



BE WELL. BE SMART. BE PROTECTED.

# disability insurance

## Heritage Paycheck Protector

- Every 10 minutes, 441 people suffer a disabling injury.<sup>1</sup>
- According to the Social Security Administration's Annual Statistical Supplement, 2005 draft, the average monthly benefit for disabled workers in December 2004 was \$1,002 for men and \$765 for women.

If you are like the rest of us, you probably don't have much cushion for the unexpected. What if you got hurt off-the-job would you be covered?

- Workers' Compensation may cover you on-the-job, but about three-fifths of the disabling injuries suffered by workers in 2004 occurred off-the-job.<sup>1</sup>
- If a few weeks of missed work would make it hard to keep up with bills such as: mortgage/rent; car payments; utilities; and credit card payments; and you have insurance coverage, but all your expenses won't be covered, what would you and your family do to make ends meet?

This is where supplemental insurance can help, because it works in conjunction with other insurance you may have individually or through your employer. You can use the policy on its own or to fill a benefit income gap in your other policies. So you and your family can still maintain your lifestyle until you're back at work.

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



**Allstate**<sup>®</sup>

Workplace Division

## What You Get

The Heritage Paycheck Protector from Allstate Life Insurance Company of New York gives you a source of income when you can't work because of a covered sickness or injury.

- A monthly benefit you choose, from \$400 to \$5,000 up to a percentage of your income. Earning less than \$35,000/year, no monthly benefit issued for amounts exceeding 40% of current gross income. Earning \$35,000/year and above, no monthly benefit issued for amounts exceeding 45% of current gross income. If the elimination period is 180 days, no monthly benefit issued for amounts exceeding 60% of current gross income regardless of income. These limits apply to all disability income coverage in force.
- Your choice of a 3 month, 6 month, 12 month, or 24 month benefit period.\*
- Guaranteed renewability to age 70, subject to change in premium by class.
- Affordable premium rates paid through convenient payroll deduction.
- A policy that is portable.

\* All benefit and elimination period combinations may not be available.

**Customizing your Disability package is easy, simply choose the package that best fits the needs of you and your family.**

Monthly Policy Benefit			
Benefit amount \$ _____			
Policy Benefits	Basic	Enhanced	Premier
<b>Total Disability</b> - While you're totally disabled, you get your monthly benefit amount after the elimination period has been satisfied. An elimination period is the consecutive days of total disability that must pass before benefits start; this period cannot be met if you are only partially disabled. The elimination period may be different for disabilities resulting from sickness and disabilities resulting from an accidental injury. Benefits continue while you're totally disabled up to the length of your benefit period.			
	Paid for the benefit period chosen.		
<b>Partial Disability</b> - If you are partially disabled following at least one month of total disability benefits being payable, you'll get 50% of the monthly benefit. Payments continue while you're partially disabled for up to three months, but not beyond the maximum benefit period.			
	50% after 1 mo. of disability.		
<b>Monthly Benefit When You Attain Age 70</b> - We continue to pay a monthly benefit if you are totally disabled when you attain age 70, and have received monthly payments for less than the maximum benefit period for the lesser of the balance of the applicable benefit period or 12 months after you attain age 70.			
	Paid if totally disabled at age 70.		
<b>Recurrent Disabilities</b> - For any disability period, you may collect a partial disability benefit or a total disability benefit, but not both. If you're disabled from the same or related cause within six months of recovery, it is considered the same disability; you will not be required to satisfy a new elimination period.			
	Paid if disabled within 6 months of last disability.		
<b>Concurrent Disability</b> - If total disability results from more than one cause at the same time, it is considered the same disability and you are entitled to a monthly benefit for only one total disability.			
	One monthly benefit paid.		
<b>Waiver of Premium</b> - After monthly benefits are payable for 90 days in a row, we'll waive future premiums as they become due for as long as monthly benefits are payable.			
	Yes		
Policy Benefit Reduction	Basic	Enhanced	Premier
<b>Monthly Benefit Reduction for Workers Compensation</b> - If you receive benefits in any month from any State or Federal workers compensation or occupational disease law, while receiving benefits under the policy, your monthly benefit will be reduced. The amount of the reduction is the smaller of: 50% of the monthly benefit of the policy; or the total amount of any State or Federal worker's compensation or occupational disease law you receive. We may require reasonable proof of any such disability benefits received during any month.			
	Reduced		

## Accident Rider Benefits

Benefits are available for Individual Insured or Family. Family coverage includes the Primary Insured, Spouse, and covered Children. The Accidental Death and Dismemberment benefit amounts vary for the Spouse and Child, and are explained in the benefit description below. Hospital Confinement, Ambulance Services, and Emergency Room/Treatment provide the same benefit amount for the Insured, Spouse and Child. When you buy the accident rider, which can be added to your DI5WNY policy, you pick either Enhanced or Premier coverage. You can choose the coverage to fit your budget or to help ensure a certain benefit amount for covered injuries. Premiums and benefit amounts will vary depending on the amount of coverage you choose. See your agent to choose coverage and premium amounts.

