GROUP
solutions

Accidents happen—an unintentional-injury death occurs every 4 minutes and a disabling injury every 1 second.[1]

[1] *Injury Facts 2010 Edition*, National Safety Council.

GVAP1

GROUP ACCIDENT INSURANCE

Best in Benefits Series℠

Allstate
Workplace Division

group voluntary accident

No one plans to have an accident. But, it can happen at any moment throughout your day, whether at work or at play. Having the right accident coverage in the event of an accidental injury is important. Our Group Voluntary Accident policy can help cover your out-of-pocket expenses associated with an accidental injury, and help protect your savings should an on- or off-the-job accidental injury occur.

meeting your needs

Our accident coverage helps offer peace of mind when an accidental injury occurs.

- Coverage that is guaranteed at initial enrollment, there are no medical exams or tests to take.*
- Benefits that correspond with treatment for on- and off-the-job accidental injuries including hospitalization, emergency treatment, intensive care, fractures, plus more
- 24-hour accident coverage for yourself or your entire family
- Affordable premiums
- Benefits paid directly to you, unless you assign them to someone else
- Portable coverage
- An additional rider benefit has been added to the plan, and is designed to enhance your coverage

*During open enrollment only. If you enroll after the open enrollment period, evidence of insurability may be required.

Your employer has made it easy to help protect you and your family if a sudden accidental injury occurs.

your benefit coverage†

Accidental Death** - **Pays** for accidental death.

Common Carrier Accidental Death** - **Pays** for death while riding as a fare-paying passenger on a scheduled common carrier.

Dismemberment** - **Pays** for dismemberment. Multiple dismemberments during the same injury are limited to the principal amount listed in the policy.

Dislocation or Fracture** - **Pays** for dislocation or fracture. Multiple dislocations or fractures during the same injury are limited to the principal amount listed in the policy.

Initial Hospital Confinement - **Pays** when you are hospital confined for the first time after the effective date.

Hospital Confinement - **Pays** when you are confined in a hospital up to 90 days for each continuous hospital confinement.

Intensive Care - **Pays** when you are confined in a hospital intensive care unit up to 90 days for each continuous hospital intensive care confinement.

Ambulance - **Pays** for you to be transferred by ambulance service to or from a hospital.

Medical Expenses - **Pays** when you have medical expenses.

Outpatient Physician's Treatment - **Pays** when you are treated by a physician outside of a hospital for any reason. Limited to 2 visits per person per year, and 4 visits per year if your dependents are covered.

BENEFIT ENHANCEMENT RIDER

Hospital Admission - **Pays** for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident. Paid once per year.

Lacerations - **Pays** when you receive treatment for 1 or more cuts within 3 days after an accident. Paid once per year.

**Pays 50% of the benefit amount for a covered spouse and 25% for each covered child.

†See page 4 for limits and conditions.

In 2007, 34.3 million people—about 1 out of 9—sought medical attention. About 27.7 million were treated in hospital emergency departments.[2]

[2] National Safety Council, *Injury Facts 2010.*

Burns - **Pays** when you receive treatment for burns, other than sun burns, within 3 days after an accident. Paid once per accident.

Skin Graft** - **Pays** when you receive a skin graft for a covered burn. Paid once per accident.

Brain Injury Diagnosis - **Pays** a one-time benefit when you are diagnosed with 1 of these traumatic brain injuries within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - **Pays** when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident. Paid once per year.

Paralysis - **Pays** a one-time benefit when you are paralyzed from a spinal-cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

Coma With Respiratory Assistance - **Pays** a one-time benefit when you are in a coma.

Open Abdominal or Thoracic Surgery - **Pays** when you have open abdominal or thoracic surgery for internal injuries within 3 days after the accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery* - **Pays** when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery* - **Pays** when you have a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** - **Pays** when you have surgery or a foreign object removed from the eye. Paid once per accident.

General Anesthesia* - **Pays** for general anesthesia during a covered surgery.

Blood and Plasma - **Pays** for a blood or plasma transfusion within 3 days after an accident. Paid once per accident.

Appliance** - **Pays** for 1 of the following: wheelchair, crutches, or walker. Paid once per accident.

Medical Supplies** - **Pays** for over-the-counter medical supplies. Paid once per accident.

Medicine** - **Pays** for prescription or over-the-counter medicine. Paid once per accident.

Prosthesis* - **Pays** for a physician-prescribed prosthetic arm, leg, hand, foot or eye. Paid once per accident.

Physical Therapy** - **Pays** for physician-prescribed physical therapy (up to 6 treatments per accident). Must take place within 6 months after the accident.

