



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

¹2009 Heart and Stroke Statistical Update, American Heart Association

GROUP CRITICAL ILLNESS INSURANCE
Best in Benefits SeriesSM





group voluntary critical illness

No one knows what lies ahead on the road through life. Will you be diagnosed with a heart attack, stroke, or need coronary artery by-pass surgery or a major organ transplant? We can't always see the signs and know what to do to prevent an illness, but we can help protect ourselves in the event we are diagnosed with a critical illness. Our Group Critical Illness policy provides a lump sum benefit to help you cover the out-of-pocket expenses associated with your treatment. Plan for the road ahead today, for protection tomorrow.

meeting your needs

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

- Benefits and benefit coverage amounts have been selected by your employer to make it convenient and easy to choose a plan that meets your needs
- Covered dependents receive 50% of the basic benefit amount shown in your employer selected plan, and 100% of the Wellness Benefit
- Benefits are paid directly to you unless otherwise assigned
- Premiums are affordable and can be paid with pre-tax dollars (Section 125)
- Coverage that supplements your existing medical benefits

*Amounts over the guaranteed issue amount or enrolling after your enrollment period requires evidence of insurability.

Your employer has made it easy to help protect you and your family in the event of a critical illness.

your benefit coverage

A percentage of the basic benefit amount is payable in the Initial Critical Illness benefits, Cancer Critical Illness benefits, Supplemental Critical Illness benefits, and Critical Illness Additional benefits if included in your plan. See page 4 for conditions and requirements.

INITIAL CRITICAL ILLNESS BENEFITS

Heart Attack (100%) - Pays when you have a heart attack.

Stroke (100%) - Pays when you have a stroke.

Coronary Artery By-Pass Surgery (25%) - Pays when you have coronary artery by-pass surgery.

Major Organ Transplant (100%) - Pays when you have a heart, lung, liver, pancreas or kidney transplant (must be a human donor).

End Stage Renal Failure (100%) - Pays when you have peritoneal dialysis or hemodialysis.

Waiver of Premium (Employee only) - Pays your premium if you are disabled for 90 days in a row, due to a critical illness, as long as the disability lasts, up to 2 years.

CANCER CRITICAL ILLNESS BENEFITS

Invasive Cancer (100%) - Pays when you are diagnosed with invasive cancer (includes Leukemia and Lymphoma).

Carcinoma in Situ (25%) - Pays when you are diagnosed with cancer in situ.



Stroke is the leading cause of serious, long-term disability in the United States.²

² Heart Disease and Stroke Statistics - 2010 Update, American Heart Association

SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II

Advanced Alzheimer's Disease (25%) - Pays when you are diagnosed by a psychiatrist or neurologist with Alzheimer's (must have impaired memory and judgement, and be unable to perform 3 or more daily activities.)**

Advanced Parkinson's Disease (25%) - Pays when you are diagnosed by a psychiatrist or neurologist with Parkinson's (must have 2 or more physical signs and be unable to perform 3 or more daily activities.)**

Benign Brain Tumor (100%) - Pays when you are diagnosed by a physician with a brain tumor by biopsy, surgery or examination.

Coma (100%) - Pays when you are unconscious more than 14 consecutive days, due to sickness or brain injury (a medically induced coma is not covered).

Complete Blindness (100%) - Pays when you are diagnosed by an ophthalmologist with irreversible loss of sight in both eyes.

Complete Loss of Hearing (100%) - Pays when you are diagnosed with total and irreversible loss of hearing in both ears.

Paralysis (100%) - Pays when you suffer a complete and permanent loss of use of two or more limbs.

ADDITIONAL BENEFITS

Wellness Benefit - Pays when you receive one of the following:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3, CA125 and CEA (blood tests for breast, ovarian and colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screenings for carotids and peripheral vascular disease
- Echocardiogram; EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemocult stool analysis
- HPV Vaccination (Human Papillomavirus)
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including ThinPrep Pap Test
- PSA (prostate specific antigen - blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening for abdominal aortic aneurysms

CERTIFICATE SPECIFICATIONS

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. You are not eligible if you are covered under AWD's Individual Critical Illness Policy.

