

TEXAS ONLY: 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 NOTIFICATION THAT MUST BE FILED AND POSTED.

WORKPLACE
solutions



In the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer; for women, the risk is a little more than 1 in 3.¹

¹Cancer Facts & Figures, American Cancer Society, 2008.

CP10

CANCER INSURANCE

the right coverage • your future • great choice

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Allstate[®]

Workplace Division

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your coverage—your choice!

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:

- Coverage for Cancer and 20 other specified diseases
- Protection for you or your entire family
- Benefits that are paid directly to you or your insured family members unless assigned elsewhere
- Coverage that is guaranteed renewable for life, subject to change in premiums by class
- Premiums that do not increase with age
- A waiver of premium benefit that allows you to forego payment of your premiums after 90 days of disability due to cancer, for as long as disability lasts*

* applicable only to the primary insured

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. Terms and conditions for benefits may vary by state (see page 9).



1.4 million

In the United States, about 1,437,180 new cancer cases were expected to be diagnosed in 2008.²

HOW TO GET STARTED

1. Choose the coverage option that fits the needs of you and your family. The benefit amounts payable for each of the options you can choose from are listed on page 8 of this brochure. Some benefit amounts may vary by plans. The Cancer and Specified Disease Additional Benefit Rider (CAB) increases some of the benefits and is available in 1 unit increments, up to a maximum of 4 units.
2. Select coverage for you or your entire family.

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.

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. [CAB pays \$50/day/unit][†]

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. [CAB pays \$100/day/unit][†]

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.

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. [CAB pays \$10/day/unit][†]

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. [CAB pays \$10/day/unit][†]

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.

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. [CAB pays \$50/day/unit][†]

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. [CAB pays \$.05/mile/unit. Limited to 700 miles][†]

Family Member Transportation - Coach fare or car mileage will be paid for one adult family member 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. [CAB pays \$.05/mile/unit. Limited to 700 miles][†]

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.

²Cancer Facts & Figures, American Cancer Society, 2008. [†]Cancer and Specified Disease Additional Benefit (CAB) Rider must be purchased to receive the additional benefits described.

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.

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 on page 8 of this brochure for each visit, limited to one visit each day. [CAB pays \$50/unit][†]

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.

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. [CAB increases the benefit amount listed by \$5,000/unit][†]

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. [CAB increases the benefit amount listed by \$5,000/unit][†]

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.**

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.

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. [CAB pays \$50/unit][†]

Anesthesia - A 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.

Ambulatory Surgical Center - The benefit will be paid for you or each covered family member for each day a covered surgery is performed at an Ambulatory Surgical Center. [CAB pays \$125/day/unit][†]

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. [CAB pays \$25/day/unit][†]

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

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. The benefit pays \$60 for each additional skin cancer removed. Skin cancers diagnosed by a pathologist are eligible for other policy benefits.

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.

rider coverage

Riders can be added to the policy to provide a wider scope of coverage. They can help you further secure your family's financial future and well being. Read below for more detailed descriptions of these optional riders. Riders may vary by state (see page 9).

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 (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; 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.

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.

Hospital Intensive Care (ICR2) - 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.

Cancer and Specified Disease Additional Benefit (CABR1) - The Cancer and Specified Disease Additional Benefit (CAB) rider is meant to enhance the base policy coverage for specific benefits only, and provide additional benefits not included with the base policy. The dollar amount for each benefit enhancement has been included with each of the base policy benefits.

The following base policy benefits have been enhanced to include the CAB rider: Hospital Confinement; Extended Hospital Confinement, Inpatient Drugs and Medicine; Second Surgical Opinion; Physician's Attendance; Private Duty Nursing Services; Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy, or Immunotherapy, Blood, Plasma and Platelets; Non-Local Transportation; Family Member Transportation; Ambulatory Surgical Center; Hospice Care; and Physical or Speech Therapy. (See benefits for dollar amounts).

The benefits listed to the right are not included in the base policy coverage and do not enhance any base policy benefits. However, they are additional benefits provided by the CAB rider.

Medical Imaging - A benefit of up to \$250/unit will be paid yearly for you or each covered family member receiving an initial diagnosis or follow-up evaluation based upon one of the following medical imaging exams: CT scan; Magnetic Resonance Imaging (MRI) scan; bone scan; thyroid scan; Multiple Gated Acquisition (MUGA) scan; Positron Emission Tomography (PET) scan; transrectal ultrasound; or abdominal ultrasound.

