



voluntary insurance benefits offered to
Tennessee State Employees Association
web site: www.tseaonline.org

LIFE AND HEALTH INSURANCE

the right coverage • your future • great choice

Servicing Agent:
Federated Marketing, Inc.
1-800-880-6542

Table of Contents

cancer/specified disease insurance	3-7
Benefit Highlights, How To Get Started, Benefit Description, Premiums Detailed	
heartcare plus heart/stroke insurance	8-11
Benefit Highlights, Benefit Description, Premiums Detailed	
universal life - flexible premium adjustable life	12-13
Benefits and Rider Highlights, It's as Simple as 1-2-3, Non-Tobacco Example, Fund Value and Premium Payments	
policy & rider specifications	14-15



cancer/specified disease insurance

A sudden cancer diagnosis can disrupt your way of life. The financial and health risks that accompany such a diagnosis can be devastating. Having the right coverage to help cover expenses when you are sick, undergoing treatment, or cannot work is important. Our cancer and specified disease insurance can help your finances stay strong, so you can focus on a plan for recovery.

i meeting your needs

Our cancer coverage offers you and your family 24/7 protection from cancer and specified disease. Here is a brief look at what you get:

- Pays directly to you, unless assigned
- Pays in addition to any other insurance you may have, including employer provided insurance
- Guaranteed renewable for life, subject to change in premiums by class
- You may continue coverage when you are no longer employed without loss of benefits by paying the premium directly to Allstate Workplace Division
- Coverage does not replace your employer's group benefits—it supplements any present coverage you may have
- Coverage for dependent children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Your employer has made it easy to protect your family and help secure your financial future.

EASY

on you & your savings

Ask me how.

benefit coverage **highlights**

Cancer Insurance offers you and your family supplemental insurance protection in the event you or a covered family member is diagnosed with cancer or one of the other 20 specified diseases. It protects you and your family 24 hours a day, seven days a week, and is easily convertible.

Each pre-packaged plan doesn't just cover you; if you choose, it also covers your dependents (which can include spouse and dependent children). Our coverage can help supplement traditional medical insurance, which may only cover a small portion of the non-medical expenses that may arise with a diagnosis of cancer or a specified disease.

Non-medical expenses can add up quickly and can be costly if other options are not considered. Our Cancer coverage can help you be sure non-medical expenses won't limit your finances.

Our coverage provides you and your covered family members with:



Benefits that can help pay for treatment, hospital stays, transportation, and much more!



Affordable premiums that are easily payroll deducted from your paycheck, so there are no checks to write



Additional benefit coverage that helps pay for 20 other specified diseases

As with many situations in life, a cancer diagnosis can mean unforeseen expenses that may be difficult to pay, especially if you aren't working. Hospital stays, medical or surgical treatments, and transportation by air or ground ambulance can add up quickly and be very costly. Our Cancer insurance helps offset some of these expenses so you can focus on getting well.

If you or your covered spouse were unable to work due to a diagnosis of cancer, or one of the 20 other diseases, how would you make ends meet? Would you have enough money tucked away to pay for the out-of-pocket expenses? Would you be able to: continue your day-to-day living with a limited income; pay your bills; make sure there is food on the table; send the kids to day care or private school; and still pay your medical bills? Think about it!



your benefit coverage

Benefits are paid as you incur costs for cancer or specified disease treatment. They can also be used for non-medical expenses that health insurance might not cover.



1.5 million

In the United States, about 1,529,560 new cancer cases were expected to be diagnosed in 2010.²

20 Specified Diseases Covered - Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Typhoid Fever, Bubonic Plague, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Epidemic Cerebrospinal Meningitis, Undulant Fever, Sickle Cell Anemia, Rocky Mountain Spotted Fever, Smallpox, Addison's Disease, Hansen's Disease, Tularemia.

Premium Waiver (primary insured only) - If you become disabled for 90 continuous days due to cancer, we will pay your premium for as long as the disability lasts.

IN HOSPITAL BENEFITS

Hospital Confinement - A benefit will be paid daily for you or each covered family member admitted to a hospital as an inpatient. A maximum of 70 continuous days of hospital confinement will be paid.

Government or Charity Hospital - A benefit will be paid daily for you or each covered family member admitted to a U.S. government hospital (including Veteran's Administration) or a hospital that does not charge for its services. Paid in lieu of all other benefits.

Extended Hospital Confinement - A benefit will be paid daily for you or each covered family member continuously confined in a hospital for more than 70 days. Paid in lieu of all other benefits.