Rehabilitation Unit - **Pays** when you are confined in a rehabilitation unit after a hospital stay. Paid up to 30 days per confinement (maximum 60 days per year).

Non-Local Transportation - **Pays** when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

Family Member Lodging - **Pays** when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

Post-Accident Transportation - **Pays** when you are hospital confined for at least 3 days in a row more than 250 miles from your home and you are brought home by a common carrier.

Accident Follow-Up Treatment - **Pays** when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient (up to 2 treatments per accident). Must take place within 6 months after the accident.

*must begin or be received within 180 days of the accident.
**must begin, be received, or performed within 90 days of the accident.

injury benefit amounts

The schedule below shows benefit amounts for 2 units. A covered spouse gets 50% of the amounts shown; covered children get 25% of the amounts shown. Benefit amounts for different units purchased will be proportionately higher or lower.

Loss of Life or Limb	Employee
Life	$40,000
Both Eyes	$40,000
One Eye	$20,000
Both Hands or Arms	$40,000
Both Feet or Legs	$40,000
One Hand or Arm and One Foot or Leg	$40,000
One Hand or Arm	$20,000
One Foot or Leg	$20,000
One or More Entire Toes	$4,000
One or More Entire Fingers	$4,000

Complete Dislocation	Employee
Hip Joint	$4,000
Knee Joint (except Patella)	$1,600
Bone or Bones of the Foot (except Toes)	$1,600
Ankle Joint	$1,600
Wrist Joint	$1,400
Elbow Joint	$1,200
Shoulder Joint	$800
Bone or Bones of the Hand (except Fingers)	$600
Collarbone	$600
Two or More Fingers	$280
Two or More Toes	$280
One Finger or Toe	$120

Simple or Closed Fracture	Employee
Skull (except Bones of Face or Nose)	$3,800
Hip, Thigh (Femur)	$4,000
Pelvis (except Coccyx)	$4,000
Arm, between Shoulder and Elbow (Shaft)	$2,200
Shoulder Blade (Scapula)	$2,200
Leg (Tibia or Fibula)	$2,200
Ankle	$1,600
Knee Cap (Patella)	$1,600
Collarbone (Clavicle)	$1,600
Forearm (Radius or Ulna)	$1,600
Foot (except Toes)	$1,400
Hand or Wrist (except Fingers)	$1,400
Lower Jaw (except Alveolar Process)	$800
Two or More Ribs, Fingers or Toes	$600
Bones of Face or Nose	$600
One Rib, Finger or Toe	$280
Coccyx	$280

certificate/rider specifications

Conditions and Limits - When an injury results in a covered loss within 90 days (180 days for dismemberment or death) from the date of an accident, AWD will pay benefits as stated. **Treatment must be received in the United States or its territories.**

Your Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. (c) Spouse coverage ends upon valid decree of divorce or your death.

Termination of Coverage - Coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you are in active employment, except as provided under the "Temporarily Not Working" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible.

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

Certificate and Benefit Enhancement Rider Limitations and Exclusions - Benefits are not paid for any loss incurred as a result of: (a) Injury incurred before the effective date; (b) any act of war or participation in a riot, insurrection or rebellion; (c) suicide or any attempt at suicide; (d) any injury sustained while under the influence of alcohol or any narcotic unless administered upon the advice of a physician; (e) any bacterial infection (except pyogenic infections that occur with and through an accidental cut or wound); (f) participation in aeronautics unless a fare-paying passenger on a licensed common carrier aircraft; (g) committing or attempting to commit an assault or felony; (h) driving in any organized or scheduled race or speed test or testing any vehicle on any racetrack or speedway; (i) hernia, including complications; (j) serving as an active member of the Military; Naval; or Air Forces of any country or combination of countries.

Pre-existing Condition Limitation - (a) Benefits are not paid on losses occurring during the first 12 months of coverage if caused by a pre-existing condition. (b) A pre-existing condition is a disease or physical condition for which symptoms existed within the 12-month period prior to the effective date; 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. A pre-existing condition can exist even though a diagnosis has not yet been made.

STATE VARIATIONS

Indiana **(changes affect page 4) - Certificate and Benefit Enhancement Rider Limitations and Exclusions** paragraph, item (d) is replaced with: being intoxicated or under the influence of any narcotic unless administered upon the advice of a physician. **Pre-existing Condition Limitation** item (b) is replaced with: A pre-existing condition is a disease or physical condition for which symptoms existed within the 6-month period prior to the effective date; or medical advice or treatment was recommended or received from a member of the medical profession within the 6-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

West Virginia **(changes affect page 4) - Certificate and Benefit Enhancement Rider Limitations and Exclusions** paragraph, item (e) is replaced with: any bacterial infection (except pyogenic infections which shall occur with and through an accident). Item (i) is deleted. **Pre-existing Condition Limitation** item (b) is replaced with: A pre-existing condition is a disease or physical condition for which 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. A pre-existing condition can exist even though a diagnosis has not yet been made.

