



MEMORANDUM

Business & Finance Services

William V. Husfelt III, Superintendent | Jim Loyed, Chief Financial Officer

TO: Prospective Proposers

FROM: Dan Fuller, GM of Purchasing, Contracting & Materials Mgmt

DATE: June 28, 2018

RE: RFP #18-11 – Voluntary Insurance Products
ADDENDUM NO. 1

Addendum for RFP #18-11 – Voluntary Insurance Products, is amended in the following particulars and in these particulars only. All provisions of the original documents shall remain in force, except as specifically modified or changed herein or by other Addendum issued by Bay District Schools. This Addendum is hereby made part of the proposal documents.

This Addendum addresses questions from Proposers and clarification. All proposers are responsible for receiving and reading Addendums. All Addendums will be posted at <http://www.bay.k12.fl.us/bids>.

Q&A's:

Q1. Claim analysis report for last three years?

ANSWER: Not available and should not be required.

Q2. Do you have a long-term disability plan in place? If so, what is the elimination period? Since there is a request for short-term disability, we need to confirm which elimination period and benefit period you are looking for us to provide a quote.

ANSWER: Yes, the current long-term disability plan offered has a waiting period of 90 or 180 days. We would like to offer two short term disability plans that will sync up with LTD coverage selected at 90 or 180 days.

Q3. Offering to include a permanent life with long-term care benefit, is that something we can provide for your consideration?

ANSWER: Life insurance coverage is already offered through a difference carrier and is not requested coverage at this time.

Q4. Please provide Attachment M as required in the RFP under Scope of Services/1.0/Purpose on page 16. We could not locate this attachment in the RFP.

ANSWER: Attachment M is to be created by proposer and does not need to fit a pre-designed format. It was not clearly explained.

Q5. Please provide copies of your current voluntary insurance plans offered through Allstate per the Census (Accident, Critical Illness, Cancer and Hospital Indemnity).

ANSWER: Allstate policy contract with the District is proprietary to Allstate and therefore not released. However, we have released and posted current summary of benefits to the Bay District website. As well, we have sent to all carriers.

Q6. A full benefit booklet for Accident, Cancer, Critical Illness, and Hospital Indemnity

ANSWER: Allstate policy contract with the District is proprietary to Allstate and therefore not released. However, the full plan document for all products were provided.

Q7. Current and renewal rates for Accident, Cancer, Critical Illness, and Hospital Indemnity

ANSWER: Current Allstate rates are included on the attached product brochures. Product and rate information were provided to all carriers and posted to website.

Q8. Will you allow the submission of a quote for Hospital Indemnity coverage since information regarding that plan was included on the census provided?

ANSWER: No, since we have such a rich plan design in 317 we had difficulty in meeting participation requirements. This product was going to be discontinued on 1.1.19 by Allstate. However, if we want to offer it through a new provider we could consider it as an option.

Q9. Will you please confirm the name of your current enrollment/benefits administration platform? Is it Benefit Connector as noted on the Employee Benefits page of you website?

ANSWER: The Bay County School Board utilizes the Benefit Connector online enrollment platform that has been developed by Triune Technologies.

Q10. How do we determine if we are required to register with the Florida Department of State, Division of Corporations? We have a certificate of authority to operate in the State of Florida. Will this suffice? As a vendor (insurance carrier), our home office is located in South Carolina.

ANSWER: If the carrier is approved to conduct business in Florida then they meet our requirements to submit their proposal.

Q11. Do we need to include any financial information as a carrier under Tab 7/Financial Statement and Litigation? This section only mentions providing litigation information although the title says financial information as well.

ANSWER: Yes, financial information should have been specified in original posting.

Q12: Are incomes available to be added to the master census?

ANSWER: Yes, attached is a new census document that includes salaries.

Q13: How are the voluntary insurance products enrolled today (paper, counselor assisted meetings, online enrollment, etc)?

ANSWER: Online enrollment.

Q14: Is there a particular plan design or any specific options you would like to see for the new short term disability (elimination period, benefit duration, etc)?

ANSWER: We do not currently offer this type of coverage. We would like to see multiple options that sync up with the LTD plan designs of 90 and 180 elimination periods. (i.e.; 7/7/13, 7/7/26; 15/15/13 and 15/15/26.

Q15: On question 32 of the RFP on page 44, you refer to waiving the actively at work provision on the quoted coverages. Are you referring to just the employees that have coverage under your current plan (take-over employees) or any new enrollee?

ANSWER: Waive actively at work for employees currently enrolled. All new hires or new enrollment must be actively at work to enroll in all plans.

Q16: Is there a current enrollment platform or benefit admin system in place? If there is no current enrollment platform in place, are you open to partnering with a third party vender for enrollment?

ANSWER: The Bay County School Board utilizes the Benefit Connector online enrollment platform that has been developed by Triune Technologies.

Q17: Please describe how their current Allstate worksite benefits were enrolled when you moved to their group platform.

ANSWER: Online through the Benefit Connector enrollment platform. The employee was required to enroll or waive coverage through open enrollment. There were no group or individual meetings.

Q18: Can you please provide details (Summary of Benefits or Certificate) on any currently in-force LTD plan? This will be used to match with STD plan

ANSWER: Requested document is attached.

Q19: The numbering on the Proposal Questionnaire (Attachment H) is not sequential. The following numbers are missing: 23, 24, 30. Are there any questions that we are missing or should this be disregarded?

ANSWER: That was an error. No missing questions.

Q20: I didn't see any recommended/requested STD plan designs in the RFP. Do you have any requests or should I stick with our standard STD DisFLEX offering?

ANSWER: We do not currently offer this type of coverage.

Q21: Is the group requesting a fully insured STD plan along with the voluntary worksite products? If so, please provide a current booklet, current STD rates, 24 months of incurred claims vs. premium experience, as well as elections on the census provided

ANSWER: We do not currently offer this type of coverage so requested information is not available.

No other changes.

Proposers are asked to acknowledge receipt of this Addendum by signing in the space provided and return either separately or with their proposal response, no later than the opening date of July 11, 2018.

Firm/Signature of Proposer

Printed Name

Address

Telephone Number

City, State, Zip Code

e-mail address

STANDARD INSURANCE COMPANY

A Stock Life Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(503) 321-7000

CERTIFICATE GROUP LONG TERM DISABILITY INSURANCE

Policyholder:	Bay District Schools
Policy Number:	753368-A
Effective Date:	January 1, 2016

The Group Policy has been issued to the Policyholder. We certify that you will be insured as provided by the terms of your Employer's coverage under the Group Policy. If the terms of this Certificate differ from the terms of your Employer's coverage under the Group Policy, the latter will govern. If your coverage is changed by an amendment to the Group Policy, we will provide the Employer with a revised Certificate or other notice to be given to you.

Possession of this Certificate does not necessarily mean you are insured. You are insured only if you meet the requirements set out in this Certificate.

"You" and "your" mean the Member. "We", "us" and "our" mean Standard Insurance Company. Other defined terms appear with the initial letters capitalized. Section headings, and references to them, appear in boldface type.



Chairman, President and CEO

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COVERAGE FEATURES

This section contains many of the features of your long term disability (LTD) insurance. Other provisions, including exclusions, limitations, and Deductible Income, appear in other sections. Please refer to the text of each section for full details. The Table of Contents and the Index of Defined Terms help locate sections and definitions.

GENERAL POLICY INFORMATION

Group Policy Number:	753368-A
Policyholder:	Bay District Schools
Employer(s):	Bay District Schools
Group Policy Effective Date:	January 1, 2016
Policy Issued in:	Florida

Member means:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as the person is capable of Active Work on those days); and
3. A citizen or resident of the United States or Canada.

Member does not include a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Class Definition: None

SCHEDULE OF INSURANCE

Eligibility Waiting Period:	You are eligible on one of the following dates, but not before the Group Policy Effective Date:
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If you are a Member on the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

If you become a Member after the Group Policy Effective Date, you are eligible on the first day of the calendar month following the date you become a Member.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance.

Your Eligibility Waiting Period will be reduced by any continuous period as an employee of the Employer immediately prior to the date you become a Member.

Own Occupation Period:	The first 24 months for which LTD Benefits are paid.
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period.

LTD Benefit:	60% of the first \$8,333 of your Predisability Earnings, reduced by Deductible Income.
Maximum:	\$5,000 before reduction by Deductible Income.
Minimum:	\$100
Benefit Waiting Period:	<p>Your choice of one of the following options:</p> <p>Option 1: 180 days. However, you will be credited for time served under the Prior Plan's benefit waiting period when your Disability is a recurrent disability under the Prior Plan's recurrent disability provisions.</p> <p>Option 2: 90 days. However, you will be credited for time served under the Prior Plan's benefit waiting period when your Disability is a recurrent disability under the Prior Plan's recurrent disability provisions.</p>
Maximum Benefit Period:	Determined by your age when Disability begins, as follows:
Age	Maximum Benefit Period
61 or younger	To age 65, or 3 years 6 months, if longer.
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69 or older	1 year

PREMIUM CONTRIBUTIONS

Insurance is:	Contributory
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INSURING CLAUSE

If you become Disabled while insured under the Group Policy, we will pay LTD Benefits according to the terms of the Group Policy after we receive Proof Of Loss satisfactory to us.

LT.IC.OT.1

BECOMING INSURED

To become insured you must be a Member, complete your Eligibility Waiting Period, and meet the requirements in **Active Work Provisions** and **When Your Insurance Becomes Effective**.

You are a Member if you are:

1. A regular employee of the Employer;
2. Actively At Work at least 30 hours each week (for purposes of the Member definition, Actively At Work will include regularly scheduled days off, holidays, or vacation days, so long as you are capable of Active Work on those days); and
3. A citizen or resident of the United States or Canada.

You are not a Member if you are a temporary or seasonal employee, a full-time member of the armed forces of any country, a leased employee, or an independent contractor.

Eligibility Waiting Period means the period you must be a Member before you become eligible for insurance. Your Eligibility Waiting Period is shown in the **Coverage Features**.

(VAR MBR DEF) LT.BI.OT.1

WHEN YOUR INSURANCE BECOMES EFFECTIVE

A. When Insurance Becomes Effective

Subject to the **Active Work Provisions**, your insurance becomes effective as follows:

1. Insurance Subject To Evidence Of Insurability

Insurance subject to Evidence Of Insurability becomes effective on the date we approve your Evidence Of Insurability.

2. Insurance Not Subject To Evidence of Insurability

The **Coverage Features** states whether insurance is Contributory or Noncontributory.

a. Noncontributory Insurance

Noncontributory insurance not subject to Evidence Of Insurability becomes effective on the date you become eligible.

b. Contributory Insurance

You must apply in writing for Contributory insurance and agree to pay premiums. Contributory insurance not subject to Evidence Of Insurability becomes effective on:

- i. The date you become eligible if you apply on or before that date; or
- ii. The date you apply if you apply within 31 days after you become eligible.

Late application: Evidence Of Insurability is required if you apply more than 31 days after you become eligible.

Evidence Of Insurability will not be required to become insured for Contributory insurance on January 1, 2017 if you apply during the open enrollment period beginning November 1, 2016 and ending November 23, 2016. However, Evidence Of Insurability will not be waived

if you are not insured for Contributory coverage because you previously submitted evidence of good health that was not approved by us or by the insurer(s) of the Prior Plan or any preceding plans.

B. Takeover Provisions

1. If you were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy, your Eligibility Waiting Period is waived on the effective date of your Employer's coverage under the Group Policy.
2. You must submit satisfactory Evidence Of Insurability to become insured if you were eligible for insurance under the Prior Plan for more than 31 days but were not insured.

C. Evidence Of Insurability Requirement

Evidence Of Insurability satisfactory to us is required:

- a. For late application for Contributory insurance.
- b. For Members eligible but not insured under the Prior Plan.
- c. For reinstatements if required.

