



frequently asked questions



group critical illness insurance

COVERAGE AND BENEFITS

Q. How does Critical Illness Insurance work?

A. Your coverage pays you a lump-sum benefit per occurrence if you or a covered family member is diagnosed with a covered critical illness, such as:

- Invasive cancer*
- Heart attack
- Stroke
- Carcinoma in situ*
- End stage renal failure
- Major organ failure
- Coronary artery disease

*To receive the cancer benefits, you or a covered family member must be initially diagnosed or diagnosed with a new form of invasive cancer or carcinoma in situ after the coverage effective date.

Q. When does Critical Illness coverage begin for me and my covered dependents?

A. Coverage begins on the first day of the month in which deductions begin unless you are not actively working. The coverage effective date will be listed on your certificate.

Q. Are there medical questions to answer to enroll in this coverage?

A. No. Coverage is offered on a Guaranteed Issue basis. You must meet the “Actively at Work” requirement to be eligible. Although Guaranteed Issue is available, all exclusions and limitations will still apply to the coverage issued.

Q. What happens if I have a heart attack while covered under the Critical Illness policy and I am diagnosed with coronary artery disease 60 days later?

A. Each diagnosis must be separated by at least 30 days for both benefits to be payable. For any benefit to be paid, the diagnosis must take place after the effective date of coverage. Additionally, the conditions cannot be defined as pre-existing or excluded from coverage by the certificate provisions.

Q. I am a cancer survivor. Will I ever be eligible to receive a benefit for invasive cancer?

A. Yes, you may receive a benefit as long as the new diagnosis of cancer occurs after the coverage effective date, and you are treatment- and symptom-free of your previous diagnosis. Maintenance medications are not considered treatment.

Q. What happens if I have a reoccurrence of a previously covered condition, such as a second heart attack?

A. A reoccurrence of a previously covered condition is covered under the reoccurrence benefit as long as it occurs at least six months after the initial occurrence.

Q. What happens if a covered person dies while covered under the Critical Illness policy?

A. Allstate Benefits may make benefit payments for any unpaid and approved claims directly to the named beneficiary or estate.

Q. What happens if I or a covered family member is diagnosed with a covered condition and we do not seek further treatment?

A. Benefits are paid at the time of diagnosis regardless of whether you or your dependents seek further treatment.

Q. What is included in the Cardiopulmonary Enhancement Rider?

A. This rider provides a cash benefit if a covered person is diagnosed with sudden cardiac arrest, pulmonary embolism, or pulmonary fibrosis.

Q. What is included in the Supplemental Critical Illness Rider?

A. Under this rider, a 100% benefit is paid to you and covered family members when you are diagnosed with one of the following conditions: benign brain tumor, complete loss of hearing, complete loss of sight, complete loss of speech, or paralysis.

Q. What is included in the Fixed Wellness Rider?

A. This rider pays you and your covered family members a benefit when you receive one of the eligible wellness services below. The benefit is payable once per covered person, per calendar year.

Covered tests include: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Bone Marrow Testing; Sampling of blood or tissue for genetic testing for cancer risk; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening for abdominal aortic aneurysms.

DEPENDENTS

Q. Who is eligible for coverage?

A. Your spouse or domestic partner or civil union partner may be elected for coverage. Children are automatically covered.

Q. When does coverage for my children end?

A. Coverage for children ends at age 26 unless he or she continues to meet the requirements of an eligible dependent.

Q. When does spouse or domestic partner or civil union partner coverage end?

A. Coverage ends upon valid decree of divorce, when the domestic partnership or civil union partnership ends, or upon your death.

POLICY CONVERSION

Q. Can I take my coverage with me if I leave my employer or if the group policy ends?

A. Yes. If your coverage terminates for reasons other than non-payment of premiums, you may obtain a “converted policy.” An application for a converted policy must be made to Allstate Benefits within 31 days after the coverage terminates. The effective date of the converted policy will be the date on which coverage under the certificate terminates. For more details, see the Conversion Provision section of your certificate.

Q. Will my premiums change with a converted policy?

A. No. Your premium rates are not affected by transitioning to a converted policy.

CLAIMS

Q. Who may submit a claim?

A. You and your covered family members can submit claims for processing.

Q. When can I submit a claim for benefit payment under my Critical Illness coverage?

A. You can submit claims for covered benefits any time after the coverage effective date.

Q. How do I submit a claim?

A. After enrollment, register at www.mybenefits.allstate.com to view your coverage information and file claims. You can also obtain a claim form on the Allstate Benefits website at www.allstate.com/allstate-benefits/resources-and-forms.aspx. For assistance, call the Allstate Benefits Customer Care Center at 866-828-8501.

Q. How is my benefit paid?

- A.** Your benefits are paid directly to you unless you assign your benefit payment to your medical provider. To assign your benefits, complete the **Assignment of Benefits Form** at www.allstate.com/allstate-benefits/resources-and-forms.aspx and return it to us using the contact information provided or register with MyBenefits and submit your form at www.mybenefits.allstate.com.

AGE

Q. Do premiums increase as I get older?

- A.** Yes. While attained age premiums have been utilized to keep costs lower while you are younger, premiums are defined in five-year age bands and will increase as you move from one age band to the next. However, premium rates may change subject to pricing and/or policy design changes that are made to your employer's Critical Illness policy.

Q. Do benefits decrease as I get older?

- A.** No. Benefits will not decrease due to age.

Q. My spouse/domestic partner/civil union partner and I are in different age brackets. Which premiums do I pay?

- A.** Premiums are determined by your age, not by your spouse or domestic partner or civil union partner's age.

TOBACCO USE

Q. I don't smoke cigarettes, but I do use other tobacco products. Do I qualify for the non-tobacco rate?

- A.** No. If you or any covered dependent uses any form of tobacco, the tobacco rates apply.

Q. I quit smoking six months ago. Do I qualify for the non-tobacco rate?

- A.** No. To qualify for the non-tobacco rates, you must be tobacco-free for 12 months. After you've remained tobacco-free for 12 months, you can request to have your policy changed to a non-tobacco policy by completing the **Policy Change & Service Request Form** at www.allstate.com/allstate-benefits/resources-and-forms.aspx.

Q. I don't use tobacco products, but my spouse, domestic partner, or civil union partner does. Do I pay tobacco or non-tobacco premiums?

- A.** If your spouse or domestic partner or civil union partner uses tobacco, coverage will be issued with the tobacco rates for all covered persons.

Offered to the employees of:



This coverage does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential health coverage under the Affordable Care Act.

This material is valid as long as information remains current, but in no event later than September 15, 2026. The coverage provided is limited benefit supplemental insurance, policy form GVCIP4 or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms or state variations thereof: Cardiopulmonary Enhancement Rider GCIP4CER; Supplemental Critical Illness Rider GCIP4SR2; Fixed Wellness Rider GCIP4FWR. This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations and may vary by state. Contact your Allstate Benefits Representative for costs and complete details. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2023 Allstate Insurance Company.