Critical Illness Insurance
from Allstate Benefits

Benefits are paid to you

1 CHOOSE
You choose the benefits to protect yourself and any family members if diagnosed with a covered critical illness

2 USE
You go to your annual exam, the doctor runs tests, the results come back and you're diagnosed with a critical illness

3 CLAIM
You go online and file a claim. The cash benefits are paid to you, to use however you wish

You can’t predict the future, but you can plan for it. We invite you to put yourself in Good Hands with Critical Illness insurance from Allstate Benefits.

Our coverage helps offer financial support if you are diagnosed with a covered critical illness. With the expense of treatment often so high, seeking the treatment you need seems like a heavy financial burden. But when a diagnosis occurs, what you should be focusing on is getting better. With Allstate Benefits, you gain the power to take control of your health when faced with a covered event.

Here’s How It Works
You select the benefit coverage amount you want based on your individual need and your budget. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk.

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)
- Benefits are paid regardless of any other coverage
- Premiums are affordable and are conveniently payroll deducted
- Coverage may be continued

See reverse for plan details

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 city

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

<table>
<thead>
<tr>
<th>Base Policy Initial Critical Illness Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>Major Organ Transplant</td>
</tr>
<tr>
<td>Stroke</td>
<td>End Stage Renal Failure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer Critical Illness Benefits</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive Cancer</td>
<td>Carcinoma in situ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Event Benefit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Critical Illness</td>
<td></td>
</tr>
<tr>
<td>Supplemental Critical Illness Benefits II</td>
<td></td>
</tr>
<tr>
<td>Benign Brain Tumor</td>
<td>Complete Loss of Hearing</td>
</tr>
<tr>
<td>Paralysis</td>
<td>Advanced Alzheimer's Disease</td>
</tr>
<tr>
<td>Coma</td>
<td>Advanced Parkinson's Disease</td>
</tr>
<tr>
<td>Complete Blindness</td>
<td></td>
</tr>
</tbody>
</table>

Wellness (Pays annually when one of 23 screening exams is performed)

| Biopsy for skin cancer                        | Hemocult stool analysis |
| Blood test for triglycerides                  | HPV Vaccination (Human Papillomavirus) |
| Bone Marrow Testing                           | Lipid panel (Total cholesterol count) |
| CA15-3, CA125, CEA and PSA (Blood tests)²    | Mammography (Including Breast Ultrasound) |
| Chest X-ray                                   | Pap Smear (ThinPrep Pap Test included) |
| Colonoscopy                                   | Serum Protein Electrophoresis (Myeloma test) |
| Doppler screenings for carotids and peripheral vascular disease | Stress test on bike or treadmill |
| Echocardiogram                                | Thermography |
| EKG (Electrocardiogram)                       | Ultrasound screening (abdominal aortic aneurysms) |
| Flexible sigmoidoscopy                        |  |

¹ Breast, ovarian, colon and prostate cancer. ² Employee only.

Accessing Your Benefits and Claim Filings
Accessing your benefit information using MyBenefits has never been easier.

MyBenefits 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.

For use in enrollments situated in: KY

This material is valid as long as information remains current, but in no event later than November 1, 2018.

Group Critical Illness benefits provided by policy form GVCIP2, or state variations thereof.

Coverage is provided by Limited Benefit Supplemental Critical Illness Insurance. The policy does not provide benefits for any other sickness or condition. 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.
Critical Illness (GVCIP2)
Group Voluntary Critical Illness Insurance
from Allstate Benefits
See attached Important Information About Coverage.

**BENEFIT AMOUNTS**
*Covered Dependents Receive 50% Of Your Benefit Amount*

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PLAN</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Stroke (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Coronary Artery Bypass Surgery (25%)</td>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td>Major Organ Transplant (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>End Stage Renal Failure (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Waiver of Premium (employee only)</td>
<td>Yes</td>
<td></td>
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</table>

**CANCER CRITICAL ILLNESS BENEFITS**

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PLAN</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invasive Cancer (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Carcinoma in Situ (25%)</td>
<td></td>
<td>$2,500</td>
</tr>
</tbody>
</table>

**SECOND EVENT BENEFIT**

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PLAN</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Event Initial Critical Illness Benefit (same amount as Initial Critical Illness)</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLEMENTAL CRITICAL ILLNESS BENEFITS II**