Providing Evidence Of Insurability means you must:

1. Complete and sign our medical history statement;
2. Sign our form authorizing us to obtain information about your health;
3. Undergo a physical examination, if required by us, which may include blood testing; and
4. Provide any additional information about your insurability that we may reasonably require.

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ACTIVE WORK PROVISIONS

A. Active Work Requirement

You must be capable of Active Work on the day before the scheduled effective date of your insurance or your insurance will not become effective as scheduled. If you are incapable of Active Work because of Physical Disease, Injury, Pregnancy or Mental Disorder on the day before the scheduled effective date of your insurance, your insurance will not become effective until the day after you complete one full day of Active Work as an eligible Member.

Active Work and Actively At Work mean performing with reasonable continuity the Material Duties of your Own Occupation at your Employer's usual place of business.

B. Changes In Insurance

This Active Work requirement also applies to any increase in your insurance.

LT.AW.OT.1

CONTINUITY OF COVERAGE

If your Disability is subject to the Preexisting Condition Exclusion, LTD Benefits will be payable if:

1. You were insured under the Prior Plan on the day before the effective date of your Employer's coverage under the Group Policy;
2. You became insured under the Group Policy when your insurance under the Prior Plan ceased;
3. You were continuously insured under the Group Policy from the effective date of your insurance under the Group Policy through the date you became Disabled from the Preexisting Condition; and

4. Benefits would have been payable under the terms of the Prior Plan if it had remained in force, taking into account the preexisting condition exclusion, if any, of the Prior Plan.

For such a Disability, the amount of your LTD Benefit will be the lesser of:

- a. The monthly benefit that would have been payable under the terms of the Prior Plan if it had remained in force; or
- b. The LTD Benefit payable under the terms of the Group Policy, but without application of the Preexisting Condition Exclusion.

Your LTD Benefits for such a Disability will end on the earlier of the following dates:

- a. The date benefits would have ended under the terms of the Prior Plan if it had remained in force; or
- b. The date LTD Benefits end under the terms of the Group Policy.

(PX) LT.CC.OT.1

WHEN YOUR INSURANCE ENDS

Your insurance ends automatically on the earliest of:

1. The date the last period ends for which a premium contribution was made for your insurance.
2. The date the Group Policy terminates.
3. The date your employment terminates.
4. The date you cease to be a Member. However, your insurance will be continued during the following periods when you are absent from Active Work, unless it ends under any of the above.
 - a. During the first 90 days of a temporary or indefinite administrative or involuntary leave of absence or sick leave, provided your Employer is paying you at least the same Predisability Earnings paid to you immediately before you ceased to be a Member. A period when you are absent from Active Work as part of a severance or other employment termination agreement is not a leave of absence, even if you are receiving the same Predisability Earnings.
 - b. During a leave of absence if continuation of your insurance under the Group Policy is required by a state-mandated family or medical leave act or law.
 - c. During any other temporary leave of absence approved by your Employer in advance and in writing and scheduled to last 30 days or less. A period of Disability is not a leave of absence.
 - d. During the Benefit Waiting Period.

LT.EN.OT.1

CONTINUED INSURANCE DURING SCHOOL VACATIONS

If you cease to be a Member because of a school break or vacation, your insurance will be continued during that period.

LT.SV.OT.1

WAIVER OF PREMIUM

We will waive payment of premium for your insurance while LTD Benefits are payable.

LT.WP.OT.1

REINSTATEMENT OF INSURANCE

If your insurance ends, you may become insured again as a new Member. However, the following will apply:

1. If you cease to be a Member because of a covered Disability following the Benefit Waiting Period, your insurance will end; however, if you become a Member again immediately after LTD Benefits end, the Eligibility Waiting Period will be waived and, with respect to the condition(s) for which LTD Benefits were payable, the Preexisting Condition Exclusion will be applied as if your insurance had remained in effect during that period of Disability.
2. If your insurance ends because you cease to be a Member for any reason other than a covered Disability, and if you become a Member again within 90 days, the Eligibility Waiting Period will be waived.
3. If your insurance ends because you fail to make a required premium contribution, you must provide Evidence Of Insurability to become insured again.
4. If your insurance ends because you are on a federal or state-mandated family or medical leave of absence, and you become a Member again immediately following the period allowed, your insurance will be reinstated pursuant to the federal or state-mandated family or medical leave act or law.
5. The Preexisting Conditions Exclusion will be applied as if insurance had remained in effect in the following instances:
 - a. If you become insured again within 90 days.
 - b. If required by federal or state-mandated family or medical leave act or law and you become insured again immediately following the period allowed under the family or medical leave act or law.
6. In no event will insurance be retroactive.

LT.RE.OT.2

DEFINITION OF DISABILITY

You are Disabled if you meet the following definitions during the periods they apply:

- A. Own Occupation Definition Of Disability.
- B. Any Occupation Definition Of Disability.

A. Own Occupation Definition Of Disability

During the Benefit Waiting Period and the Own Occupation Period you are required to be Disabled only from your Own Occupation.

You are Disabled from your Own Occupation if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder:

1. You are unable to perform with reasonable continuity the Material Duties of your Own Occupation; and
2. You suffer a loss of at least 20% in your Indexed Predisability Earnings when working in your Own Occupation.

Note: You are not Disabled merely because your right to perform your Own Occupation is restricted, including a restriction or loss of license.

During the Own Occupation Period you may work in another occupation while you meet the Own Occupation Definition Of Disability. However, you will no longer be Disabled when your Work

Earnings from another occupation meet or exceed 80% of your Indexed Predisability Earnings. Your Work Earnings may be Deductible Income. See **Return To Work Provisions** and **Deductible Income**.

Own Occupation means any employment, business, trade, profession, calling or vocation that involves Material Duties of the same general character as the occupation you are regularly performing for your Employer when Disability begins. In determining your Own Occupation, we are not limited to looking at the way you perform your job for your Employer, but we may also look at the way the occupation is generally performed in the national economy. If your Own Occupation involves the rendering of professional services and you are required to have a professional or occupational license in order to work, your Own Occupation is as broad as the scope of your license.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

B. Any Occupation Definition Of Disability

During the Any Occupation Period you are required to be Disabled from all occupations.

You are Disabled from all occupations if, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to perform with reasonable continuity the Material Duties of Any Occupation.

Any Occupation means any occupation or employment which you are able to perform, whether due to education, training, or experience, which is available at one or more locations in the national economy and in which you can be expected to earn at least 60% of your Indexed Predisability Earnings within twelve months following your return to work, regardless of whether you are working in that or any other occupation.

Material Duties means the essential tasks, functions and operations, and the skills, abilities, knowledge, training and experience, generally required by employers from those engaged in a particular occupation that cannot be reasonably modified or omitted. In no event will we consider working an average of more than 40 hours per week to be a Material Duty.

Your Own Occupation Period and Any Occupation Period are shown in the **Coverage Features**.

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RETURN TO WORK PROVISIONS

A. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period no LTD Benefits will be paid for any period when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

B. Return To Work Incentive

You may serve your Benefit Waiting Period while working if you meet the Own Occupation Definition Of Disability.

You are eligible for the Return To Work Incentive on the first day you work after the Benefit Waiting Period if LTD Benefits are payable on that date. The Return To Work Incentive changes 12 months after that date, as follows:

1. During the first 12 months, your Work Earnings will be Deductible Income as determined in a., b. and c:
 - a. Determine the amount of your LTD Benefit as if there were no Deductible Income, and add your Work Earnings to that amount.
 - b. Determine 100% of your Indexed Predisability Earnings.
 - c. If a. is greater than b., the difference will be Deductible Income.
2. After those first 12 months, 50% of your Work Earnings will be Deductible Income.

C. Work Earnings Definition

Work Earnings means your gross monthly earnings from work you perform while Disabled, plus the earnings you could receive if you worked as much as you are able to, considering your Disability, in work that is reasonably available:

- a. In your Own Occupation during the Own Occupation Period; and
- b. In Any Occupation during the Any Occupation Period.

Work Earnings includes earnings from your Employer, any other employer, or self-employment, and any sick pay, vacation pay, annual or personal leave pay or other salary continuation earned or accrued while working.

Earnings from work you perform will be included in Work Earnings when you have the right to receive them. If you are paid in a lump sum or on a basis other than monthly, we will prorate your Work Earnings over the period of time to which they apply. If no period of time is stated, we will use a reasonable one.

In determining your Work Earnings we:

1. Will use the financial accounting method you use for income tax purposes, if you use that method on a consistent basis.
2. Will not be limited to the taxable income you report to the Internal Revenue Service.
3. May ignore expenses under section 179 of the IRC as a deduction from your gross earnings.
4. May ignore depreciation as a deduction from your gross earnings.
5. May adjust the financial information you give us in order to clearly reflect your Work Earnings.

If we determine that your earnings vary substantially from month to month, we may determine your Work Earnings by averaging your earnings over the most recent three-month period. During the Own Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 80% of your Indexed Predisability Earnings. During the Any Occupation Period you will no longer be Disabled when your average Work Earnings over the last three months exceed 60% of your Indexed Predisability Earnings.

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REASONABLE ACCOMMODATION EXPENSE BENEFIT

If you return to work in any occupation for any employer, not including self-employment, as a result of a reasonable accommodation made by such employer, we will pay that employer a Reasonable Accommodation Expense Benefit of up to \$25,000, but not to exceed the expenses incurred.

The Reasonable Accommodation Expense Benefit is payable only if the reasonable accommodation is approved by us in writing prior to its implementation.

LT.RA.OT.1

REHABILITATION PLAN PROVISION

While you are Disabled you may qualify to participate in a Rehabilitation Plan. Rehabilitation Plan means a written plan, program or course of vocational training or education that is intended to prepare you to return to work.

To participate in a Rehabilitation Plan you must apply on our forms or in a letter to us. The terms, conditions and objectives of the plan must be accepted by you and approved by us in advance. We have the sole discretion to approve your Rehabilitation Plan.

While you are participating in an approved Rehabilitation Plan, your LTD Benefit will be increased by 10% of your Predisability Earnings. Your LTD Benefit may not exceed the Maximum LTD Benefit shown in the **Coverage Features** as a result of this increase.

An approved Rehabilitation Plan may include our payment of some or all of the expenses you incur in connection with the plan, including:

- a. Training and education expenses.
- b. Family care expenses.
- c. Job-related expenses.
- d. Job search expenses.

(WITH REHAB INC BFT) LT.RH.OT.1

TEMPORARY RECOVERY

You may temporarily recover from your Disability and then become Disabled again from the same cause or causes without having to serve a new Benefit Waiting Period. Temporary Recovery means you cease to be Disabled for no longer than the applicable Allowable Period. See **Definition Of Disability**.

A. Allowable Periods

1. During the Benefit Waiting Period: a total of 90 days of recovery.
2. During the Maximum Benefit Period: 180 days for each period of recovery.

B. Effect Of Temporary Recovery

If your Temporary Recovery does not exceed the Allowable Periods, the following will apply.

1. The Predisability Earnings used to determine your LTD Benefit will not change.
2. The period of Temporary Recovery will not count toward your Benefit Waiting Period, your Maximum Benefit Period or your Own Occupation Period.
3. No LTD Benefits will be payable for the period of Temporary Recovery.
4. No LTD Benefits will be payable after benefits become payable to you under any other disability insurance plan under which you become insured during your period of Temporary Recovery.
5. Except as stated above, the provisions of the Group Policy will be applied as if there had been no interruption of your Disability.

(NEW TR PERIOD) LT.TR.OT.1

WHEN LTD BENEFITS END

Your LTD Benefits end automatically on the earliest of:

1. The date you are no longer Disabled.
2. The date your Maximum Benefit Period ends.
3. The date you die.
4. The date benefits become payable under any other LTD plan under which you become insured through employment during a period of Temporary Recovery.
5. The date you fail to provide proof of continued Disability and entitlement to LTD Benefits.