Ambulance - A benefit will be paid for you or each covered family member for each continuous hospital confinement if transportation is required by a licensed or hospital-owned ambulance.

Family Member Lodging - A benefit will be paid daily for one adult family member to accompany you or each covered family member to receive treatment at a non-local hospital. Payment for lodging with each hospital stay is up to 60 days.

Family Member Transportation - Coach fare or car mileage will be paid for one adult family member to travel to a non-local hospital in which specialized treatment is received by the insured. It pays for a round-trip coach ticket on a common carrier or for mileage if traveling in a car from the family member's home to the nearest treatment facility (limit 700 miles). The mileage is based on the distance from the visiting family member's home to the hospital where you or a covered family member are confined. It will not pay if the covered person receives the Non-local Transportation benefit and the accompanying family member lives in the same city as the covered person.

Physician's Attendance - A benefit will be paid daily for you or each covered family member to receive one visit a day by one physician while an inpatient in a hospital.

Private Duty Nursing Services - A benefit will be paid daily for you or each covered family member requiring private nursing services authorized by an attending physician while confined in a hospital.

Anesthesia - 25% of the Surgery benefit will be paid for you or each covered family member requiring the services of an anesthesiologist. No more than \$100 will be paid for skin cancer.

Inpatient Drugs and Medicine - A benefit will be paid daily for you or each covered family member receiving drugs and medicine while admitted as an inpatient in a hospital.

OUT OF HOSPITAL BENEFITS

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - A benefit will be paid daily for you or each covered family member if your physician has approved and determined a terminal illness requires hospice care at home or in a freestanding hospice care center. Admission to a hospice care center or home care services are required within 14 days of release from a covered hospital stay. • If confined to a licensed Freestanding Hospice Care Center or a portion of a hospital designated as a Hospice Care Center, you or a covered family member will receive the benefit amount shown for care and confinement. If care is received at home through a Hospice Care Team, you or a covered family member will receive the benefit amount shown for each visit, limited to one visit each day.

Physical or Speech Therapy - A benefit will be paid daily for you or each covered family member receiving physical or speech therapy to restore normal body function.

Extended Care Facility - A benefit will be paid daily for you or each covered family member requiring care at an extended care facility. Care must be approved by the attending physician and admittance must occur within 14 days of release from a hospital. The number of days covered must be equal to the number of days spent in the previous continuous hospital confinement.

At Home Nursing - A benefit will be paid daily for you or each covered family member requiring private nursing authorized by an attending physician after release from the hospital. Services must begin within 14 days of release, and the number of days covered must be equal to the number of days spent in the previous continuous hospital confinement.

Outpatient Lodging - A benefit will be paid daily for you or each covered family member if treatment is received on an outpatient basis at a non-local hospital or facility and lodging at a motel or hotel is required. The treatment must: not be available locally; be at least 100 miles from the covered person's home; and be authorized by the attending physician.

Wellness Benefit (WBR5) - A benefit will be paid yearly for you or each covered family member to receive one of the following tests: 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 (carcino-embryonic 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; Hemocult 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.

Ambulatory Surgical Center - A benefit will be paid for you or each covered family member for each day a covered surgery is performed at an Ambulatory Surgical Center.

IN OR OUT OF HOSPITAL BENEFITS

Inpatient Surgery* - A benefit will be paid for you or each covered family member requiring a surgical operation. Payment of benefits for reasonable or customary charges are based on the Surgeon's fee shown in the Schedule of Operations.

Outpatient Surgery* - A benefit will be paid for you or each covered family member requiring a surgical operation. Payment of benefits for reasonable or customary charges are based on the Surgeon's fee; not to exceed 150% of the amount shown in the Schedule of Operations.

***Inpatient and Outpatient Surgery -** The Surgeon's charge for reconstructive breast surgery is among the many surgeries covered. Assistant and co-surgeons are not covered. Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid.

Cancer Initial Diagnosis Level Benefit (CLR1) - A one-time benefit will be paid for you or each covered family member when diagnosed for the first time with cancer (other than skin cancer). The first diagnosis must occur after the waiting period.

Blood, Plasma and Platelets - A benefit will be paid every 12 months for you or each covered family member to receive transfusions, procurement, cross matching, and processing of blood, plasma and platelets as needed for cancer treatment. Donor-replaced blood is not covered.

