



**Is your
monthly
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



ELECTRICITY

Benefit coverage for
City of Baton Rouge and
Parish of East Baton Rouge

Group Disability Insurance

Provides monthly cash benefits to help you replace lost income associated with a total disability

Group disability coverage from Allstate Benefits provides a monthly cash benefit when you suffer a sickness or off-the-job injury that leaves you disabled.



Allstate
BENEFITS

group voluntary disability

Group Voluntary Disability coverage from Allstate Benefits provides a monthly cash benefit when you suffer a sickness or off-the-job 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.*

	<p>Jane chooses \$3,000 in disability coverage. Eight months later she suffers a disabling injury, is air lifted to the local hospital emergency room, hospitalized (3 days), and is disabled for 6 months.¹</p>	<p>In addition to Jane's medical coverage our disability insurance provided the following:</p> <p>Total Disability Monthly Benefits: \$3,000</p> 
<p>Jane and John are offered disability coverage through their Employer Approved Plan</p>	<p>John declines coverage. Six months later he suffers a disabling back injury, is rushed to the hospital by ambulance, treated, hospitalized (2 days), and is disabled for 4 months.¹</p>	<p>John does not have disability coverage. His medical coverage will pay for a portion of his hospital expenses, but his monthly expenses while out of work will be paid out of his own pocket.</p> <p>Total Disability Monthly Benefits: \$0</p>

meeting your needs

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

- Choose a guaranteed issue** maximum monthly benefit ranging from \$400 - \$5,000, up to 60%*** of income
- A benefits representative may help you determine the following:
 - Maximum Monthly Benefit: _____
 - Maximum Benefit Period: _____
 - Elimination Periods: _____
 - Accident: _____
 - Sickness: _____
 - Premium: _____
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work

**You must apply during your initial enrollment period to be eligible. If enrolling after your enrollment period evidence of insurability will be required.

***May be less depending on state.

your benefit coverage

Terms and conditions for each benefit vary.² Please review your coverage carefully.

Total Disability - Pays for total disability that begins while actively at work. Monthly benefit starts after the waiting period. Benefits continue while totally disabled up to the maximum benefit period.

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 pregnancy if total disability first begins after your coverage has been in force for at least 9 months.

Organ Donor - Pays when disabled from donating an organ to another.

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

*The example shown may vary from the plan your employer is offering. Your individual experience may also vary.

¹ This example assumes that Jane and John have medical insurance and did not receive disability income from other sources during the same time period.

² See page 3 for conditions and limits. State variations are listed on page 3.

A car accident happens



You are seen by a Doctor.



Diagnosed as totally disabled.



Coverage pays benefit monthly.

CERTIFICATE SPECIFICATIONS

Please read your certificate carefully. This section explains some specifics of your coverage.

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

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

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.

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

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.

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.

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

Exclusions - (a) We do not pay benefits for: (1) 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); (2) war, participation in a riot, insurrection or rebellion; (3) illegal activities or participation in an illegal occupation; (4) intentionally self-inflicted injury or action; (5) substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance; (6) participation in aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft; (7) voluntarily inhaling fumes or gases; (8) cosmetic surgery (complications are covered); (9) pre-existing conditions during the first 12 months of coverage; or (10) occupational sickness or injury. (b) We do not pay for disability during incarceration.

DEFINITIONS

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

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.

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.

STATE VARIATIONS

Louisiana (change affects page 2) - The **Pregnancy Benefit** is replaced with: **Pregnancy** - Pays for total disability for pregnancy the same as any other disability.

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

Group Voluntary Disability Income benefits provided by policy GVDIP, or state variations thereof.

This brochure 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.

This brochure is for use in the City of Baton Rouge and Parish of East Baton Rouge enrollment which is situated in LA.



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. www.allstate.com or allstatebenefits.com.