



88 percent of heart attack victims under the age of 65 are able to return to their usual work.<sup>1</sup>

<sup>1</sup>2009 Heart and Stroke Statistical Update, American Heart Association.

**GROUP CRITICAL ILLNESS INSURANCE**  
Best in Benefits Series<sup>SM</sup>





## 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.

### meeting your needs

Our group critical illness coverage can help offer financial peace of mind, should a covered illness be diagnosed.

- Choose from \$10,000 or \$20,000 in basic-benefit coverage
- Benefits payable from categories 1, 2 and 3 plus wellness and recurrence benefits
- Coverage for you, your spouse or domestic partner, and your child(ren) is available
- Benefits paid directly to you unless otherwise assigned
- Coverage that supplements your existing medical benefits
- Spouse and child(ren) basic-benefit amount is 50% of benefit shown and 100% Wellness Benefit
- Portable coverage

### your benefit coverage

Benefits for critical illness coverage will be provided to you, your spouse, and child(ren), where applicable. Terms and conditions for each benefit may apply. Payment of benefits is subject to policy provisions. Please review your coverage carefully.

#### HOW TO GET STARTED

1. Choose from either a \$10,000 or \$20,000 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 the 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 4.
2. Then select coverage for you, you and your spouse or domestic partner, you and your child(ren), or your entire family. Spouse and children basic-benefit amount payable is 50% of benefit in each of the three benefit categories.

#### CATEGORY 1 BENEFITS

**Heart Attack (100%) - A \$10,000 or \$20,000 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 \$10,000 or \$20,000 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 \$10,000 or \$20,000 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 \$2,500 or \$5,000 benefit will be paid** for undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with by-pass grafts on the advice of a cardiologist registered in the United States. Angiographic evidence to support the necessity for by-pass surgery will be required. Procedures not covered: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.



About every 25 seconds, an American will suffer a coronary event, and about every minute someone will die from one.<sup>2</sup>

<sup>2</sup>Heart Disease and Stroke Statistics — 2009 Update, American Heart Association

## CATEGORY 2 BENEFITS

**Major Organ Transplant\* (100%) - A \$10,000 or \$20,000 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 \$10,000 or \$20,000 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 \$10,000 or \$20,000 benefit will be paid** for complete and permanent loss of function of two or more limbs, as the result of an accident and/or sickness.

**Alzheimer's Disease (25%) - A \$2,500 or \$5,000 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.

## CATEGORY 3 BENEFITS

**Invasive Cancer (100%) - A \$20,000 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 \$5,000 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. Carcinoma 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 BENEFITS

**Recurrence Benefit (25%) - 25% of previously paid category 1 or 2 will be paid** if diagnosed more than once with the same specified critical illness listed in category 1 or 2 for which a benefit was previously paid if: there is more than 18 months between each diagnosis; and treatment was not received during that 18 month period (for purposes of the preceding statement, treatment does not include medications and follow-up visits to your physician); and the subsequent date of diagnosis is while coverage is in force; and the specified critical illness is not excluded by name or specific description in the certificate. • Allstate Benefits (AB) will pay an amount equal to 25% of the specified critical illness basic benefit amount previously paid for that specified critical illness. AB will pay no more than one recurrence benefit per previously paid specified critical illness under Category 1 and 2.

**Wellness Benefit - A \$100 benefit will be paid** for you or each covered family member if one of the following wellness tests is performed while not hospital confined: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including, breast ultrasound; Pap Smear, including ThinPrep Pap Test; 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 wellness tests can be received, and the benefit is paid regardless of the result of the test(s). Limited to one test each calendar year for each covered person.

## example of benefits paid

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

<b>\$10,000 BENEFIT</b>	
<b>If you have</b>	<b>Amount Payable</b>
<b>Category 1</b> Coronary Artery By-Pass Surgery then - a Heart Attack then - (Since By-Pass Surgery paid)	at 25% = \$2,500 at 75% = \$7,500
<b>Category 2</b> Alzheimer's Disease then -	at 25% = \$2,500
<b>Additional Benefit</b> a Second Heart Attack 2 years later	at 25% = \$1,875
<b>Total</b>	<b>= \$14,375</b>
<b>Still eligible for*</b>	<b>75% = \$7,500</b>

\*(Under Category 2 benefits)

