

# Disability Insurance

from Allstate Benefits



Benefits are paid directly to you

Provides a monthly benefit if you are disabled and cannot work

## 1 CHOOSE

You select coverage, which can help protect your income if faced with a disability

## 2 USE

You're in an accident and suffer a disabling injury. You are unable to work and your paycheck stops

## 3 CLAIM

You file a claim online to begin receiving cash benefits each month you are disabled

Like most, unless you know someone who has been disabled, you may not see the value of Disability Insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.



**57 percent of working Americans** have no disability insurance and are therefore vulnerable to losing their income due to an illness or injury<sup>1</sup>

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

### Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

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

- You choose the monthly maximum benefit level that meets your needs
- Premiums are affordable and conveniently payroll deducted
- You can take your coverage with you if you leave your job or your employer cancels coverage

[See reverse for plan details](#)

Offered to the employees of:  
**Palace Group**



<sup>1</sup>Council for Disability Awareness, 2014 Disability Awareness Study

## 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 monthly cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas

## My Lifeline Benefits

### Base Policy Benefit

#### Total Disability

#### Partial Disability

#### Pregnancy

#### Organ Donor

#### Waiver of Premium

A benefits representative may help with determining the following:

Maximum Monthly Benefit: \$5,000

Maximum Benefit Period: 6 Months

Elimination Periods for Injury: 7/7 Days Sickness: 14/14 Days

Premium: \_\_\_\_\_

Please see the attached Important Information About Coverage. Your employer has chosen coverage with the following specifications:

Portability Privilege is included.

Certificate exclusions (1) and (5) apply to your coverage.

## Access 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.



**Allstate**  
BENEFITS

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For use in enrollments situated in: FL. This flyer is part of form ABJ30047-1 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 December 15, 2019. Group Short-Term Disability benefits provided by policy form GVDIP, or state variations thereof.

This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Representative. 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.

# Group Voluntary Disability (GVDIP) Short-Term Disability Insurance

## Important Information About Coverage

Provides details of base policy and rider coverage in all states. State-specific information is noted when it varies from the standard. Below is a list of base policy and rider benefits available with Group Disability 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 Disability Issue ages are 18 and over if Actively at Work.

### Benefits Specifications

**Total Disability** - Monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period.

**Partial Disability** - Pays 50% of the monthly benefit 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 a benefit for a pregnancy if total disability first begins after the certificate has been in force for at least 9 months.

**ID, KS, LA, NC** - Pays a benefit for total disability for pregnancy the same as any other disability.

**NJ** - Pays a benefit for pregnancy if conception occurs after a probation period of 30 days after coverage begins.

**Organ Donor** - Pays a benefit when disabled from donating an organ.

**Waiver of Premium** - Pays the premium after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable.

**Concurrent Disability** - Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period.

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

## New Generation Group Disability

### Rider Specifications (if included in your coverage)

Subject to availability per state and plan design.

#### Survivor and Accident Rider -

The **Survivor Sickness Death Benefit** will not be paid if benefit is paid under the Survivor Accident Death Benefit.

The **Survivor Accident Death Benefit** will not be paid if benefit is paid under the Survivor Sickness Death Benefit.

The **Allstate Auto Benefit** - Pays one month of a disability benefit if you receive a disability benefit for an accident in a vehicle while insured by an Allstate auto policy. Must begin within 180 days of the accident.

#### How We Calculate Your Monthly Benefit

To calculate your monthly benefit we:

(1) Multiply your monthly earnings by 60%.

**CA, HI, NJ, RI** - Multiply your monthly earnings by 70%.

(2) Subtract deductible sources of income from item 1.

(3) Determine the lesser of item 2 and the maximum monthly benefit amount issued to you.

(4) Pay the greater of item 3 or \$100.

**MO** - Pay the greater of item 3 or \$100 or 15% of your gross monthly disability payment.

#### Deductible Sources of Income

The amount that you receive (or are eligible to receive) as disability income payments under any: (1) individual disability income policies; (2) other group insurance coverage; (3) paid time off; (4) salary continuation; (5) sick leave; or (6) state or federal disability benefits.

**CA** - The parenthetical "(or are eligible to receive)" is deleted. Item (2) is deleted.

**CT** - Item (2) is replaced with: other disability group insurance coverage. Item (5) is deleted.

**FL** - The parenthetical "(or are eligible to receive)" is deleted. The following is added: (7) the amount you receive as income from any job for wage or profit.

**NM** - The parenthetical "(or are eligible to receive)" is deleted.

**NJ** - The parenthetical "(or are eligible to receive)" is deleted. Item (1) is replaced with: individual disability income policies paid for by your employer. Item (2) is replaced with: other group insurance coverage paid for by your employer.

**TN** - Item (1) is replaced with: individual disability income policies paid for or provided by your employer. Item (2) is replaced with: other group insurance coverage provided by your employer.

## My Lifeline Group Disability

### Rider Specifications (if included in your coverage)

Subject to availability per state and plan design.