New or Experimental Treatment - A benefit will be paid every 12 months for you or each covered family member to receive new or experimental treatment approved by the attending physician. This benefit pays only when generally accepted treatments fail to produce superior results, in the opinion of the attending physician. **Stem cell transplants are just one of the many procedures covered under this benefit.**

Second Surgical Opinion - A benefit will be paid for you or each covered family member to get a second surgical opinion. The opinion must be given prior to surgery and after diagnosis.

Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy and Immunotherapy - A benefit will be paid every 12 months for you or each covered family member receiving covered treatments meant to destroy or modify cancerous tissue.

Prosthesis - A benefit will be paid for each amputation for you or each covered family member requiring implantation of a prosthetic device.

Non-Local Transportation - Coach fare or car mileage will be paid for you or each covered family member receiving treatment at a hospital as an inpatient or outpatient; Radiation Therapy Center; Chemotherapy or Oncology Clinic; or any other specialized freestanding treatment center. The benefit pays for a round-trip coach ticket on a common carrier or for mileage if traveling in a car from your home to the nearest treatment facility (limit 700 miles). Treatment must not be available locally and the facility must be at least 70 miles from the covered person's home. We do not pay for: someone to accompany or visit you or a family member receiving treatment; visits to a physician's office or clinic; or for services other than the actual treatment.

Skin Cancer - A benefit will be paid for you or each covered family member to remove skin cancer diagnosed by a doctor who is not a pathologist. Skin cancers diagnosed by a pathologist are eligible for other policy benefits.

OPTIONAL BENEFIT

Hospital Intensive Care Policy (ICP2) - A daily benefit for Intensive Care and a benefit for Ambulance transportation will be paid for you or each covered family member if care in an intensive care unit (ICU) and ambulance transportation to the covered hospital is required. It will only pay for 45 continuous days spent in the ICU and will be pro-rated for stays lasting less than a day. This benefit is not disease specific and pays for any covered illness or accident.

 **premiums detailed**

Basic Option

Plan consists of: CP10A, 5 units of CLR1 and 4 units of WBR5

Insureds	Weekly	Monthly
Individual	\$3.37	\$14.57
Family	\$5.61	\$24.31

Enhanced Option

Plan consists of: CP10B, 10 units of CLR1 and 4 units of WBR5

Insureds	Weekly	Monthly
Individual	\$5.16	\$22.35
Family	\$8.92	\$38.63

Issue Ages 18-64.

Basic Option with Intensive Care Benefit

Plan consists of: CP10A, 5 units of CLR1, 4 units of WBR5 and 3 units (\$300/day) of Intensive Care (ICP2)

Insureds	Weekly	Monthly
Individual	\$4.06	\$17.57
Family	\$7.00	\$30.30

Enhanced Option with Intensive Care Benefit

Plan consists of: CP10B, 10 units of CLR1, 4 units of WBR5 and 3 units (\$300/day) of Intensive Care (ICP2)

Insureds	Weekly	Monthly
Individual	\$5.85	\$25.35
Family	\$10.30	\$44.62

Issue Ages 18-64.



policy benefits

The listing below details benefit amounts associated with the benefits described in the brochure.

BENEFIT	Basic	Enhanced
Hospital Confinement	\$100/day	\$200/day
Extended Hospital Confinement	\$100/day*	\$200/day*
Government or Charity Hospital	\$100/day	\$100/day
Inpatient Drugs and Medicine	\$10/day*	\$10/day*
Physician's Attendance	\$20/day*	\$30/day*
Ambulance	\$100*	\$200*
Private Duty Nursing Services	\$100/day*	\$100/day*
Non-Local Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.40/mi.
Family Member Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.40/mi.
Outpatient Lodging	\$50/day* ^{1a}	\$100/day* ¹
Family Member Lodging	\$50/day*	\$100/day*
Hospice Care (Freestanding Hospice Care Center or Hospice Care Team)	\$100/day*	\$100/day*
Extended Care Facility	\$100/day*	\$100/day*
At Home Nursing	\$100/day*	\$100/day*
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy	\$5,000* ²	\$10,000* ²
Blood, Plasma, and Platelets	\$5,000* ²	\$10,000* ²
New or Experimental Treatment	\$5,000* ²	\$10,000* ²
Inpatient Surgery	\$1,500*	\$3,000*
Outpatient Surgery	\$2,250*	\$4,500*
Second Surgical Opinion	\$200*	\$200*
Anesthesia	25% of Surgery*	25% of Surgery*
Ambulatory Surgical Center	\$250/day*	\$250/day*
Physical or Speech Therapy	\$25/day*	\$25/day*
Prosthesis	\$2,000* ³	\$2,000* ³
Skin Cancer	\$60* ^{6a}	\$120* ⁶
Premium Waiver	Yes	Yes

BENEFIT	Basic	Basic+ICP	Enhanced	Enhanced+ICP
Wellness	\$100/year	\$100/year	\$100/year	\$100/year
Hospital Intensive Care	No	\$300/day ⁵	No	\$300/day ⁵
Cancer Initial Diagnosis Level Benefit	\$2,500 ⁴	\$2,500 ⁴	\$5,000 ⁴	\$5,000 ⁴

* Benefit pays for charges/costs up to amount listed.

