



Accidents happen—an unintentional-injury death occurs every 4 minutes and a disabling injury every 1 second.<sup>1</sup>

<sup>1</sup>Injury Facts 2010 Edition, National Safety Council.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED. (TX only)

**GROUP ACCIDENT INSURANCE**  
Best in Benefits Series<sup>SM</sup>

AWD16563



**Allstate**<sup>®</sup>

Workplace Division



ACCIDENTS  
HAPPEN

## group voluntary accident

No one plans to have an accident. But, it can happen at any moment throughout your day, whether at work or at play. Having the right accident coverage in the event of an accidental injury is important. Our Group Voluntary Accident policy can help cover your out-of-pocket expenses associated with an accidental injury, and help protect your savings should an on- or off-the-job accidental injury occur.

### meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed at initial enrollment, there are no medical exams or tests to take.\*
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Portable coverage

\*During open enrollment only. If you enroll after the open enrollment period, evidence of insurability may be required.

Your employer has made it easy to help protect you and your family if a sudden accidental injury occurs.

### your benefit coverage†

**Accidental Death\*\* - Pays** for accidental death.

**Common Carrier Accidental Death\*\* - Pays** for death while riding as a fare-paying passenger on a scheduled common carrier.

**Dismemberment\*\* - Pays** for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed in the policy.

**Dislocation or Fracture\*\* - Pays** for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed in the policy.

**Initial Hospital Confinement - Pays** when you are hospital confined for the first time after the effective date.

**Hospital Confinement - Pays** when you are confined in a hospital up to 90 days for each continuous hospital confinement.

**Intensive Care - Pays** when you are confined in a hospital intensive care unit up to 90 days for each continuous hospital intensive care confinement.

**Ambulance - Pays** for you to be transferred by ambulance service to or from a hospital.

**Medical Expenses - Pays** when you have medical expenses.

**Outpatient Physician's Treatment - Pays** when you are treated by a physician outside of a hospital for any reason. Limited to 2 visits per person per year, and 4 visits per year if your dependents are covered.

## injury benefit amounts

The schedule below shows benefit amounts for 2 units. A covered spouse gets 50% of the amounts shown; covered children get 25% of the amounts shown. Benefit amounts for different units purchased will be proportionately higher or lower.

Loss of Life or Limb	Employee
Life	\$40,000
Both Eyes	\$40,000
One Eye	\$20,000
Both Hands or Arms	\$40,000
Both Feet or Legs	\$40,000
One Hand or Arm and One Foot or Leg	\$40,000
One Hand or Arm	\$20,000
One Foot or Leg	\$20,000
One or More Entire Toes	\$4,000
One or More Entire Fingers	\$4,000
Complete Dislocation	Employee
Hip Joint	\$4,000
Knee Joint (except Patella)	\$1,600
Bone or Bones of the Foot (except Toes)	\$1,600
Ankle Joint	\$1,600
Wrist Joint	\$1,400
Elbow Joint	\$1,200
Shoulder Joint	\$800
Bone or Bones of the Hand (except Fingers)	\$600
Collarbone	\$600
Two or More Fingers	\$280
Two or More Toes	\$280
One Finger or Toe	\$120
Simple or Closed Fracture	Employee
Skull (except Bones of Face or Nose)	\$3,800
Hip, Thigh (Femur)	\$4,000
Pelvis (except Coccyx)	\$4,000
Arm, between Shoulder and Elbow (Shaft)	\$2,200
Shoulder Blade (Scapula)	\$2,200
Leg (Tibia or Fibula)	\$2,200
Ankle	\$1,600
Knee Cap (Patella)	\$1,600
Collarbone (Clavicle)	\$1,600
Forearm (Radius or Ulna)	\$1,600
Foot (except Toes)	\$1,400
Hand or Wrist (except Fingers)	\$1,400
Lower Jaw (except Alveolar Process)	\$800
Two or More Ribs, Fingers or Toes	\$600
Bones of Face or Nose	\$600
One Rib, Finger or Toe	\$280
Coccyx	\$280



## certificate/rider specifications

**Conditions and Limits** - When an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident, Allstate Workplace Division (AWD) will pay benefits as stated. **Treatment must be received in the United States or its territories.**

**Your Eligibility** - 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.

**Dependent Eligibility/Termination** - (a) Coverage may include you, your spouse and unmarried children. (b) Coverage for dependent children terminates on the certificate anniversary after the child marries or reaches age 22 (26 if a full-time student at an educational institution of higher learning beyond high school). (c) Spouse coverage ends upon valid decree of divorce or your death.

**Termination of Coverage** - Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you are in active employment, except as provided under the "Temporarily Not Working" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible.