LT.BE.OT.1

PREDISABILITY EARNINGS

Your Predisability Earnings will be based on your earnings in effect on your last full day of Active Work. Any subsequent change in your earnings after that last full day of Active Work will not affect your Predisability Earnings.

Predisability Earnings means your monthly rate of earnings from your Employer, including:

1. Contributions you make through a salary reduction agreement with your Employer to:
 - a. An Internal Revenue Code (IRC) Section 401(k), 403(b), 408(k), 408(p), or 457 deferred compensation arrangement; or
 - b. An executive nonqualified deferred compensation arrangement.
2. Commissions averaged over the preceding 12 months or over the period of your employment if less than 12 months.
3. Shift differential pay.
4. Amounts contributed to your fringe benefits according to a salary reduction agreement under an IRC Section 125 plan.

Predisability Earnings does not include:

1. Bonuses.
2. Overtime pay.
3. Stock options or stock bonuses.
4. Your Employer's contributions on your behalf to any deferred compensation arrangement or pension plan.
5. Any other extra compensation.

If you are paid on an annual contract basis, your monthly rate of earnings is one-twelfth (1/12th) of your annual contract salary.

If you are paid hourly, your monthly rate of earnings is based on your hourly pay rate multiplied by the number of hours you are regularly scheduled to work per month, but not more than 173 hours. If you do not have regular work hours, your monthly rate of earnings is based on the average number of hours you worked per month during the preceding 12 calendar months (or during your period of employment if less than 12 months), but not more than 173 hours.

(REG WITH COM_NO STOCK) LT.PD.OT.1

DEDUCTIBLE INCOME

Subject to **Exceptions To Deductible Income**, Deductible Income means:

1. Sick pay, annual or personal leave pay, severance pay, or other salary continuation, including donated amounts, (but not vacation pay) payable to you by your Employer.
2. Your Work Earnings, as described in the **Return To Work Provisions**.
3. Any amount you receive or are eligible to receive because of your disability, including amounts for partial or total disability, whether permanent, temporary, or vocational, under any of the following:
 - a. A workers' compensation law;
 - b. The Jones Act;
 - c. Maritime Doctrine of Maintenance, Wages, or Cure;
 - d. Longshoremen's and Harbor Worker's Act; or
 - e. Any similar act or law.
4. Any amount you, your spouse, or your child under age 18 receive or are eligible to receive because of your disability or retirement under:
 - a. The Federal Social Security Act;
 - b. The Canada Pension Plan;
 - c. The Quebec Pension Plan;
 - d. The Railroad Retirement Act; or
 - e. Any similar plan or act.

Full offset: Both the primary benefit (the benefit awarded to you) and dependents benefit are Deductible Income.

Benefits your spouse or a child receives or are eligible to receive because of your disability are Deductible Income regardless of marital status, custody, or place of residence. The term "child" has the meaning given in the applicable plan or act.

5. Any amount you receive or are eligible to receive because of your disability under any state disability income benefit law or similar law.
6. Any amount you receive or are eligible to receive because of your disability under another group insurance coverage.
7. Any disability or retirement benefits you receive or are eligible to receive under your Employer's retirement plan, including a public employee retirement system, a state teacher retirement system, and a plan arranged and maintained by a union or employee association for the benefit of its members. You and your Employer's contributions will be considered as distributed simultaneously throughout your lifetime, regardless of how funds are distributed from the retirement plan.

If any of these plans has two or more payment options, the option which comes closest to providing you a monthly income for life with no survivors benefit will be Deductible Income, even if you choose a different option.

8. Any earnings or compensation included in Predisability Earnings which you receive or are eligible to receive while LTD Benefits are payable.
9. Any amount you receive or are eligible to receive under any unemployment compensation law or similar act or law.

10. Any amount you receive or are eligible to receive from or on behalf of a third party because of your disability, whether by judgment, settlement or other method. If you notify us before filing suit or settling your claim against such third party, the amount used as Deductible Income will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees.
11. Any amount you receive by compromise, settlement, or other method as a result of a claim for any of the above, whether disputed or undisputed.

(SL NO CHOICE_NO OTHR OFFST_PUB_WITH 3RD) LT.DI.OT.1

EXCEPTIONS TO DEDUCTIBLE INCOME

Deductible Income does not include:

1. Any cost of living increase in any Deductible Income other than Work Earnings, if the increase becomes effective while you are Disabled and while you are eligible for the Deductible Income.
2. Reimbursement for hospital, medical, or surgical expense.
3. Reasonable attorneys fees incurred in connection with a claim for Deductible Income.
4. Benefits from any individual disability insurance policy.
5. Early retirement benefits under the Federal Social Security Act which are not actually received.
6. Group credit or mortgage disability insurance benefits.
7. Accelerated death benefits paid under a life insurance policy.
8. Benefits from the following:
 - a. Profit sharing plan.
 - b. Thrift or savings plan.
 - c. Deferred compensation plan.
 - d. Plan under IRC Section 401(k), 408(k), 408(p), or 457.
 - e. Individual Retirement Account (IRA).
 - f. Tax Sheltered Annuity (TSA) under IRC Section 403(b).
 - g. Stock ownership plan.
 - h. Keogh (HR-10) plan.

(PUB_NO OTHR OFFST) LT.ED.OT.1

RULES FOR DEDUCTIBLE INCOME

A. Monthly Equivalents

Each month we will determine your LTD Benefit using the Deductible Income for the same monthly period, even if you actually receive the Deductible Income in another month.

If you are paid Deductible Income in a lump sum or by a method other than monthly, we will determine your LTD Benefit using a prorated amount. We will use the period of time to which the Deductible Income applies. If no period of time is stated, we will use a reasonable one.

B. Your Duty To Pursue Deductible Income

You must pursue Deductible Income for which you may be eligible. We may ask for written documentation of your pursuit of Deductible Income. You must provide it within 60 days after we

mail you our request. Otherwise, we may reduce your LTD Benefits by the amount we estimate you would be eligible to receive upon proper pursuit of the Deductible Income.

C. Pending Deductible Income

We will not deduct pending Deductible Income until it becomes payable. You must notify us of the amount of the Deductible Income when it is approved. You must repay us for the resulting overpayment of your claim.

D. Overpayment Of Claim

We will notify you of the amount of any overpayment of your claim under any group disability insurance policy issued by us. You must immediately repay us. You will not receive any LTD Benefits until we have been repaid in full. In the meantime, any LTD Benefits paid, including the Minimum LTD Benefit, will be applied to reduce the amount of the overpayment. We may charge you interest at the legal rate for any overpayment which is not repaid within 30 days after we first mail you notice of the amount of the overpayment.

LT.RU.OT.1

SUBROGATION

If LTD Benefits are paid or payable to you under the Group Policy as the result of any act or omission of a third party, we will be subrogated to all rights of recovery you may have in respect to such act or omission. You must execute and deliver to us such instruments and papers as may be required and do whatever else is needed to secure such rights. You must avoid doing anything that would prejudice our rights of subrogation.

If you notify us before filing suit or settling your claim against such third party, the amount to which we are subrogated will be reduced by a pro rata share of your costs of recovery, including reasonable attorney fees. If suit or action is filed, we may record a notice of payments of LTD Benefits, and such notice shall constitute a lien on any judgment recovered.

If you or your legal representative fail to bring suit or action promptly against such third party, we may institute such suit or action in our name or in your name. We are entitled to retain from any judgment recovered the amount of LTD Benefits paid or to be paid to you or on your behalf, together with our costs of recovery, including attorney fees. The remainder of such recovery, if any, shall be paid to you or as the court may direct.

LT.SG.OT.1

SURVIVORS DEATH BENEFIT

If you die while LTD Benefits are payable, and on the date you die you have been continuously Disabled for at least 180 days, we will pay a Survivors Death Benefit according to 1 through 4 below.

1. The Survivors Death Benefit is a lump sum equal to 3 times your LTD Benefit without reduction by Deductible Income.
2. The Survivors Death Benefit will first be applied to reduce any overpayment of your claim.
3. The Survivors Death Benefit will be paid at our option to any one or more of the following:
 - a. Your surviving spouse;
 - b. Your surviving unmarried children, including adopted children, under age 25;
 - c. Your surviving spouse's unmarried children, including adopted children, under age 25; or
 - d. Any person providing the care and support of any person listed in a., b., or c. above.
4. No Survivors Death Benefit will be paid if you are not survived by any person listed in a., b., or c. above.

BENEFITS AFTER INSURANCE ENDS OR IS CHANGED

During each period of continuous Disability, we will pay LTD Benefits according to the terms of the Group Policy in effect on the date you become Disabled. Your right to receive LTD Benefits will not be affected by:

1. Any amendment to the Group Policy that is effective after you become Disabled.
2. Termination of the Group Policy after you become Disabled.

LT.BA.OT.1

EFFECT OF NEW DISABILITY

If a period of Disability is extended by a new cause while LTD Benefits are payable, LTD Benefits will continue while you remain Disabled. However, 1 and 2 apply.

1. LTD Benefits will not continue beyond the end of the original Maximum Benefit Period.
2. The **Disabilities Excluded From Coverage**, **Disabilities Subject To Limited Pay Periods**, and **Limitations** sections will apply to the new cause of Disability.

LT.ND.OT.1

DISABILITIES EXCLUDED FROM COVERAGE

A. War

You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature.

B. Intentionally Self-Inflicted Injury

You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane.

C. Preexisting Condition

1. Definition

Preexisting Condition means a mental or physical condition whether or not diagnosed or misdiagnosed:

- a. For which you have done or for which a reasonably prudent person would have done any of the following:
 - i. Consulted a physician or other licensed medical professional;
 - ii. Received medical treatment, services or advice;
 - iii. Undergone diagnostic procedures, including self-administered procedures;
 - iv. Taken prescribed drugs or medications;
- b. Which, as a result of any medical examination, including routine examination, was discovered or suspected;

at any time during the 90-day period just before your insurance becomes effective.

2. Exclusion

You are not covered for a Disability caused or contributed to by a Preexisting Condition or medical or surgical treatment of a Preexisting Condition unless, on the date you become Disabled, you:

- a. Have been continuously insured under the Group Policy for 12 months; and
- b. Have been Actively At Work for at least one full day after the end of that 12 months.

D. Loss Of License Or Certification

You are not covered for a Disability caused or contributed to by the loss of your professional license, occupational license or certification.

E. Violent Or Criminal Conduct

You are not covered for a Disability caused or contributed to by your committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing your official duties.

(WITH PRUDNT) LT.XD.OT.1

DISABILITIES SUBJECT TO LIMITED PAY PERIODS

A. Mental Disorders, Substance Abuse and Other Limited Conditions

Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

1. Mental Disorders;
2. Substance Abuse; or
3. Other Limited Conditions.

However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 24 months, this limitation will not apply while you are continuously confined.

Mental Disorder means any mental, emotional, behavioral, psychological, personality, cognitive, mood or stress-related abnormality, disorder, disturbance, dysfunction or syndrome, regardless of cause (including any biological or biochemical disorder or imbalance of the brain) or the presence of physical symptoms. Mental Disorder includes, but is not limited to, bipolar affective disorder, organic brain syndrome, schizophrenia, psychotic illness, manic depressive illness, depression and depressive disorders, anxiety and anxiety disorders.

Substance Abuse means use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction.

Other Limited Conditions means chronic fatigue conditions (such as chronic fatigue syndrome, chronic fatigue immunodeficiency syndrome, post viral syndrome, limbic encephalopathy, Epstein-Barr virus infection, herpes virus type 6 infection, or myalgic encephalomyelitis), any allergy or sensitivity to chemicals or the environment (such as environmental allergies, sick building syndrome, multiple chemical sensitivity syndrome or chronic toxic encephalopathy), chronic pain conditions (such as fibromyalgia, reflex sympathetic dystrophy or myofascial pain), carpal tunnel or repetitive motion syndrome, temporomandibular joint disorder, or craniomandibular joint disorder.