Comfort/Anti-Nausea - A benefit of up to \$100/unit will be paid yearly for you or each covered family member receiving anti-nausea medication prescribed and administered on an outpatient basis. This benefit will not be paid if the medication was administered while you or a covered family member is an inpatient.

Hematological Drugs - A benefit of up to \$100/unit will be paid yearly for you or each covered family member receiving drugs intended to boost cell lines such as white blood cell counts, red blood cell counts and platelets. This benefit is only paid when the Radiation Therapy, Radioactive Isotopes Therapy, Chemotherapy or Immunotherapy benefit is paid.

Hair Prosthesis - A benefit of \$25/unit will be paid every 2 years for you or each covered family member experiencing hair loss and requiring a wig or hairpiece.

Nonsurgical External Breast Prosthesis - A benefit of up to \$50/unit will be paid for the initial nonsurgical breast prosthesis if you or a covered family member requires a covered mastectomy or partial mastectomy that is paid for under the policy.

policy & rider specifications

PLEASE READ YOUR POLICY CAREFULLY. This section details the specifics of the policy and includes: eligibility/termination, policy and rider waiting period, exceptions and limitations. State variations may apply (see page 9).

Eligibility/Termination - (a) Family Plan coverage may include you, your spouse and dependent children as defined in the policy. (b) Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an educational institution of higher learning beyond high school). (c) Coverage for the insured's spouse ends upon valid decree of divorce.

Policy and Rider(s) Waiting Period - (a) The policy and riders contain a 30-day waiting period that begins on the effective date. 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. (b) 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 and riders; 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.

Exceptions and Limitations - (a) The policy does not pay for any loss except for losses due directly from cancer or specified disease. Diagnosis must be submitted to support each claim. (b) The 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. (c) Treatment must be received in the United States or its territories.

Hospice Care Team Benefit Limitation - Food services or meals other than dietary counseling, services related to well-baby care, services provided by volunteers or support for the family after the death of the covered person are not covered.

Hospital Intensive Care Rider (ICR2) Exceptions and Limitations -

(a) No benefits are paid if confinement is due to: (1) an attempted suicide or intentional self-inflicted injury; or (2) intoxication or being under the influence of drugs not prescribed or recommended by a physician; or (3) alcoholism or drug addiction. (b) Benefits are not paid under the rider for continuous hospital intensive care unit confinements that occur during hospitalization that begins before the rider effective date. (c) Children born within 10 months of the rider effective date are not covered for any continuous hospital intensive care unit confinement benefit that occurs or begins during the first 30 days of such child's life.

Rider Termination - The riders terminate: at the end of the grace period for the payment of the premium for the policy or the rider; or if the policy terminates; or on the next renewal date after a request for termination.

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.



premiums detailed

	Insured	WEEKLY		MONTHLY	
		Base Plan	Base Plan + ICR Rider*	Base Plan	Base Plan + ICR Rider*
Basic (200)	Employee Only	\$4.38	\$5.76	\$18.96	\$24.95
	Family	\$7.53	\$10.30	\$32.62	\$44.61
Enhanced (300)	Employee Only	\$6.11	\$7.49	\$26.47	\$32.46
	Family	\$10.86	\$13.62	\$47.03	\$59.02
Premier (400)	Employee Only	\$7.47	\$8.85	\$32.35	\$38.34
	Family	\$13.53	\$16.30	\$58.63	\$70.62

Basic (200) - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 3 units) and the Cancer Initial Diagnosis Rider (CLR1 - 4 units). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

Enhanced (300) - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 4 units), Cancer Initial Diagnosis Rider (CLR1 - 8 units), plus the Cancer and Specified Disease Additional Benefit Rider (CABR1 - 1 unit). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

Premier (400) - Base plan = Cancer CP10B, Wellness Benefit Rider (WBR5 - 4 units), Cancer Initial Diagnosis Rider (CLR1 - 10 units), plus the Cancer and Specified Disease Additional Benefit Rider (CABR1 - 2 units). Base Plan + ICR Rider = Base plan benefits and riders, plus the Intensive Care Rider (ICR2 - 6 units/\$600/day).