¹ Limit \$4,000 per 12 mo. period.

^{1a} Limit \$2,000 per 12 mo. period

² Per 12 mos.

³ Per amputation.

⁴ One time benefit.

⁵ At age 70 benefit reduces to \$150/day. Also pays charges for ambulance transportation to Intensive Care Unit.

⁶ For first removal. \$60 each additional removal.

^{6a} For first removal. \$30 each additional removal.



heartcare plus heart/stroke insurance

Knowing how to help protect yourself and your family against the high cost of medical treatment, in the event of coronary artery disease, can help save the lifestyle of those you love. To help protect your financial resources, should you or a member of your family need expensive treatment for coronary artery disease or stroke, apply for HeartCare Plus Insurance from Allstate Workplace Division.

i meeting your needs

Our coverage can meet the needs of you, your spouse, and your child(ren). We know you will agree what we offer will provide peace of mind for a secure future. Here are some of the features:

- Guaranteed Renewable for Life, subject to change in premiums by class
- Benefits are paid directly to you, unless assigned
- Benefits are paid in addition to any other coverage you may have
- No reduction in benefits at age 65 or retirement

Plus, you can add:

- An optional intensive care benefit which covers an intensive care confinement for any covered accident or illness
- Benefits reduce at age 70

Your employer has made it easy to protect your family and help secure your financial future.

EASY

on you & your savings

Ask me how.

benefit coverage **highlights**

It's probably crossed your mind that you could have a heart attack or stroke. If you did, what would you do? Would be able to pay for surgery and other treatments that you would need? How would this impact your financial security? If you have health insurance it might not cover specialists and treatments you may need. Modern medicine has many new treatments to help those who have had a heart attack or stroke, but many of them are expensive. HeartCare Plus Insurance can help pay a portion of the costs for covered treatments you may need.

Medical insurance often stops short of considering these costs "essential" but some of these costs may be covered with Allstate Workplace Division's HeartCare Plus Insurance.

Our coverage provides you and your covered family members with:



Benefits that can help pay for non-medical expenses that health insurance might not cover



Benefits such as hospital confinement, physician's attendance, transportation, just to name a few



A portable plan you can keep if you change jobs or retire as long as premiums are paid to the insurance company

And, HeartCare Plus insurance is supplemental. So it works in addition to other insurance you may have, like medical disability income. You can use it to fill a benefit gap in your other policies.

HeartCare Plus insurance pays you benefits that can be used for non-medical, heart-related expenses that health insurance might not cover. Benefits are paid as they are incurred and cover the costs of specific treatments and expenses (up to the maximum allowed in the policy) as they happen. This way, you get help for many of indirect costs throughout your treatment program. Think about it.



your benefit coverage

Benefits are paid as you go and help cover the costs of specific treatments and expenses as they happen. They can also be used for non-medical expenses that health insurance might not cover.



28% of Americans who suffer a stroke or a heart attack are under age 65.³

Hospital Confinement - A benefit will be paid daily for you or each covered family member admitted to and confined as an inpatient in a hospital due to Heart Attack, Coronary Artery disease or Stroke.

Physician's Attendance - A benefit will be paid daily for the services of a physician during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.

Inpatient Drugs and Medicine - A benefit will be paid daily for drugs or medicine required during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.

Private Duty Nursing Services - A benefit will be paid daily for private nursing care and attendance by a nurse during a covered hospital confinement.*

Physiotherapy - A benefit will be paid daily for physiotherapy performed by a licensed physical therapist during a covered hospital confinement.*

Oxygen - A benefit will be paid for the use of oxygen equipment during a covered hospital confinement.**

Cardiograms - A benefit will be paid for an electrocardiogram, echocardiogram, phonocardiogram, or vectorcardiogram required during a covered hospital confinement.**

Cerebral or Carotid Angiogram - A benefit will be paid for a cerebral or carotid angiogram required during a covered hospital confinement.**

Blood, Plasma and Platelets - A benefit will be paid for the administration of blood, plasma, or platelets during a covered hospital confinement.**

Heart Transplant - A benefit will be paid for the implantation of a natural human heart. This benefit is only payable once per covered person.