However, Other Limited Conditions does not include neoplastic diseases, neurologic diseases, endocrine diseases, hematologic diseases, asthma, allergy-induced reactive lung disease, tumors, malignancies, or vascular malformations, demyelinating diseases, or lupus.

Hospital means a legally operated hospital providing full-time medical care and treatment under the direction of a full-time staff of licensed physicians. Rest homes, nursing homes, convalescent homes, homes for the aged, and facilities primarily affording custodial, educational, or rehabilitative care are not Hospitals. Hospital does not include any rehabilitative care facility unless the rehabilitative care is for treatment of physical disability and is provided in a licensed hospital which is accredited by the Joint Commission on the Accreditation of Hospitals, the American Osteopathic Association, or the Commission on the Accreditation of Rehabilitative Facilities.

B. Rules For Disabilities Subject To Limited Pay Periods

1. If you are Disabled as a result of a Mental Disorder or any Physical Disease or Injury for which payment of LTD Benefits is subject to a limited pay period, and at the same time are Disabled as a result of a Physical Disease, Injury, or Pregnancy that is not subject to such limitation, LTD Benefits will be payable first for conditions that are subject to the limitation.
2. No LTD Benefits will be payable after the end of the limited pay period, unless on that date you continue to be Disabled as a result of a Physical Disease, Injury, or Pregnancy for which payment of LTD Benefits is not limited.

LT.LP.FL.1

LIMITATIONS

A. Care Of A Physician

You must be under the ongoing care of a Physician in the appropriate specialty as determined by us during the Benefit Waiting Period. No LTD Benefits will be paid for any period of Disability when you are not under the ongoing care of a Physician in the appropriate specialty as determined by us.

B. Return To Work Responsibility

During the Own Occupation Period no LTD Benefits will be paid for any period of Disability when you are able to work in your Own Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but you elect not to work.

During the Any Occupation Period, no LTD Benefits will be paid for any period of Disability when you are able to work in Any Occupation and able to earn at least 20% of your Indexed Predisability Earnings, but elect not to work.

C. Rehabilitation Program

No LTD Benefits will be paid for any period of Disability when you are not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by us unless your Disability prevents you from participating.

D. Foreign Residency

Payment of LTD Benefits is limited to 12 months for each period of continuous Disability while you reside outside of the United States or Canada.

E. Imprisonment

No LTD Benefits will be paid for any period of Disability when you are confined for any reason in a penal or correctional institution.

LT.LM.OT.1

CLAIMS

A. Filing A Claim

Claims should be filed on our forms. If we do not provide our forms within 15 days after they are requested, you may submit your claim in a letter to us. The letter should include the date disability began, and the cause and nature of the disability.

B. Time Limits On Filing Proof Of Loss

You must give us Proof Of Loss within 90 days after the end of the Benefit Waiting Period. If you cannot do so, you must give it to us as soon as reasonably possible, but not later than one year after that 90-day period. If Proof Of Loss is filed outside these time limits, your claim will be denied. These limits will not apply while you lack legal capacity.

C. Proof Of Loss

Proof Of Loss means written proof that you are Disabled and entitled to LTD Benefits. Proof Of Loss must be provided at your expense.

For claims of Disability due to conditions other than Mental Disorders, we may require proof of physical impairment that results from anatomical or physiological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

D. Documentation

Completed claims statements, a signed authorization for us to obtain information, and any other items we may reasonably require in support of a claim must be submitted at your expense. If the required documentation is not provided within 45 days after we mail our request, your claim may be denied.

E. Investigation Of Claim

We may investigate your claim at any time.

At our expense, we may have you examined at reasonable intervals by specialists of our choice. We may deny or suspend LTD Benefits if you fail to attend an examination or cooperate with the examiner.

F. Time Of Payment

We will pay LTD Benefits within 60 days after you satisfy Proof Of Loss.

LTD Benefits will be paid to you at the end of each month you qualify for them. LTD Benefits remaining unpaid at your death will be paid to the person(s) receiving the Survivors Death Benefit. If no Survivors Death Benefit is paid, the unpaid LTD Benefits will be paid to your estate.

G. Notice Of Decision On Claim

We will evaluate your claim promptly after you file it. Within 45 days after we receive your claim we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for 30 days. Before the end of this extension period we will send you: (a) a written decision on your claim; or (b) a notice that we are extending the period to decide your claim for an additional 30 days. If an extension is due to your failure to provide information necessary to decide the claim, the extended time period for deciding your claim will not begin until you provide the information or otherwise respond.

If we extend the period to decide your claim, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim; (c) an explanation of the standards on which entitlement to benefits is based; (d) the unresolved issues preventing a decision; and (e) any additional information we need to resolve those issues.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. A description of any additional information needed to support your claim.
- d. Information concerning your right to a review of our decision.

H. Review Procedure

If all or part of a claim is denied, you may request a review. You must request a review in writing within 180 days after receiving notice of the denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your request for review. There will be no charge for such copies. You may request the names of medical or vocational experts who provided advice to us about your claim.

The person conducting the review will be someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based on a medical judgment, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original medical judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request. Within 45 days after we receive your request for review we will send you: (a) a written decision on review; or (b) a notice that we are extending the review period for 45 days. If the extension is due to your failure to provide information necessary to decide the claim on review, the extended time period for review of your claim will not begin until you provide the information or otherwise respond.

If we extend the review period, we will notify you of the following: (a) the reasons for the extension; (b) when we expect to decide your claim on review; and (c) any additional information we need to decide your claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may conclude our review of your claim based on the information we have received.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.

I. Assignment

The rights and benefits under the Group Policy are not assignable.

(REV PUB WRDG) LT.CL.FL.2

ALLOCATION OF AUTHORITY

Except for those functions which the Group Policy specifically reserves to the Policyholder or Employer, we have full and exclusive authority to control and manage the Group Policy, to administer claims, and to interpret the Group Policy and resolve all questions arising in the administration, interpretation, and application of the Group Policy.

Our authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the Group Policy and any claim under it;
3. The right to determine:
 - a. Eligibility for insurance;
 - b. Entitlement to benefits;
 - c. The amount of benefits payable; and
 - d. The sufficiency and the amount of information we may reasonably require to determine a., b., or c., above.

Subject to the review procedures of the Group Policy, any decision we make in the exercise of our authority is conclusive and binding.

LT.AL.OT.1

TIME LIMITS ON LEGAL ACTIONS

No action at law or in equity may be brought until 60 days after you have given us Proof Of Loss. No such action may be brought after expiration of the applicable statute of limitations from the earlier of:

1. The date we receive Proof Of Loss; and
2. The time within which Proof Of Loss is required to be given.

LT.TL.FL.1

INCONTESTABILITY PROVISIONS

A. Incontestability Of Insurance

Any statement made to obtain insurance or to increase insurance is a representation and not a warranty.

No misrepresentation will be used to reduce or deny a claim or contest the validity of insurance unless:

1. The insurance would not have been approved if we had known the truth; and
2. We have given you or any other person claiming benefits a copy of the signed written instrument which contains the misrepresentation.

After insurance has been in effect for two years during the lifetime of the insured, we will not use a misrepresentation to reduce or deny the claim, unless it was a fraudulent misrepresentation.

B. Incontestability Of The Group Policy

Any statement made by the Policyholder or Employer to obtain the Group Policy is a representation and not a warranty.

No misrepresentation by the Policyholder or your Employer will be used to deny a claim or to deny the validity of the Group Policy unless:

1. The Group Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder or Employer a copy of a written instrument signed by the Policyholder or Employer which contains the misrepresentation.

The validity of the Group Policy will not be contested after it has been in force for two years, except for nonpayment of premiums or fraudulent misrepresentations.

CLERICAL ERROR, AGENCY, AND MISSTATEMENT

A. Clerical Error

Clerical error by the Policyholder, your Employer, or their respective employees or representatives will not:

1. Cause a person to become insured.
2. Invalidate insurance under the Group Policy otherwise validly in force.
3. Continue insurance under the Group Policy otherwise validly terminated.

B. Agency

The Policyholder and your Employer act on their own behalf as your agent, and not as our agent. The Policyholder and your Employer have no authority to alter, expand or extend our liability or to waive, modify or compromise any defense or right we may have under the Group Policy.

C. Misstatement Of Age

If a person's age has been misstated, we will make an equitable adjustment of premiums, benefits, or both. The adjustment will be based on:

1. The amount of insurance based on the correct age; and
2. The difference between the premiums paid and the premiums which would have been paid if the age had been correctly stated.

LT.CE.OT.1

TERMINATION OR AMENDMENT OF THE GROUP POLICY

The Group Policy may be terminated by us or the Policyholder according to its terms. It will terminate automatically for nonpayment of premium. The Policyholder may terminate the Group Policy in whole, and may terminate insurance for any class or group of Members, at any time by giving us written notice.

Benefits under the Group Policy are limited to its terms, including any valid amendment. No change or amendment will be valid unless it is approved in writing by one of our executive officers and given to the Policyholder for attachment to the Group Policy. If the terms of the certificate differ from the Group Policy, the terms stated in the Group Policy will govern. The Policyholder, your Employer, and their respective employees or representatives have no right or authority to change or amend the Group Policy or to waive any of its terms or provisions without our signed written approval.

We may change the Group Policy in whole or in part when any change or clarification in law or governmental regulation affects our obligations under the Group Policy, or with the Policyholder's consent.

Any such change or amendment of the Group Policy may apply to current or future Members or to any separate classes or groups of Members.

LT.TA.OT.1

DEFINITIONS

Benefit Waiting Period means the period you must be continuously Disabled before LTD Benefits become payable. No LTD Benefits are payable for the Benefit Waiting Period. See **Coverage Features**.

Contributory means insurance is elective and Members pay all or part of the premium for insurance.

CPI-W means the Consumer Price Index for Urban Wage Earners and Clerical Workers published by the United States Department of Labor. If the CPI-W is discontinued or changed, we may use a comparable index. Where required, we will obtain prior state approval of the new index.

Employer means an employer (including approved affiliates and subsidiaries) for which coverage under the Group Policy is approved in writing by us.

Group Policy means the group LTD insurance policy issued by us to the Policyholder and identified by the Group Policy Number.

Indexed Predisability Earnings means your Predisability Earnings adjusted by the rate of increase in the CPI-W. During your first year of Disability, your Indexed Predisability Earnings are the same as your Predisability Earnings. Thereafter, your Indexed Predisability Earnings are determined on each anniversary of your Disability by increasing the previous year's Indexed Predisability Earnings by the rate of increase in the CPI-W for the prior calendar year. The maximum adjustment in any year is 10%. Your Indexed Predisability Earnings will not decrease, even if the CPI-W decreases.

Injury means an injury to the body.

L.L.C. Owner-Employee means an individual who owns an equity interest in an Employer and is actively employed in the conduct of the Employer's business.

LTD Benefit means the monthly benefit payable to you under the terms of the Group Policy.

Maximum Benefit Period means the longest period for which LTD Benefits are payable for any one period of continuous Disability, whether from one or more causes. It begins at the end of the Benefit Waiting Period. No LTD Benefits are payable after the end of the Maximum Benefit Period, even if you are still Disabled. See **Coverage Features**.

Noncontributory means (a) insurance is nonelective and the Policyholder or Employer pay the entire premium for insurance; or (b) the Policyholder or Employer require all eligible Members to have insurance and to pay all or part of the premium for insurance.

P.C. Partner means the sole active employee and majority shareholder of a professional corporation in partnership with the Policyholder.

Physical Disease means a physical disease entity or process that produces structural or functional changes in the body as diagnosed by a Physician.

Physician means a licensed M.D. or D.O., acting within the scope of the license. Physician does not include you or your spouse, or the brother, sister, parent, or child of either you or your spouse.

