



For the employees of
Amerisafe, Inc.

88 percent of heart attack victims under the age of 65 are able to return to their usual work.¹

¹2009 Heart and Stroke Statistical Update, American Heart Association.

GROUP CRITICAL ILLNESS INSURANCE
Best in Benefits SeriesSM





group voluntary critical illness

Being diagnosed with a critical illness can be emotionally devastating. Having the right coverage in place at the moment a diagnosis occurs is important. Our Group Critical Illness policy can help you and your family be financially prepared in such an event.

meeting your needs

Our group critical illness coverage can help offer financial peace of mind, should a covered illness be diagnosed.

- Choose from \$10,000 or \$15,000 in basic-benefit coverage
- Benefits payable from Categories 1, 2 and 3 plus Wellness and Recurrence benefits
- Coverage for you, your spouse or domestic partner, and your child(ren) is available
- Benefits paid directly to you unless otherwise assigned
- Coverage that supplements your existing medical benefits
- Spouse and child(ren) basic-benefit amount is 50% of benefit shown and 100% Wellness Benefit
- Portable coverage

your benefit coverage

Benefits for critical illness coverage will be provided to you, your spouse, and child(ren), where applicable. Terms and conditions for each benefit may apply. Payment of benefits is subject to policy provisions. Please review your coverage carefully.

HOW TO GET STARTED

1. Choose from either a \$10,000 or \$15,000 basic-benefit amount. Depending on the basic-benefit amount you choose, up to 100% of the basic-benefit amount will be payable in each of the three benefit categories. (Coronary Artery By-Pass Surgery, Alzheimer's Disease, and Carcinoma in Situ pay 25% of the basic-benefit amount). See Example of Benefits Paid on page 4.
2. Then select coverage for you, you and your spouse or domestic partner, you and your child(ren), or your entire family. Spouse and children basic-benefit amount payable is 50% of benefit in each of the three benefit categories.

CATEGORY 1 BENEFITS

Heart Attack (100%) - A \$10,000 or \$15,000 benefit will be paid for the death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. Diagnosis must be based on both new electrocardiographic changes, and elevation of cardiac enzymes or biochemical markers showing a pattern and to a level consistent with a diagnosis of heart attack.

Heart Transplant (100%) - A \$10,000 or \$15,000 benefit will be paid for surgical transplantation of the heart from a patient who died and whose heart was intact and capable of functioning in the recipient. The transplanted organ must come from a human donor.

Stroke (100%) - A \$10,000 or \$15,000 benefit will be paid for the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. There must be evidence of permanent neurological deficit. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

Coronary Artery By-Pass Surgery (25%) - A \$2,500 or \$3,750 benefit will be paid for undergoing a surgical operation to correct narrowing or blockage of one or more coronary arteries with by-pass grafts on the advice of a cardiologist registered in the United States. Angiographic evidence to support the necessity for by-pass surgery will be required. Procedures not covered: balloon angioplasty; laser embolectomy; atherectomy; stent placement; or other non-surgical procedures.



About every 25 seconds, an American will suffer a coronary event, and about every minute someone will die from one.²

²Heart Disease and Stroke Statistics — 2009 Update, American Heart Association

CATEGORY 2 BENEFITS

Major Organ Transplant* (100%) - A \$10,000 or \$15,000 benefit will be paid for the surgical transplantation of a lung, liver, pancreas, or kidney. The transplanted organ must come from a human donor. *Heart transplant is excluded from coverage.

End Stage Renal Failure (100%) - A \$10,000 or \$15,000 benefit will be paid for the failure of both kidneys to perform their essential functions, with the covered person undergoing peritoneal dialysis or hemodialysis or a renal transplant.

Paralysis (100%) - A \$10,000 or \$15,000 benefit will be paid for complete and permanent loss of function of two or more limbs, as the result of an accident and/or sickness.

Alzheimer's Disease (25%) - A \$2,500 or \$3,750 benefit will be paid for a clinically established diagnosis of the disease by a psychiatrist or neurologist, resulting in the inability to perform, independently, 3 or more of the following activities of daily living: bathing; or dressing; or toileting; or eating; or taking medication.