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PLAN</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Alzheimer’s Disease (25%)</td>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td>Advanced Parkinson’s Disease (25%)</td>
<td></td>
<td>$2,500</td>
</tr>
<tr>
<td>Benign Brain Tumor (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Coma (100%)</td>
<td></td>
<td>$10,000</td>
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</tr>
<tr>
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<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Paralysis (100%)</td>
<td></td>
<td>$10,000</td>
</tr>
</tbody>
</table>

**ADDITIONAL BENEFIT**

<table>
<thead>
<tr>
<th>BENEFIT DESCRIPTION</th>
<th>PLAN</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Benefit (per year)</td>
<td></td>
<td>$100</td>
</tr>
</tbody>
</table>
Advanced Parkinson's Disease Conditions - Must have 2 or more physical signs and be unable to perform 3 or more daily activities.*

*Daily activities are: bathing, dressing, toileting, continence, transferring and eating.

CA, ID - This benefit is not available.

Benign Brain Tumor Exclusions - Does not include: tumors of the skull, pituitary adenomas, or germinomas.

Paralysis - Permanent loss of use of 2 or more limbs.

GA - The Paralysis benefit is only payable if it is the result of an accident and/or sickness.

Occupational HIV (available in Supplemental Critical Illness I only) - Exposure must be accidental and during the normal course of duties of the covered person. The covered person must not have previously tested HIV positive.

CA, GA, ID - This benefit is not available.

Increasing Critical Illness Benefit Limitation - Increases your basic benefit amount by the amount shown, only on the first 5 coverage year anniversaries.

CA, FL, NJ - This benefit is not available.

CA - The following benefit is added: Transient Ischemic Attack (25%) - Does not include: stroke, head injury or peripheral neurologic disorders.

CA - The following is added to the Wellness Benefit - Any other medically accepted cancer screening test not listed above.

Second Evaluation Benefit Rider

Second Consultation - By a physician other than your current physician.

Non-Local Transportation - Limit $5,000/12-month period.

Outpatient Lodging - Limit $1,000/12-month period. More than 75 miles from home.

Family Member Lodging and Transportation - Lodging limit $1,000/12-month period. Transportation limit $5,000/12-month period.

CO, DC, FL, NJ, WA - This rider is not available.
Dependent Eligibility/Termination

(a) Family members eligible for coverage are your spouse or domestic partner and children;

DC - Family members eligible for coverage are your spouse, domestic or civil union partner, and children.

ID - Family members eligible for coverage are your spouse and children.

NJ - Family members eligible for coverage are your legal spouse or civil union partner or domestic partner and children.

HI - Family members eligible for coverage are your spouse or domestic partner, children, and your certified reciprocal beneficiary.

(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.

MA - Coverage for children ends the earlier of when the child reaches age 26 or 2 years following loss of dependent status under the Internal Revenue Code, unless he or she continues to meet the requirements of an eligible dependent.

PA - Coverage will not terminate due to age on a child who was a full-time student and whose studies were interrupted by active duty service in the military.

(c) Spouse coverage ends upon valid decree of divorce or your death;

NJ - Spouse or civil union partner coverage ends upon valid decree of divorce or your death.

(d) Domestic partner coverage ends when the domestic partnership ends or your death.

DC - Domestic/civil union partner coverage ends when the partnership ends or your death.

MA - Domestic/civil union partner coverage ends when the partnership ends or your death.

ID - (d) is deleted.

Your Eligibility

All States - 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.

When Coverage Ends

Coverage under the policy ends on the earliest of:

(a) the policy is canceled;
(b) you stop paying your premium;
(c) the last day of active employment;
(d) you are no longer eligible;
(e) a false claim is filed;
(f) when all critical illness benefits have been paid;
(g) GA - or the date you request to discontinue coverage.

Continuing Your Coverage

You may be able to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

NJ - Continuing Your Coverage is replaced with: Conversion - Coverage may be converted under the Conversion Provision when coverage under the policy ends.

Pre-Existing Condition Limitation (if applicable)

CA - Limitation not applicable.

(a) We do not pay benefits for a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage;

IL - We do not pay benefits for a critical illness that is caused by or results from a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage.

