

Allstate Benefits Proposal

Presented to:

Presented by:

Effective Date:



Allstate
BENEFITS



BENEFITS AND AMOUNTS

INITIAL CRITICAL ILLNESS BENEFITS*

	OPTION 1	OPTION 2
Heart Attack (100%)	\$10,000	\$20,000
Stroke (100%)	\$10,000	\$20,000
Coronary Artery Bypass 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 (employee only)	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*

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
Advanced Alzheimer's Disease (25%)	\$2,500	\$5,000
Advanced Parkinson's Disease (25%)	\$2,500	\$5,000

ADDITIONAL BENEFITS

Second Event Initial Critical Illness Benefit	Yes	Yes
Second Event Cancer Critical Illness Benefit	Yes	Yes
Wellness Benefit (per year)	\$50	\$50

ADDITIONAL FEATURES

Pre-Existing Condition Limitation Applies	Yes	Yes
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* Insured employees are eligible for 100% of the benefit amounts listed; covered dependents are eligible for 50% of the employee benefit amount.



OPTION 1 - MONTHLY
\$10,000 Basic Benefit Amount

non-tobacco			tobacco		
Issue Age	EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
18-24	\$4.67	\$6.81		\$6.28	\$9.20
25-29	\$4.85	\$7.17		\$6.47	\$9.58
30-35	\$6.14	\$9.11		\$8.43	\$12.53
36-39	\$8.09	\$12.10		\$12.14	\$18.08
40-44	\$10.77	\$16.18		\$16.63	\$24.95
45-50	\$15.26	\$22.84		\$24.38	\$36.47
51-54	\$21.27	\$31.73		\$32.93	\$49.21
55-60	\$28.58	\$42.70		\$45.79	\$68.86
61-70	\$38.80	\$57.79		\$57.48	\$86.57
71+	\$57.63	\$85.93		\$80.84	\$122.60

OPTION 2 - MONTHLY
\$20,000 Basic Benefit Amount

non-tobacco			tobacco		
Issue Age	EE, EE+CH	EE+SP, F		EE, EE+CH	EE+SP, F
18-24	\$7.50	\$10.97		\$10.73	\$15.76
25-29	\$7.68	\$11.35		\$10.93	\$16.15
30-35	\$10.12	\$14.92		\$14.69	\$21.76
36-39	\$14.03	\$20.88		\$22.14	\$32.85
40-44	\$19.30	\$28.82		\$30.99	\$46.33
45-50	\$28.22	\$42.09		\$46.45	\$69.31
51-54	\$40.27	\$59.96		\$63.57	\$94.86
55-60	\$54.96	\$82.02		\$89.38	\$134.30
61-70	\$75.48	\$112.35		\$112.82	\$169.88
71+	\$113.19	\$168.71		\$159.60	\$242.03

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

FOR HOME OFFICE USE ONLY - GVCIP2

Opt 1 - PX; 1.0U Base; CR; 2CIR; 2CR; SBR W/O; 2.0U WR;

Opt 2 - PX; 2.0U Base; CR; 2CIR; 2CR; SBR W/O; 2.0U WR;

ABQ V 09.09.2019 Proposal Creation Date: 9/30/2019

This Quote Expires on 9/30/2020



Plan design and rates indicate which of the following items are applicable to the proposed plan. Below information includes all options available in the proposed situs state.

INITIAL CRITICAL ILLNESS BENEFIT

Subject to the conditions, limitations and exclusions of the policy, we pay a benefit when a covered person is diagnosed with a critical illness described below if:

1. The date of diagnosis for the critical illness is while the covered person is insured; and
2. The critical illness is not excluded by name or specific description.

A covered person can receive a benefit for each critical illness only once, unless the Second Event Critical Illness Benefit for that critical illness is included in the policy.

A covered person can receive benefits for the different critical illnesses and any optional critical illness benefits selected if the dates of diagnosis for each critical illness are separated by at least 90 days.

Coverage for a covered person terminates when the covered person is not eligible for any further benefits.

Benefits are provided for the covered illnesses shown. The policy does not pay for any condition or loss not described below.

The benefit amount for each critical illness is shown. Covered spouse and children are eligible for 50% of the insured employee benefit amount.

BENEFIT DESCRIPTION

Heart Attack -

The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The 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 attack does not include an established (old) myocardial infarction. The date of diagnosis for Heart Attack is the date of death (infarction) of a portion of the heart muscle. A cardiac arrest is not a heart attack and is not covered by this benefit.

Stroke -

The death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extracranial source. There must be evidence of permanent neurological deficit. Stroke does not include: transient ischemic attacks (TIA's), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits. The date of diagnosis for Stroke is the date the stroke occurred based on documented neurological deficits and neuroimaging studies.