*The ICR Rider is not available in Indiana



policy benefits

The listing below describes the benefit amounts associated with each benefit described in this brochure.

BENEFIT	Basic (200)	Enhanced (300)	Premier (400)
Hospital Confinement	\$200/day	\$250/day ⁶	\$300/day ⁶
Extended Hospital Confinement	\$200/day*	\$300/day ⁶	\$400/day ⁶
Government or Charity Hospital	\$100/day	\$100/day	\$100/day
Inpatient Drugs and Medicine	\$10/day*	\$20/day ⁶	\$30/day ⁶
Physician's Attendance	\$30/day*	\$40/day ⁶	\$50/day ⁶
Ambulance	\$200*	\$200*	\$200*
Private Duty Nursing Services	\$100/day*	\$150/day ⁶	\$200/day ⁶
Non-Local Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.45/mi. ⁶	Coach Fare or \$0.50/mi. ⁶
Family Member Transportation	Coach Fare or \$0.40/mi.	Coach Fare or \$0.45/mi. ⁶	Coach Fare or \$0.50/mi. ⁶
Outpatient Lodging	\$100/day ^{*1}	\$100/day ^{*1}	\$100/day ^{*1}
Family Member Lodging	\$100/day*	\$100/day*	\$100/day*
Hospice Care (Freestanding Hospice Care Center or Hospice Care Team)	\$100/day*	\$150/day ⁶	\$200/day ⁶
Extended Care Facility	\$100/day*	\$100/day*	\$100/day*
At Home Nursing	\$100/day*	\$100/day*	\$100/day*
Radiation Therapy, Radio-Active Isotopes Therapy, Chemotherapy, and Immunotherapy	\$10,000 ^{*2}	\$15,000 ^{*2,6}	\$20,000 ^{*2,6}
Blood, Plasma, and Platelets	\$10,000 ^{*2}	\$15,000 ^{*2,6}	\$20,000 ^{*2,6}
New or Experimental Treatment	\$10,000 ^{*2}	\$10,000 ^{*2}	\$10,000 ^{*2}
Inpatient Surgery	\$3,000*	\$3,000*	\$3,000*
Outpatient Surgery	\$4,500*	\$4,500*	\$4,500*
Second Surgical Opinion	\$200*	\$250 ⁶	\$300 ⁶
Anesthesia	25% of Surgery ^{*3}	25% of Surgery ^{*3}	25% of Surgery ^{*3}
Ambulatory Surgical Center	\$250/day*	\$375/day ⁶	\$500/day ⁶
Physical or Speech Therapy	\$25/day*	\$50/day ⁶	\$75/day ⁶
Prosthesis	\$2,000 ^{*4}	\$2,000 ^{*4}	\$2,000 ^{*4}
Medical Apparatus (Iowa only)	\$200/day*	\$200/day*	\$200/day*
Skin Cancer	\$120*	\$120*	\$120*
Premium Waiver	Yes	Yes	Yes

BENEFIT	Basic (200)	Enhanced (300)	Premier (400)
Wellness	\$75/year	\$100/year	\$100/year
Cancer Initial Diagnosis Level Benefit	\$2,000 ⁵	\$4,000 ⁵	\$5,000 ⁵
Hospital Intensive Care (Not available in Indiana)	\$600/day ⁷	\$600/day ⁷	\$600/day ⁷
Cancer and Specified Disease Additional Benefits			
Medical Imaging	No	\$250/year*	\$500/year*
Comfort/Anti-Nausea	No	\$100/year*	\$200/year*
Hematological Drugs	No	\$100/year*	\$200/year*
Hair Prosthesis	No	\$25/2 years	\$50/2 years
Nonsurgical External Breast Prosthesis	No	\$50*	\$100*

* Benefit pays for charges/costs up to amount listed

¹ Limit \$4,000 per 12/mo. period

² Per 12/mos

³ \$100 for Skin Cancer

⁴ Per amputation

⁵ One time benefit

⁶ Varies by benefit. The benefit amount shown includes the dollar amount the CAB Rider increases the base policy benefit. See benefit descriptions for details on the exact dollar amount the CAB Rider provides.