NJ - We do not pay benefits for a critical illness that is, or is caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

ME, UT - (a) We do not pay benefits for a critical illness that is, or is caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 6 months after the effective date of coverage.

NC - This exclusion will not apply to your newborn child, adopted child or foster child under the age of 18 if we are notified within 31 days of the child’s birth or date of placement. No benefits will be provided during the first 12 months of the policy for pre-existing conditions as defined in the certificate.

(b) A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or (c) medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

FL - The following is added after (c): The exception is follow-up care for breast cancer. If you have been previously found to be free of breast cancer, routine follow-up care does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

NE, OR - Item (b) is replaced with: A pre-existing condition is a condition for which symptoms existed within the 12-month period prior to the effective date.

ID, ME, UT - Items (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which symptoms existed within the 6-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

CT, ND, VA - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

IN, NC - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

NJ - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

PA - (b) and (c) are replaced with: A pre-existing condition is a condition, whether diagnosed or not, for which medical advice or treatment was recommended or received from a medical professional within 90 days prior to the effective date.
Pre-Existing Condition Limitation (if applicable) (Continued)

SD - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 6 months immediately preceding the effective date of coverage.

WY - (b) and (c) are replaced with: A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received from a medical professional within 6 months prior to the effective date.

GA - The Pre-Existing Condition Limitation is deleted and replaced with the Benefit Waiting Period Limitation - (a) We do not pay benefits for a critical illness that occurs during the first 30 days following the date the covered person became insured; (b) If a diagnosis occurs during the Benefit Waiting Period the following options are available: 1. Return the coverage for a full refund, or 2. Continue coverage and receive benefits for one of the other specified critical illnesses listed in the policy.

Recurrence of Cancer

Only applies to Cancer Critical Illness, if included. Provision applies regardless of whether your plan includes a Pre-Existing Condition Limitation.

Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 12 consecutive months immediately preceding the effective date of coverage, or any 12 consecutive months thereafter.

NJ - The Recurrence of Cancer paragraph is replaced with: Cancer critical illness benefits are payable for a diagnosis of a recurrence of cancer, as long as you are diagnosed after the effective date of coverage, and have been free of any symptoms and treatment of cancer for 6 consecutive months immediately preceding the effective date of coverage, or any 6 consecutive months thereafter.

Policy Exclusions and Limitations

Benefits are not paid for:
(a) war, participation in a riot, insurrection or rebellion;
CT - war, participation in an insurrection or rebellion.
ID - war, declared or undeclared, or participation in a riot.
NJ - war while you are serving in the military or any unit supporting or accompanying the military, participation in a riot, insurrection or rebellion.
(b) intentionally self-inflicted injury or action;
CA - intentionally self-inflicted injury while sane or insane.
CA - active participation in a riot, insurrection or rebellion.
OK - participation in a riot, insurrection or rebellion.
TX - war during military service, or participation in a riot, insurrection or rebellion.
UT - war, voluntary participation in a riot, insurrection or rebellion.
(c) illegal activities or occupations;
CA - loss to which a contributing cause was the insured's committing or attempting a felony, or being engaged in an illegal occupation.
CT - committing or attempting to commit a felony.
IL - illegal occupations.
NE - committing or attempting a felony or illegal occupation.
NJ - any loss to which a contributing cause was your commission of, or attempt to commit, a felony or to which a contributing cause was your engagement in illegal activities or occupation.
WI - illegal activities or illegal occupation that results in the insured's conviction of a felony.
(d) suicide while sane, or self-destruction while insane, or any attempt at either;
CO, MO - suicide while sane, or self destruction, or any attempt at either.
TX - a loss sustained or contracted while being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician.
(e) substance abuse, including alcohol, alcoholism, drug addiction, or dependence upon any controlled substance.
CA - loss sustained from being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician.
CT - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act, unless prescribed by a doctor for you.
DC, KY, NV, NC, SD - (e) is deleted.
DC - (b) is deleted.
IL - substance abuse, including drug addiction or dependence upon any controlled substance.
This material is valid as long as information remains current, but in no event later than August 1, 2018. Group Critical Illness benefits are provided by policy form GVCIP2, or state variations thereof. Group Critical Illness Enhancement Rider (Second Evaluation Benefit) provided by rider form GPOER, or state variations thereof.

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