

# Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental injuries on- or off-the-job, 24-hours a day

## 1 CHOOSE

You choose the benefits to help protect yourself and any family members from accidental injury expenses

## 2 USE

You experience an accidental injury and seek medical attention from a medical professional

## 3 CLAIM

You go online and file a claim. The cash benefits are paid to you, to use however you wish

Even when you live well, accidents happen. Treatment can be vital to recovery, but it can also be expensive. And if an accident keeps you away from work during recovery, the financial worries can grow quickly.



Every 10 minutes, more than 700 Americans suffer an injury severe enough to seek medical help.<sup>1</sup>

Most major medical insurance plans only pay a portion of the bills. Our coverage can help pick up where other insurance leaves off and provide cash to help cover the expenses.

With accident insurance from Allstate Benefits, you can gain the advantage of financial protection, thanks to the cash benefits paid directly to you. You also gain the financial empowerment to seek the treatment needed to get well.

### Here's How It Works

Our coverage pays you cash benefits that correspond with a variety of covered occurrences, such as: dismemberment; dislocation or fracture; hospital confinement; ambulance services; and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

With Allstate Benefits, you can protect your finances against life's slips and falls.

Are you in Good Hands? You can be.

### Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer
- Coverage available for spouse and child(ren)
- Premiums are affordable and are conveniently payroll deducted
- Coverage can be continued, as long as premiums are paid to Allstate Benefits

[See reverse for plan details](#)



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BENEFITS

<sup>1</sup>National Safety Council, Injury Facts, 2014



## YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options because you get to determine how to use them.



### Finances

Can help protect your HSAs, savings, retirement plans and 401ks from being depleted



### Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city



### Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care



### Expenses

The lump-sum cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

## Benefits

| Base Policy  |                                    |
|--|------------------------------------|
| Accidental Death   | Common Carrier Accidental Death    |
| Dismemberment  | Dislocation or Fracture            |
| Hospital Confinement   | Initial Hospital Confinement       |
| Intensive Care   | Ambulance                          |
| Medical Expenses   | Outpatient Physician's Treatment   |
| Benefit Enhancement Rider  |                                    |
| Hospital Admission   | Lacerations                        |
| Burns  | Skin Graft                         |
| Brain Injury Diagnosis   | Paralysis                          |
| Coma with Respiratory Assistance                                   | Blood and Plasma                   |
| General Anesthesia   | Appliance                          |
| Medicine   | Physical Therapy                   |
| Non-Local Transportation   | Ruptured Disc Surgery              |
| Eye Surgery  | Open Abdominal or Thoracic Surgery |
| Medical Supplies   | Prosthesis                         |
| Rehabilitation Unit  | Family Member Lodging              |
| Post-Accident Transportation                                       | Accident Follow-up Treatment       |
| Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery           |                                    |
| Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) |                                    |

## Access Your Benefits and Claim Filings

Accessing your benefit information using **MyBenefits** has never been easier.

**MyBenefits** is an easy-to-use website that offers you 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.



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BENEFITS

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For use in enrollments situated in: SC

This material is valid as long as information remains current, but in no event later than October 15, 2018. Group Accident benefits are provided by policy form GVAP1, rider form GVAPBER, or variations thereof.

**Coverage is provided by Limited Benefit Supplemental Accident Insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information 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 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.

# Group Voluntary Accident (GVAP1)

## On- and Off-the-Job Accident Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.

### BENEFIT AMOUNTS

| BASE ACCIDENT BENEFITS                                     |          | PLAN      |
|--|----------|-----------|
| Accidental Death and Dismemberment <sup>1</sup>            | Employee | \$40,000  |
|  | Spouse   | \$20,000  |
|  | Children | \$10,000  |
| Common Carrier Accidental Death<br>(fare-paying passenger) | Employee | \$200,000 |
|  | Spouse   | \$100,000 |
|  | Children | \$50,000  |
| Dislocation or Fracture <sup>1</sup>                       | Employee | \$4,000   |
|  | Spouse   | \$2,000   |
|  | Children | \$1,000   |
| Initial Hospital Confinement (Pays once)                   |          | \$1,000   |
| Hospital Confinement (Pays daily)                          |          | \$200     |
| Intensive Care (Pays daily)                                |          | \$400     |
| Medical Expenses (Pays up to amount shown)                 |          | \$500     |
| Ambulance  | Ground   | \$200     |
|  | Air      | \$600     |
| Outpatient Physician's Treatment (Pays per visit)          |          | \$50      |