#### Family Medical Leave and Doula Services Rider

**Family Leave** - Benefit paid a maximum of 12 weeks per calendar year if leave has lasted 7 consecutive days from the first day of leave.

**Doula Services** - Limited to 1 payment per calendar year.

**Increasing Benefit Period Rider** - Increases the maximum benefit period by 1 month each year you keep your coverage, for up to 6 increases. If receiving payments for a disability on a rider anniversary, the maximum disability benefit will be the increased period for the rider anniversary.

**On-the-Job Accident Disability Rider** - Pays for total disability from an on-the-job injury that begins while actively at work. Monthly benefit starts after the elimination period and continues while totally disabled up to the length of the benefit period. Pays 50% of the monthly benefit if you receive Workers' Compensation or other state disability benefit.

#### Survivor and Accident Rider -

The **Survivor Sickness Death Benefit** will not be paid if benefit is paid under the Survivor Accident Death Benefit.

The **Survivor Accident Death Benefit** will not be paid if benefit is paid under the Survivor Sickness Death Benefit.

The **Allstate Auto Benefit** - Pays one month of a disability benefit if you receive a disability benefit for an accident in a vehicle while insured by an Allstate auto policy. Must begin within 180 days of the accident.

#### How We Calculate Your Monthly Benefit

To calculate your monthly benefit we:

(1) Multiply your monthly earnings by 60%.

(2) Subtract deductible sources of income from item 1.

(3) Determine the lesser of item 2 and the maximum monthly benefit amount issued to you.

(4) Pay the greater of item 3 or \$100.

**MO** - Pay the greater of item 3 or \$100 or 15% of your gross monthly disability payment.

#### Deductible Sources of Income

The amount that you receive (or are eligible to receive) as disability income payments under any: (1) individual disability income policies; or (2) other group insurance coverage.

**CA** - Deductible Sources of Income is replaced with: The amount that you receive as disability income payments under any individual disability income policies.

**CT** - Item (2) is replaced with: other disability group insurance coverage.

**FL** - The parenthetical "(or are eligible to receive)" is deleted. The following is added: (3) the amount you receive as income from any job for wage or profit.

**NM** - The parenthetical "(or are eligible to receive)" is deleted.

**NJ** - The parenthetical "(or are eligible to receive)" is deleted. Item (1) is replaced with: individual disability income policies paid for by your employer. Item (2) is replaced with: other group insurance coverage paid for by your employer.

**TN** - Item (1) is replaced with: individual disability income policies paid for or provided by your employer. Item (2) is replaced with: other group insurance coverage provided by your employer.

## Conditions, Limitations and Exclusions Affecting Your Benefits

### When Coverage Ends

Coverage ends when the policy is canceled; premium payments stop; the last day of active employment, unless coverage is continued through Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; you or your class is no longer eligible; or fraud or material misrepresentation is discovered.

**CT** - Coverage ends when the policy is canceled; premium payments stop; the last day of active employment, unless coverage is continued through Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; you or your class is no longer eligible; material misrepresentation is discovered.

**GA** - Coverage ends when the policy is canceled; premium payments stop; the last day of active employment, unless coverage is continued through Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence; you or your class is no longer eligible; fraud or material misrepresentation is discovered; or the date you request in writing to discontinue coverage.

### Portability Privilege (if included in your coverage)

Coverage may be continued under the Portability Provision when coverage under the policy ends.

**NJ** - Not available in New Jersey.

### Pre-Existing Condition Limitation

**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:**

**(a) Your disability began during the 12 months after the effective date; and**

**(b) you received medical treatment, consultation, care or services, diagnostic measures, took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective; or**

**CA** - you received medical treatment, care or services, took prescribed medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective.

**ID, ME, NV** - you received medical treatment, consultation, care or services, diagnostic measures, took medications or followed treatment recommendations in the 6 months prior to the effective date of coverage, or the date an increase in benefits was effective.

**NJ** - you received medical treatment, consultation, care or services, diagnostic measures, took prescribed medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective.

**PA** - you received medical treatment, consultation, care or services, diagnostic measures, took medications or followed treatment recommendations in the 90 days prior to the effective date of coverage or the date an increase in benefits was effective.

**SD, WY** - you received medical treatment, consultation, care or services, diagnostic measures, took medications or followed treatment recommendations in the 6 months prior to the effective date of coverage, or the date an increase in benefits was effective.

**(c) symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.**

**ID, ME** - symptoms existed in the 6 months prior to the effective date or the date an increase in benefits was effective.

**IN, MN, NE, NV, NJ, NC, ND, PA, SD, WY** - Item (c) is deleted.

**NJ** - The Pre-Existing Condition Limitation is waived if you had group coverage with us within 60 days of becoming covered under this coverage and we paid a benefit for the condition under the previous coverage.