<b>\$20,000 BENEFIT</b>	
<b>If you have</b>	<b>Amount Payable</b>
<b>Category 1</b> Coronary Artery By-Pass Surgery then - a Heart Attack then - (Since By-Pass Surgery paid)	at 25% = \$5,000 at 75% = \$15,000
<b>Category 2</b> Alzheimer's Disease then -	at 25% = \$5,000
<b>Category 3</b> Invasive Cancer then -	at 100% = \$20,000
<b>Additional Benefits</b> a Cancer Screening Test then - a Second Heart Attack 2 years later	at 4 units = \$100 at 25% = \$3,750
<b>Total</b>	<b>= \$48,850</b>
<b>Still eligible for*</b>	<b>75% = \$15,000</b>

\*(Under Category 2 benefits)



### Remember!

Benefits are paid directly to you, unless assigned.

In the \$10,000 benefit example, after 100% of the basic-benefit amount of the certificate has been paid within a category (Category 1 or Category 2) 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 and 2, and Additional Recurrence Benefit, coverage is terminated.

In the \$20,000 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, Additional Wellness Benefit and Additional Recurrence Benefit, coverage is terminated.



 **monthly premiums detailed**



The \$10,000 Option package and premiums consist of: Category 1 and Category 2 Group Voluntary Critical Illness benefits; and Additional Recurrence Benefit.

The \$20,000 Option package and premiums consist of: Category 1 and Category 2 Group Voluntary Critical Illness benefits; Additional Category 3 Critical Illness Cancer Coverage; Additional Recurrence Benefit; and Additional Wellness Benefit (4 units).

Issue	Age	Insured	LOW				HIGH			
			NT	T	NT	T	NT	T	NT	T
			\$10k	\$10k	\$20k	\$20k	\$10k	\$10k	\$20k	\$20k
18-35	EE		\$1.80	\$3.60	\$3.60	\$7.20	\$7.68	\$11.38	\$12.08	\$19.48
	EE + Sp		\$2.80	\$5.30	\$5.60	\$10.60	\$11.96	\$17.36	\$18.56	\$29.36
	EE + C		\$2.10	\$3.80	\$4.20	\$7.60	\$8.28	\$11.88	\$13.28	\$20.48
	F		\$3.00	\$5.50	\$6.00	\$11.00	\$12.46	\$17.86	\$19.56	\$30.36
36-49	EE		\$6.00	\$11.50	\$12.00	\$23.00	\$15.48	\$27.28	\$27.68	\$51.28
	EE + Sp		\$8.90	\$17.00	\$17.80	\$34.00	\$23.46	\$40.86	\$41.56	\$76.36
	EE + C		\$6.20	\$11.70	\$12.40	\$23.40	\$15.98	\$27.78	\$28.68	\$52.28
	F		\$9.10	\$17.30	\$18.20	\$34.60	\$23.96	\$41.46	\$42.56	\$77.56
50-59	EE		\$13.80	\$27.30	\$27.60	\$54.60	\$30.68	\$56.88	\$58.08	\$110.48
	EE + Sp		\$20.50	\$40.40	\$41.00	\$80.80	\$45.96	\$84.66	\$86.56	\$163.96
	EE + C		\$14.00	\$27.50	\$28.00	\$55.00	\$31.18	\$57.38	\$59.08	\$111.48
	F		\$20.70	\$40.60	\$41.40	\$81.20	\$46.46	\$85.16	\$87.56	\$164.96
60-64	EE		\$22.50	\$39.00	\$45.00	\$78.00	\$46.48	\$76.58	\$89.68	\$149.88
	EE + Sp		\$33.40	\$57.70	\$66.80	\$115.40	\$69.36	\$113.86	\$133.36	\$222.36
	EE + C		\$22.80	\$39.20	\$45.60	\$78.40	\$47.08	\$77.08	\$90.88	\$150.88
	F		\$33.60	\$58.00	\$67.20	\$116.00	\$69.86	\$114.46	\$134.36	\$223.56
65-69	EE		\$29.40	\$45.70	\$58.80	\$91.40	\$57.48	\$85.78	\$111.68	\$168.28
	EE + Sp		\$43.60	\$67.60	\$87.20	\$135.20	\$85.66	\$127.46	\$165.96	\$249.56
	EE + C		\$29.70	\$45.90	\$59.40	\$91.80	\$58.08	\$86.28	\$112.88	\$169.28
	F		\$43.80	\$67.90	\$87.60	\$135.80	\$86.16	\$128.06	\$166.96	\$250.76
70+	EE		\$35.80	\$51.80	\$71.60	\$103.60	\$67.18	\$92.98	\$131.08	\$182.68
	EE + Sp		\$52.90	\$76.60	\$105.80	\$153.20	\$99.86	\$138.06	\$194.36	\$270.76
	EE + C		\$36.00	\$52.00	\$72.00	\$104.00	\$67.68	\$93.48	\$132.08	\$183.68
	F		\$53.10	\$76.80	\$106.20	\$153.60	\$100.36	\$138.56	\$195.36	\$271.76

