



## Is your income protected?

What would you or your family be able to live without if you were disabled and lost your ability to earn a paycheck?



CAR



GROCERIES



HOME

# Disability Insurance

Protection for disabling sickness or injuries



# disability

Individual disability coverage from Allstate Benefits provides a monthly cash benefit when you suffer a sickness or injury that leaves you totally disabled or partially disabled.

You can't predict if or when you will become disabled in your lifetime. But you can plan for a disability by having coverage in place to help provide an income should you become disabled due to a sickness or injury and are unable to work. Our coverage can help provide a monthly income when it is needed most.

Disability benefits can offer peace of mind when a disability occurs. Below is an example of how benefits might be paid.\*

The infographic is set within a light green rounded rectangle. On the left, a man in a suit is shown in a circular frame. A large green arrow points from him to the right. The text describes his two hospitalizations: a 3-day stay for a back injury while on vacation, and a 5-month stay for a recurrent back injury at home. A central image of an ambulance is positioned between the two hospitalization descriptions. Below the ambulance, it states that John's disability lasts for 6 months before he returns to work. On the right side, a piggy bank icon is shown with a coin being dropped into it. Next to it, a table lists the monthly benefits: a \$3,000 Total Disability Monthly Benefit, and other benefits including Hospital Confinement (\$600), Ambulance (ground) (\$100), and Emergency Room (2 visits) (\$200), totaling \$900 in cash benefits.

John chooses a monthly benefit of \$3,000 plus the AD&D rider his employer is offering

1 year later John suffers a disabling back injury while on vacation. He is rushed to the hospital by ambulance, treated in the emergency room, admitted, and released after a 3-day stay.

5 months later - John is at home and suffers a recurrent disabling back injury. He is rushed to the hospital, examined in the emergency room, and released that same day.

John's disability lasts for 6 months and he returns to work and resumes his same job duties.

Our disability insurance policy provided John the following monthly benefit:

**Total Disability Monthly Benefit: \$3,000**

Other benefits from his coverage:

<b>Hospital Confinement</b>	\$ 600
<b>Ambulance (ground)</b>	\$ 100
<b>Emergency Room (2 visits)</b>	\$ 200
<b>Total cash benefits</b>	<b>\$ 900</b>

## meeting your needs

Our coverage offers support during a period of unexpected sickness or an off-the-job injury.

- A monthly benefit ranging from \$400-\$5,000, up to 60% of income\*\*
- Affordable premiums are payroll deducted
- Benefits start the first day after the waiting period has passed
- Portable
- Pregnancy benefit
- Guaranteed renewable to age 70, subject to change in premiums by class

\*The example shown may vary from the plan your employer is offering. Your individual experience may also vary. Please see page 2a and/or 2b for your plan details.

\*\*Benefit amounts and periods may vary by state.

\*\*\*See pages 3 and 4 for conditions and limits. State variations are listed on pages 4 and 5.

## your benefit coverage

Benefits are paid for a sickness or off-the-job injury after the elimination (waiting) period when you are totally disabled and cannot work. Terms and conditions for each benefit vary.\*\*\* Please review your coverage carefully.

**Total Disability** - Pays when totally disabled. Monthly benefit starts after the waiting period has been satisfied. Benefits continue while totally disabled up to the length of the benefit period. You must be actively employed on the date your disability occurs for this monthly benefit to be payable.

**Partial Disability** - Pays 50% of the monthly benefit when partially disabled immediately after at least one month of total disability. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period.

**Pregnancy** - Pays for total disability due to pregnancy as long as the policy has been in effect for at least 10 months.

**Monthly Benefit When You Attain Age 70** - Pays your monthly benefit if you are disabled when you turn 70 for the remainder of your benefit period or 12 months, whichever is less.

**Recurrent Disability** - Pays when disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period.

**Concurrent Disability** - Pays one monthly benefit when disabled due to more than one cause. Being disabled due to more than one cause will not extend the time benefits are paid.

**Waiver of Premium** - Pays the premium after monthly disability benefits are payable for 90 days in a row, for as long as monthly benefits are payable.

You are injured in  
an accident!



You become  
disabled



not working  
for 4 months



benefits are  
paid to you

## POLICY BENEFIT REDUCTION

**Monthly Benefit Reduction for Social Security and/or Railroad Retirement** - Monthly benefits are reduced if benefits from Social Security, Railroad Retirement, or other federal disability benefits are paid. The amount of reduction equals the total of these other benefits received but the monthly benefit we pay will always be at least \$100.

## OPTIONAL RIDER BENEFITS

**On-the-Job Accident Total Disability** - Pays a benefit equal to the policy monthly benefit. In the months that Workers' Compensation or other state disability benefits are received, the benefit is reduced 50%.