Cardiac Catheterization - A benefit will be paid for a cardiac catheterization procedure.

Pacemaker Insertion - A benefit will be paid for the initial insertion of a permanent pacemaker.

Thromboendarterectomy - A benefit will be paid for a thromboendarterectomy operation.

Coronary Angioplasty - A benefit will be paid for a coronary angioplasty procedure, regardless of the number of blood vessels repaired during the procedure.

Coronary Artery By-pass Graft Operation - A benefit will be paid for a coronary artery by-pass graft operation, regardless of the number of grafts performed during the operation.

Second Surgical Opinion - A benefit will be paid for a second opinion obtained after a positive diagnosis that results in the physician recommending surgery for a covered illness.

Ambulance - A benefit will be paid for Non-Air Ambulance and for Air Ambulance for transfer by ambulance to a hospital or emergency room for the treatment of a covered condition.

Non-Local Transportation - A benefit will be paid daily for a covered hospital confinement which is obtained more than 100 miles from the covered person's home because the prescribed treatment cannot be obtained locally.**

Family Member Lodging and Transportation - (1) **Lodging** - A benefit will be paid daily when the Non-Local Transportation benefit is paid and a family member stays in a motel, hotel, or any other accommodation acceptable to us, in order to be near the covered person.* (2) **Transportation** - A benefit will be paid daily when the Non-Local Transportation benefit is paid and a family member travels more than 100 miles from their home to be near the covered person for a portion of their continuous hospital confinement.**

* subject to a maximum of 60 days per continuous hospital confinement

**subject to a maximum of 1 payment per continuous hospital confinement

³ Heart Attack and Stroke, American Heart Association, 2008.

Surgery and Anesthesia - (1) Surgery - A benefit will be paid for the amount shown in the surgical schedule per unit for a surgery performed in a hospital or ambulatory surgical center. For a surgical procedure not listed in the surgical schedule, we pay \$17 per unit of coverage (\$8.50 per half unit) multiplied by the 1964 C.R.V.S. unit value for the procedure, subject to a maximum of amount shown. If no 1964 C.R.V.S. unit value exists for the procedure, then the payment amount will be based upon relative difficulty and payment amounts for other procedures, up to the maximum amount shown. **(2) Anesthesia - A benefit will be paid** for surgery benefit described in "1" above for anesthesia received during the surgery. **(3) Ambulatory Surgical Center - A benefit will be paid** when surgery benefit described in "1" is paid for a surgery performed at an ambulatory surgical center. **These benefits do not pay for surgeries covered by other benefits in the policy.**

OPTIONAL BENEFIT

Hospital Intensive Care Policy (ICP90)* - A benefit will be paid** for you or each covered family member. This benefit is not disease specific and pays for covered confinement in a hospital intensive care unit for any covered illness or accident.

- Benefits paid in addition to other insurance coverage
- Guaranteed renewable for life, subject to change in premiums by class
- Pays a benefit when hospital intensive care confined to a Government or VA hospital

Description of Benefits

Hospital Confinement Benefit - A benefit will be paid per 24 hours (fractional amounts for fractions of 24 hours) of intensive care unit confinement for any covered illness or accident, subject to a maximum of 45 days per continuous hospital intensive care unit confinement.

Ambulance Benefit - A benefit will be paid for transportation by a licensed ambulance service to the hospital for admission to an intensive care unit.

premiums detailed

Basic Option

Plan consists of: 1/2 unit of HSP2

Insureds	Weekly	Monthly
Individual	\$2.08	\$8.98
Family	\$4.00	\$17.32

Enhanced Option

Plan consists of: 1 unit of HSP2

Insureds	Weekly	Monthly
Individual	\$4.15	\$17.96
Family	\$8.00	\$34.64

Basic Option with Intensive Care Benefit

Plan consists of: 1/2 unit of HSP2 with 3 units (\$300/day) of ICP90***

Insureds	Weekly	Monthly
Individual	\$2.84	\$12.28
Family	\$5.52	\$23.92

Enhanced Option with Intensive Care Benefit

Plan consists of: 1 unit of HSP2 with 3 units (\$300/day) of ICP90***

Insureds	Weekly	Monthly
Individual	\$4.91	\$21.26
Family	\$9.52	\$41.24

Benefits are only payable for treatment of a heart attack, coronary artery disease, or a stroke. Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation and benefit is paid for the one procedure with the largest total benefits.