<sup>1</sup>Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

| BENEFIT ENHANCEMENT RIDER   |                       | PLAN     |
|---|-----------------------|----------|
| Hospital Admission <sup>2</sup>                                       |                       | \$500    |
| Ruptured Spinal Disc Surgery  |                       | \$500    |
| Lacerations <sup>2</sup> (Pays once/year)                             |                       | \$50     |
| Accident Follow-Up Treatment  |                       | \$50     |
| Computed Tomography (CT) Scan<br>and Magnetic Resonance Imaging (MRI) |                       | \$50     |
| Burns <sup>2</sup> (Pays once/accident; other than sunburns)          | < 15% of body surface | \$100    |
|   | > 15% or more         | \$500    |
| Skin Graft (Pays once/accident; % of Burns Benefit)                   |                       | 50%      |
| Brain Injury Diagnosis <sup>2</sup> (Pays once)                       |                       | \$150    |
| Paralysis <sup>2</sup> (Pays once)                                    | Paraplegia            | \$7,500  |
|   | Quadriplegia          | \$15,000 |
| Coma with Respiratory Assistance (Pays once)                          |                       | \$10,000 |
| Open Abdominal or Thoracic Surgery <sup>2</sup>                       |                       | \$1,000  |
| Tendon, Ligament, Rotator Cuff<br>or Knee Cartilage Surgery           | Surgery               | \$500    |
|   | Exploratory           | \$150    |
| Eye Surgery (Pays once/accident)                                      |                       | \$100    |
| Rehabilitation Unit   |                       | \$100    |
| General Anesthesia  |                       | \$100    |
| Family Member Lodging   |                       | \$100    |
| Blood and Plasma <sup>2</sup> (Pays once/accident)                    |                       | \$300    |
| Appliance (Pays once/accident)  |                       | \$125    |
| Medical Supplies (Pays once/accident)                                 |                       | \$5      |
| Medicine (Pays once/accident)   |                       | \$5      |
| Prosthesis (Pays once/accident)                                       | 1 device              | \$500    |
|   | 2 or more devices     | \$1,000  |
| Physical Therapy (Pays daily; max. 6 days/accident)                   |                       | \$30     |
| Non-Local Transportation  |                       | \$400    |
| Post-Accident Transportation (Pays once/year)                         |                       | \$200    |

<sup>2</sup>Within 3 days after accident.

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.  
Covered spouse gets 50% of the amounts shown and children 25%.

| LOSS OF LIFE OR LIMB   | PLAN     |
|--|----------|
| Life, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg   | \$40,000 |
| One eye, hand, arm, foot, or leg   | \$20,000 |
| One or more entire toes or fingers   | \$4,000  |
| COMPLETE DISLOCATION   | PLAN     |
| Hip joint  | \$4,000  |
| Knee or ankle joint <sup>▲</sup> , bone or bones of the foot <sup>▲</sup>                | \$1,600  |
| Wrist joint  | \$1,400  |
| Elbow joint  | \$1,200  |
| Shoulder joint   | \$800    |
| Bone or bones of the hand <sup>▲</sup> , collarbone                                      | \$600    |
| Two or more fingers or toes  | \$280    |
| One finger or toe  | \$120    |
| COMPLETE, SIMPLE OR CLOSED FRACTURE  | PLAN     |
| Hip, thigh (femur), pelvis <sup>★★</sup>   | \$4,000  |
| Skull <sup>★★</sup>  | \$3,800  |
| Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula) | \$2,200  |
| Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)               | \$1,600  |
| Foot <sup>★★</sup> , hand or wrist <sup>★★</sup>   | \$1,400  |
| Lower jaw <sup>★★</sup>  | \$800    |
| Two or more ribs, fingers or toes, bones of face or nose                                 | \$600    |
| One rib, finger or toe, coccyx   | \$280    |