Pregnancy means your pregnancy, childbirth, or related medical conditions, including complications caused by pregnancy.

Prior Plan means your Employer's group long term disability insurance plan in effect on the day before the effective date of your Employer's participation under the Group Policy and which is replaced by coverage under the Group Policy.

LT.DF.FL.1

FL/LTDC2000X

Cancer Insurance

from Allstate Benefits



Benefits are paid to you

Protection for the treatment of Cancer and 29 Specified Diseases

1 CHOOSE

You choose benefits to help protect yourself and family members, if diagnosed with cancer or specified disease

2 USE

You or a covered family member are diagnosed with cancer or a specified disease and seek medical treatment

3 CLAIM

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

Receiving a cancer diagnosis can be one of life's most frightening events. Unfortunately, statistics show you probably know someone who has been in this situation.

With Cancer insurance from Allstate Benefits, you can rest a little easier. Our coverage pays you a cash benefit to help with the costs associated with treatments, to pay for daily living expenses – and more importantly – to empower you to seek the care you need.

Factors that influence cancer survival¹



Early Detection



Improved Treatments



Access To Care

The number of cancer survivors in the United States is increasing, and is expected to jump to nearly 19 million by 2024²

Here's How It Works

You choose the coverage that's right for you and your family. Our Cancer insurance pays cash benefits for cancer and 29 specified diseases to help with the cost of treatments and expenses as they happen. Benefits are paid directly to you unless otherwise assigned. With the cash benefits you can receive from this coverage, you may not need to use the funds from your Health Savings Account (HSA) for cancer or specified disease treatments and expenses.

With Allstate Benefits, you can protect your finances if faced with an unexpected cancer or specified disease diagnosis.

Are you in Good Hands? You can be.

Key Features

- Benefits are paid directly to you unless otherwise assigned
- Coverage available for you or your entire family
- Waiver of premium after 90 days of disability due to cancer for as long as your disability lasts (Employee only)
- Coverage is convertible. You can convert to a individual policy
- Additional benefits may be added to your coverage, if your employer has chosen to make them available to you

[See reverse for plan details](#)

**Offered to the employees of:
Bay District Schools**

¹www.cancer.org/research/infographicgallery/survivorship-life-after-cancer?_ga=1.252987849.1528396581.1424877086

²Cancer Treatment & Survivorship Facts & Figures, 2014-2015

YOU DECIDE how to use the cash benefits

Our cash benefits provide you with greater coverage options by allowing you 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

Hospital Confinement

Continuous Hospital Confinement	Extended Benefits
Government or Charity Hospital	Private Duty Nursing Services
Extended Care Facility	At Home Nursing
Hospice Care	

Radiation/Chemotherapy

Radiation Chemotherapy	Blood, Plasma, and Platelets
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Surgery and Related Benefits

Surgery	Anesthesia
Ambulatory Surgical Center	Second Opinion
Bone Marrow or Stem Cell Transplant	

Transportation and Lodging

Ambulance	Non-Local Transportation
Outpatient Lodging	Family Member Lodging and Transportation

Miscellaneous Benefits

Inpatient Drugs and Medicine	Physician's Attendance
Physical or Speech Therapy	New or Experimental Treatment
Prosthesis	Comfort/Anti-Nausea
Waiver of Premium (Employee only)	

Cancer Screening Benefit

Bone Marrow Testing	Chest X-ray
Colonoscopy	Flexible sigmoidoscopy
Hemoccult stool analysis	Mammography
Pap Smear	Serum Protein Electrophoresis (test for myeloma)
Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer)	

Additional Benefit

Cancer Initial Diagnosis

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.



Allstate
BENEFITS

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For use in enrollments situated in: FL

This material is valid as long as information remains current, but in no event later than September 15, 2018. Group Cancer and Specified Disease benefits are provided by policy form GVCP2, or variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease 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.

Cancer Insurance (GVCP2)

Group Voluntary Cancer

from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the employees of:

Bay District Schools

BENEFIT AMOUNTS

HOSPITAL CONFINEMENT		PLAN
Continuous Hospital Confinement (daily, up to 70 days)		\$200
Extended Benefits ¹ (daily)		\$200
Government or Charity Hospital (daily)		\$200
Private Duty Nursing Services ¹ (daily)		\$200
Extended Care Facility ¹ (daily)		\$200
At Home Nursing ¹ (daily)		\$200
Hospice Care Center ¹ (daily) or Hospice Care Team ¹ (per visit)		\$200 \$200
RADIATION/CHEMOTHERAPY		PLAN
Radiation/Chemotherapy ¹ (every 12 months)		\$5,000
Blood, Plasma, and Platelets ¹ (every 12 months)		\$5,000
SURGERY AND RELATED BENEFITS		PLAN
Surgery ²	1. Inpatient	\$3,000
	2. Outpatient	\$4,500
Anesthesia ¹ (% of surgery)		25%
Ambulatory Surgical Center ¹ (daily)		\$500
Second Surgical Opinion ¹		\$400
Bone Marrow or Stem Cell Transplant	1. Autologous	1. \$1,000
	2. Non-autologous (cancer or specified disease treatment)	2. \$2,500
	3. Non-autologous (Leukemia)	3. \$5,000

TRANSPORTATION AND LODGING	PLAN
Ambulance ¹ (per confinement)	\$100
Non-Local Transportation (per trip or mile)	Coach Fare or \$0.40/mi
Outpatient Lodging ³ (daily)	\$50
Family Member Lodging ³ (daily) and Transportation (per trip or mile)	\$50 Coach Fare or \$0.40/mi
MISCELLANEOUS	PLAN
Inpatient Drugs and Medicine ¹ (daily)	\$25
Physician's Attendance ¹ (daily)	\$50
Physical or Speech Therapy ¹ (daily)	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000
Prosthesis ¹	\$2,000
Comfort/Anti-Nausea ¹	\$200
Waiver of Premium (Employee only)	Yes
ADDITIONAL BENEFITS	PLAN
Cancer Initial Diagnosis	\$3,000
Cancer Screening	\$50

¹Pays actual charges up to amount listed. ²Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. ³Pays actual cost up to amount listed.

PREMIUMS

MODE	EE	F
Semi-Monthly	\$8.31	\$14.02
Monthly	\$16.62	\$28.03

EE = Employee; F = Family



For use in enrollments situated in: FL. This rate insert is part of forms ABJ30787X and ABJ30589 and is not to be used on its own.

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Group Voluntary Cancer (GVCP2) Cancer and Specified Disease Insurance

Important Information About Coverage

Provides details of base policy coverage in all states where coverage is available. State-specific information is noted when it varies from the standard. Below is a list of base policy benefits available with Group Cancer 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 Cancer Issue ages are 18 and over if Actively at Work.

Actual Charges vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

SD – Actual Charge is replaced with: **Charge** – Amount billed for a treatment or service before any insurance discounts or payments.

Specified Diseases

Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis.

Hospital Confinement Benefits (see Benefit Amounts)

Extended Benefits - Beginning on day 71 of hospital stay; paid in lieu of all other benefits except Waiver of Premium.

Government or Charity Hospital - Paid in lieu of all other benefits except Waiver of Premium.

Extended Care Facility - Must begin within 14 days of a hospital stay; payable up to the number of days of previous hospital stay.

VT - Must begin within 28 days of a hospital stay; payable up to the number of days of previous hospital stay.

At Home Nursing - Must begin within 14 days of a hospital stay; payable up to the number of days of previous hospital stay.

AZ - At Home Nursing benefit is replaced with **Home Health Services** - Prescribed in lieu of hospital stay.

Hospice Care - Per day in freestanding care center or 1 visit per day of hospice care at home.

Radiation/Chemotherapy Benefits (see Benefit Amounts)

Blood, Plasma, and Platelets - Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not pay for blood replaced by donors.

Surgery and Related Benefits (see Benefit Amounts)

Surgery - Per certificate Schedule of Surgical Procedures. Two or more surgical procedures done at the same time are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.

Ambulatory Surgical Center - For surgery at an ambulatory surgical center, if listed in the Schedule of Surgical Procedures.

Bone Marrow or Stem Cell Transplant - Once/calendar year.

Transportation and Lodging Benefits (see Benefit Amounts)

Non-Local Transportation - At least 70 miles away, up to 700 miles.

WI - At least 75 miles away, up to 700 miles.

Outpatient Lodging - More than 100 miles from home. Limit \$2,000/12 month period.

Family Member Lodging and Transportation - Lodging up to 60 days. Transportation up to 700 miles per continuous hospital confinement.

Miscellaneous Benefits (see Benefit Amounts)

Inpatient Drugs and Medicine - Not paid if covered under the Radiation/Chemotherapy for Cancer or Comfort/Anti-Nausea Benefits.

Physician's Attendance - One inpatient visit per day.

New or Experimental Treatment - For physician-approved treatments not covered under other benefits.

Prosthesis - Surgically implanted prosthetic device; pays per amputation.

AZ, KS, WA - Benefit is replaced with **Prosthesis and Reconstructive Breast Surgery** - **Prosthesis**: Surgically implanted prosthetic device; pays per amputation. **Reconstructive Breast Surgery** - Following a covered mastectomy.

FL - Surgically implanted prosthetic device and breast reconstructive surgery incident to mastectomies; pays per amputation.

Comfort/Anti-Nausea Benefit - Per calendar year; not paid for medication administered on an inpatient basis.

Waiver of Premium (primary insured only) - If disabled 90 days in a row due to cancer; pays as long as disability lasts.

Optional/Additional Benefits

Cancer Initial Diagnosis - Pays once; skin cancer not covered.

Cancer Screening - Once/year. The following tests are eligible: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (test for myeloma).

CA, MT, PA - **Cancer Screening** is replaced with: **Miscellaneous Screening Benefit** - Once/year. The following tests are eligible: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; and Serum Protein Electrophoresis (test for myeloma). The following are added as separate benefits: **Mammography Benefit** - (a) baseline mammography for women ages 35 to 39, inclusive; and (b) mammography every 2 years, or more frequently upon physician's recommendation for women ages 40 to 49, inclusive; and (c) annual mammography for women ages 50 and older.

Cervical Cancer Screening Benefit - Limited to one test per covered person, per calendar year.

VA - In the list of eligible tests, Blood test for PSA (prostate cancer) is deleted. The following is added as a separate benefit: **PSA Testing/Digital Rectal Exams** - For covered persons over 40 who are high risk for prostate cancer; and covered persons over 50.

Intensive Care - Confinement up to 45 days for each stay and air or surface ambulance to a hospital intensive-care unit.

TN - Benefit not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Eligibility/Termination

(a) Coverage may include you, your spouse or children under age 26.

CA, WA - Coverage may include you, your spouse or domestic partner and children under age 26.

Eligibility/Termination, continued

DC - Coverage may include you, your spouse, domestic or civil union partner, or children under age 26.

HI - Coverage may include you, your spouse, children under age 26, and your certified reciprocal beneficiary.

(b) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment; or the date you or your class is no longer eligible.

(c) Spouse coverage ends upon divorce or your death.

DC - Spouse coverage ends upon divorce or your death; domestic or civil union partner, coverage ends upon termination of the partnership or your death.

CA, WA - Spouse coverage ends upon divorce or your death; domestic partner coverage ends upon termination of domestic partnership or your death.

(d) 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 - The following is added to item (d): 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.

Conversion Privilege

If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

CA, HI, NM, NC - Conversion Privilege is replaced with: **Portability Privilege** - Coverage may be continued under the Portability Provision when coverage under the policy ends.

Pre-Existing Condition

(a) We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date coverage starts.

UT - We do not pay benefits for a pre-existing condition during the 6-month period beginning on the date coverage starts.

(b) A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 12-month period prior to his or her effective date of coverage.

FL, IN, OR, UT - A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to his or her effective date of coverage.