Accident Rider Benefits		Basic	Enhanced	Premier
<b>Accidental Death</b>				
Allstate Workplace Division (AWD) pays the amount shown if a covered person dies as a result of an accidental injury.	PI		\$15,000	\$30,000
	CS	n/a	\$7,500	\$15,000
	CC		\$3,750	\$7,500
<b>Common Carrier Accidental Death</b>				
AWD pays 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
	CS	n/a	\$25,000	\$50,000
	CC		\$12,500	\$25,000
<b>Loss of Limbs</b>				
AWD pays up to the amount shown for the loss of limb benefit amount based on injury (see Injury Benefit Amounts).	PI		\$15,000	\$30,000
	CS	n/a	\$7,500	\$15,000
	CC		\$3,750	\$7,500
<b>Dislocation or Fracture</b>				
AWD pays up to the amount shown for the dislocation or fracture based on injury (see Injury Benefit Amounts). No benefit will be paid for any dislocation or fracture that is not listed in the Injury Benefit Amounts.	PI		\$1,500	\$3,000
	CS	n/a	\$750	\$1,500
	CC		\$375	\$750
<b>Initial Hospitalization Confinement</b>				
AWD pays 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			
	CS	n/a	\$750	\$1,500
	CC			
<b>Hospital Confinement</b>				
AWD pays the amount shown each day, for up to 90 days per injury.	PI			
	CS	n/a	\$50/day	\$100/day
	CC			
<b>Intensive Care</b>				
AWD pays 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. If confinement is for less than a day, a pro-rata portion of the daily benefit is paid.	PI			
	CS	n/a	\$200/day	\$400/day
	CC			
<b>Ambulance</b>				
AWD pays 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			
	CS	n/a	\$100	\$200
	CC			
<b>Medical Expenses</b>				
AWD pays 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. Payable once per covered accident per covered person.	PI			
	CS	n/a	\$150	\$300
	CC			

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

Issue ages are 18-64.

Accident Rider Benefits (cont.)		Basic	Enhanced	Premier	
<b>Accident Follow-Up Treatment</b>					
AWD pays 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 take place no longer than 6 months after the accident. This benefit is not payable for the same visit for which the Physical Therapy benefit is paid.		PI CS CC	n/a	\$50/day	\$100/day
<b>Physical Therapy</b>					
AWD pays 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 take place no longer than 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 CS CC	n/a	\$50/day	\$100/day

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

Issue ages are 18-64.

**Injury Benefit Amounts**

The list below shows covered injury benefits for Enhanced 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 Enhanced coverage and break your ankle, you'll receive \$600,<sup>1</sup> which is the amount on the chart. If you had Premier coverage, you'd get \$1,200 for a broken ankle (twice 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		

<sup>1</sup> Subject to the terms of the rider

\* 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).

**Plan Selected**

Name: \_\_\_\_\_ Package: Basic: \_\_\_\_\_ Enhanced: \_\_\_\_\_ Premier: \_\_\_\_\_  
 Policy Elimination Period: \_\_\_\_\_ days for injury \_\_\_\_\_ days for sickness. Benefit Period: \_\_\_\_\_ months.  
 Monthly Benefit: \_\_\_\_\_ each month. Accident Rider Coverage: Individual  Family  Total Premium: \_\_\_\_\_

## Helpful Definitions

*Total Disability* - When, because of sickness or an injury, you can't perform the material and substantial duties of your own occupation (as defined below) and are under a physician's care.

*Any Occupation* - Any gainful occupation for which you're suited by education, training, or experience.

*Own Occupation* - Your occupation when a total disability period begins; if you're unemployed at that time, it means any gainful occupation for which you're suited by education, training, or experience.

*Pre-Existing Condition* - A condition not disclosed in the application for which symptoms existed in the 12 month period prior to the effective date of coverage which would cause an ordinarily prudent person to seek diagnosis, care or treatment; or medical advice or treatment was recommended or received from a physician within the 12 month period prior to the effective date of coverage.

## Disability Income Policy (DI5WNY)

### Pre-Existing Condition Limitation

We do not pay benefits under the policy for loss incurred or disability that starts within 12 months of the effective date, if caused by a pre-existing condition, unless the condition: was disclosed without material misrepresentation in written 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.

### Limitations and Exclusions

We do not pay benefits under the policy for total disability due to or resulting from: 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 insured's commission or attempt to commit a felony; or injury for which a contributing cause was the insured's being engaged in an illegal occupation; or any injury sustained while under the influence of alcohol, narcotics or drug 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, drug addiction or dependence upon any controlled substance; or mental or emotional disorders.

### Eligibility/Effective Date/Renewability/Termination

Individual coverage is available for the policy. The effective date of coverage will be the policy date assigned by the Home Office and shown on the policy specifications page. The policy is guaranteed renewable until age 70, subject to change in premiums by class; and terminates at the earliest of: the end of the grace period; the end of the last renewal period as described in the Renewal Provision; the next renewal date after your request to terminate the policy; or your death.

## Accident Rider (RACC4NY)

### Termination

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 your death.

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 rider 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.

### Timing

AWD provides benefits if a covered person sustains an injury which results in a covered loss within 90 days (180 days for dismemberment or death) from the date of the accident.

### Exclusions and Limitations

If more than one dismemberment, dislocation or fracture is sustained in any one injury, the total amount we will pay will not exceed the maximum amount shown in the Benefits section. The rider attached to the policy does not cover any loss incurred as a result of: 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; or a pre-existing condition when the disability begins within the first 12 months of a covered person's coverage.

The rider provides Limited Benefit coverage and is an accident only rider which does not pay benefits for a loss from sickness.

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



*This brochure is for use in New York.*

**Rev. 7/07.** Benefits are provided by Disability Income policy DI5WNY. Accident rider benefits are provided by RACC4NY. This brochure highlights some policy features but is not the insurance contract. Only the actual policy provisions control. The policy and rider themselves 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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