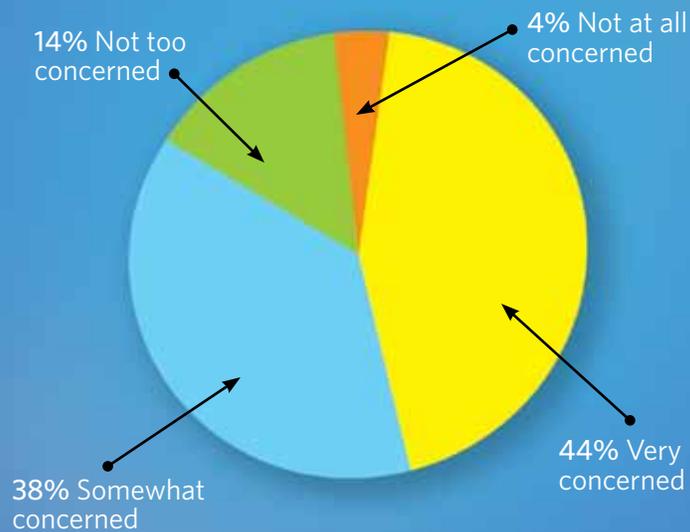


8 in 10

Workers are Concerned with How to Pay Living Expenses in the Event of a Disability¹



8 in 10 workers are concerned about how they would pay their living expenses if they had to miss work for 6 months or longer due to disability.¹

¹Gen Re Disability Fact Book, Sixth Edition, 2010, Berkshire Hathaway Company.

GVDIP

GROUP VOLUNTARY DISABILITY INSURANCE

the right coverage • your future • great choice

ABJ19603X



group voluntary disability

Allstate Benefits (AB) Group Voluntary Disability coverage provides a monthly cash benefit when you suffer a sickness or off-the-job injury that leaves you totally disabled or partially disabled.

You can't predict if or when you will become disabled in your lifetime. But you can plan for a disability by having coverage in place to help provide an income should you become disabled due to a sickness or injury and are unable to work. Our coverage can help provide a monthly income when it is needed most.

Disability benefits can offer peace of mind when a disability occurs. Below is an example of how benefits might be paid.*



i meeting your needs

Our coverage offers support during a period of unexpected sickness or an off-the-job injury.

- Benefit Period: 6 mo.
Elimination Period: 14 days Accident;
14 days Sickness
- A guaranteed issue** monthly benefit ranging from \$400 - \$3,000, up to 60% of income
- Pregnancy is covered like any other sickness if you first meet the total disability definition after your coverage is in force for at least 9 months
- Benefits start the first day after the elimination waiting period, when you are totally disabled and cannot work
- Portable coverage. If you leave your job the coverage goes with you, as long as premiums are paid to AB
- Premiums are payroll deducted

**You must apply for coverage during your initial enrollment period to be eligible. If enrolling after your enrollment period evidence of insurability will be required.

👍 your benefit coverage

Terms and conditions for each benefit will vary. Please review your coverage carefully.

Total Disability - Pays when totally disabled. Monthly benefit starts after the waiting period has been satisfied. Disability must begin while actively at work. Benefits continue while totally disabled up to the length of the benefit period.

Partial Disability - Pays 50% of the monthly benefit when partially disabled immediately after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

Concurrent Disability - Pays one monthly benefit even if you are disabled due to more than one cause. Being disabled due to more than one cause will not extend the time benefits are paid.

Recurrent Disability - Pays when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

Pregnancy - Pays for a pregnancy if total disability first begins after the certificate has been in force for at least 9 months.

Organ Donor - Pays if totally or partially disabled due to serving as an organ donor in an organ transplant procedure.

Waiver of Premium - Pays the premium after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable.

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see pages 2a and/or 2b for your plan details.

¹This example assumes that Jane and John have medical insurance and did not receive disability income from other sources during the same time period.



Nine out of 10 deaths and nearly three-fourths of the disabling injuries suffered by workers occurred off the job.²

² *Injury Facts 2010 Edition*, National Safety Council.

CERTIFICATE SPECIFICATIONS

Please read your certificate carefully. This section explains some specifics of the certificate.

Eligibility - Only individual coverage is available under the certificate.

Termination of Coverage - Coverage ends on the date the certificate is canceled; the last day premium payments were made; the last day of active employment, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; the date you or your class is no longer eligible; upon discovery of fraud or material misrepresentation when filing a claim.

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

Deductible Sources of Income - Deductible sources of income include the amount that you receive, or are eligible to receive, as disability income payments under any: (1) individual disability income policies; or (2) other group insurance coverage.

When you are totally disabled and not working we will follow the process described below to determine your amount of payment: (1) Multiply your monthly earnings by 60%. (2) Subtract any deductible sources of income from item 1. (3) Determine the lesser of the amount listed on the Certificate Specifications page and the result of item 2. (4) Compare item 3 with the \$100 minimum monthly payment and we will pay the greater of the two.

Pre-Existing Condition Limitation - We do not pay benefits for disability that starts within 12 months of the effective date from a pre-existing condition. You have a pre-existing condition if: (a) your disability began during the 12 months after the effective date of coverage. (b) you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed or over the counter medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits would be effective.

Certificate Exclusions - (a) We do not pay benefits for disabilities caused by, contributed by or resulting from: (1) Bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness. We do pay for Alzheimer's or similar forms of senile dementia if first manifested while coverage is in force. (2) war, participation in a riot, insurrection or rebellion. (3) Illegal activities or participation in an illegal occupation. (4) Intentionally self-inflicted injury or action. (5) Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance. (6) Participation in aeronautics except as a fare paying passenger in a licensed aircraft provided by a common carrier and operating between established airports. (7) Voluntarily inhaling of fumes or gases. (8) Cosmetic surgery (complications are covered). (9) Pre-existing conditions during the first 12 months of coverage. (10) Occupational sickness or injury. (b) Loss of professional or occupational license or certification does not, in itself, constitute a disability.

Workers' Compensation or State Disability Insurance - This certificate does not replace or affect the requirements for coverage by any workers' compensation or state disability insurance.

DEFINITIONS

Total Disability - When, because of sickness or an off-the-job injury, you are unable to perform the material and substantial duties of your own occupation; and are under the regular care of a doctor; and are not working in any job for wage or profit.

Partial Disability - You are partially disabled when AB determines that due to a sickness or injury you are: (1) unable to perform the material and substantial duties of your own occupation on a full-time basis, but you are able to work on a part-time basis; and (2) you are under the regular care of a doctor.

Elimination Period - A period of continuous total disability which must be satisfied before you are eligible to receive benefits from AB.

Own Occupation - The occupation you are performing when a period of disability begins.

This material is valid as long as information remains current, but in no event later than April 1, 2014. Group Voluntary Disability Income benefits provided by policy GVDIP, or state variations thereof. The policy is underwritten by American Heritage Life Insurance Company.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For costs and complete details, contact your Insurance Agent, or, contact Allstate Benefits 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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