**Accidental Death and Dismemberment** - Pays a benefit when an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident.

- **Accidental Death and Dismemberment** - Pays a benefit for accidental death or dismemberment as listed in the Schedule of Benefits. Multiple dismemberments during the same injury are limited to the maximum amount shown in the Schedule of Benefits (see insert).
- **Hospital Confinement\*** - Pays a benefit when you are confined in a hospital, up to 90 days for each period of continuous confinement.
- **Ambulance Services (ground/air)** - Pays a benefit for transfers by an ambulance to or from a hospital (limit 2 transfers per injury).
- **Emergency Room/Treatment\*** - Pays a benefit for emergency room medical or surgical treatment.

## POLICY SPECIFICATIONS

Please read your policy carefully. This section explains some specifics of the policy and riders.

**Pre-Existing Condition Limitation** - (a) We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: (1) your disability began during the 12 months after the effective date; and (2) you received medical treatment, consultation, care or services, diagnostic measures, took or were prescribed medications or followed treatment recommendations in the 12 months prior to the effective date; or (3) had symptoms in the 12 months prior to the effective date.

**Policy Limitations and Exclusions** - (a) We do not pay benefits for: (1) an on-the-job injury; (2) pregnancy, if disability first begins within 10 months of the policy date; (3) any act of war, participation in a riot, insurrection or rebellion; (4) intentionally self-inflicted injuries; (5) engaging in an illegal occupation or a felony; (6) attempted suicide; (7) injuries sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician; (8) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (9) alcohol abuse or alcoholism, drug addiction or dependence on any controlled substance; (10) voluntary inhalation of gas or fumes; (11) bipolar affective, delusional, psychotic, somatoform, eating and anxiety disorders, schizophrenia, or mental illness without demonstrable organic disease. (b) Disability benefits will not be provided during any period of incarceration. (c) Your maximum benefit period while you are outside the United States will be limited to 30 days.

**On-the-Job Accident Total Disability Rider Limitations and Exclusions** - (a) We do not pay benefits for: (1) any act of war, participation in a riot, insurrection or rebellion; (2) self-inflicted injuries; (3) engaging in an illegal occupation or a felony; (4) attempted suicide; (5) injuries sustained while under the influence of alcohol, narcotics or any other controlled substance or drug unless administered upon the advice of a physician; (6) participation in aeronautics; (7) alcoholism, drug addiction or dependence upon any controlled substance; (8) voluntary inhalation of gas or fumes. (b) Disability benefits will not be provided while incarcerated.

**Accidental Death and Dismemberment Rider Limitations and Exclusions** - The rider does not pay for: (1) injury incurred prior to the effective date of the rider; (2) any act of war, participation in riot, insurrection, or rebellion; (3) suicide or any attempt at suicide; (4) injury sustained while under the influence of alcohol, narcotics or any controlled substance unless administered upon the advice of a physician; (5) any bacterial infection (except pyogenic infections through an accidental cut or wound); (6) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; (7) taking of poison or asphyxiation from or voluntary inhaling of gas or fumes; (8) committing or attempting an assault or felony; (9) driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (10) mental diseases or deficiencies without demonstrable organic disease; (11) hernia, including complications.

\*Confinement/treatment must be received in the U.S. or its territories.

**Eligibility/Renewability/Termination** - Individual coverage is available for the policy and the On-the-Job Accident Total Disability Rider. Individual or Family coverage is available for the Accidental Death and Dismemberment Rider. Family coverage includes you, your spouse, and dependent children. The policy and riders are guaranteed renewable until age 70, subject to change in premiums by class. Children's coverage under the Accidental Death and Dismemberment Rider ends at the child's age 26, unless he or she continues to meet the requirements of an eligible dependent.

## DEFINITIONS

**Total Disability (Policy)** - When, because of sickness or an off-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined below) and are under a physician's care.

**Any Occupation** - Any gainful occupation for which you're suited by education, training, or experience.

**Own Occupation** - Your occupation when a total disability period begins.

**On-the-Job Accident Total Disability (Rider)** - When, because of an on-the-job injury, you can't perform the material and substantial duties of your own occupation (as defined) and are under the regular care of a physician.

## STATE VARIATIONS

**District of Columbia (change affects page 4)** - Under **Eligibility/Renewability/Termination**, Family coverage for the Accidental Death and Dismemberment Rider includes you, your spouse/domestic partner/civil union partner, and dependent children.

