



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

accident insurance

Accident Policy AP4NY

An accident can wreak havoc on your savings if you're not prepared. That's why there's accident insurance. It gives you a cushion to help cover medical expenses and living costs when you get hurt unexpectedly.

- On average there are 13 unintentional injury deaths and about 2,650 disabling injuries every hour during the course of a year.¹
- In 2003, about 1 out of 12 people sought medical attention for an injury.¹

Would your finances be protected if you suffered an accidental injury?

1. *Injury Facts 2005-2006 Edition*, National Safety Council.

Allstate Life Insurance Company of New York





Good news!

Allstate at Work®

Choose the coverage you need and help protect your finances.

Accident insurance can pay you a lump sum benefit for on- or off-the-job accidental injuries, plus some medical benefits. Because accident insurance is supplemental, it works in addition to other insurance you may have. You can use the policy on its own or to fill a gap left by your other coverage.

Here's what you get with the Accident policy:

- Benefits paid directly to you unless assigned
- Benefits paid regardless of other coverage
- Competitively priced coverage to help fit your budget
- Premiums based on the number of units chosen
- Coverage for an unlimited number of accidents
- Coverage for you or your whole family
- Guaranteed renewable to age 70, subject to change in premiums by class

Accident Policy Benefits

When you buy this accident insurance, you pick either 1, 2 or 3 units of coverage. You can choose your unit of coverage to fit your budget or to ensure a certain benefit amount for covered injuries. 1 unit costs less than 2 units and pays exactly 1/2 of the benefits of 2 units. Basic = 1 unit of the base policy. Enhanced = 2 units of the base policy with the option of 2 units of the Accident Disability Rider for Insured Spouse. Premier = 3 units of the base policy with the option of 3 units of the Accident Disability Rider for Insured Spouse.

BENEFITS		BASIC	ENHANCED	PREMIER
Accidental Death We pay the amount shown if a covered person dies as a result of an accidental injury.	PI	\$15,000	\$30,000	\$45,000
	CS	\$7,500	\$15,000	\$22,500
	CC	\$3,750	\$7,500	\$11,250
Common Carrier Accidental Death We pay the amount shown if death results from an injury while riding as a fare paying passenger on a scheduled common carrier.	PI	\$50,000	\$100,000	\$150,000
	CS	\$25,000	\$50,000	\$75,000
	CC	\$12,500	\$25,000	\$37,500
Loss of Limbs² We pay up to the amount shown for the loss of limb benefit amount based on injury (see Injury Benefit Amounts on next page).	PI	\$15,000	\$30,000	\$45,000
	CS	\$7,500	\$15,000	\$22,500
	CC	\$3,750	\$7,500	\$11,250
Dislocation or Fracture² We pay up to the amount shown for the dislocation or fracture based on injury (see Injury Benefit Amounts on next page). No benefit will be paid for any dislocation or fracture that is not listed in the Injury Benefit Amounts.	PI	\$1,500	\$3,000	\$4,500
	CS	\$750	\$1,500	\$2,250
	CC	\$375	\$750	\$1,125
Initial Hospitalization Confinement We pay the amount shown when a covered person is confined in the hospital as a result of an accident. Payable once per person per hospital confinement, per calendar year.	PI	\$750	\$1,500	\$2,250
	CS	\$750	\$1,500	\$2,250
	CC	\$750	\$1,500	\$2,250
Hospital Confinement We pay the amount shown each day, for up to 90 days per injury.	PI	\$50/day	\$100/day	\$150/day
	CS	\$50/day	\$100/day	\$150/day
	CC	\$50/day	\$100/day	\$150/day
Disability We pay the amount shown for the primary insured person beginning the first day if totally disabled for 3 full days; payable only for one disability at a time; maximum benefit period 12 months. For any period of disability less than one full month, 1/30th of the monthly disability amount is paid for each day of total disability. The benefit is reduced if the insured receives benefits from any State or Federal worker's compensation or occupational disease law. The amount of the reduction will be the smaller of 50% of the monthly benefit shown in the policy, or the total amount of any State or Federal worker's compensation or occupational disease law that the insured receives.	PI	\$600/mo.	\$1,200/mo.	\$1,800/mo.
	CS	N/A	N/A	N/A
	CC	N/A	N/A	N/A

PI=Primary Insured. CS=Covered Spouse. CC=Covered Child.