<sup>▲</sup>Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). <sup>★★</sup>Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

## PREMIUMS

| MODE      | EE     | EE + SP | EE + CH | F       |
|-----------|--------|---------|---------|---------|
| Bi-Weekly | \$7.38 | \$10.70 | \$14.30 | \$16.98 |

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



For use in enrollments situated in: SC. This rate insert is part of forms ABJ31162X and ABJ29977-1 and is not to be used on its own.

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# Group Voluntary Accident (GVAP1) On- and Off-the-Job Accident Insurance

## Important Information About Coverage

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Accident coverage. Please refer to your employer chosen plan for the specific items that apply to your coverage. You will receive a certificate that details the certificate specifications for the coverage you purchased.

Group Accident Issue ages are 18 and over if Actively at Work.

### Benefits Specifications (see Benefit Amounts)

**Accidental Death and Dismemberment** - Multiple dismemberments, dislocations, and fractures from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

**Dislocation or Fracture** - Multiple dismemberments, dislocations, and fractures from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

**Hospital Confinement** - Per day, max. 90 days/injury.

**Intensive Care** - Per day, max. 90 days/injury.

**Outpatient Physician's Treatment** - Per visit, max. 2 visits/year, 4 if dependents are covered.

### Benefits Enhancement Rider Specifications (see Benefit Amounts)

**Hospital Admission** - Within 3 days after accident. Payable once/year, after 12 months of coverage.

**Ruptured Spinal Disc Surgery** - 2 or more procedures through same entry point are considered 1 operation.

**Lacerations** - Within 3 days after accident.

**Accident Follow-Up Treatment** - Per day, max. 2 treatments/accident. Not paid if Physical Therapy benefit paid.

**Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)** - Within 180 days of accident, if treatment received within 30 days of accident. Payable once/year.

**Skin Graft** - Within 90 days after accident.

**Brain Injury Diagnosis** - Must be diagnosed within 30 days after accident.

**Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery** - Within 180 days after accident.

**Eye Surgery** - Within 90 days after accident.

**Rehabilitation Unit** - Per day, max. 30 days confinement, max. 60 days/year. Not paid if Daily Hospital Confinement benefit paid.

**General Anesthesia** - Within 180 days after accident.

**Appliance** - Within 90 days after accident.

**Medical Supplies** - Within 90 days after accident.

**Medicine** - Within 90 days after accident.

**Prosthesis** - Within 180 days after accident.

**Physical Therapy** - Not payable for chiropractic services or if Accident Follow-Up Treatment benefit paid.

**Non-Local Transportation** - Per trip, max. 3 times/accident. More than 100 miles from your home.

**Post-Accident Transportation** - More than 250 miles from your home, by common carrier.

**CA, NE, NJ, PA, UT** - Limitations to the number of days between the accident and the hospitalization and/or treatment are deleted.

**FL** - Benefit Enhancement Rider benefits described are part of the policy and not added as a rider.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### Conditions and Limits

**Most States** - When an injury results in a covered loss within 90 days (180 days for dismemberment or death), unless otherwise stated, from the date of an accident, and is diagnosed by a physician), Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

**PA** - When an injury results in a covered loss within 90 days (90-day time limit not applicable to Accidental Death and Common Carrier Accidental Death, unless otherwise stated, from the date of an accident, and is diagnosed by a physician), Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

**TX** - When an injury results in a covered loss within 90 days (180 days for dismemberment or death, unless otherwise stated, from the date of an accident, and is diagnosed by a physician), Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories, unless the treatment is the result of an emergency.

**UT** - When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

**WA** - When an injury results in a covered loss within 1 year, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

### Your Eligibility

**All States** - Your employer decides who is eligible for your group (such as length of service and hours worked each week).

