

ALLSTATE LIFE INSURANCE COMPANY OF NEW YORK

100 Motor Parkway, Hauppauge, New York 11788

RIDER FORM WBR4NY – WELLNESS BENEFIT RIDER

REQUIRED DISCLOSURE STATEMENT

RETAIN THIS FOR YOUR RECORDS!

Wellness Benefit. This is a rider attached to an individual policy of insurance. This coverage is designed to provide you with supplemental preventive testing coverage.

The coverage described in this outline provides supplemental coverage and is issued only to supplement insurance already in force. This rider provides benefits for specified disease coverage ONLY. This rider does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department. Policies of this category are designed to provide, to persons insured, benefits only when certain losses occur as a result of specified disease, subject to any limitations set forth in the policy and this rider. This rider does not provide any benefits other than those described below.

This disclosure statement is a very brief summary of your rider.

Read Your Contract Carefully! This outline of coverage provides a brief description of some of the important features of your contract. This is not the insurance contract and only the actual contract provisions control. The contract itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

The expected benefit ratio for the rider is 60.05%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with the rider.

BENEFITS

Wellness Benefit. We pay the benefit if a covered person has a preventive test performed. We pay the amount shown on page 3 of the policy per unit per calendar year per covered person for one of the preventive tests. Each covered person is covered for no more than the amount shown on page 3 of the policy per calendar year.

We pay the benefit regardless of result of the test. There is no limit to the number of years we pay for preventive tests. The eligible preventive tests are:

1. Bone Marrow Testing; and
2. CA15-3 (cancer antigen 15-3 - blood test for breast cancer); and
3. CA125 (cancer antigen 125 - blood test for ovarian cancer); and
4. CEA (carcinoembryonic antigen - blood test for colon cancer); and
5. Chest X-ray; and
6. Colonoscopy; and
7. Flexible sigmoidoscopy; and
8. Hemocult stool analysis; and
9. Mammography, including Breast Ultrasound; and
10. Pap Smear, including ThinPrep Pap Test; and

11. PSA (prostate specific antigen - blood test for prostate cancer); and
12. Serum Protein Electrophoresis (test for myeloma); and
13. Biopsy for skin cancer; and
14. Stress test on bike or treadmill; and
15. Electrocardiogram (EKG); and
16. Carotid Doppler; and
17. Echocardiogram; and
18. Lipid Panel (total cholesterol count); and
19. Blood test for triglycerides.

EXCEPTIONS

The exceptions and limitations provision of the policy applies to the rider.

TERMINATION

The rider terminates at the earliest of: the end of the grace period for the payment of the premium for the policy or the rider; or when the policy terminates. If we accept a premium that extends coverage past the termination date, coverage continues until the end of that premium period.

RENEWABILITY

The renewability provision of the policy applies to the rider, subject to the termination provision of the rider.