Dependent Eligibility/Termination - (a) Family members eligible for coverage are your spouse (or domestic partner) and unmarried dependent children. (b) Coverage for dependent children ends on the certificate anniversary after the child marries or reaches age 22 (26 if a full-time student at an educational institution of higher learning beyond high school) or is no longer your dependent. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Domestic partner coverage ends when the domestic partnership ends or your death.

Portability Privilege - Coverage may be continued under the Portability Provision when coverage under the policy ends.

Termination of Coverage - Your coverage under the policy ends when: the policy is canceled; you stop paying your premium; last day of active employment; you are no longer eligible; a false claim is filed; or when all critical illness benefits have been paid.

Pre-Existing Condition Limitation - (a) We do not pay benefits for a critical illness that is, or is contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Exclusions & Limitations - All critical illnesses must meet the definitions and dates or diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S. We do not

pay benefits for: (a) any act of war, declared or undeclared, participation in a riot, insurrection or rebellion; (b) intentionally self-inflicted injury or action; (c) illegal activities or participation in an illegal occupation; (d) attempted suicide or self destruction; (e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery By-Pass Surgery Exclusions - Does not include: abdominal aortic by-pass, balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.

Invasive Cancer Exclusions - Does not include: carcinoma in situ; tumors related to HIV; non-invasive or metastasized skin cancer; or early prostate cancer.

Carcinoma In-Situ Exclusions - Does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps.

Benign Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.



STATE VARIATIONS TO THE POLICY

Iowa (change affects page 4) - In the **Dependent Eligibility/Termination** paragraph, item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the child marries, ceases to be a resident of Iowa, reaches age 25, is no longer your dependent, or no longer maintains full-time student status at an accredited institution of postsecondary education.

Missouri (change affects page 4) - In the **Dependent Eligibility/Termination** paragraph, item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the child marries or reaches age 25 or is no longer your dependent.

Nebraska (changes affect page 4) - In the **Dependent Eligibility/Termination** paragraph, item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the child marries or reaches age 26, or is no longer your dependent. In the **Pre-Existing Condition** paragraph, item (b) is replaced with: (b) A pre-existing condition is a condition, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date. In the **Exclusions & Limitations** paragraph, exclusion (c) is replaced with: Commission of or an attempt to commit a felony or participation in an illegal occupation.

North Dakota (change affects page 4) - In the **Pre-Existing Condition** paragraph, item (b) is replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which, during the 12-month period prior to the effective date, medical advice or treatment was recommended or received from a medical professional.

Oklahoma (change affects page 4) - In the **Exclusions & Limitations** paragraph, exclusion (a) is replaced with: Participation in a riot, insurrection or rebellion.

South Dakota (changes affect page 4) - The following declaration is added to the policy: This limited health benefits plan does not provide comprehensive medical coverage. It is a basic or limited benefits policy and is not intended to cover all medical expenses. This plan is not designed to cover the cost of serious or chronic illness. In the **Pre-Existing Condition** paragraph, item (b) is replaced with: A pre-existing condition is a condition, for which, during the 6-months immediately preceding the effective date of coverage, medical advice, diagnosis,

care or treatment was recommended or received. In the **Exclusions & Limitations** paragraph, exclusion (e) is removed:

Utah (changes affect page 3 and 4) - Advanced Alzheimer's Disease is replaced with: **Pays** when you are diagnosed by a physician acting within the scope of their license with Alzheimer's (must have impaired memory and judgement, and be unable to perform 3 or more daily activities.)**. **Advanced Parkinson's Disease** is replaced with: **Pays** when you are diagnosed by a physician acting within the scope of their license with Parkinson's (must have 2 or more physical signs and be unable to perform 3 or more daily activities.)**. **Complete Blindness (100%)** is replaced with: **Pays** when you are diagnosed by a physician acting within the scope of their license with irreversible loss of sight in both eyes. In the **Dependent Eligibility/Termination** paragraph, item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the child marries, reaches age 26, or is no longer your dependent. In the **Pre-Existing Condition** paragraph, items (a) and (b) are replaced with: (a) We do not pay benefits for a critical illness that is, or is contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage. (b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date. In the **Exclusions & Limitations** paragraph, exclusion (a) is replaced with: any act of war, declared or undeclared, voluntary participation in a riot, insurrection or rebellion. Item (c) is replaced with: Voluntary participation in illegal activities or voluntary participation in an illegal occupation.