Issue Ages 18-64.

* subject to a maximum of 60 days per continuous hospital confinement

**subject to a maximum of 1 payment per continuous hospital confinement

***ICP90 coverage is limited to a total of \$800/day for all coverages to which it is attached



policy benefits

The listing below details benefit amounts associated with the benefits described in the brochure.

BENEFIT		Basic	Enhanced
Hospital Confinement		\$100/day	\$200/day
Physician's Attendance		\$12.50/day	\$25/day
Inpatient Drugs and Medicine		\$12.50/day	\$25/day
Private Duty Nursing Services		\$50/day	\$100/day
Physiotherapy		\$25/day	\$50/day
Oxygen		\$100/day ¹	\$200/day ¹
Cardiograms		\$50/day ¹	\$100/day ¹
Cerebral or Carotid Angiogram		\$75/day ¹	\$150/day ¹
Blood, Plasma, and Platelets		\$100 ¹	\$200 ¹
Heart Transplant		\$50,000	\$100,000
Cardiac Catheterization		\$250	\$500
Pacemaker Insertion		\$500	\$1,000
Thromboendarterectomy		\$1,250	\$2,500
Coronary Angioplasty		\$375	\$750
Coronary Artery By-pass Graft Operation		\$1,250	\$2,500
Second Surgical Opinion		\$50	\$100
Ambulance	Non-Air	\$100	\$200
	Air	\$200	\$400
Non-Local Transportation		\$100/day ¹	\$200/day ¹
Family Member Lodging and Transportation	Lodging	\$25/day	\$50/day
	Transportation	\$100/day ¹	\$200/day ¹
Surgery and Anesthesia	Surgery	\$2,500	\$5,000
	Anesthesia	25% of Amount Paid	25% of Amount Paid
	Ambulatory Surgical Center	\$125/day	\$250/day

¹ Max. 1 payment per continuous hospital confinement

² Limited to \$800/day for all coverages

³ \$150 at age 70 and older

BENEFIT	Basic	Basic+ICP	Enhanced	Enhanced+ICP
Hospital Intensive Care				
Hospital Confinement	No	\$300/day ^{2,3}	No	\$300/day ^{2,3}
Ambulance	No	Actual Charges	No	Actual Charges



universal life insurance

We have thought about the future...and our Universal Life Insurance is a perfect fit for any well-rounded benefits plan. It can help meet your needs today, tomorrow, and into the future.

Take a look at what we have to offer...

i meeting your needs

Our coverage can meet the needs of you, your spouse, and your child(ren). We know you will agree what we offer will provide peace of mind for a secure future. Here are some of the features:

- Affordable Premiums
- Fund Value Accumulates Tax-Deferred*
- Flexible
- Convenient Payroll Deduction
- Valuable Life Insurance Protection
- Policy Loans up to the Loan Value*
- Your Entire Family Can be Protected
- Portable
- 4.0% Guaranteed Interest Rate*

Your employer has made it easy to help protect you and your family in the event of an untimely death.

EASY

on you & your savings

Ask me how.

*Partial withdrawals, surrenders and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

benefit coverage highlights

Life Insurance is an essential part of financial planning. One reason most people own life insurance is to replace income that would be lost with the death of a wage earner.

The cash provided by life insurance can also help ensure that your dependents are not burdened with significant debt when you die. Life insurance proceeds could mean your dependents will not have to sell assets to pay outstanding bills or taxes.

All the while your life is insured, your policy is accumulating fund value, on an income-tax-deferred basis.* You may borrow against your available cash value. Sometimes money from accumulated fund value can be borrowed to pay for children's education, or be used for emergency financial needs. Fund values which have accumulated over a long period of time can also be used to supplement retirement income.

RIDERS

Accelerated Death Benefit/Living Benefit Rider (ULBR1) - This rider provides an accelerated benefit if the insured is diagnosed with a terminal illness which in the opinion of the physician is expected to result in death within 12 months with no reasonable prospect of recovery. This is a one-time acceleration, up to 75% of the sum of the death benefit for the policy and any term rider(s) (excluding any accidental death benefit rider). Maximum advance is \$100,000. This rider may be added with no additional premium. Issue ages: 0-75

Critical Illness Rider (UL-CIR1 - 5 units) - This rider pays a one-time benefit of \$5,000 when the primary insured is afflicted with cancer; heart attack; stroke; renal failure; coronary artery disease; or valvular heart disease requiring surgery; or is the recipient of a major organ transplant. Issue ages: 18-64