Coronary Artery Bypass Surgery -

The surgical operation to correct narrowing or blockage of one or more coronary arteries with bypass grafts on the advice of a cardiologist registered in the United States. Angiographic evidence to support the necessity for this surgery will be required. Coronary artery bypass surgery does not include: abdominal aortic bypass; balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures. The date of diagnosis for Coronary Artery Bypass Surgery is the date the actual coronary artery bypass surgery occurs.

Major Organ Transplant -

The surgical transplantation of a heart, lung, liver, pancreas, or kidney. The transplanted organ must come from a human donor. The date of diagnosis for Major Organ Transplant is the date the actual surgery occurs for the covered transplant.

End Stage Renal Failure -

The irreversible failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis. End stage renal failure does not include renal failure caused by a traumatic event, including surgical traumas. The date of diagnosis for End Stage Renal Failure is the date renal dialysis first begins due to the irreversible failure of both kidneys to perform their essential functions.

Waiver of Premium -

We will waive premiums for this coverage if, while covered under the policy, the insured employee becomes disabled due to a critical illness for which a benefit is paid; and remains disabled for at least 90 consecutive days. After the 90th day, we will waive the premiums due for the first 90 days and each consecutive day thereafter that the insured employee is disabled, until the earliest of: the date no longer disabled; or the date coverage terminates. This benefit is payable only for the disability of the insured employee. It does not apply to any other covered person. The insured employee must provide sufficient proof of disability at least once every 6 months.

OPTIONAL CANCER CRITICAL ILLNESS BENEFIT**Carcinoma In Situ -**

A 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 stages A, I or II 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.

Invasive Cancer -

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. Invasive Cancer includes Leukemia and Lymphoma. Invasive cancer does not include: carcinoma in situ; or tumors in the presence of any human immuno-deficiency virus; or skin cancer other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic; or early prostate (stages A, I or II) cancer.

Diagnosis Requirements -

A cancer critical illness must be diagnosed by a pathological or clinical method. The date of diagnosis for cancer critical illness is the day the tissue specimen, culture and/or titer(s) are taken on which the first diagnosis of cancer is based. The "first diagnosis of cancer" includes a diagnosis of a recurrence of a cancer that was previously diagnosed before the effective date of coverage if, after the previous diagnosis and before the date of diagnosis of the recurrence, the covered person is free of any symptoms and treatment of the cancer for the 12 consecutive months immediately preceding the effective date of coverage or any 12 consecutive months thereafter. For the purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up visits to verify if the cancer critical illness has returned.

OPTIONAL SUPPLEMENTAL CRITICAL ILLNESS BENEFIT**Benign Brain Tumor -**

A non-cancerous brain tumor: confirmed by the examination of tissue (biopsy or surgical excision) or specific neuroradiological examination; and resulting in persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Benign brain tumor does not include: tumors of the skull; or pituitary adenomas; or germinomas. The date of diagnosis for Benign Brain Tumor is the date a physician determines a benign brain tumor is present based on examination of tissue (biopsy or surgical excision) or specific neuroradiological examination.

Coma -

A continuous profound state of unconsciousness lasting 14 or more consecutive days due to an underlying sickness or traumatic brain injury. It is associated with severe neurologic dysfunction and unresponsiveness prolonged nature requiring significant medical intervention and life support measures. Coma does not include a medically induced coma. The date of diagnosis for Coma is the first day of the period for which a physician confirms a coma has lasted for 14 consecutive days.

Complete Blindness -

A clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with: sight in the better eye reduced to a best corrected visual acuity of less than 6/60 (Metric Acuity) or 20/200 (snellen or E-chart Acuity); or visual field restriction to 20 degrees or less in both eyes. The date of diagnosis for Complete Blindness is the date an ophthalmologist makes an accurate certification of complete blindness.

Complete Loss of Hearing -

The total and irreversible loss of hearing in both ears. Complete Loss of Hearing does not include loss of hearing that can be corrected by the use of any hearing aid or device. The date of diagnosis for Complete Loss of Hearing is the date the audiologist makes an accurate certification of total and permanent hearing loss.

Paralysis -

The total and permanent loss of voluntary movement or motor function of 2 or more limbs. The date of diagnosis for Paralysis is the date a physician establishes the diagnosis of paralysis based on clinical and/or laboratory findings as supported by medical records.

Advanced Alzheimer's Disease -

A progressive degenerative disease of the brain that is diagnosed by a psychiatrist or neurologist as Alzheimer's disease that causes the covered person to be incapacitated as defined in the policy and unable to perform at least 2 or more of the activities of daily living: bathing, dressing, toileting, bladder and bowel continence, transferring or eating. The date of diagnosis for Advanced Alzheimer's Disease is the date a physician diagnoses the covered person as incapacitated due to Alzheimer's disease.

