

BENEFITS YOU CARE ABOUT!

Personal Accident Indemnity

Coverage On & Off the Job!

Pay cash directly to you (per person covered)!

Benefits are the same for all family members, not reduced for spouse/child

- \$200 Emergency Room Treatment Benefit
- \$200 Ambulance / \$600 Air Ambulance
- \$2,000 Hospital Confinement Benefit
- \$400 Daily Hospital Benefit (\$800 if in the ICU)
- \$60 Physical Therapy per day
- \$50 Doctor Visit Benefit (twice per year/including wellness)
- Accidental Death and many more benefits

Supplemental Health

Pays cash for hospital confinement, sickness or injury.

Maternity covered after 10 months.

Benefits increase 5% per year for 6 years. Some benefits below.

- \$830 initial day in the Hospital
- \$330 per day (days 2—10 as hospital inpatient)
- \$330 per day additional if inpatient in an Intensive Care Unit
- \$41 per visit to a Physician
- \$415 Outpatient Emergency Treatment

Critical Illness

Choose between a \$10,000 or \$20,000 lump sum cash benefit upon diagnosis of a Critical Illness. Use this cash for any purpose related to treatment or not. Benefits below are for diagnosis of employee.

- \$10,000 or \$20,000 cash benefit if diagnosed with a Heart Attack, Stroke, or need a Heart Transplant
- \$10,000 or \$20,000 cash benefit for End Stage Renal Failure, Paralysis, or an Organ Transplant (other than heart)
- \$2,500 or \$5,000 if diagnosed with Alzheimer's Disease
- Recurrence Benefit that pays 25% of the benefit if diagnosed more than once in a category of illnesses
- Spouse and/or Child(ren) are covered for 50% Employee basic benefits listed above.

BENEFITS YOU CARE ABOUT!

Cancer Treatment and 29 Other Diseases

In addition to cancer, this policy also covers Muscular Dystrophy, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis (bacterial), Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaire's Disease (confirmation by culture or sputum), Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or Chronic C with liver failure or Hepatoma), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Liver Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, Primary Biliary Cirrhosis.

Pay cash directly to you (per person covered)!

- \$5,000 lump sum benefit for initial diagnosis of cancer (other than skin cancer)
- \$100 benefit per year for a cancer screening
- \$200 per day in the hospital (up to 70 days) if related to cancer or a specified disease
- \$200 per day in hospital extended benefit for days 71 and beyond if related to cancer or a specified disease
- Up to \$1500 surgery benefit
- \$200 per day benefit for inpatient extended nursing services
- \$200 per day benefit for extended care facilities or at home nursing, or Hospice care
- \$10,000 per year benefit for Radiation or Chemotherapy (pays actual charges up to \$10,000 per year)
- \$10,000 per year benefit for Blood, Plasma, or Platelets (pays actual charges up to \$10,000 per year)
- \$500 to \$2,500 per year benefit for Bone Marrow or Stem Cell Transplants
- \$5,000 per year benefit for related new or experimental treatment (this typically isn't covered on your medical plan)
- Additional benefits for physical therapy, speech therapy, anti-nausea medication, travel, and family travel

The Basics.....

- ✓ Pays YOU **CASH**, Over & Above Any Other Insurance
 - ✓ Provides Financial Stability during times of Sickness or Injury
 - ✓ **No Networks, No Deductibles, No Co-Pays**
 - ✓ Premiums will **NOT** be changed due to claims, age, health or physical condition
 - ✓ Policies are **Portable** – they go with You at the Same Price and with the Same Benefits
 - ✓ Coverage is available for Domestic Partners
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Allstate Workplace Division Supplemental Benefits

BENEFIT REQUEST FORM

Please complete the personal information requested below:

| |
|---------------------------------------|
| NAME: _____ |
| BIRTH DATE: _____ SMOKER? Yes No |
| TELEPHONE NUMBER: _____ |
| EMAIL ADDRESS: _____ |
| PREFERRED FORM OF CONTACT: _____ |

The below policies are additional Allstate Supplemental Benefits products that are rated on an individual basis. Please select the policy and the level of coverage you are interested in and an Allstate agent will contact you directly to review your options. Contact Shannon Cruz at 850-650-9935, ext. 37 if you have any questions.

SHORT-TERM DISABILITY

... Helps provide income for an off-the-job sickness or injury. Choice of benefit periods (3,6,12, or 24 months), benefit amounts, and elimination periods available.

I am interested in obtaining additional information.

LIFE INSURANCE

... Helps provide Life Insurance to include Whole Life and Term Life with amounts up to \$200,000 depending on health conditions. May be used on top of Simple HR Term Life.

I am interested in obtaining additional information for:
EO ES EC EF

EO-employee only; ES-employee+spouse; EC-employee+child; EF-employee+family

NOTE: PLEASE RETURN THIS FORM DIRECTLY TO THE SIMPLE HR BENEFITS DEPARTMENT.