### Certificate and Rider Exclusions and Limitations

**(a) Benefits are not paid for:**

**(1) (if applicable to your coverage) bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness. (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect);**

**CA** - Item (1) is deleted.

**SD** - bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness;

**VA** - bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness. (Alzheimer's or similar forms of senile dementia are covered if they manifest after your coverage is in effect);

**(2) war, participation in a riot, insurrection or rebellion;**

**CT** - war, participation in an insurrection or rebellion;

**NC** - active participation in a riot, insurrection or rebellion;

**ID, PA** - war, participation in a riot, or insurrection;

**OK** - participation in a riot, insurrection or rebellion;

**UT** - war, voluntary participation in a riot, insurrection or rebellion;

**(3) illegal activities or participation in an illegal occupation;**

**IL, MN** - participation in an 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 an illegal occupation;

**UT** - voluntary participation in illegal activities or voluntary participation in an illegal occupation;

**WI** - illegal activities or participation in an illegal occupation that results in a felony conviction;

**(4) intentionally self-inflicted injury or action;**

**CA** - intentionally self-inflicted injury;

**DC** - voluntary use of illegal drugs;

**(5) (if applicable to your coverage) substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance;**

**CA** - as a result of being intoxicated or under the influence of any controlled substance unless taken on the advice of a physician;

**DC** - intentional taking of over-the-counter medication not in accordance with recommended dosage and instructions and intentional misuse of prescription drugs;

**CT** - the voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act, unless as prescribed by a doctor for you;

**ID** - substance abuse, to include abuse of alcohol, alcoholism or drug addiction;

**IL** - substance abuse, to include drug addiction or dependence upon any controlled substance;

**NC** - (5) is deleted.

**SD** - Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance, while committing a felony;

(6) participation in aeronautics except as a fare-paying passenger in a licensed common carrier aircraft;

NJ - aviation except as a fare-paying passenger in a licensed common-carrier aircraft;

OK - aviation;

(7) voluntarily inhaling fumes or gases;

CT, ID, OK, PA - (7) is deleted.

(8) cosmetic surgery (complications are covered);

NJ - (8) is deleted.

(9) pre-existing conditions during the first 12 months of coverage;

(10) occupational sickness or injury, unless covered by an on-the-job disability rider.

CT - occupational sickness or injury.

KY - occupational sickness or injury, unless covered by an on-the-job disability rider, or unless not eligible for benefits under any workers' compensation act or similar law.

NJ - occupational sickness or injury, unless covered by an on-the-job accident disability rider.

SD - occupational sickness or injury, unless not payable under any workers' compensation law.

(b) We do not pay for disability during incarceration.

IA - We do not pay for disability that begins during incarceration.

MN, MO, NE, NJ, ND, VA - (b) is deleted.

#### Definitions

**Total Disability - When, because of sickness or injury, you are: (1) unable to perform the material and substantial duties of your own occupation; and (2) under the regular care of a doctor; and (3) not working in any job for wage or profit.**

CA - When you are unable to perform with reasonable continuity the substantial and material acts necessary to pursue your usual occupation in the usual way or in another occupation in which you could reasonably be expected to perform satisfactorily in light of your age, education, training, experience, physical and mental capacity.

FL - Item (3) only applies after you have been disabled for more than 12 months.

MO - Item (2) is replaced with: under the regular care of a doctor, unless the doctor tells us that regular care would be of no further benefit during such continuing disability.

NJ - Item (3) is replaced with: not working in any job for which you are paid monthly earnings.

TN - Item (3) is replaced with: unable to engage in any occupation.

**Partial Disability - When, because of sickness or an injury, you are: (1) unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and (2) under the regular care of a doctor.**

CA - The definition of Partial Disability is replaced with: When: (1) you are unable to perform all the material and substantial acts of your usual occupation due to sickness or injury; and (2) have at least a 20% decrease in monthly earnings due to the sickness or injury; and (3) during the elimination period, you are unable to perform the material and substantial acts of your usual occupation.

MO - Item (2) is replaced with: under the regular care of a doctor, unless the doctor tells us that regular care would be of no further benefit during such continuing disability.

**Elimination (Waiting) Period - A period of continuous total disability which must be satisfied before you are eligible to receive benefits.**

**Own Occupation - The occupation you are performing when a period of disability begins.**

CA - Own Occupation is replaced with: Usual Occupation - The occupation you are routinely performing when your disability begins. It refers to the occupation as performed in the national economy, rather than for a specific employer in a specific location.

FL - During the first 12 months of disability means the job you are performing when the period of disability begins, as described in your employer's job description. After 12 months of disability, it refers to the occupation as performed in the national economy, not a specific employer in a specific location.



## Allstate<sup>™</sup> BENEFITS

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ABJ30047-2

**Rev.07/16. This material is valid as long as information remains current, but in no event later than July 15, 2019.** Group Short-Term Disability benefits are provided by policy form GVDIP, or state variations thereof. Rider benefits, if included, are provided by FMDR1, IBDR1, OADR1, and SADR1, or state variations thereof.

This information highlights some features of the policy but is not the insurance contract. For complete details, contact your Allstate Benefits Representative. 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.