Accident Insurance

from Allstate Benefits



Benefits are paid to you

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

CHOOSE

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

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



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.

ON-THE-JOB









Auto **2.0m**

The number of injuries (in millions) suffered by workers in one year, both on- and off-the-job.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: dismemberment; 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: **Accuform**



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



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 Hospital Confinement	Daily Hospital Confinement			
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

Optional Rider

Outnationt Physician's Renefit

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				
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.

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



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For use in enrollments sitused in: FL

This material is valid as long as information remains current, but in no event later than July 15, 2018. Group Accident benefits are provided by policy form GVAP6 and the following riders, or state variations thereof, if included: 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)24-Hour Accident Insurance

from Allstate Benefits

See attached Important Information About Coverage.

Offered to the employees of:

Accuform

BENEFIT AMOUNTS

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

\$2,000 \$400
\$400
φ 100
\$800
PLAN
\$300 \$900
\$150
\$300
\$150
\$8,000
\$200
PLAN
\$50

 $^{^{\}rm 1}{\rm Up}$ to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

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

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

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

PREMIUMS

MODE	EE	EE + SP	EE + CH	F
Monthly	\$16.35	\$28.24	\$36.65	\$47.01

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



For use in enrollments sitused in: FL This rate insert is part of forms ABJ30490X and ABJ29986-1 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.

Additional Ride

Dislocation/Fracture Rider - Multiple dislocations or fractures from the same accident are limited to the amount shown in the Injury Benefit Schedule.

Optional Riders

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

MI, NJ - Rider not available.

Accidental Death, Dismemberment and Functional Loss Rider - Multiple dismemberments and functional losses from the same accident are limited to the amount shown in the Injury Benefit Schedule.

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.

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.

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.

 $\ensuremath{\mathsf{ID}}$ - Congenital anomalies of newborn or newly adopted children are not excluded.

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.
- **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.
- **IL**, **NJ** Coverage may include you, your spouse, civil union partner or domestic partner, and your 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.
- (c) Spouse coverage ends upon valid decree of divorce or your death.
- $\ensuremath{\mathsf{IL}}, \ensuremath{\mathsf{NJ}}$ 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.

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.
- **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. You have 60 days after coverage under the policy ends to let us know if you wish to continue coverage.

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;

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

OK - 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.

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

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

AR, ID - (e) is deleted.

TX - bacterial infection (except pyogenic food poisoning and infections from an accidental cut or wound). **IL** - bacterial infection (except infections from an accidental injury, or from an accidental, involuntary or unintentional ingestion of contaminated substance).

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

 $\ensuremath{\text{NJ}}$ - 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;

ID - participation in a felony.

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

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

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

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

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.

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

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.

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

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

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

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

(m) 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.

Outpatient Physician's Benefit Rider

MI, NJ - 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.

(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;

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

ID - participation in a 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.

(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.

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

NE - any loss while under the influence of alcohol or any narcotic or illegal drug, unless 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.

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

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

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

(k) 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.



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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.

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