CATEGORY 3 BENEFITS

Invasive Cancer (100%) - A \$10,000 or \$15,000 benefit will be paid if diagnosed with a new form or type of invasive cancer, which means a malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. This includes Leukemia and Lymphoma. Subject to the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this benefit is in force; and the illness is not excluded by name or specific description in the certificate.

Carcinoma in Situ (25%) - A \$2,500 or \$3,750 benefit will be paid if diagnosed with a new form or type of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in Situ includes: early prostate cancer diagnosed as stage A or equivalent staging; and melanoma not invading the dermis. Carcinoma in Situ does not include: other skin malignancies; or pre-malignant lesions (such as intraepithelial neoplasia); or benign tumors or polyps. This is subject to all of the following: clear and definitive diagnosis by either a pathological or clinical method; and the date of diagnosis is after the effective date of coverage; and the date of diagnosis is while this benefit is in force; and the illness is not excluded by name or specific description in the certificate.

ADDITIONAL BENEFITS

Recurrence Benefit (25%) - 25% of previously paid Category 1 or 2 will be paid if diagnosed more than once with the same specified critical illness listed in Category 1 or 2 for which a benefit was previously paid if: there is more than 18 months between each diagnosis; and treatment was not received during that 18-month period (for purposes of the preceding statement, treatment does not include medications and follow-up visits to your physician); and the subsequent date of diagnosis is while coverage is in force; and the specified critical illness is not excluded by name or specific description in the certificate. Allstate Benefits (AB) will pay an amount equal to 25% of the specified critical illness basic-benefit amount previously paid for that specified critical illness. AB will pay no more than one recurrence benefit per previously paid specified critical illness under Categories 1 and 2.

Wellness Benefit - A \$100 benefit will be paid for you or each covered family member if one of the following wellness tests is performed while not hospital confined: Bone Marrow Testing; CA15-3 (blood test for breast cancer); CA125 (blood test for ovarian cancer); CEA (blood test for colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography, including breast ultrasound; Pap Smear, including ThinPrep Pap Test; PSA (blood test for prostate cancer); Serum Protein Electrophoresis (test for myeloma); Biopsy for skin cancer; Stress test on bike or treadmill; Electrocardiogram (EKG); Carotid Doppler; Echocardiogram; Lipid panel (total cholesterol count); Blood test for triglycerides.

There is no limit to the number of years wellness tests can be received, and the benefit is paid regardless of the result of the test(s). Limited to one test each calendar year for each covered person.

example of benefits paid

Below are two examples of how benefits under the Group Voluntary Critical Illness certificate will be paid. The benefits received may vary based upon each insured's personal medical experience.

\$10,000 BENEFIT		
If you have	Amount Payable	
Category 1		
Coronary Artery By-Pass Surgery then -	at 25%	= \$2,500
a Heart Attack then -	at 75%	= \$7,500
(Since By-Pass Surgery paid)		
Category 2		
Alzheimer's Disease then -	at 25%	= \$2,500
Category 3		
Invasive Cancer then -	at 100%	= \$10,000
Additional Benefits		
a Wellness Test then-	at 4 units	= \$100
a Second Heart Attack 2 years later -	at 25%	= \$1875
Total		= \$24,475
Still eligible for*	75%	= \$7,500

*(Under Category 2 benefits)

\$15,000 BENEFIT		
If you have	Amount Payable	
Category 1		
Coronary Artery By-Pass Surgery then -	at 25%	= \$3,750
a Heart Attack then -	at 75%	= \$11,250
(Since By-Pass Surgery paid)		
Category 2		
Alzheimer's Disease then -	at 25%	= \$3,750
Category 3		
Invasive Cancer then -	at 100%	= \$15,000
Additional Benefits		
a Wellness Test then-	at 4 units	= \$100
a Second Heart Attack 2 years later -	at 25%	= \$2,812.50
Total		= \$36,662.50
Still eligible for*	75%	= \$11,250

*(Under Category 2 benefits)



Remember!

Benefits are paid directly to you, unless assigned.

In both the \$10,000 and \$15,000 benefit examples, after 100% of the basic-benefit amount of the certificate has been paid within a category (Category 1, Category 2, or Category 3) no more basic benefits for any illness associated with that category are available.