Accelerated Death Benefit for Long Term Care Rider (UL-LTCR1) - This rider advances a portion of the death benefit each month, up to 4% of the net death benefit (up to \$4,000) for care in an assisted living or nursing care facility or up to 2% (up to \$2,000) for home health care when the primary insured is unable to perform certain activities of daily living (ADLs) or has a cognitive impairment, and the insured is either confined in a Nursing Care Facility or an Assisted Living Facility or the insured utilizes Adult Day Care or Home Health Care. Benefits will not be more than the actual charges incurred. The benefit payments reduce both the death benefit and net surrender value of the policy proportionally. Issue ages: 18-80

your benefit coverage

A death benefit will be paid to your beneficiary in one lump sum along with the interest earned from your fund value. It is income-tax free* and can help your family in their greatest time of need.



The average U.S. household with life insurance owns enough to replace 3.6 years of income.¹

It's as simple as 1-2-3

- STEP 1:** Choose the coverage you need, or the amount you can afford.
- STEP 2:** Determine which riders best fit your personal insurance needs.
- STEP 3:** Complete the application.

To take full advantage of tax-deferred* interest gains, pay your premiums in full and on time each month. However, you may choose to pay in excess of the recommended amount so as to gain more interest in a shorter amount of time.

*Please consult with your tax advisor for information regarding tax-free benefits.

¹ *Facts of Life and Annuities*, LIMRA, November 2009.

non-tobacco example

35 Year Old Employee (example)

(UL20P only; UL-CIR1 and UL-LTCR1 are not included)

Weekly Deductions	\$5.00	\$7.00	\$10.00
Death Benefit	\$18,919	\$27,703	\$40,878
Total Premium to age 65	\$7,800	\$10,920	\$15,600
Guaranteed Net Surrender Value @ 4.0% to age 65	\$4,286	\$6,594	\$10,055

You may need to increase your premiums in order to maintain life insurance coverage beyond age 85. If still in force, the life insurance policy will mature, for the net surrender value, on the policy anniversary on or next following the insured's 95th birthday.

Values shown illustrate the purchase of Allstate Workplace Division Policy Form UL20P for non-tobacco. The net surrender values assume that premiums are paid monthly at the beginning of each month, that death benefit Option 1 is selected, and that no loans, partial surrenders, or changes in specified amount or death benefit option occur. Guaranteed values are illustrated at 4.0% interest and maximum cost of insurance charges. Values will be affected by actual interest and cost of insurance rates. Interest rates may fluctuate up or down, but will never be less than 4.0%.

Fund Value and Premium Payments

Over time, your premium deposits will accumulate and your fund value will grow. Monthly premiums are flexible, meaning you can pay as much or as little as you can afford, and at a frequency that suits you, subject to certain minimums. Each month, cost of insurance and expense and rider charges will be deducted from your total fund value. You must ensure that the surrender value does not fall into the negative if you choose to pay less than the suggested monthly premium, or the policy will terminate.





GENERAL EXCLUSIONS AND LIMITATIONS

30-Day Waiting Period Cancer/Specified Disease (CP10), Intensive Care Policy (ICP2) and Riders (CLR1, WBR5) - The policies and riders contain a 30-day waiting period that begins on the effective date of coverage. No benefits are payable for any covered person who has cancer or a specified disease diagnosed before coverage has been in force 30 days from the effective date, except should a covered person have cancer or a specified disease first diagnosed after signing the application and before the end of the waiting period, benefits for treatment of that cancer or specified disease will apply only to loss commencing after 2 years from the effective date of the policy; or, at your option, you may elect to void the policy from the beginning and receive a full refund of premium, in accordance with the Notice of 30-Day Right to Examine Policy Provision.

Exclusions and Limitation (CP10) - The cancer/specified disease policy does not pay for any loss except for losses due directly from cancer or a specified disease. Diagnosis must be submitted to support each claim. The cancer/specified disease policy does not pay for any disease, or incapacity that has been caused, complicated, worsened or affected by cancer or a specified disease or as a result of cancer or specified disease treatment. Treatment must be received in the United States or its territories.

Pre-Existing Condition Limitation (ICP90) - If a covered person has a pre-existing condition as defined, we do not pay benefits for expenses for such conditions during the two-year period beginning on the policy date.

- A Pre-existing Condition is a condition not revealed in the application for which: symptoms existed before the effective date of coverage; or medical advice or treatment was recommended or received from a physician within the 5-year period before the application date.