**Kentucky (change affects page 3)** - The **Pre-Existing Condition Limitation** is replaced with: (a) We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: (1) your disability began during the 12 months after the effective date; and (2) you received medical treatment, consultation, care or services, diagnostic measures, took or were prescribed medications or followed treatment recommendations in the 12 months prior to the effective date.

**Maryland (changes affect pages 3 and 4)** - In the **Total Disability Benefit**, the requirement that you must be actively employed on the date disability occurs does not apply. The **Pre-Existing Condition Limitation** is replaced with: (a) We do not pay benefits for disability or loss that starts within 12 months of the effective date from a pre-existing condition, unless you disclosed it in the application and we do not exclude it by name or description. (b) A disability that begins after 12 months from the effective date that is caused by a pre-existing condition and is not excluded by name or specific description is covered.

(c) A pre-existing condition is a condition for which symptoms existed in the 12 months prior to the effective date or medical advice or treatment was recommended or received from a medical professional in the 12 months prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made. A pre-existing condition does not include a condition admitted in the application which was not excluded by a signed waiver rider. In the **Policy Limitations and Exclusions**, item (3) is replaced with: any act of war, your participation in a riot, insurrection or rebellion; item (5) is replaced with: your engaging in an illegal occupation or committing a felony; item (7) is replaced with: any injury sustained as a result of your being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician; item (9) is deleted. In the **On-the-Job Accident Total Disability Rider Limitations and Exclusions**, item (1) is replaced with: any act of war, your participation in a riot, insurrection, or rebellion; item (3) is replaced with: injury incurred as a result of your engaging in an illegal occupation or a felony; item (5) is replaced with: any injury sustained as a result of your being intoxicated or under the influence of narcotics unless administered upon the advice of a physician; item (7) is deleted. In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, item (4) is deleted; item (7) is replaced with: voluntary taking of poison or asphyxiation from or voluntary inhaling of gas or fumes; item (10) is deleted. Under **Eligibility/Renewability/Termination**, Family coverage for the Accidental Death and Dismemberment Rider includes you, your spouse/domestic partner, and dependent children. The **Definition of Total Disability (Policy)** is replaced with: When, because of sickness or an off-the-job injury, you can't perform each and every material and substantial duty of your own occupation (as defined below) and are under a physician's care. The **Definition of On-the-Job Injury Total Disability (Rider)** is replaced with: When, due to an on-the-job injury, you are under the care and attendance of a physician; and unable to perform each and every substantial and material duty of your occupation.

**North Carolina (changes affect pages 2, 3 and 4)** - The **Pregnancy Benefit** is replaced with: **Pregnancy Benefit** - Pays for total disability for pregnancy the same as any other disability. The **Pre-Existing Condition Limitation** is replaced with: (a) We do not pay benefits for disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if: (1) your disability began during the 12 months after the effective date; and (2) you received medical treatment, consultation, care or services, diagnostic measures, took or were prescribed medications or followed treatment recommendations in the 12 months prior to the effective date.

In the **Policy Limitations and Exclusions**, item (2) is deleted; item (7) 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. In the **On-the-Job Accident Total Disability Rider Limitations and Exclusions**, item (5) 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. In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, item (4) 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; item (7) is replaced with: voluntary taking of poison or asphyxiation from or voluntary inhaling of gas or fumes.

**South Carolina (changes affect page 3)** - In the **Policy Exclusions and Limitations**, item (9) is replaced with: alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance unless taken upon the advice of a physician. In the **On-the-Job Accident Total Disability Rider Limitations and Exclusions**, item (7) is replaced with: alcoholism, drug addiction or dependence upon any controlled substance unless taken upon the advice of a physician. In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, items (9) and (11) are deleted.

**Tennessee (changes affect page 3)** - In the **Policy Limitations and Exclusions**, item (7) 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; item (10) is replaced with: intentional inhalation of gas or fumes. In the **On-the-Job Accident Total Disability Rider Limitations and Exclusions**, item (5) 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; item (8) is replaced with: intentional inhalation of gas or fumes. In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, item (4) 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; item (7) is replaced with: intentional taking of poison or asphyxiation from intentional inhaling of gas or fumes.

**Virginia (changes affect pages 3 and 4)** - In the **Accidental Death and Dismemberment Benefit**, the following is added: The 180 day limit is extended to one year if the loss occurs during a continuous total disability from an accident that starts within 30 days of the accident. In the **Policy Limitations and Exclusions**, item (b) is deleted. In the **On-the-Job Accident Total Disability Rider Limitations and Exclusions**, item (b) is deleted. In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, items (9) and (11) are deleted.