² Subject to the terms of the policy

BENEFITS		BASIC	ENHANCED	PREMIER
Intensive Care We pay the amount shown for each day a covered person is confined in a hospital intensive care unit as a result of an accident up to 90 days per continuous confinement.		PI \$200/day CS \$200/day CC \$200/day	\$400/day \$400/day \$400/day	\$600/day \$600/day \$600/day
Ambulance We pay the amount shown for the regular ambulance service needed as a result of accidental injury. We pay three times the amount shown for air ambulance		PI \$100 CS \$100 CC \$100	\$200 \$200 \$200	\$300 \$300 \$300
Medical Expenses We pay the amount shown for medical or surgical treatment by a physician, x-rays, emergency room services and repair to sound natural teeth, if diagnosed by a dentist to be a result of the accident.		PI \$150 CS \$150 CC \$150	\$300 \$300 \$300	\$450 \$450 \$450
Accident Follow-Up Treatment We pay the amount shown if a covered person received treatment for which a benefit is paid under Medical Expenses that later requires additional treatment. We pay for one treatment each day up to a maximum of 6 treatments per person for each accident. Treatment must begin within 90 days of accident or discharge from the hospital and before 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy benefit is paid.		PI \$50/day CS \$50/day CC \$50/day	\$100/day \$100/day \$100/day	\$150/day \$150/day \$150/day
Physical Therapy We pay the amount shown if a covered person received treatment for which a benefit is paid under Medical Expenses and later a physician advises the covered person to seek treatment from a physical therapist. We pay for one treatment each day up to a maximum of 6 treatments per person for each accident. Treatment must begin within 90 days of accident or discharge from the hospital and before 6 months after the accident. This benefit is not payable for the same visit for which the Accident Follow-Up Treatment benefit is paid.		PI \$50/day CS \$50/day CC \$50/day	\$100/day \$100/day \$100/day	\$150/day \$150/day \$150/day
OPTIONAL BENEFIT THAT CAN BE ADDED TO THE POLICY				
Accident Disability Rider for Insured Spouse If the insured spouse is totally disabled as a result of an injury, we pay a monthly benefit for the covered spouse in the amount of \$600 if covered under the Enhanced category and \$900 if covered under the Premier category. Must be disabled for 3 full days; benefits are payable for up to 12 months. For any period of disability less than one full month, 1/30 of the monthly amount is paid for each day of total disability. The benefit is reduced if the insured spouse receives benefits from any State or Federal workers' compensation or occupational disease law. The amount of the reduction will be the smaller of 50% of the monthly benefit shown for the rider, or the total amount of any State or Federal workers' compensation or occupational disease law that the insured spouse receives.		PI N/A CS N/A CC N/A	N/A \$600/mo. N/A	N/A \$900/mo. N/A

PI=Primary Insured. CS=Covered Spouse. CC=Covered Child.

Issue ages are 18-64.

Injury Benefit Amounts²

The list below shows covered injury benefits for 1 unit of coverage and one occurrence. A covered spouse gets 50% of the amounts shown; covered children get 25% of the amount shown. *An example:* If you buy 1 unit and break your ankle, you'll receive \$600, which is the amount on the chart. If you had 2 units, you'd get \$1,200 for a broken ankle (twice of the chart amount).

FOR THE LOSS OF:		FOR COMPLETE DISLOCATION OF:		FOR COMPLETE, SIMPLE OR CLOSED FRACTURE OF BONE OR BONES OF:			
Life	\$15,000	Hip joint	\$1,500	Hip, thigh (femur)	\$1,500	Hand or wrist**	\$525
Both eyes	\$15,000	Knee joint*	\$600	Pelvis**	\$1,500	Lower jaw**	\$300
Both hands or arms	\$15,000	Bone or bones of the foot*	\$600	Skull**	\$1,425	Two or more ribs, fingers or toes	\$225
Both feet or legs	\$15,000	Ankle joint	\$600	Arm, between shoulder and elbow (shaft)	\$825	Bones of face or nose	\$225
One hand or arm and one foot or leg	\$15,000	Wrist joint	\$525	Shoulder blade (scapula)	\$825	One rib, finger or toe	\$105
One eye	\$7,500	Elbow joint	\$450	Leg (tibia or fibula)	\$825	Coccyx	\$105
One hand or arm	\$7,500	Shoulder joint	\$300	Ankle	\$600		
One foot or leg	\$7,500	Bone or bones of the hand*	\$225	Knee cap (patella)	\$600		
One or more entire toes	\$750	Collarbone	\$225	Collarbone (clavicle)	\$600		
One or more entire fingers	\$600	Two or more fingers or toes	\$105	Forearm (radius or ulna)	\$600		
		One finger or toe	\$45	Foot**	\$525		

*Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). **Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

² Subject to the terms of the policy

PREMIUMS		BASIC	ENHANCED	PREMIER
Weekly Premiums				
Accident Policy	Individual	\$5.25	\$9.99	\$14.73
	Family	\$7.94	\$15.38	\$22.82
Accident Policy + Accident Disability Rider for Insured Spouse*	Individual	N/A	N/A	N/A
	Family	N/A	\$18.34	\$27.26
Monthly Premiums				
Accident Policy	Individual	\$22.72	\$43.27	\$63.83
	Family	\$34.40	\$66.64	\$98.87
Accident Policy + Accident Disability Rider for Insured Spouse*	Individual	N/A	N/A	N/A
	Family	N/A	\$79.47	\$118.12

Basic = 1 unit of AP4NY; Enhanced = 2 units of AP4NY with the option of 2 units of R1AP4NY; Premier = 3 units of AP4NY with the option of 3 units of R1AP4NY.