### Dependent Eligibility/Termination

#### (a) Coverage may include you, your spouse and children.

**CA, FL, MD, OR, WA** - Coverage may include you, your spouse or domestic partner, and children.

**HI** - Coverage may include you, your spouse or reciprocal beneficiary, and children.

**DC** - Coverage may include you, your spouse or domestic/civil union partner, and children.

**NJ, VT** - Coverage may include you, your spouse or civil union partner, and children.

#### (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

**IL** - Coverage for children ends when the child reaches age 26 (30 if a military veteran who is an Illinois resident), unless he or she continues to meet the requirements of an eligible dependent.

**MA** - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

**PA** - Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

## Dependent Eligibility/Termination (continued)

### (c) Spouse coverage ends upon valid decree of divorce or your death.

**CA** - Spouse coverage ends upon valid decree of divorce/termination of domestic partnership or your death.

**FL, MD, OR, WA** - Spouse/domestic partner coverage ends upon valid decree of divorce/termination of the domestic partnership or your death.

**DC** - Spouse or domestic/civil union partner coverage ends upon valid decree of divorce/termination of partnership or your death.

**NJ** - Spouse/civil union partner coverage ends upon valid decree of divorce or your death.

## When Coverage Ends

Coverage under the policy ends on the earliest of:

- (a)** the date the policy is canceled;
- (b)** the last day of the period for which you made any required contributions;
- (c)** the last day you are in active employment, except as provided under the Temporarily Not Working provision;
- (d)** the date you are no longer in an eligible class;
- (e)** the date your class is no longer eligible;
- (f) MT only** - the date your employer discontinues their business.

## Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

**MT, NJ** - You may be eligible to continue or convert coverage when coverage under the policy ends.

## Certificate and Benefit Enhancement Rider Exclusions and Limitations

Benefits are not paid for:

### (a) injury incurred before the effective date;

### (b) act of war or participation in a riot, insurrection or rebellion;

**MD** - any act of war.

**OK** - participation in a riot, insurrection or rebellion.

**NJ** - any act of war whether or not declared, participation in a riot or insurrection.

**VT, WA** - any act of war, participation in a riot or insurrection.

### (c) suicide or attempt at suicide;

**CO, MO** - suicide, or any attempt at suicide, while sane.

### (d) any injury while under the influence of alcohol or any narcotic unless taken on the advice of a physician;

**CA** - being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.

**NJ, TX** - a loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.

**ID, MD, SD, VT, WA** - (d) is deleted.

**OK** - any injury sustained due to alcoholism or being under the influence of drugs or any narcotic, unless administered upon the advice of a physician and taken according to the physician's advice.

**IN** - any injury sustained or contracted while being intoxicated or under the influence of any narcotic, unless administered upon the advice of a physician.

**LA** - any injury sustained or contracted while being intoxicated or under the influence of alcohol or any narcotics, unless administered on the advice of a physician.

**OR** - being legally intoxicated as defined by the laws of this state or under the influence of any narcotic unless administered upon the advice of a physician.

**MI** - any injury caused by the covered person, sustained while under the influence of alcohol (as defined by the laws of the state of Michigan), narcotics, or any other controlled substance or drug unless administered upon the advice of a physician.

**PA** - any injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

**UT** - any injury sustained while being under the influence of alcohol or any narcotic, unless administered upon the advice of a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident.

**MT** - any injury sustained or contracted in consequence while being intoxicated or voluntarily under the influence of any narcotic unless administered on the advice of a physician.

### (e) bacterial infection, (except pyogenic infections from an accidental cut or wound);

**AR, ID** - (e) is deleted.

**MO** - any bacterial infection (except pyogenic infections occurring with and through an accidental cut or wound, or sustained in consequence of the ingestion of a contaminated substance or material).

**IL** - any bacterial infection (except infections resulting from an accidental injury or infection which results from an accidental or involuntary or an unintentional ingestion of a contaminated substance).