**West Virginia (change affects page 4)** - In the **Accidental Death and Dismemberment Rider Limitations and Exclusions**, item (5) is replaced with: any bacterial infection (except pyogenic infections through an accident); item (7) is replaced with: taking of poison (except for accidental ptomaine poisoning) or asphyxiation from or voluntary inhaling of gas or fumes.

**This material is valid as long as information remains current, but in no event later than May 1, 2016.**

Disability Income benefits provided by policy DI5W, or state variations thereof. On-the-Job Accident Total Disability benefits provided by rider R1DI5, or state variations thereof. Accidental Death and Dismemberment benefits provided by limited benefit supplemental rider ABR1, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For costs and complete details, contact your Insurance Agent, or call Allstate Benefits at: **1-800-521-3535**, or go to **allstatebenefits.com**. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

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This brochure is for use in **DE, DC, KY, MD, NC, OH, SC, TN, VA, WV**



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

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# disability

Listed below are benefits and amounts associated with the benefits described in the brochure.

## DISABILITY BENEFITS

	PLAN D
Total Disability	✓
Partial Disability (pays 50%)	✓
Pregnancy	✓
Monthly Benefit When You Attain Age 70	✓
Recurrent Disability	✓
Concurrent Disability	✓
Waiver of Premium	✓

## POLICY BENEFIT REDUCTION

Monthly Benefit Reduction for Social Security and/or Railroad Retirement	At least \$100/mo.
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## ADDITIONAL RIDER BENEFITS

On-the-Job Accident Total Disability	✓
Accidental Death and Dismemberment (AD&D) (see schedule of benefits on reverse)	1 unit
Accidental Death and Dismemberment	See Benefit Schedule
Hospital Confinement	\$200/day
Ambulance Services	Ground \$100 Air \$200
Emergency Room/Treatment	up to \$100

## plan selection

### DISABILITY BENEFITS\*

Elimination Period\* (# of days)  
Injury \_\_\_\_ Sickness \_\_\_\_

Benefit Period\* (# of months)  
 3  6  12  24

Mo. Benefit\*: \_\_\_\_\_

Mo. Premium: \_\_\_\_\_

\*In VA 3-month benefit not available; 180-day Elimination Period/6- and 12-month benefit period combinations not available.

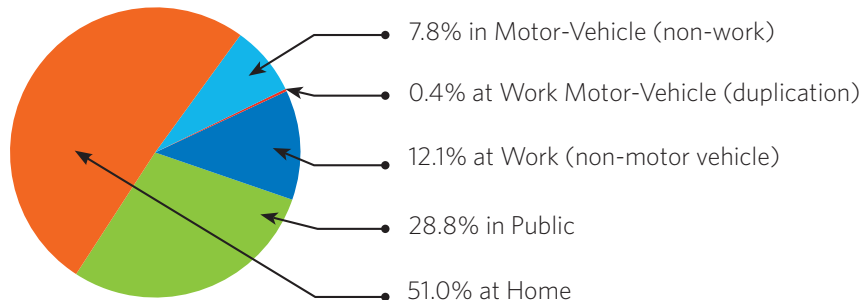
## protection when it is needed the most

Close to 9 out of 10 injuries (87.5%) occur out of work and would not be covered by Workers' Compensation.<sup>1</sup>

If most injuries occur off-the-job, would you have the funds to help cover your bills, pay your mortgage, or continue your child's education? And with the addition of the On-the-Job Accident Total Disability benefit, you have extra protection for those injuries that do occur at work.

### Unintentional Disabling Injuries by Class<sup>1</sup>

The graph to the right shows where injuries are likely to occur and by what percentage.



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



## AD&D schedule of benefits

	Employee 1 Unit	Spouse 1 Unit	Child(ren) 1 Unit
Life	\$30,000	\$15,000	\$5,000
Loss of:			
Both Eyes	\$10,000	\$10,000	\$5,000
One Eye	\$5,000	\$5,000	\$2,500
Both Hands or Both Arms	\$10,000	\$10,000	\$5,000
Both Feet or Both Legs	\$10,000	\$10,000	\$5,000
One Hand or Arm and One Foot or Leg	\$10,000	\$10,000	\$5,000
One Hand or One Arm	\$5,000	\$5,000	\$2,500
One Foot or One Leg	\$5,000	\$5,000	\$2,500
One or More Entire Toes	\$500	\$500	\$250
One or More Entire Fingers	\$500	\$500	\$250

This insert is part of brochure ABJ19820-1 and is not to be used on its own. **This material is valid as long as information remains current, but in no event later than May 1, 2016.** Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2013 Allstate Insurance Company. The Workplace Marketer® [www.allstate.com](http://www.allstate.com) or [allstatebenefits.com](http://allstatebenefits.com).