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

**Certificate Limitations and Exclusions** - Benefits are not paid for any loss incurred as a result of: (a) Injury incurred before the effective date; (b) any act of war or participation in a riot, insurrection or rebellion; (c) suicide or any attempt at suicide; (d) any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; (e) any bacterial infection (except pyogenic infections that occur with and through an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common carrier aircraft; (g) committing or attempting to commit an assault or felony; (h) driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; (j) serving as an active member of the Military; Naval; or Air Forces of any country or combination of countries.

**Pre-existing Condition Limitation** - (a) Benefits are not paid on losses occurring during the first 12 months of coverage if caused by a pre-existing condition. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

## STATE VARIATIONS

**Arkansas (changes affect page 3) - Certificate Limitations and Exclusions** paragraph items (e and i) are deleted.

**Florida (changes affect page 3) - Dependent Eligibility/ Termination** paragraph, item (a) is replaced with: Coverage may include you, your spouse and dependent children. Item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the end of the calendar year in which the child reaches age 26.

**Georgia (changes affect page 3) - Dependent Eligibility/ Termination** paragraph, item (b) is replaced with: Coverage for dependent children ends on the certificate anniversary after the date the child reaches age 21 (26 years of age if a full-time student at a postsecondary institution of higher learning), or does not meet the requirements of an eligible dependent.  
**Pre-existing Condition Limitation** item (b) is replaced with: A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date.

**Louisiana (changes affect page 3) - Dependent Eligibility/ Termination** paragraph, item (a) includes: grandchild(ren) (who are in your legal custody). **Certificate Limitations and Exclusions** paragraph, item (d) is replaced with: being intoxicated or under the influence of alcohol or any narcotics, unless administered upon the advice of a physician.

**Puerto Rico (change affects page 2) - Emergency Medical Treatment Benefit** has been added: Pays for hospital emergency room services received within 24 hours after the accident. Surgery must occur within 45 days after the accident. Paid once per year.

**Texas (changes affect page 3) - .Dependent Eligibility/ Termination** paragraph, item (a) includes: grandchildren living in your household. Item (b) is replaced with: marries or reaches age 25. **Certificate Limitations and Exclusions** paragraph, item (d) is replaced with: being intoxicated or under the influence of any narcotic unless administered on the advice of a physician. Item (e) is replaced with: any bacterial infection (except food poisoning and pyogenic infections occurring through an accidental cut or wound). Item (g) is replaced with: committing or attempting to commit a felony.



## Don't Wait for A Sign

Accidents can happen unexpectedly and can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are on the road to recovery after an accidental injury to realize you need more protection.

Start thinking about the future or your finances today and plan for the road ahead. You can rely on our Group Accident Insurance to help provide the financial assistance you need, when you need it most so you can cope with the challenges of recovery.



The most commonly mentioned body sites for injuries were wrist, hand, and fingers followed by lower leg and ankle.<sup>3</sup>

If you suffer an accidental injury, would you be able to handle the extra expenses associated with your recovery?

This material is valid as long as information remains current, but in no event later than June 15, 2013. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your Insurance Agent, or call Allstate Workplace Division at: **1-800-521-3535** or, go to [allstateatwork.com](http://allstateatwork.com). Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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This brochure is for use in enrollments which are situated in: AL, AR, FL, GA, LA, MS, PR and TX



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 premiums detailed

Base Plan - 2 units of Group Voluntary Accident coverage

Insured	Weekly	Monthly
Employee Only	\$3.35	\$14.52
Family	\$8.53	\$36.96

Issue Ages: 18 and over if Actively at Work

GVAP1

**GROUP ACCIDENT INSURANCE**

Best in Benefits Series<sup>SM</sup>



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## policy benefits

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

BENEFIT		Plan
Accidental Death	Employee	\$40,000
	Spouse	\$20,000
	Child	\$10,000
Common Carrier Accidental Death	Employee	\$200,000
	Spouse	\$100,000
	Child	\$50,000
Dismemberment	Employee	up to \$40,000 <sup>1</sup>
	Spouse	up to \$20,000 <sup>1</sup>
	Child	up to \$10,000 <sup>1</sup>
Dislocation and Fracture	Employee	up to \$4,000 <sup>1</sup>
	Spouse	up to \$2,000 <sup>1</sup>
	Child	up to \$1,000 <sup>1</sup>
Initial Hospital Confinement		\$1,000
Hospital Confinement		\$200/day
Intensive Care		\$400/day
Ambulance	Regular Ambulance	\$200
	Air Ambulance	\$600
Medical Expenses		up to \$500
Outpatient Physician's Treatment		\$50/visit

<sup>1</sup> Based on amount shown in the Injury Benefit Amounts.

**This insert is for use in:**

FL