* Only available on the Enhanced and Premier plans.

Termination - The policy terminates at the earliest of: the end of the grace period, if any renewal premium is not paid prior to that time; or the termination date shown on page 3 of your policy; or the end of the policy year you turn 70; or your death except that, your Spouse, if a covered person, becomes the new insured (and assumes all the rights held by you at death) upon your death. Coverage will then continue until the earlier of: the termination date showed on the policy's page 3; or the new insured's death; or the new insured's 70th birthday.

If the insured's Spouse is a covered person, the spouse's coverage terminates upon the earlier of: final divorce or annulment; or when the insured's Spouse reaches age 70.

If a child is a covered person, the child's coverage terminates on the policy anniversary on or immediately following the date the child is no longer eligible, which is the earlier of when the child: marries; reaches age 21 (25 if a full-time student at an accredited institution of learning); or 12 months from the last day of attendance in school (or attainment of age 25 if earlier) if a full-time student at an accredited institution of learning and has taken a leave of absence from school due to an illness.

Coverage does not terminate on an unmarried child who: is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law) or physical handicap; and becomes so incapacitated prior to the age at which dependent coverage would otherwise terminate; and is chiefly dependent upon you for support and maintenance. Dependent coverage continues as long as the policy remains in force and the dependent remains in such condition. Proof must be furnished within 60 days of the child's limiting age.

Pre-Existing Condition Limitation - If a covered person has a pre-existing condition we will not pay benefits for such condition during the 12 month period beginning on the effective date, unless the condition was disclosed without fraudulent misrepresentation in answer to questions in the application for the policy; and is not excluded by name or specific description. After 12 months from the effective date, a pre-existing condition not excluded by name or specific description is covered. A pre-existing condition is a condition not disclosed in the application for which: symptoms existed within the 12 month period prior to the effective date of coverage and which would ordinarily cause a prudent person to seek diagnosis, care or treatment; or medical advice or treatment was recommended or received from a member of the medical profession within 12 month period prior to the effective date of coverage.

Timing - Accidental injuries are covered within 90 days (180 for dismemberment or death) if they result from a covered accident and are diagnosed by a physician. Coverage is effective on the date assigned by the home office and shown on your actual policy.

Exclusions and Limitations - The policy and rider attached to the policy do not cover any loss incurred as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Time Limit on Certain Defenses provision; or any act of war, whether or not declared, participation in a riot, insurrection or rebellion; or intentionally self-inflicted injuries or attempted suicide; or injury for which a contributing cause was the covered person's commission of or attempt to commit a felony; or injury for which a contributing cause was the covered person being engaged in an illegal occupation; or any injury sustained while under the influence of alcohol, narcotics or drugs 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 alcoholism or drug addiction; or mental or emotional disorders; or plastic surgery for cosmetic purposes, unless the surgery is required to treat an injury; or dental care or treatment, unless such care or treatment is due to injury to sound natural teeth.

The policy does not pay benefits for treatment that is received outside the United States, the U.S. territories or the countries of Canada and Mexico. The rider does not pay benefits for an injury that is caused or occurs outside the United States, the U.S. territories or the countries of Canada and Mexico.

Termination Provision for Accident Disability Rider for Insured Spouse - The rider terminates at the earliest of: the end of the grace period for the payment of the premium for the policy or the rider; or the date the policy terminates; or the next renewal date after you request to terminate the rider; or the termination date shown on page 3 of the policy; or the next renewal date on or after the 70th birthday of the insured spouse.

The Policy is a Limited Benefit Accident Policy with Optional Riders.



This brochure is for use in New York.

Tax Disclosure: Benefit payments received from the policy may exceed the medical expenses you incur. To the extent that benefit payments received from the policy (and any other health insurance policies you may have) exceed the qualified medical expenses you incur, such excess benefit payments may be taxable for federal and state income tax purposes. You should consult a tax advisor if this applies to you.

Rev. 6/07 Accident insurance benefits provided by policy AP4NY. Accident Disability Rider for Insured Spouse provided by rider R1AP4NY. This brochure highlights some features of the policy and rider but is not the insurance contract. Only the actual policy and rider provisions control. The policy and rider set forth, in detail, the rights and obligations of both the insured and the insurance company. Policies issued by Allstate Life Insurance Company of New York.

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