Issue Ages: 18 and over if actively at work.

**k = Thousand NT = Non-Tobacco T = Tobacco**

**EE = Employee Sp = Spouse or Domestic Partner C = Children F=Family**



## certificate specifications

**Your Eligibility** - Your employer determines the criteria for eligibility (such as length of service and hours worked each week) Issue age is 18 and over if actively at work for the number of hours determined by your employer.

**Dependent Coverage** - Family members who are eligible for coverage are: your legal spouse or domestic partner and your children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Portability Privilege** - AB will provide Group Voluntary Critical Illness insurance portability coverage, subject to the following provisions. Coverage will not be available to you unless: coverage under the policy terminates as stated in the "Termination of Coverage" provision; and we receive a written request and payment of the first premiums for the portability coverage no later than 30 days after such termination; and the request is made on a form we furnish or approve for that purpose. Specific criteria for coverage, premiums, grace period and termination of insurance provisions are included with this privilege; refer to the policy or certificate for complete details. This option is not available to you if you failed to make the required monthly premium payments.

**Termination of Coverage** - 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 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 each insured has received the maximum total percentage of the basic-benefit amount for each critical illness category; or the date you request to discontinue coverage in writing. If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death. If your domestic partner is a covered person, your domestic partner's coverage ends upon termination of the domestic partnership or your death. If your child is a covered person, the child's coverage ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**Waiting Period Limitation** - AB 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.

**Pre-Existing Condition Limitation** - AB 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 you became an insured. If the loss occurs after the 12-month period beginning on the date you became insured, it will be considered a covered loss and no longer considered a pre-existing condition A pre-existing condition is a disease or physical condition for which 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** - AB 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 your being under the influence of 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 alcohol abuse or alcoholism, drug addiction; bodily injuries received while you are operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit.

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

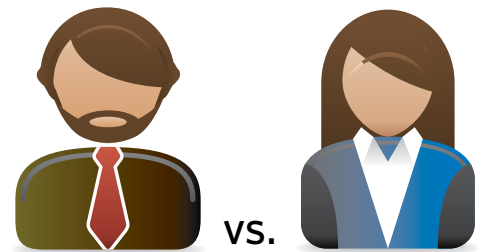


## Don't Wait for A Sign

There are different signs that doctors look for when diagnosing critical illnesses. Being diagnosed with a critical illness can be one of the most frightening experiences anyone has to face, especially if you are unprepared. Don't wait for a sign to start thinking about the future or your finances. You can rely on our Critical Illness Insurance to help give you peace of mind, so you can cope with the challenges of treatment.

### Budget friendly

Sometimes, undergoing expensive treatments for a critical illness is difficult if money is tight. That's where we can help. Our supplemental benefit coverage works with your major medical insurance to help provide additional dollars that may be used to cover your out-of-pocket expenses.



According to the first National Critical Illness Risk Assessment Study published by the American Association for Critical Illness Insurance in 2010, 17 percent of non-smoking men and 36 percent of male smokers who reach the age of 55 without having a critical illness will be diagnosed with one prior to turning age 65. For women who reach age 55, some 12 percent of non-smokers and 23 percent of smokers will face a critical illness before reaching age 65.

**The coverage is provided by limited benefit supplemental insurance policy.** This material is valid as long as information remains current, but in no event later than July 15, 2014. Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof, which provides stated benefits for specified illnesses. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. This brochure highlights some features of the policy but is not the insurance contract. For 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 Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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**This brochure is for use in enrollments which are situated in Minnesota.**



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