Virginia **(changes affect page 4) - Pre-Existing Condition Limitation** item (b) is replaced with: A pre-existing condition is a disease or physical condition for which 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.

Coverage is provided by supplemental, limited benefit insurance.

This material is valid as long as information remains current, but in no event later than March 15, 2014. Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof. Benefit Enhancement Rider provided by rider form GVAPBER, or state variations thereof.

This brochure highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the policyholder (employer) and the insurance company. For complete details of the insurance, including exclusions, restrictions and other provisions included in the certificates issued, contact your Insurance Agent, or call Allstate Workplace Division at: **1-800-521-3535** or, go to **allstateatwork.com**. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

This brochure is for use in enrollments which are sitused in: DE, IN, KS, KY, NC, OH, SC, TN, VA and WV

Allstate Workplace Division

Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2011 Allstate Insurance Company. www.allstate.com or allstateatwork.com.

GROUP
solutions

Benefit coverage for

BALL STATE UNIVERSITY.

premiums detailed

- **Low Plan -** 1 unit of Group Voluntary Accident coverage, plus 1 unit of the Benefit Enhancement Rider
- **High Plan -** 2 units of Group Voluntary Accident coverage, plus 1 unit of the Benefit Enhancement Rider

	Monthly (Fiscal Year)		**Ninthly** (Academic Year)	
Insured	**Low**	**High**	**Low**	**High**
Employee Only	$11.31	$17.99	$15.08	$23.99
Employee + Spouse	$20.50	$33.86	$27.34	$45.15
Employee + Child(ren)	$21.99	$36.84	$29.32	$49.12
Family	$26.33	$44.89	$35.11	$59.86

Issue Ages: 18 and over if Actively at Work

GVAP1

GROUP ACCIDENT INSURANCE

Best in Benefits Series℠

Allstate®
Workplace Division

This insert is part of brochure AWD16569-1 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 October 1, 2014. Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.

©2011 Allstate Insurance Company. The Workplace Marketer® www.allstate.com or allstateatwork.com.

policy benefits

The listing below details benefit amounts associated with the benefits described in the brochure.

BENEFIT		Low	High
Accidental Death	Employee Spouse Child	$20,000 $10,000 $5,000	$40,000 $20,000 $10,000
Common Carrier Accidental Death	Employee Spouse Child	$100,000 $50,000 $25,000	$200,000 $100,000 $50,000
Dismemberment	Employee Spouse Child	up to $20,000[1] up to $10,000[1] up to $5,000[1]	up to $40,000[1] up to $20,000[1] up to $10,000[1]
Dislocation and Fracture	Employee Spouse Child	up to $2,000[1] up to $1,000[1] up to $500[1]	up to $4,000[1] up to $2,000[1] up to $1,000[1]
Initial Hospital Confinement		$500	$1,000
Hospital Confinement		$100/day	$200/day
Intensive Care		$200/day	$400/day
Ambulance	Regular Ambulance Air Ambulance	$100 $300	$200 $600
Medical Expenses		up to $250	up to $500
Outpatient Physician's Treatment		$25/visit	$50/visit

RIDER BENEFIT		Low	High
Hospital Admission		$500	$500
Lacerations		$50	$50
Burns	< 15% of body surface > 15% or more	$100 $500	$100 $500
Skin Graft		50% of Burns	50% of Burns
Brain Injury Diagnosis		$150	$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		$50	$50
Paralysis	Paraplegia Quadriplegia	$7,500 $15,000	$7,500 $15,000
Coma with Respiratory Assistance		$10,000	$10,000
Open Abdominal or Thoracic Surgery		$1,000	$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery Exploratory	$500 $150	$500 $150
Ruptured Disc Surgery		$500	$500
Eye Surgery		$100	$100
General Anesthesia		$100	$100
Blood and Plasma		$300	$300
Appliance		$125	$125
Medical Supplies		$5	$5
Medicine		$5	$5
Prosthesis	One Device Two or More	$500 $1,000	$500 $1,000
Physical Therapy		$30/day	$30/day
Rehabilitation Unit		$100/day	$100/day
Non-Local Transportation		$400/trip	$400/trip
Family Member Lodging		$100/day	$100/day
Post-Accident Transportation		$200	$200
Accident Follow-Up Treatment		$50/day	$50/day

[1] Based on amount shown in the Injury Benefit Amounts.

This insert is for use in: IN