



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.<sup>1</sup>
- About every 26 seconds an American will suffer a coronary event.<sup>2</sup>
- The estimated cost of coronary heart disease in the United States for 2008 is \$156.4 billion.<sup>2</sup>
- About 780,000 people will have a stroke this year – that's an average of someone every 40 seconds in the United States.<sup>2</sup>
- According to the National Institutes of Health the estimated overall cost of cancer in 2007 was \$219.2 billion.<sup>1</sup>

## Would your finances survive a critical illness?

<sup>1</sup> *Cancer Facts & Figures*, American Cancer Society, 2008

<sup>2</sup> 2008 *Heart and Stroke Statistical Update*, The American Heart Association

California Agent License No.: \_\_\_\_\_



**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 both Category 1 and 2
- Cancer rider available

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

You choose the plan that best fits you or your family's needs: Plan A provides you with benefits from Category 1 and Category 2, with the Wellness Benefit Rider included; Plan B provides you with benefits from Category 1 and Category 2, with the Wellness Benefit Rider and Critical Illness Cancer Rider included.

## BENEFITS

### Category 1 - Included in Plan A and Plan B

#### 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 - Included in Plan A and Plan B

#### Major Organ Transplant (other than heart) - 100%

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

#### 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.

#### Alzheimer's Disease - 25%

A clinically established diagnosis of Alzheimer's disease by a psychiatrist or neurologist, resulting in the inability to perform independently 3 or more of the following activities of daily living: bathing; and dressing; and toileting; and eating; and taking medication.

## Category 2 - Included in Plan A and Plan B, contd.

### 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.

## Rider Benefit - Included in Plans A and B

### Mammography Benefit

We pay the actual charges up to \$200 for a covered person as follows: a) baseline mammography for women ages 35 to 39, inclusive; b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49; c) annual mammography for women ages 50 and older. If specific charges are not obtainable as proof of loss, we will pay \$70 for this benefit.

### Cervical Cancer Screening Test

We pay actual charges up to \$200 for an annual cervical cancer screening test based upon the referral of the covered person's physician, nurse practitioner, or certified nurse midwife. This benefit is limited to one test per covered person, per calendar year. If specific charges are not obtainable as proof of loss, we will pay \$50 for this benefit.

### Wellness Benefit Rider (WBR3)

We pay \$75, for each covered person for each calendar year, for one of the following cancer screening tests performed: 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; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); or biopsy for skin cancer. There is no limit to the number of years a covered person can receive cancer screening tests. This benefit is paid regardless of the result of the test(s).

## Additional Rider Benefit - Included in Plan B only

### Critical Illness Cancer Rider (CICR1)

We pay 100% of the basic benefit amount if you are diagnosed for the first time ever with cancer subject to all of the following: clear and definitive diagnosis; and the date of diagnosis occurs after the rider date; and the date of diagnosis occurs while the rider and the policy are in force. Cancer is defined as a 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 benefit of the rider: superficial cervical cancer; superficial bladder tumors; early breast cancer requiring lumpectomy without radiation or chemotherapy; skin cancer other than malignant melanoma that are greater than .75 mm in depth; and early prostate (Stage A) cancer. **We pay this benefit once per covered person. If you currently have cancer coverage with AWD you are not eligible for this rider.**

## Plan you have selected

Plan A ☐ Plan B ☐

### 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
■ Cancer Screening Test CEA (blood test for colon cancer)	= \$75
■ Total Category 1 and wellness benefits paid	= \$50,075

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

After 100% of the basic benefit amount of the policy has been paid within a category (Category 1 or Category 2) 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 and riders are 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 you, your spouse and eligible children as defined in the policy. Single Parent Family coverage includes you 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 your 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 22 (26 if a full-time student at an educational institution of higher learning beyond high school). Coverage for your spouse ends upon valid decree of divorce.

**Pre-Existing Condition** - If a covered person has a pre-existing condition as defined, we do not pay benefits for such condition under the policy or any riders attached to the policy during the 6 month period beginning on the date that person became a covered person, unless the condition: was disclosed without material misrepresentation in answer to questions in the application; and is not excluded by name or specific description. • A pre-existing condition is a condition not revealed in the application for which symptoms existed within the 6 month period before the effective date of coverage; or medical advice or treatment was recommended by or received from a medical doctor within the 6 month period before the effective date of coverage. • A pre-existing condition can exist even though a diagnosis has not yet been made.

**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 or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of 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. • 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 and cancer rider 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 two 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.

**Critical Illness Cancer Rider** - We do not pay a benefit under the rider for any disease other than cancer as defined in the rider.

This brochure highlights some features of the policy and riders but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set 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 with an Optional Rider.**

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



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Workplace Division

**This brochure is for use in California.**

**Rev. 5/08.** Critical Illness benefits provided by policy CILP1 or state variations thereof. Critical Illness Cancer benefits provided by rider CICR1 or state variations thereof. Wellness Benefit Rider benefits provided by rider WBR3 or state variations thereof. Underwritten by American Heritage Life Insurance Company. Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation. ©2008 Allstate Insurance Company. The Workplace Marketer.® [www.allstate.com](http://www.allstate.com) or [allstateatwork.com](http://allstateatwork.com)