⁷ At the covered person's age 70, benefits are reduce to \$50 per unit of coverage, per day. Also pays charges for ambulance transportation to Intensive Care Unit, unless the ambulance benefit is paid under the policy.

policy state variations

The information below describes the state variations to the information contained within this brochure. The variations by state are fully described in the policy.

Iowa (changes affect page 3, 4 and 6)

The **Inpatient Drugs and Medicine Benefit** includes: "If \$10 in daily charges are not incurred, the difference is applied to charges for drugs and medicine incurred on an outpatient basis until the amount paid equals \$10 for each day of continuous confinement." (pg. 3)

The **Medical Apparatus Benefit** has been added to the policy and pays a benefit of charges up to \$200 for each period of continuous hospital confinement for the rental of a respirator or similar mechanical apparatus, braces, crutches and wheelchairs as are deemed necessary by the attending physician. (pg. 3&4)

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries, ceases to be a resident of Iowa, or attains the age of 25, or no longer maintains full-time student status at an accredited institution of postsecondary education." (pg. 6)

Indiana (changes affect page 5 and 6)

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children ends on the policy anniversary next following the date the child no longer meets the requirements of an eligible dependent, or reaches age 24, or for stepchildren, grandchildren and blood relatives or those under legal custody provisions, when the child is no longer financially dependent on you for 50% or more of his/her total support." (pg. 4)

The **Intensive Care Rider (ICR2)** is Not Available. (pg. 5&6)

Kansas (changes affect pages 3, 4, and 6)

Government or Charity Hospital includes: "If the covered person is confined at any veteran's facility and the services provided are not eligible for coverage by the government, we pay benefits as provided in the other benefits provisions." (pg. 3)

Skin Cancer benefit delete: "Skin cancers diagnosed by a pathologist are eligible for other policy benefits." (pg. 5)

Cancer and Specified Disease Additional Benefit (CABR1) Waiting period includes: " If this rider is issued after the effective date of the policy to which it is attached, or in place of an existing rider, the time periods in the previous paragraph are waived to the extent that they have already expired in the policy to which this rider is attached or in the replaced rider." (pg. 6)

Louisiana (changes affect page 6)

The **Eligibility/Termination** paragraph, item (b) is replaced with: Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is either when the child marries or reaches age 21 (25 if a full-time student at an accredited college or university or at a vocational, technical, vocational-technical, or trade school, institute or secondary school).

In the Hospital Intensive Care Rider (ICR2)

Exceptions and Limitations paragraph, exclusion (a)(2) is replaced with: "intoxication or being under the influence of any narcotic not prescribed or recommended by a physician." Exclusion (c) is deleted. (pg. 6)

Texas (changes affect page 6)

The **Eligibility/Termination** paragraph, item (b) is replaced with: "Coverage for dependent children terminates on the policy anniversary next following the date the child is no longer eligible, which is the earlier of when the child marries or reaches age 25."

The Hospital Intensive Care Rider (ICR2)

Exceptions and Limitations paragraph, exclusion (a)(2) is replaced with: "Any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician." Exclusion (c) is deleted.

Virginia (changes affect page 6)

The **Waiting Period** paragraph, item (b) is replaced with: "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 diagnosed after signing the application and before the end of the waiting period."

The **Exceptions and Limitations** paragraph, item (b) is deleted.

Wisconsin (changes affect page 3 and 6)

The **Extended Hospital Confinement Benefits** changes to the amount shown for hospital room and board and actual charges for medicine, laboratory tests and other hospital charges for each day if continuous hospital confinement lasts more than 70 days. Paid in lieu of all other benefits. (pg. 3)

The **Waiting Period** paragraph includes: A condition admitted in the application will be covered from the effective date of the policy unless excluded by specific name or description. (pg. 6)

This material is valid as long as information remains current, but in no event later than December 1, 2012. Benefits are provided by the following forms or state variations thereof: CP10B, CLR1, CABR1, WBR5, and ICR2.

Coverage is provided by limited benefit supplemental insurance.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy and rider provisions control. The policy and riders set forth, in detail, the rights and obligations of both the insured and the insurance company. The policy and riders are not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Workplace Division. The policy and riders are underwritten by American Heritage Life Insurance Company.

This brochure is for use in: IA, IN, KS, LA, TX, VA, VI, and WI.



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