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

Exclusions and Limitations

We pay benefits only for treatment of cancer or a specified disease or conditions directly caused or aggravated by cancer or specified disease. Treatment must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

For the Radiation/Chemotherapy for Cancer benefit, we do not pay for:

(a) treatment planning, consultation or management; or the design and construction of treatment devices; or basic radiation dosimetry calculation; or any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; or the diagnostic tests related to these treatments; or

(b) any devices or supplies including intravenous solutions and needles related to these treatments.

We do not pay the Family Member Transportation Benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation Benefit when the family member lives in the same town as the confined insured.

SD - References to "actual charges" are replaced with "charges".

Intensive Care Exclusions and Limitations

(a) Benefits are not paid for:

(1) an attempted suicide or intentional self-inflicted injury;

MO - an attempted suicide, while sane, or intentional self-inflicted injury;

(2) intoxication or being under the influence of drugs not prescribed by a physician;

SD - (2) is deleted.

KY - the insured's being intoxicated or under the influence of any narcotic or hallucinogenic unless administered on the advice of a physician;

(3) alcoholism or drug addiction.

(b) Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive-care unit.

(c) Progressive care units, sub-acute intensive-care units, intermediate-care units, and private rooms with monitoring, step-down units and any other lesser care treatment units do not qualify as hospital intensive-care units.

(d) Benefits are not paid for continuous intensive-care confinements occurring during a hospitalization prior to the effective date.

(e) Children born within 10 months of the effective date are not covered for continuous hospital intensive-care confinement beginning during the first 30 days of such child's life.

FL, GA, MT, NC, VA - (e) is deleted.

(f) Ambulance Benefit is not paid if the Cancer and Specified Disease Ambulance Benefit is paid.



**Allstate
BENEFITS**

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This material is valid as long as information remains current, but in no event later than September 1, 2018. Group Cancer and Specified Disease benefits are provided by policy form GVCP2, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Cancer and Specified Disease 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.

Critical Illness Insurance

from Allstate Benefits



Benefits are paid to you

Protection for out-of-pocket expenses upon a positive diagnosis

1 CHOOSE

You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness

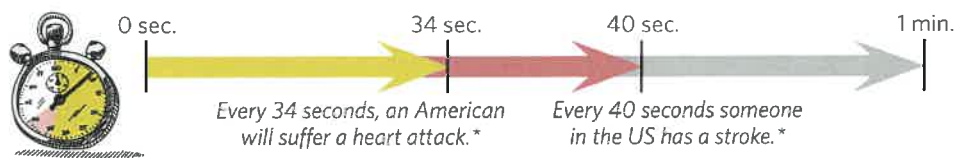
2 USE

You go to your annual exam, the doctor runs tests, the results come back and you're diagnosed with a critical illness

3 CLAIM

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

You can't predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.



Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

Here's How It Works

You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

Are you in Good Hands? You can be.

Key Features

- Guaranteed Issue coverage, meaning no medical questions to answer at initial enrollment
- Coverage available for spouse and child(ren)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

[See reverse for plan details](#)

Offered to the employees of:
Bay District Schools



* <http://www.criticalillnessinsuranceinfo.org/learning-center/critical-illness-coverage-facts.php>.

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 Initial Critical Illness Benefits

Heart Attack	Major Organ Transplant	Waiver of Premium*
Stroke	End Stage Renal Failure	Coronary Artery Bypass Surgery

Cancer Critical Illness Benefits

Invasive Cancer	Carcinoma in Situ
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Second Event Benefits

Initial Critical Illness	Cancer Critical Illness
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Supplemental Critical Illness Benefits II

Benign Brain Tumor	Complete Loss of Hearing
Paralysis	Advanced Alzheimer's Disease
Coma	Advanced Parkinson's Disease
Complete Blindness	

Additional Wellness (Pays annually when one of 23 screening exams is performed)

Biopsy for skin cancer	Hemoccult stool analysis
Blood test for triglycerides	HPV Vaccination (Human Papillomavirus)
Bone Marrow Testing	Lipid panel (Total cholesterol count)
CA15-3, CA125, CEA and PSA (Blood tests) ¹	Mammography (Including Breast Ultrasound)
Chest X-ray	Pap Smear (ThinPrep Pap Test included)
Colonoscopy	Serum Protein Electrophoresis (Myeloma test)
Doppler screenings for carotids and peripheral vascular disease	Stress test on bike or treadmill
Echocardiogram	Thermography
EKG (Electrocardiogram)	Ultrasound screening (abdominal aortic aneurysms)
Flexible sigmoidoscopy	

¹ Breast, ovarian, colon and prostate cancer. *Employee only.

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.

For use in enrollments situated in: FL

Rev. 9/16. This material is valid as long as information remains current, but in no event later than September 1, 2019. Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

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 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.



Allstate
BENEFITS

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Critical Illness (GVCIP2)

Group Voluntary Critical Illness Insurance

from Allstate Benefits

See attached Important Information About Coverage. Offered to the employees of:

BENEFIT AMOUNTS Bay District Schools

†Covered Dependents Receive 50% Of Your Benefit Amount

INITIAL CRITICAL ILLNESS BENEFITS	PLAN 1	PLAN 2
Heart Attack (100%)	\$10,000	\$10,000
Stroke (100%)	\$10,000	\$10,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$2,500
Major Organ Transplant (100%)	\$10,000	\$10,000
End Stage Renal Failure (100%)	\$10,000	\$10,000
Waiver of Premium (employee only)	Yes	Yes
CANCER CRITICAL ILLNESS BENEFITS	PLAN 1	PLAN 2
Invasive Cancer (100%)	\$10,000	\$10,000
Carcinoma in Situ (25%)	\$2,500	\$2,500
SECOND EVENT BENEFITS†	PLAN 1	PLAN 2
Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)	Yes	Yes
Second Event Cancer Critical Illness Benefit (same amount as Cancer Critical Illness)	Yes	Yes
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II†	PLAN 1	PLAN 2
Advanced Alzheimer's Disease (25%)	\$2,500	\$2,500
Advanced Parkinson's Disease (25%)	\$2,500	\$2,500
Benign Brain Tumor (100%)	\$10,000	\$10,000
Coma (100%)	\$10,000	\$10,000
Complete Blindness (100%)	\$10,000	\$10,000
Complete Loss of Hearing (100%)	\$10,000	\$10,000
Paralysis (100%)	\$10,000	\$10,000
ADDITIONAL BENEFIT	PLAN 1	PLAN 2
Wellness Benefit (per year)	\$50	\$50



BENEFITS

For use in enrollments situated in: FL. This rate insert is part of forms ABJ30786X-1 and ABJ30427-1 and is not to be used on its own.

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ABJ30786X-1 Insert-BCDS

Allstate Benefits | allstatebenefits.com

MONTHLY PREMIUMS

PLAN 1

\$10,000 Basic Benefit Amount

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-24	\$4.67	\$6.81
25-29	\$4.85	\$7.17
30-35	\$6.14	\$9.11
36-39	\$8.09	\$12.10
40-44	\$10.77	\$16.18
45-50	\$15.26	\$22.84
51-54	\$21.27	\$31.73
55-60	\$28.58	\$42.70
61-70	\$38.80	\$57.79
71+	\$57.63	\$85.93

tobacco

AGES	EE, EE+CH	EE+SP, F
18-24	\$6.28	\$9.20
25-29	\$6.47	\$9.58
30-35	\$8.43	\$12.53
36-39	\$12.14	\$18.08
40-44	\$16.63	\$24.95
45-50	\$24.38	\$36.47
51-54	\$32.93	\$49.21
55-60	\$45.79	\$68.86
61-70	\$57.48	\$86.57
71+	\$80.84	\$122.60

SEMI-MONTHLY PREMIUMS

PLAN 2

\$10,000 Basic Benefit Amount

non-tobacco

AGES	EE, EE+CH	EE+SP, F
18-24	\$2.34	\$3.41
25-29	\$2.43	\$3.59
30-35	\$3.07	\$4.56
36-39	\$4.05	\$6.05
40-44	\$5.39	\$8.09
45-50	\$7.63	\$11.42
51-54	\$10.64	\$15.87
55-60	\$14.29	\$21.35
61-70	\$19.40	\$28.90
71+	\$28.82	\$42.97

tobacco

AGES	EE, EE+CH	EE+SP, F
18-24	\$3.14	\$4.60
25-29	\$3.24	\$4.79
30-35	\$4.22	\$6.27
36-39	\$6.07	\$9.04
40-44	\$8.32	\$12.48
45-50	\$12.19	\$18.24
51-54	\$16.47	\$24.61
55-60	\$22.90	\$34.43
61-70	\$28.74	\$43.29
71+	\$40.42	\$61.30

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

Group Voluntary Critical Illness (GVCIP2)

Important Information About Eligibility, Termination and Portability

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 Critical Illness 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 Critical Illness Issue ages are 18 and over, if Actively at Work.

Benefit Specifications (see Benefit Amounts)

Heart Attack Exclusion - A cardiac arrest is not a heart attack and is not covered by this benefit.

Stroke Exclusions - Does not include: Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

Coronary Artery Bypass Surgery Exclusions - Does not include: abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other non-surgical procedures.

NJ - The Coronary Artery Bypass Surgery benefit is replaced with: Coronary Artery Disease. The exclusion is replaced with: Coronary Artery Disease Condition: There must be 80% or greater narrowing or blockage of coronary arteries due to atherosclerotic heart disease.

Invasive Cancer Exclusions - Does not include: carcinoma in situ, tumors related to HIV, non-invasive or metastasized skin cancer, or early prostate cancer. Includes: Leukemia and Lymphoma.

CA - Does not include: basal cell and squamous cell skin cancers, skin cancers other than melanoma, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors or polyps, or cancer that has not spread to adjacent tissue (carcinoma in situ/non-invasive cancer). We rely on the physician's diagnosis to determine whether the cancer is invasive.

Carcinoma in Situ Exclusions - Does not include: other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), or benign tumors or polyps.

CA - Does not include: basal cell and squamous cell skin cancers, skin cancers other than melanoma in situ, pre-cancerous lesions (such as intraepithelial neoplasia), benign (non-cancerous) tumors or polyps. We rely on the physician's diagnosis to determine whether the cancer is invasive.

Second Event Initial Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. A covered person can receive a Second Event Benefit only once for each initial critical illness.

Second Event Cancer Critical Illness Benefit Conditions - There must be at least 12 months between each diagnosis. Not payable if the covered person receives treatment during that 12-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

NJ - There must be at least 6 months between each diagnosis. Not payable if the covered person receives treatment during that 6-month period. "Treatment" does not include maintenance drug therapy or routine follow-up office visits. A covered person can receive the benefit only once for each cancer critical illness.

Advanced Alzheimer's Disease Conditions - Must have impaired memory and judgement, and be unable to perform 3 or more daily activities.*

CA, ID - This benefit is not available.

FL - Must have impaired memory and judgment, and be unable to perform 2 or more daily activities.

Advanced Parkinson's Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

CA, ID - This benefit is not available.

Benign Brain Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.

Paralysis - Permanent loss of use of 2 or more limbs.

GA - The Paralysis benefit is only payable if it is the result of an accident and/or sickness.

Occupational HIV (available in Supplemental Critical Illness I only) - Exposure must be accidental and during the normal course of duties of the covered person. The covered person must not have previously tested HIV positive.

CA, GA, ID - This benefit is not available.

Increasing Critical Illness Benefit Limitation - Increases your basic benefit amount by the amount shown, only on the first 5 coverage year anniversaries.

CA, FL, NJ - This benefit is not available.

CA - The following benefit is added: **Transient Ischemic Attack (25%)** - Does not include: stroke, head injury or peripheral neurologic disorders.

CA - The following is added to the **Wellness Benefit** - Any other medically accepted cancer screening test not listed above.

Second Evaluation Benefit Rider

Second Consultation - By a physician other than your current physician.

Non-Local Transportation - Limit \$5,000/12-month period.

