependent upon a covered grandparent and who reside with that covered grandparent continuously from birth). In the **Exclusions and Limitations for Policy and Benefit Enhancement Rider**, item (g) is replaced with: voluntary ingestion or inhalation of poison, drugs, narcotics, gas or fumes, or other deleterious substances. Item (h) is replaced with: committing or attempting to commit a felony. Item (j) is deleted. Item (2) is deleted. The **Pre-existing Condition Limitations for Riders** paragraph is replaced with: If the insured has a pre-existing condition, we will not pay benefits for such condition during the 1-year period beginning on the effective date of coverage for that person, unless the condition: was disclosed without material misrepresentation in answer to questions in the application for this rider; and is not excluded by name or specific description. A pre-existing condition is a condition which manifested itself within 1 year prior to the effective date of coverage of that person; or for which medical advice or treatment was recommended by or received from a physician in the 1-year period prior to the effective date of coverage. (Benefit Enhancement Rider only)

The policy is a Limited Benefit Accident Policy with Optional Riders.

This material is valid as long as information remains current, but in no event later than July 1, 2014. Accident insurance benefits provided by policy AP2, or state variations thereof. Benefit Enhancement Rider provided by rider AP2BER, or state variations thereof. Outpatient Physician's Treatment Benefit provided by rider APOPTR1, or state variations thereof. AP2 is an accident-only policy and does not pay benefits for sickness. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy.

The policy and riders provide supplemental, limited benefit insurance. This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy provisions control. For complete details, contact your Insurance Agent, or contact Allstate Benefits at: **1-800-521-3535** or, go to allstateatwork.com. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in: MN



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on- and off-the-job accident

Listed below are benefits amounts associated with the benefits described in the brochure.

ACCIDENT BENEFITS

		Silver	Gold
Accidental Death and Dismemberment ^{1,3} (common carrier pays 3Xs the benefits listed)	Employee	\$20,000	\$30,000
	Spouse	\$10,000	\$15,000
	Child(ren)	\$5,000	\$7,500
Dislocation or Fracture ^{1,3}	Employee	\$2,000	\$3,000
	Spouse	\$1,000	\$1,500
	Child(ren)	\$500	\$750
Hospital Confinement (per day)		\$100	\$150
Ambulance	Ground	\$100	\$150
	Air	\$200	\$300
Medical Expenses ³		\$250	\$375
Disability* (per month) ²		\$600	\$900

BENEFIT ENHANCEMENT RIDER

		Silver	Gold
Initial Hospitalization		\$1,000	\$1,000
Lacerations (per year)		\$50	\$50
Burns (% body surface)	< 15%	\$100	\$100
	> 15%	\$500	\$500
Skin Graft (% of burns benefit)		50%	50%
Brain Injury Diagnosis		\$150	\$150
Paralysis	Paraplegia	\$7,500	\$7,500
	Quadriplegia	\$15,000	\$15,000
Coma with Respiratory Assistance		\$10,000	\$10,000
Open Abdominal or Thoracic Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$100	\$100
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$500	\$500
	Exploratory	\$150	\$150
Ruptured Disc Surgery		\$500	\$500
Eye Surgery		\$100	\$100
Blood and Plasma		\$300	\$300
Appliance		\$125	\$125
Prosthesis	One Device	\$500	\$500
	Two or More	\$1,000	\$1,000
Physical Therapy (per day)		\$30	\$30
Non-Local Transportation (per trip)		\$300	\$300
Family Member Lodging (per day)		\$100	\$100
Accident Follow-Up Treatment (per day)		\$50	\$50
Hospital Intensive Care (per day)		\$400	\$400

OUTPATIENT PHYSICIAN'S TREATMENT RIDER

	Silver	Gold
Outpatient Physician's Treatment Benefit ⁴ (per year)	\$25	\$50

PACKAGES

Silver Plan
Accident + Benefit
Enhancement Rider +
Outpatient Physician's
Treatment Benefit

Gold Plan
Accident + Benefit
Enhancement Rider +
Outpatient Physician's
Treatment Benefit

¹ see Injury
Benefit Schedule

² max. 6 months

³ up to

⁴ 2 visits/year or
4 visits/year family

* Primary insured only

ACCIDENT INSURANCE

the right coverage • your future • great choice



Benefits

injury benefit schedule

Benefit amounts for coverage and one occurrence are shown below. Covered spouse gets 50% of the amounts shown and children 25%.

	Silver	Gold
Loss of Life or Limb		
Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$20,000	\$30,000
One eye, hand, arm, foot, or leg	\$10,000	\$15,000
One or more entire toes	\$1,000	\$1,500
One or more entire fingers	\$800	\$1,200
Complete Dislocation		
Hip joint	\$2,000	\$3,000
Knee or ankle joint*, bone or bones of the foot*	\$800	\$1,200
Wrist joint	\$700	\$1,050
Elbow joint	\$600	\$900
Shoulder joint	\$400	\$600
Bone or bones of the hand*, Collarbone	\$300	\$450
Two or more fingers or toes	\$140	\$210
One finger or toe	\$60	\$90
Complete, Simple or Closed Fracture		
Hip, thigh (femur), pelvis**	\$2,000	\$3,000
Skull**	\$1,900	\$2,850
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$1,100	\$1,650
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$800	\$1,200
Foot**, hand or wrist**	\$700	\$1,050
Lower jaw**	\$400	\$600
Two or more ribs, fingers or toes, bones of face or nose	\$300	\$450
One rib, finger or toe, Coccyx	\$140	\$210

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers).

**Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

premiums detailed

MODE	PLAN	EMPLOYEE	FAMILY
Weekly	Silver	\$5.67	\$10.86
Monthly	Silver	\$24.56	\$47.04
Weekly	Gold	\$8.16	\$15.68
Monthly	Gold	\$35.36	\$67.92

Issue Ages: 18-64

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