Benefit Limitation -

We will not pay benefits for Advanced Alzheimer's Disease if the covered person was diagnosed with Alzheimer's disease, regardless of the covered person's symptoms or incapacities, prior to the effective date of coverage.

Advanced Parkinson's Disease -



A brain disorder that is diagnosed by a psychiatrist or neurologist as Parkinson's disease that causes the covered person to be incapacitated as defined in the policy and unable to perform at least 3 of the activities of daily living: bathing, dressing, toileting, bladder and bowel continence, transferring or eating. The date of diagnosis for Advanced Parkinson's Disease is the date a physician diagnoses the covered person as incapacitated due to Parkinson's disease.

Benefit Limitation -

We will not pay benefits for Advanced Parkinson's Disease if the covered person was diagnosed with Parkinson's disease, regardless of the covered person's symptoms or incapacities, prior to the effective date of coverage.

OPTIONAL SECOND EVENT INITIAL CRITICAL ILLNESS BENEFIT

Same Amount as Initial Critical Illness -

We will pay this benefit if the covered person is diagnosed for a second time with an initial critical illness for which a benefit was previously paid under the Initial Critical Illness Benefit provision if:

1. The second date of diagnosis is more than 12 months after the first date of diagnosis for the initial critical illness; and
2. The second date of diagnosis is while the covered person is insured under the policy.

A covered person can receive a Second Event Initial Critical Illness Benefit only once for each initial critical illness.

OPTIONAL SECOND EVENT CANCER CRITICAL ILLNESS BENEFIT

Same Amount as Cancer Critical Illness -

We will pay this benefit if the covered person is diagnosed for a second time with a cancer critical illness for which a benefit was previously paid under the Cancer Critical Illness Benefit provision if:

1. The second date of diagnosis is more than 12 months after the first date of diagnosis for the cancer critical illness; and
2. The covered person did not receive treatment during that 12 month period; and
3. The second date of diagnosis is while the covered person is insured under the policy.

For the purposes of this benefit, "treatment" does not include maintenance drug therapy or routine follow-up visits to verify if the cancer critical illness has returned. A covered person can receive a Second Event Cancer Critical Illness Benefit only once for each cancer critical illness.

OPTIONAL WELLNESS BENEFIT

We pay the amount shown per calendar year per covered person for any one of the below. Each covered person is covered for no more than the amount shown per calendar year. The eligible Wellness Benefits are: Biopsy for skin cancer; Blood test for triglycerides; Bone marrow testing; CA15-3 (cancer antigen 15-3 - blood test for breast cancer); CA125 (cancer antigen 125 - blood test for ovarian cancer); CEA (carcinoembryonic antigen - blood test for colon cancer); Chest X-ray; Colonoscopy; Doppler screening for carotids; Doppler screening for peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; 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; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

Specifications

You decide who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over. Your employee is not eligible if covered under Allstate Benefits' Individual Critical Illness Policy.

Family members eligible for coverage are the employee's spouse or domestic partner and eligible children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Spouse coverage ends upon valid decree of divorce or the employee's death. Domestic partner coverage ends when the domestic partnership ends or the employee's death.

Coverage under the policy ends when: the policy is canceled; the employee stops paying their premium; last day of active employment; they are no longer eligible; a false claim is filed; or when all critical illness benefits have been paid.

Portability Privilege

If a covered person's coverage terminates for reasons other than non-payment of premium, such covered person will be eligible for portability coverage. This means the covered person may continue the same benefits he or she had under the group policy, subject to the conditions defined in the policy, as long as premiums are paid directly to American Heritage Life Insurance Company. Portability coverage terminates when the group policy terminates.

Benefit Conditions



Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are subject to the Pre-Existing Condition Limitation, as well as other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy and be diagnosed by a physician while coverage is in effect. Cancer critical illness benefits are payable for a diagnosis of a new or a recurrence of cancer, as long as the insured is diagnosed after the effective date of coverage, and has been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while outside the U.S. will be considered the insured returns to the U.S.

Optional Pre-Existing Condition Limitation

We do not pay benefits for a critical illness that is, or is caused by, contributed by or results from, a pre-existing condition when the date of diagnosis for the critical illness is within 12 months after the effective date of coverage. A Pre-Existing Condition is a sickness, injury or other condition, whether diagnosed or not, for which, during the 12 months just prior to the effective date of coverage, either: symptoms existed; or medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license. The exception to the above is for follow-up care for breast cancer. Routine follow-up care for a covered person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as a result of, the follow-up care.