Outpatient Lodging - Limit \$1,000/12-month period. More than 75 miles from home.

Family Member Lodging and Transportation - Lodging limit \$1,000/12-month period. Transportation limit \$5,000/12-month period.

CO, DC, FL, NJ, WA - This rider is not available.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - Benefits are not payable for any critical illness diagnosed prior to the effective date. Benefits are also subject to the Pre-Existing Condition Limitation, if applicable, as well as all 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. The date of diagnosis for each illness must be separated by 90 days. Emergency situations while you are outside the U.S. will be considered when you return to the U.S.

CT, NJ - The following statement does not apply: The date of diagnosis for each illness must be separated by 90 days.

TN - The second to last sentence is replaced with: The date of diagnosis for each illness must be separated by 30 days.

GA - The following is added: The basic-benefit amounts paid for all critical illnesses combined will never exceed \$250,000 for each covered person.

Dependent Eligibility/Termination

(a) Family members eligible for coverage are your spouse or domestic partner and children;

DC - Family members eligible for coverage are your spouse, domestic or civil union partner, and children.

ID - Family members eligible for coverage are your spouse and children.

HI - Family members eligible for coverage are your spouse or domestic partner, children, and your certified reciprocal beneficiary.

NJ - Family members eligible for coverage are your legal spouse or civil union partner or domestic 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 - The following is added to item (b): 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.

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

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

(d) Domestic partner coverage ends when the domestic partnership ends or your death.

DC - Domestic/civil union partner coverage ends when the partnership ends or your death.

ID - (d) is deleted.

Your Eligibility

All States - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

When Coverage Ends

Coverage under the policy ends on the earliest of:

- (a) the policy is canceled;
- (b) you stop paying your premium;
- (c) the last day of active employment;
- (d) you are no longer eligible;
- (e) a false claim is filed;
- (f) when all critical illness benefits have been paid;
- (g) GA - or the date you request to discontinue coverage.

Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

NJ - Continuing Your Coverage is replaced with: Conversion - Coverage may be converted under the Conversion Provision when coverage under the policy ends.

Pre-Existing Condition Limitation (if applicable)

CA - Limitation not applicable.

(a) We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage;

IL - We do not pay benefits for a critical illness that is caused by or results from a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage.

NJ - We do not pay benefits for a critical illness that is, or is caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

ME, UT - We do not pay benefits for a critical illness that is, or is caused by, contributed to by, or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

NC - The following is added to item (a): This exclusion will not apply to your newborn child, adopted child or foster child under the age of 18 if we are notified within 31 days of the child's birth or date of placement. No benefits will be provided during the first 12 months of the policy for pre-existing conditions as defined in the certificate.

(b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

FL - The following is added after (c): The exception is follow-up care for breast cancer: If you have been previously found to be free of breast cancer, routine follow-up care does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

NE, OR - Item (b) is replaced with: A pre-existing condition is a condition for which symptoms existed within the 12-month period prior to the effective date.

ID, ME, UT - Items (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, 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 medical professional within 6 months prior to the effective date.

CT, ND, VA - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

IN, NC - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

NJ - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

PA - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a medical professional during the 90 days prior to the effective date.

Pre-Existing Condition Limitation (if applicable) (Continued)

SD - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of coverage.

WY - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

GA - The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation - (a) We do not pay benefits for a critical illness that occurs during the first 30 days following the date the covered person became insured; (b) If a diagnosis occurs during the Benefit Waiting Period the following options are available: 1. Return the coverage for a full refund, or 2. Continue coverage and receive benefits for one of the other specified critical illnesses listed in the policy.

Recurrence of Cancer

Only applies to Cancer Critical Illness, if included. Provision applies regardless of whether your plan includes a Pre-Existing Condition Limitation.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

IL - The Recurrence of Cancer paragraph is replaced with: If the diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date, subject to the terms and conditions in the certificate.

Policy Exclusions and Limitations

Benefits are not paid for:

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

CT - war, participation in an insurrection or rebellion.

NC - active participation in a riot, insurrection or rebellion.

ID - war or participation in a riot.

OK - participation in a riot, insurrection or rebellion.

NJ - war while you are serving in the military or any unit supporting or accompanying the military, participation in a riot, insurrection or rebellion.

TX - war during military service, or participation in a riot, insurrection or rebellion.

UT - war, voluntary participation in a riot, insurrection or rebellion.

(b) intentionally self-inflicted injury or action;

CA - intentionally self-inflicted injury while sane or insane.

DC - (b) is deleted.

(c) illegal activities or occupations;

CA - loss to which a contributing cause was the insured's committing or attempting a felony, or being engaged in an illegal occupation.

CT - committing or attempting to commit a felony.

TX - illegal activities or committing or attempting to commit a felony.

IL - illegal occupations.

UT - voluntary participation in illegal activities or voluntary participation in illegal occupations.

NE - committing or attempting a felony or illegal occupation.

NJ - any loss to which a contributing cause was your commission of, or attempt to commit, a felony or to which a contributing cause was your engagement in illegal activities or occupation.

PA - illegal activities or occupations or committing or attempting a felony.

WI - illegal activities or illegal occupation that results in the insured's conviction of a felony.

(d) suicide while sane, or self-destruction while insane, or any attempt at either;

CO, MO - suicide while sane, or self destruction, or any attempt at either.

PA - attempted suicide.

(e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.

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

CT - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act, unless prescribed by a doctor for you.

DC, KY, NV, NC, SD - (e) is deleted.

IL - substance abuse, including drug addiction or dependence upon any controlled substance.

Accident Insurance

from Allstate Benefits



Benefits are paid to you

Protection for accidental off-the-job injuries

1 CHOOSE

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

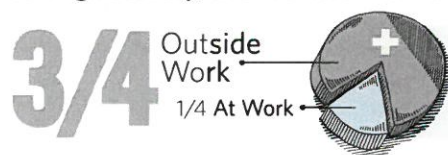
2 USE

You or a covered family member experience an accidental injury and seek medical attention

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.



Nearly three-fourths of medically consulted injuries take place outside of work.¹

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 hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as: dislocation or fracture; ambulance services; physical therapy 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](#)

**Offered to the employees of:
Bay District Schools**



¹National Safety Council, Injury Facts®, 2014 Edition

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 you 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

Initial Hospital Confinement	Daily Hospital Confinement
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Intensive Care

Additional Riders Added to Base Policy

Accident Treatment and Urgent Care Rider pays a benefit for:

Ground or Air Ambulance	Accident Physician's Treatment
X-ray	Urgent Care

Dislocation/Fracture Rider

Emergency Room Services Rider

Additional Rider

Outpatient Physician's Benefit

Benefit Enhancement Rider

Lacerations	Burns
Skin Graft	Brain Injury Diagnosis
Paralysis	Coma with Respiratory Assistance
Open Abdominal or Thoracic Surgery	Ruptured Spinal Disc Surgery
Eye Surgery	General Anesthesia
Blood and Plasma	Appliance
Medical Supplies	Medicine
Prosthesis	Physical, Occupational, or Speech Therapy
Rehabilitation Unit	Non-Local Transportation
Family Member Lodging	Post-Accident Transportation
Broken Tooth	Residence/Vehicle Modification
Pain Management	Miscellaneous Outpatient Surgery
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.



Allstate
BENEFITS

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For use in enrollments situated in: FL

This material is valid as long as information remains current, but in no event later than September 1, 2018.

Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC, Benefit Enhancement Rider GP6BE, Dislocation/Fracture Rider GP6DF, Emergency Room Services Rider GP6ERS and Outpatient Physician's Benefit Rider GP6OPT.

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 (GVAP6)

Off-the-Job Accident Insurance

from Allstate Benefits

See attached **Important Information About Coverage**.

Offered to the employees of:

Bay District Schools

BENEFIT AMOUNTS

Benefits are paid once per accident unless otherwise noted here or in the Important Information About Coverage.

BASE POLICY BENEFITS		PLAN 1	PLAN 2
Initial Hospital Confinement (Pays once/year)		\$1,500	\$2,000
Daily Hospital Confinement (Pays daily)		\$300	\$400
Intensive Care (Pays daily)		\$600	\$800
ADDITIONAL RIDERS ADDED TO BASE		PLAN 1	PLAN 2
Accident Treatment and Urgent Care Rider			
Ambulance	Ground Air	\$300 \$900	\$400 \$1,200
Accident Physician's Treatment		\$150	\$200
X-ray		\$300	\$400
Urgent Care		\$150	\$200
Dislocation or Fracture Rider ¹ (Pays up to amount shown on reverse)		\$6,000	\$8,000
Emergency Room Services Rider		\$300	\$400
ADDITIONAL RIDER		PLAN 1	PLAN 2
Outpatient Physician's Benefit Rider		\$50	\$50

¹Up 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 1	PLAN 2
Accident Follow-Up Treatment (Pays daily)		\$100	\$150
Lacerations		\$100	\$150
Burns	< 15% of body surface > 15% or more	\$200 \$1,000	\$300 \$1,500
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		\$600	\$900
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (Pays once/year)		\$100	\$150
Paralysis (Pays once)	Paraplegia Quadriplegia	\$15,000 \$30,000	\$22,500 \$45,000
Coma with Respiratory Assistance		\$20,000	\$30,000
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery Exploratory	\$1,000 \$300	\$1,500 \$450
Ruptured Spinal Disc Surgery		\$1,000	\$1,500
Eye Surgery		\$200	\$300
General Anesthesia		\$200	\$300
Blood and Plasma		\$600	\$900
Appliance		\$250	\$375
Medical Supplies		\$10	\$15
Medicine		\$10	\$15
Prosthesis	1 device 2 or more devices	\$1,000 \$2,000	\$1,500 \$3,000
Physical, Occupational or Speech Therapy (Pays daily)		\$60	\$90
Rehabilitation Unit		\$200	\$300
Non-Local Transportation		\$500	\$750
Family Member Lodging		\$200	\$300
Post-Accident Transportation (Pays once/year)		\$400	\$600
Broken Tooth		\$200	\$300
Residence/Vehicle Modification		\$1,000	\$1,500
Pain Management (Epidural Injection)		\$100	\$150
Miscellaneous Outpatient Surgery		\$200	\$300

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

COMPLETE DISLOCATION	PLAN 1	PLAN 2
Hip joint	\$6,000	\$8,000
Knee or ankle joint [▲] , bone or bones of the foot [▲]	\$2,400	\$3,200
Wrist joint	\$2,100	\$2,800
Elbow joint	\$1,800	\$2,400
Shoulder joint	\$1,200	\$1,600
Bone or bones of the hand [▲] , collarbone	\$900	\$1,200
Two or more fingers or toes	\$420	\$560
One finger or toe	\$180	\$240
COMPLETE, SIMPLE OR CLOSED FRACTURE	PLAN 1	PLAN 2
Hip, thigh (femur), pelvis ⁺⁺	\$6,000	\$8,000
Skull ⁺⁺	\$5,700	\$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$3,300	\$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	\$2,400	\$3,200
Foot ⁺⁺ , hand or wrist ⁺⁺	\$2,100	\$2,800
Lower jaw ⁺⁺	\$1,200	\$1,600
Two or more ribs, fingers or toes, bones of face or nose	\$900	\$1,200
One rib, finger or toe, coccyx	\$420	\$560

[▲] Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ⁺⁺ Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

PLAN 1 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$8.15	\$18.69	\$23.59	\$31.36

PLAN 2 PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$10.41	\$24.15	\$30.59	\$40.43

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



Allstate
BENEFITS

For use in enrollments situated in: FL. This rate insert is part of forms ABJ30785X and ABJ29986-2 and is not to be used on its own.

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Group Voluntary Accident (GVAP6) 24-hour or Off-the-Job Accident Insurance

Important Information About Coverage

Provides details of base policy and rider coverage in all states where coverage is available. 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)

Daily Hospital Confinement - Max. 365 days/accident.