**WV** - any bacterial infection (except pyogenic infections which shall occur with and through an accident).

**TX** - any bacterial infection (except food poisoning and pyogenic infections occurring through an accidental cut or wound).

### (f) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;

### (g) committing or attempting an assault or felony;

**CA** - committing or attempting to commit an illegal occupation or felony.

**NE, TX, VT** - committing or attempting to commit a felony.

**ID, WA** - participation in a felony.

**NJ** - injury sustained while committing or attempting to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

**MD** - (g) is deleted.

### (h) driving in any race or speed test or testing any vehicle on any racetrack or speedway;

**ID, NJ, OK, VT** - (h) is deleted.

### (i) hernia, including complications;

**AR, ID, MI, NJ, WV** - (i) is deleted.

**PA, VT** - hernia, including complications due to hernia will be excluded during the first 6 months of coverage but will be covered thereafter.

**IL** - hernia (except for hernia caused by an accident).



#### Certificate and Benefit Enhancement Rider Exclusions and Limitations (continued)

**(j) serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries;**

**(k) MD only - health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral.**

#### Disability Rider Exclusions and Limitations

Disability riders include:

Off-the-job Accident and Disability Rider (R1AP)

On- and Off-the-job Accident and Disability Rider (R2AP)

Off-the-job Accident and Sickness Disability Rider (R3AP)

On- and Off-the-job Accident and Sickness Disability Rider (R4AP)

On- and Off-the-job Accident Disability Rider for Insured Spouse (R5AP)

On- and Off-the-job Accident and Sickness Disability Rider for Insured Spouse (R6AP)

**The following applies to riders (R1AP, R2AP, R3AP, R4AP, R5AP and R6AP)**

Payable up to 12 months. (See definition page 4).

**The following applies to riders (R2AP, R4AP, R5AP and R6AP)**

For any month that you receive Workers' Compensation or other state disability, the benefit is reduced by 50%. Reasonable proof will be required.

**The following Rider Exclusions and Limitations apply to riders (R1AP, R2AP, R3AP, R4AP, R5AP and R6AP)**

**Rider Benefits are not paid for:**

**(a) act of war, participation in a riot, insurrection or rebellion;**

MD - (a) is deleted.

VT - any act of war, participation in a riot or insurrection.

NJ - any act of war whether or not declared, participation in a riot or insurrection.

WA - any act of war or participation in a riot or insurrection.

OK - participation in a riot, insurrection or rebellion.

**(b) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft;**

**(c) intentionally self-inflicted injuries;**

**(d) engaging in an illegal occupation or committing or attempting a felony;**

NJ - injury sustained while committing or attempting to commit a felony or engagement in an illegal occupation.

WA - injury incurred while engaging in an illegal occupation or participation in a felony.

**(e) attempted suicide;**

CO, MO - attempted suicide, while sane. VT - (e) is deleted.

**(f) being under the influence of alcohol, narcotics or any other controlled substance or drug unless taken on the advice of a physician;**

CA - loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.

LA - any injury sustained or contracted while being intoxicated or under the influence of alcohol or narcotics, unless taken upon the advice of a physician.

MD - any injury sustained or contracted while being intoxicated or under the influence of any narcotic.

ID, SD, VT - (f) is deleted.

IN - any injury sustained or contracted while being intoxicated or under the influence of any narcotic unless taken upon the advice of a physician.

MT - any injury sustained or contracted in consequence while being intoxicated or voluntarily under the influence of any narcotic unless taken on the advice of a physician.

NJ - any loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.

MI - any injury caused by the insured, sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless taken upon the advice of a physician.

OK - any injury sustained due to being under the influence of narcotics or any controlled substance or drug unless administered upon the advice of a physician and taken according to the physician's advice.

OR - any injury sustained while legally intoxicated or while under the influence of any narcotic unless administered upon the advice of a physician.

PA - any injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.

TX - the insured's being intoxicated or under the influence of any narcotic unless taken on the advice of a physician.

UT - any injury sustained while being under the influence of alcohol or any narcotic, unless administered upon the advice of a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident.