Wisconsin (change affects page 4) - In the **Exclusions & Limitations** paragraph, exclusion (c) is replaced with: Illegal activities or participation in an illegal occupation that results in the insured's conviction of a felony.

Wyoming (changes affect page 4) - The following declaration is added to the policy: This certificate does not contain comprehensive adult wellness benefits as defined by Wyoming law. In the **Pre-Existing Condition Limitation** paragraph item (b) is replaced with: A pre-existing condition is a sickness, injury or other condition, for which, during the 6 months prior to the effective date, medical advice, diagnosis, care or treatment was recommended or received from a medical professional.

** Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

This material is valid as long as information remains current, but in no event later than June 15, 2013. Group Critical Illness benefits provided by policy form GVCIP2, 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. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company.

For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your Insurance Agent, or call Allstate Workplace Division at: **1-800-521-3535** or, go to allstateatwork.com. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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This brochure is for use in enrollments situated in the following states: IA, KS, MI, MO, ND, NE, OK, SD, UT, WI, WY



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88 percent of heart attack victims under the age of 65 are able to return to their usual work.[†]

Benefit coverage for Goodwill Industries of Greater Grand Rapids

premiums detailed

Low Age	Weekly \$10,000 (Non-Tobacco)				Weekly \$10,000 (Tobacco)			
	EE*	EE + SP*	EE + CH*	F*	EE*	EE + SP*	EE + CH*	F*
18-35	\$1.77	\$2.68	\$1.77	\$2.68	\$2.72	\$4.10	\$2.72	\$4.10
36-50	\$4.05	\$6.11	\$4.05	\$6.11	\$6.66	\$10.02	\$6.66	\$10.02
51-60	\$8.30	\$12.48	\$8.30	\$12.48	\$13.72	\$20.61	\$13.72	\$20.61
61-63	\$12.96	\$19.47	\$12.96	\$19.47	\$19.84	\$29.78	\$19.84	\$29.78
64+	\$19.03	\$28.57	\$19.03	\$28.57	\$29.23	\$43.87	\$29.23	\$43.87

High Age	Weekly \$20,000 (Non-Tobacco)				Weekly \$20,000 (Tobacco)			
	EE*	EE + SP*	EE + CH*	F*	EE*	EE + SP*	EE + CH*	F*
18-35	\$3.01	\$4.55	\$3.01	\$4.55	\$4.90	\$7.38	\$4.90	\$7.38
36-50	\$7.58	\$11.40	\$7.58	\$11.40	\$12.80	\$19.22	\$12.80	\$19.22
51-60	\$16.08	\$24.15	\$16.08	\$24.15	\$26.93	\$40.42	\$26.93	\$40.42
61-63	\$25.40	\$38.13	\$25.40	\$38.13	\$39.16	\$58.76	\$39.16	\$58.76
64+	\$37.54	\$56.33	\$37.54	\$56.33	\$57.94	\$86.93	\$57.94	\$86.93

* EE = Employee. EE + SP = Employee + Spouse. EE + CH = Employee + Child(ren). F = Family

[†]2009 Heart and Stroke Statistical Update, American Heart Association.

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Workplace Division

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policy benefits

The listing below details benefit amounts associated with the benefits described in the brochure.

INITIAL CRITICAL ILLNESS BENEFITS	Low	High
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery By-Pass Surgery (25%)	\$2,500	\$5,000
Major Organ Transplant (100%)	\$10,000	\$20,000
End Stage Renal Failure (100%)	\$10,000	\$20,000
Waiver of Premium	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS		
Invasive Cancer (100%)	\$10,000	\$20,000
Carcinoma in Situ (25%)	\$2,500	\$5,000
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II		
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000
Benign Brain Tumor (100%)	\$10,000	\$20,000
Coma (100%)	\$10,000	\$20,000
Complete Blindness (100%)	\$10,000	\$20,000
Complete Loss of Hearing (100%)	\$10,000	\$20,000
Paralysis (100%)	\$10,000	\$20,000
ADDITIONAL BENEFIT		
Wellness Benefit	\$50/year	\$50/year

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