Exclusions

We will not pay benefits for a critical illness that is, or is caused by, contributed to by or results from: 1. War, declared or undeclared, participation in a riot, insurrection or rebellion. 2. Intentionally self-inflicted injury or action. 3. Illegal activities or participation in an illegal occupation. 4. Suicide while sane, or self-destruction while insane, or any attempt at either. 5. Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance.

This material is valid as long as information remains current. Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

This proposal 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 insured and the insurance company. Policy issued by Allstate Life Insurance Company of New York.

This coverage does not meet the minimum requirements for Medicare supplement, long term care insurance, nursing home insurance only, home care insurance only, or nursing home and home care insurance in the state of New York. Purchase of this coverage may be unnecessary if you already have or intend to purchase Medicare supplement insurance or long term care insurance. The policy is a limited benefit policy.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to the public. The features of the products presented in this proposal are for New York.

Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

This proposal highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Agent. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions and other provisions are included in the policy and/or certificates issued.

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

For use with producers and brokers or for presentation to employers. Not for use with consumer sales. Not to be disseminated to the public.





GVCIP2 Benefits Summary
American Heritage Life Insurance Company (AHL)
Jacksonville, FL

Attach this sheet to the Customer Agreement (ABJ4040 form) as an alternative to completing the manual product section for GVCIP2.

While up to four options may have been proposed, only two are accepted per group.

Please check the box next to the options below.

PLAN INFO									
Case #:				Billing Information		SSN		Plan Design Codes	
Case Name:				Self Service/No Agent		No			
Situs State:		Florida		Stacking		No		Option 1 X	
COIC2		No		Covered Dependents		No		Option 2 X	
3 Tier		No		Special Commission Agreement		No		Option 3 X	
Spouse %		50%		PinnacleCare		No		Option 4 X	
Non Smoking Occ Class		Std Pre-Ex - NONS							
Smoking Occ Class		Std Pre-Ex - SMOK							
<input type="checkbox"/> OPTION 1									
Benefit Amount		10000		Start Date:		9/30/2019			
Critical Illness Cancer		Yes		Non-Tobacco		EE, E+Ch		EE + SP, F	
2nd Event CI (rec1)		Yes		Monthly		18-24		\$4.67 \$6.81	
Wellness		2				25-29		\$4.85 \$7.17	
2nd Event Cancer (rec2)		Yes				30-35		\$6.14 \$9.11	
Supplemental with HIV		No				36-39		\$8.09 \$12.10	
Supplemental without HIV		Yes				40-44		\$10.77 \$16.18	
Increasing CI Benefit		0				45-50		\$15.26 \$22.84	
Cont of Covg (Strk/Layoff)		No				51-54		\$21.27 \$31.73	
Return of Premium		No				55-60		\$28.58 \$42.70	
Critical Illness Enhancement		No				61-70		\$38.80 \$57.79	
						71+		\$57.63 \$85.93	
				Weekly		18-24		\$1.08 \$1.58	
						25-29		\$1.12 \$1.66	
						30-35		\$1.42 \$2.11	
						36-39		\$1.87 \$2.80	
						40-44		\$2.49 \$3.74	
						45-50		\$3.53 \$5.27	
						51-54		\$4.91 \$7.33	
						55-60		\$6.60 \$9.86	
						61-70		\$8.96 \$13.34	
						71+		\$13.30 \$19.83	
<input type="checkbox"/> OPTION 2									
Benefit Amount		20000		Start Date:		9/30/2019			
Critical Illness Cancer		Yes		Non-Tobacco		EE, E+Ch		EE + SP, F	
2nd Event CI (rec1)		Yes		Monthly		18-24		\$7.50 \$10.97	
Wellness		2				25-29		\$7.68 \$11.35	
2nd Event Cancer (rec2)		Yes				30-35		\$10.12 \$14.92	
Supplemental with HIV		No				36-39		\$14.03 \$20.88	
Supplemental without HIV		Yes				40-44		\$19.30 \$28.82	
Increasing CI Benefit		0				45-50		\$28.22 \$42.09	
Cont of Covg (Strk/Layoff)		No				51-54		\$40.27 \$59.96	
Return of Premium		No				55-60		\$54.96 \$82.02	
Critical Illness Enhancement		No				61-70		\$75.48 \$112.35	
						71+		\$113.19 \$168.71	
				Weekly		18-24		\$1.73 \$2.54	
						25-29		\$1.78 \$2.62	
						30-35		\$2.34 \$3.45	
						36-39		\$3.24 \$4.82	
						40-44		\$4.46 \$6.65	
						45-50		\$6.52 \$9.72	
						51-54		\$9.30 \$13.84	
						55-60		\$12.69 \$18.93	
						61-70		\$17.42 \$25.93	
						71+		\$26.12 \$38.94	