**(g) alcohol abuse or alcoholism, drug addiction or dependence on any controlled substance;**

ID - alcoholism, drug addiction or dependence upon any controlled substance.

MD, VT - (g) is deleted.

**(h) dental or plastic surgery for cosmetic purposes;**

**(i) benefits are not paid during any period of incarceration;**

IA - benefits are not paid for any disability that begins while incarcerated.

VT - (i) is deleted.

**The following Rider Exclusion and Limitation only applies to riders (R3AP, R4AP and R6AP)**

**(k) mental illness without demonstrable organic disease;**

VT - (k) is deleted.

**The following Rider Exclusion and Limitation only applies to riders (R1AP, R2AP and R5AP)**

**(l) disability benefits for a sprained, strained, or lame back or any disc condition are limited to a maximum of 3 months;**

VT - disability benefits for a sprained, strained, or lame back or any disc condition are limited to a maximum of 6 months.

**The following Rider Exclusion and Limitation only applies to riders (R1AP and R3AP)**

**(m) an on-the-job accident.**

#### Disability Rider Pre-Existing Condition Limitation

**(a) Benefits are not paid during the first 12 months of coverage if caused by a pre-existing condition;**

UT - Benefits are not paid on losses occurring during the first 6 months of coverage if caused by a pre-existing condition.

#### Disability Rider Pre-Existing Condition Limitation (continued)

**(b) A pre-existing condition is a condition for which symptoms existed within the 12 months 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, UT** - A pre-existing condition is a disease or physical condition 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 member of the medical profession within the 6-month period prior to the effective date.

**MT** - A pre-existing condition is a disease or physical condition which 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.

**NJ, NC, ND, VA** - A pre-existing condition is a disease or physical condition for which 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.

**PA** - A pre-existing condition is a disease or physical condition for which medical advice or treatment has been received by a covered person within 90 days immediately prior to becoming covered under the certificate. The condition shall be covered after the covered person has been covered for more than 12 months under the certificate.

**WV** - A pre-existing condition is a disease or physical condition for which the condition existed within the 12-month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a medical professional within the 12 months prior to the effective date.

**(c) A pre-existing condition can exist even though a diagnosis has not yet been made;**

**GA, MT, PA, VA** - (c) is deleted.

**(d) Any disability incurred or commencing after 12 months of coverage will not be subject to the pre-existing condition limitation;**

**VA** - (d) in Virginia only.

**(e) Any loss which begins after the first 12 months of a covered person's effective date of coverage will not be considered a pre-existing condition and will be eligible for payments under this plan. A pre-existing condition does not include a condition admitted on the application which was not excluded by a signed waiver.**

**MD** - (e) in Maryland only.

#### Disability Definitions

**Total Disability** - When, because of sickness or injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under a physician's care.

**Own Occupation** - Your occupation when a total disability period begins; if you're unemployed at that time, it means any gainful occupation for which you're suited by education, training, or experience.

**Termination Provision for Disability Riders** - The riders end on: (a) the end of the grace period; (b) the date the policy terminates; (c) the date the certificate terminates; (d) the next renewal date after your request to terminate the rider; or (e) the next renewal date after your 70th birthday.



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Rev. 4/15. This material is valid as long as information remains current, but in no event later than April 1, 2018. Group Accident benefits are provided by policy form GVAP1 and the following rider forms, if included, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER. Off-the-Job Accident Disability Rider provided by rider R1AP. On- and Off-the-Job Accident Disability Rider provided by rider R2AP. Off-the-Job Accident and Sickness Disability Rider provided by rider R3AP. On- and Off-the-Job Accident and Sickness Disability Rider provided by rider R4AP. On- and Off-the-Job Accident Disability Rider for Insured Spouse provided by rider R5AP. On- and Off-the-Job Accident and Sickness Disability Rider for Insured Spouse provided by rider R6AP.

**Coverage is provided by Limited Benefit Supplemental Accident Insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits. This information 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 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.