Intensive Care - Max. 180 days/injury.

MD only - Objective Second Opinion - Payable once/accident.

Additional Rider

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

MD - Benefits for diagnostic or surgical procedures involving a bone or joint of the skeletal structure are expanded to also include coverage for bones or joints of the face, neck or head if, under the accepted standards of the profession of the health care provider rendering the service, the procedure is medically necessary to treat a condition caused by the injury.

PA - Limitation does not apply.

Optional Riders

Outpatient Physician's Benefit Rider - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents.

CT, DC, KS, MI, NJ, ND - Rider not available.

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents.

HI, ID, IN, KY, MD, MI, NM, ND, OH, RI - Rider not available.

TN - The rider name and description is replaced with: **Outpatient Physician's Treatment for Accident and Wellness Benefit Rider** - Benefit limited to 2 days/person/year, not to exceed 4 days/year if coverage includes dependents. Wellness Benefit means one of the following: 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.

Accidental Death, Dismemberment and Functional Loss Rider - Multiple dismemberments and functional losses from the same accident are limited to the amount shown in the Base Accident Benefits on front page of insert.

PA - Limitation does not apply.

Optional Benefit Enhancement Rider

Accident Follow-Up Treatment - Max. 2 treatments/accident. Not paid if Physical, Occupational or Speech Therapy benefit paid.

Burns - Other than sunburns.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - Treatments must be received within 30 days of accident.

CO, PA - 30-day limitation does not apply.

Coma with Respiratory Assistance - Payable once/accident.

GA - Benefit not available.

Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Spinal Disc Surgery - For each surgical benefit, 2 or more procedures through same entry point are considered 1 operation.

General Anesthesia - Payable only if one of the rider Surgery benefits paid.

Physical, Occupational or Speech Therapy - Max. 6 days/accident. Includes chiropractic services. Not payable if Accident Follow-Up Treatment benefit paid.

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

Non-Local Transportation - Per trip, max. 3 times/accident. More than 50 miles from your home.

Family Member Lodging - Payable up to 30 days/accident. Not payable if family member lives within 50 miles of hospital.

Post-Accident Transportation - More than 250 miles from your home, by common carrier. Only if Daily Hospital Confinement benefit paid.

Residence/Vehicle Modification - Within 365 days after accident.

PA - 365-day limitation does not apply.

Miscellaneous Outpatient Surgery - Not payable if any other Surgery benefit is paid.

Conditions, Limitations and Exclusions Affecting Your Benefits

Conditions and Limits

Most States - 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.

ID - Congenital anomalies of newborn or newly adopted children are not excluded.

PA - When an injury results in a covered loss, 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 - The last sentence is replaced with: Treatment must be received in the United States or its territories, except in the case of an emergency.

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 or domestic partner, and your children.**

DC, IL, NJ, RI - Coverage may include you, your spouse, domestic partner, or civil union partner, and your children.

HI - Coverage may include you, your spouse or domestic partner, your children, or your certified reciprocal beneficiary.

ID - Coverage may include you, your spouse, 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.

Dependent Eligibility/Termination, continued

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.

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

IL, NJ, RI - Spouse or civil union partner coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends upon termination of the domestic partnership or your death.

ID - (d) is deleted.

DC - Domestic or civil union partner coverage ends upon termination of the domestic or civil union partnership or your death.

When Coverage Ends

Coverage under the policy ends on the earliest of:

(a) the date the policy or certificate 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 Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision;

(d) the date you are no longer in an eligible class;

(e) the date your class is no longer eligible; or

(f) discovery of fraud or material misrepresentation when filing a claim.

CT, RI - discovery of material misrepresentation when filing a claim. **NC** - (f) is deleted.

NE - discovery of fraud or intentional misrepresentation when filing a claim.

(g) GA only - the date you request to discontinue coverage in writing.

Continuation of Coverage

You may be eligible to continue coverage when coverage under the policy ends.

NJ - Coverage may be continued under the Conversion Provision when coverage under the policy ends.

Exclusions and Limitations

The Exclusions and Limitations apply to the base policy and the following riders:

Accidental Death, Dismemberment and Functional Loss Rider

Accident Treatment and Urgent Care Rider

Benefit Enhancement Rider

Dislocation/Fracture Rider

Emergency Room Services Rider

Benefits are not paid for:

(a) injury incurred before the effective date;

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

CT - act of war or participation in an insurrection or rebellion.

NC - act of war or active participation in a riot, insurrection or rebellion.

ID - any act of war whether or not declared, participation in a riot or rebellion.

OK - participation in a riot, insurrection or rebellion.

PA - act of war or participation in a riot or insurrection.

MD - act of war.

UT - act of war or voluntary participation in a riot, insurrection or rebellion.

(c) suicide or attempt at suicide;

CO - suicide or attempt at suicide, while sane.

IL - (c) is deleted.

(d) intentionally self-inflicted injury or action;

DC, IL - (d) is deleted.

MI - any injury 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 and taken as prescribed by a physician.

NE - any injury while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

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

AR, ID - (e) is deleted.

IL - bacterial infection (except infections from an accidental injury, or from an accidental, involuntary or unintentional ingestion of contaminated substance).

TX - bacterial infection (except pyogenic food poisoning and infections from an accidental cut or wound).

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

NJ - aviation unless a fare-paying passenger on a licensed common-carrier aircraft.

(g) engaging in an illegal occupation or committing or attempting an assault or felony;

CT - committing or attempting an assault or felony.

MD - (g) is deleted.

ID - participation in a felony.

UT - voluntarily engaging in: an illegal occupation, committing or attempting an assault or felony.

NE, OK, TX - engaging in an illegal occupation or committing or attempting a felony.

WI - engaging in illegal activities or an illegal occupation that results in the insured's conviction of a felony.

NJ - any loss to which a contributing cause was the covered person's commission of or attempt to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

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

ID, OK - (h) is deleted.

(i) hernia, including complications;

IL - all types of hernia, including complications (except for hernia caused by an accident).

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

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

Exclusions and Limitations, continued

(j) any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician;

ID, MD, NV, OK, SD - (j) is deleted.

AR - any injury sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance, unless taken as prescribed by a physician.

CT - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by a physician for the covered person.

IN - any injury while intoxicated or under the influence of any drug, unless taken as prescribed by a physician.

LA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NJ - any loss sustained or contracted as a consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician.

OR - any injury while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any injury sustained or contracted in consequence of the covered person being intoxicated under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any injury sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

UT - any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident or is over the legal limit.

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

(l) ID only - an elective abortion (an abortion performed for any reason other than to preserve the life of the covered person);

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

For Off-the-Job accident coverage, the following exclusion also applies:

(n) an injury that occurred as a result of an on-the-job accident.

KY, SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any workers' compensation law.

Outpatient Physician's Benefit Rider (if included in your coverage)

CT, DC, KS, MI, NJ, ND - Rider not available.

Benefits are not paid for:

(a) loss incurred before the effective date;

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

ID - any act of war, participation in a riot or rebellion. **OK** - participation in a riot, insurrection or rebellion.

PA - act of war, participation in a riot or insurrection. **MD** - act of war.

NC - act of war, active participation in a riot, insurrection or rebellion.

(c) suicide or attempt at suicide;

CO - suicide or attempt at suicide, while sane. **IL** - (c) is deleted.

(d) intentionally self-inflicted injury or action;

IL - (d) is deleted.

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

(f) engaging in an illegal occupation or committing or attempting an assault or felony;

ID - participation in a felony. **MD** - (f) is deleted.

NE, OK, TX - engaging in an illegal occupation or committing or attempting a felony. **WI** - engaging in illegal activities or in an illegal occupation that results in the covered person's conviction of a felony.

(g) driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway;

ID, OK - (g) is deleted.

(h) any loss while under the influence of alcohol or any drug, unless taken as prescribed by a physician;

AR - any loss sustained or contracted in consequence of being intoxicated or while under the influence of any controlled substance, unless administered and taken as prescribed by a physician.

IN - any loss while intoxicated or under the influence of any drug, unless taken as prescribed by a physician.

LA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NE - any loss while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

OR - any loss while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any loss sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

ID, MD, NV, OK, SD - (h) is deleted.

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

(j) ID only - an elective abortion (an abortion performed for any reason other than to preserve the life of the covered person);

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

For Off-the-Job accident coverage, the following exclusion also applies:

(l) an injury that occurred as a result of an on-the-job accident.

KY, SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any worker's compensation law.

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (if included in your coverage)

HI, ID, IN, KY, MD, MI, NM, ND, OH, RI - Rider not available.

Benefits are not paid for:

(a) **loss incurred before the effective date;**

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

NC - act of war, active participation in a riot, insurrection or rebellion.

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

OK - participation in a riot, insurrection or rebellion.

UT - act of war, voluntary participation in a riot, insurrection or rebellion.

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

IL - (c) is deleted.

(d) **intentionally self-inflicted injury or action;**

IL - (d) is deleted.

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

NJ - aviation except as a fare-paying passenger on a licensed common-carrier aircraft.

(f) **engaging in an illegal occupation or committing or attempting an assault or felony;**

NE, OK, TX - engaging in an illegal occupation or committing or attempting a felony.

WI - engaging in illegal activities or in an illegal occupation that results in the covered person's conviction of a felony.

NJ - any loss to which a contributing cause was the covered person's commission of or attempt to commit a felony or to which a contributing cause was the covered person's engagement in an illegal occupation.

UT - voluntary engaging in an illegal occupation, committing or attempting an assault or felony.

(g) **driving in any race or speed test or testing an automobile or any vehicle on any racetrack or speedway;**

OK - (g) is deleted.

(h) **any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician;**

NV, OK, SD - (h) is deleted.

AR - any injury sustained or contracted in consequence of being intoxicated or while under the influence of any controlled substance, unless administered and taken as prescribed by a physician.

LA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic not prescribed or recommended by a physician.

NE - any injury while under the influence of alcohol or any narcotic or illegal drug, unless taken as prescribed by a physician.

NJ - any loss sustained or contracted in consequence of the covered person's intoxication or being under the influence of any drug, unless administered or consumed and taken as prescribed by a physician.

OR - any injury while legally intoxicated as defined by the laws of this state or while under the influence of any drug, unless taken as prescribed by a physician.

PA - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any drug, unless administered and taken as prescribed by a physician.

TX - any injury sustained or contracted in consequence of the covered person being intoxicated or under the influence of any narcotic, unless taken as prescribed by a physician.

UT - any injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician, if the use of alcohol or any narcotic substantially contributes to or causes the accident or is over the legal limit.

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

For Off-the-Job accident coverage, the following exclusion also applies:

(j) **an injury that occurred as a result of an on-the-job accident.**

SD - an injury that occurred as a result of an on-the-job accident, unless not payable under any workers' compensation law.



Allstate
BENEFITS

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This material is valid as long as information remains current, but in no event later than August 1, 2018.

Group Accident benefits are provided by policy form GVAP6, or state variations thereof. Accidental Death, Dismemberment and Functional Loss Rider provided by rider GP6ADD, or state variations thereof. Accident Treatment and Urgent Care Rider provided by rider GP6AUC, or state variations thereof. Benefit Enhancement Rider provided by rider form GP6BE, or state variations thereof. Dislocation/Fracture Rider provided by rider GP6DF, or state variations thereof. Emergency Room Services Rider provided by rider GP6ERS, or state variations thereof. Outpatient Physician's Benefit Rider provided by rider GP6OPT, or state variations thereof. Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider provided by rider GC6OPH, or state 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.



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Rev. 8/17. This material is valid as long as information remains current, but in no event later than August 1, 2020. Group Critical Illness benefits are provided by policy form GVCIP2, or state variations thereof. Group Critical Illness Enhancement Rider (Second Evaluation Benefit) provided by rider form GPCIER, or state variations thereof.

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 the 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.