Heart/Stroke Policy (HSP2) - The policy provides benefits only for Heart Attack, Coronary Artery Disease or Stroke. Policy HSP2 does not cover any other disease or sickness or incapacity other than Heart Attack, Coronary Artery Disease or Stroke even though such disease, sickness or incapacity may be caused, complicated or otherwise affected by Heart Attack, Coronary Artery Disease or Stroke. If a covered confinement is due to more than one covered condition, benefits will be payable as though the confinement was due to one condition.

- If a confinement due to a covered disease is also due to a condition that is not covered, benefits will be payable only for the part of confinement attributable to the covered condition.
- Two or more surgical or invasive procedures done at the same time and through a common incision or entry point are considered one operation and benefit is paid for the one procedure with the largest total benefits.

Pre-Existing Condition Limitation (HSP2) -

If a covered person has a pre-existing condition as defined, we do not pay benefits for such conditions under the policy or any riders attached to the policy during the 12-month period beginning on the date that person became a covered person. If the loss is not due to a pre-existing condition, then the pre-existing condition limitation does not apply. All losses are subject to the Incontestability Provision.

- A Pre-existing Condition is a condition not revealed in the application for which: symptoms existed within a 1-year period before the effective date of coverage; or medical advice or treatment was recommended by or received from a physician within the 1-year period before the effective date of coverage.

Critical Illness Rider (UL-CIR1) - Provides a one-time benefit of \$5,000 when the insured has any one of the following covered medical events as they are defined in the rider:

- 1) cancer other than skin cancer (except malignant melanoma); or
- 2) heart attack; or
- 3) coronary artery disease or valvular heart disease requiring surgery; or
- 4) stroke; or
- 5) renal failure; or
- 6) transplant of heart, lung, liver, pancreas, kidney or bone marrow from another person.

The rider terminates if a benefit is paid for any one of the covered medical events.

Limitations - Does not pay for a medical event occurring during the first 2 rider years which results from a pre-existing condition. A pre-existing condition is a condition for which:

- 1) symptoms existed within 2 years before the rider date; or
- 2) medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license, within 2 years before the rider date.

Issue ages 18-64.

Long Term Care Rider (UL-LTCR1) - Does not pay benefits during the first 6 rider months as a result of a pre-existing condition. A pre-existing condition is a condition for which: 1) symptoms existed within 6 months before the rider date; or 2) medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license, within 6 months before the rider date. • Does not pay benefits for that portion of any day of services or charges which are: 1) caused by mental or nervous disorders without demonstrable organic disease (not including Alzheimer's Disease); or 2) caused by alcoholism or drug addiction; or 3) caused by illness, treatment or medical conditions arising out of: a) war or act of war (whether declared or undeclared); or b) participation in a felony, riot or insurrection; or c) service in the armed forces or units auxiliary thereto; or d) suicide (while sane or insane), attempted suicide or intentionally self-inflicted injury; or 4) for treatment provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductibles or co-insurance requirements) or other governmental program (except Medicaid), any state or federal Workers' Compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or 5) for care or services for which no charge is normally made to the insured; or 6) for care or services when the person performing the service is a family member; or 7) for care or services received outside the United States or its territories.

Renewability and Grace Period for Heart/Stroke Insurance (HSP2) and Cancer/Specified Disease Insurance (CP10) - Issue ages are 18-64. Guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice will be mailed in advance of any change. A grace period of 31 days is granted for payment of each premium after the first premium. The policy remains in force during the grace period. Coverage for dependent children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

All Health Policies and Riders - Exclusions and other limitations provisions of the policy apply to all riders pertaining to that policy. Limited Health Coverage.

The policies and riders are not a Medicare Supplement Policy. If eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Allstate Workplace Division.

POLICY COVERAGE DISCLOSURES

Universal Life Insurance benefits provided by policy UL20P, and rider forms ULBR1, UL-CIR1 and UL-LTCR1 or state variations thereof.

Cancer/Specified Disease Insurance benefits provided by policy CP10, and rider forms ICP2, CLR1, and WBR5, or state variations thereof.

HeartCare Plus Insurance benefits provided by policy HSP2, and rider form ICP90, or state variations thereof.

The policies and riders are underwritten by American Heritage Life Insurance Company.

The coverage is provided by limited benefit supplemental insurance policies. This material is valid as long as information remains current, but in no event later than April 1, 2014. This brochure highlights some features of the policy but is not the insurance contract. Only the actual policies and rider provisions control. The policies and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policies and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division. The policies and riders are underwritten by American Heritage Life Insurance Company.

This brochure is for use in Tennessee.



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