Once the covered person has exhausted all basic-benefit maximums in Categories 1, 2, and 3, Additional Wellness Benefit and Additional Recurrence Benefit, coverage is terminated.



monthly premiums

Issue		NT	T	NT	T
Age	Insured	\$10k	\$10k	\$15k	\$15k
18+	EE	\$14.19	\$23.39	\$19.29	\$33.09
	EE + Sp	\$21.59	\$35.21	\$29.12	\$49.55
	EE + C	\$14.43	\$23.62	\$19.65	\$33.43
	F	\$21.85	\$35.44	\$29.51	\$49.90

The \$10,000 Option package and premiums consist of: Category 1 and Category 2 Group Voluntary Critical Illness benefits; Additional Category 3 Critical Illness Cancer Coverage; Additional Wellness Benefit (4 units); and Additional Recurrence Benefit.

The \$15,000 Option package and premiums consist of: Category 1 and Category 2 Group Voluntary Critical Illness benefits; Additional Category 3 Critical Illness Cancer Coverage; Additional Wellness Benefit (4 units); and Additional Recurrence Benefit.

Issue Ages: 18 and over if actively at work.

k = Thousand **NT = Non-Tobacco** **T = Tobacco**
EE = Employee **Sp = Spouse or Domestic Partner**
C = Children **F = Family**



certificate specifications

Your Eligibility - Your employer determines the criteria for eligibility (such as length of service and hours worked each week). Issue age is 18 and over if actively at work for the number of hours determined by your employer.

Dependent Coverage - Family members who are eligible for coverage are: your legal spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Portability Privilege - AB will provide Group Voluntary Critical Illness insurance portability coverage, subject to the following provisions. Coverage will not be available to you unless: coverage under the policy terminates as stated in the "Termination of Coverage" provision; and we receive a written request and payment of the first premiums for the portability coverage no later than 30 days after such termination; and the request is made on a form we furnish or approve for that purpose. Specific criteria for coverage, premiums, grace period and termination of insurance provisions are included with this privilege; refer to the policy or certificate for complete details. This option is not available to you if you failed to make the required monthly premium payments.

Termination of Coverage - Your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which any required premium payments were made; or the last day you are in active employment, except as provided under the "Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible; or the date each insured has received the maximum total percentage of the basic-benefit amount for each critical illness category, including the Recurrence Benefit; or the date you request to discontinue coverage in writing. If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death. If your domestic partner is a covered person, your domestic partner's coverage ends upon termination of the domestic partnership or your death.

Pre-Existing Condition Limitation - AB does not pay for any loss due to a pre-existing condition, as defined, during the 12 month period beginning on the date you became an insured. A pre-existing condition is a disease or physical condition for which symptoms existed within the 12 month period prior to the effective date of coverage; or medical advice or treatment was recommended or received from a member of the medical profession within the 12 month period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions & Limitations - AB does not pay benefits for an illness due to, or resulting from, (directly or indirectly): any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries; or injury incurred while engaging in an illegal occupation or committing or attempting to commit a felony; or attempted suicide, while sane or insane; or any loss sustained or contracted in consequence of the insured being intoxicated or under the influence of narcotics unless administered upon the advice of a physician; or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.

Additional Benefit Specification - Specified Critical Illness Benefits are payable if the date of diagnosis is after the effective date of coverage and while insured; and the illness is not excluded by name or specific description.

Coverage Subject to the Policy - The coverage described in the certificates of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AB and the policyholder. Your consent is not required for this. AB is not required to give you prior notice.

The coverage is provided by limited benefit supplemental insurance policy. This material is valid as long as information remains current, but in no event later than November 15, 2014. Group Voluntary Critical Illness benefits provided by policy form GVCIP1, or state variations thereof, which provides stated benefits for specified illnesses. The policy does not provide benefits for any other sickness or condition. The policy is not a Medicare Supplement Policy. This brochure highlights some features of the policy but is not the insurance contract. For complete details, contact your Insurance Agent, or call 1-800-521-3535. This is a brief overview of the benefits available under the Group Voluntary Policy underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificates issued.

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This brochure is for use in the Amerisafe, Inc. enrollment which is situated in Louisiana.



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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