



frequently asked questions



group whole life insurance with accelerated death benefit for long term care with restoration of benefits and extension of benefits

COVERAGE AND BENEFITS

Q. How does Group Whole Life Insurance work?

A. If you or your covered spouse or domestic partner dies while the coverage is in force, a death benefit will be paid to the designated beneficiary. If you or your covered spouse or domestic partner survives to maturity (age 121) and the coverage is still in force, the net surrender value is paid to you and coverage terminates. (The net surrender value is the cash value minus any certificate debt.)

Q. What is the age range for coverage eligibility?

A. You and your spouse or domestic partner can sign up for coverage between the ages of 18 and 70.

Q. When does coverage for me and my covered spouse or domestic partner begin?

A. Coverage begins on the coverage effective date provided on your certificate.

Q. How does the Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider work?

A. If you or a covered family member is certified by a physician as chronically ill, as defined in the rider, and receives qualified long-term care services,* you can claim an advance of the death benefit as a monthly benefit after a 90-day elimination period. The Restoration of Benefits feature replenishes the death benefit amount to the level it was at the time the Accelerated Death Benefit claim was submitted, and the Extension of Benefits feature expands the period of time you may receive a benefit payout (time span is equal to the original benefit term). This rider is included with your Group Whole Life coverage.

*Qualified long-term care services include the following: necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, or rehabilitative services, and maintenance or personal care services that are required by a chronically ill individual and are provided by and pursuant to a plan of care prescribed by a licensed health care practitioner in an assisted living facility or nursing care facility.

Q. How much of the death benefit will I receive to pay for long-term care services?

A. To help pay for long-term care services, you may receive a payout of 6% of the death benefit for up to 34 months.

Q. If I do not exhaust the Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider, what happens to the remainder of the benefit amount available for long-term care services?

A. Once the full death benefit has been paid in advance for long-term care, payments for the same monthly Long Term Care benefit can be extended for up to 17 additional months via the Extension of Benefits feature. If an insured only uses a portion of the Long Term Care benefit amount, the unused portion is forfeited.

Q. How do the expenses of long-term care services impact the monthly benefit amount?

A. You and/or your covered spouse will receive a monthly benefit amount of 6% of the policy face amount regardless of whether your incurred expenses are more or less than the monthly long-term care benefit.

Q. How does the Accelerated Death Benefit for Terminal Illness or Condition Rider work?

A. If you or a covered family member is certified by a physician as terminally ill, as defined in the rider, you can receive an advance of up to 75% (but not more than \$100,000) of the death benefit. This rider is included with your Group Whole Life coverage.

Q. What if I already have Term Life Insurance?

A. Your employer may provide Term Life Insurance as part of your benefits package, but Term Life Insurance only provides coverage for a certain time period, and only protects your family should you pass away within that period. Group Whole Life Insurance in addition to Term Life Insurance can provide wraparound coverage, helping to give you peace of mind because your premium payments build cash value that you can use later in life. With both Term and Permanent Life insurance coverage, you can help protect yourself and your loved ones throughout the various stages of life.

CONTINUATION OF COVERAGE

Q. If I leave the company, can I keep my life insurance coverage? How do I keep my coverage?

A. You can continue coverage for yourself and your dependents as long as you exercise the portability option and make premium payments directly to Allstate Benefits. Your premium payment must be received by Allstate Benefits within 30 days of your certificate termination date. Continuing your coverage is referred to as "Portability" in your coverage documents.

Q. I plan on retiring in two months. Can I enroll in coverage and take it with me when I retire?

A. Yes, assuming the coverage effective date is before you retire. Your first premium payment must be made through payroll deduction and remitted by your employer. After your first payroll deduction, you can take your coverage with you and make payments directly to Allstate Benefits.

Q. Will coverage levels change if I use portability and continue my coverage?

A. No. Coverage and premiums are not affected by you leaving the group.

CLAIMS

Q. Who may submit a claim?

A. You, your covered spouse or domestic partner, or a designated beneficiary can submit claims for processing.

Q. How do I submit a claim?

A. In the event of your passing, a death benefit claim may be submitted by your beneficiary by calling the Allstate Benefits Customer Care Center at **800-521-3535** (Monday - Friday, 8 a.m. - 8 p.m. ET). They also have the choice to submit claims via mail or fax. Claim forms are available at www.allstate.com/allstate-benefits/resources-and-forms.aspx.

If you are submitting a claim on a rider, such as an accelerated death benefit rider, you can use mail or fax, or you can utilize our customer portal MyBenefits at www.mybenefits.allstate.com. MyBenefits allows you to view coverage documents and file claims securely online. On the go? Our MyBenefits app lets you file and track claims from anywhere (download for free from Google Play or the Apple App Store).

DEPENDENTS

Q. Who can be covered under the policy?

- A.** Coverage is available for you and your spouse or domestic partner.

Q. What is the maximum dependent age that employees can request coverage?

- A.** Applications for coverage for your spouse or domestic partner can be made up to age 70.

TOBACCO USE AND AGE

Q. Do premiums depend on tobacco status?

- A.** Yes. Your employer has chosen a Tobacco Distinct classification, which means that rates and cash values will depend on the tobacco status of each covered individual.

Q. Do premiums vary based on the primary insured's age?

- A.** Yes. Suggested premiums at issue are based on the age at which coverage is effective.

ENROLLMENT

Q. I did not enroll in coverage during the open enrollment period. Will I be able to enroll at a later date?

- A.** After the initial enrollment period, late entrants can only apply for coverage during subsequent enrollment periods. You will be required to answer "Actively at Work" questions and submit acceptable evidence of insurability via the application process.

UNDERWRITING

Q. Are there medical questions to answer to enroll in this coverage?

- A.** No. Coverage is offered as Guaranteed Issue* at initial enrollment. However, coverage is subject to any applicable pre-existing condition limitations, and you must meet the "Actively at Work" requirement to be eligible.

*All exclusions and limitations apply to any coverage issued. Policy exclusions and limitations, including pre-existing condition limitations, are not waived even though Guaranteed Issue is offered. Guaranteed Issue is the amount of coverage that is available regardless of health status or evidence of insurability on the employee's application.

Q. How does the non-forfeiture agreement work?

- A.** As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If premiums are not paid after the coverage is effective and has developed cash value, the policy coverage can either be surrendered for its net cash value or some of the coverage can continue as paid-up coverage under the available non-forfeiture option. Rider coverage terminates if a non-forfeiture option is elected.

Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

CERTIFICATE SPECIFICATIONS

Pre-Existing Condition Limitation

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider - Benefits are not paid for care resulting from a pre-existing condition within the first 6 months after the effective date of coverage. This does not apply to a period of care caused by a pre-existing condition beginning 6 months or more after the effective date. A pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care, or treatment within 6 months before the effective date; or a condition for which medical advice or treatment was recommended or received from a medical professional within 6 months before the effective date.

Suicide Exclusion for Group Whole Life - If the insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.

Exclusions

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits Rider - Benefits are not paid for long-term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment or medical conditions due to: act of war, participation in a felony, riot, or insurrection, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless required by law); services for which benefits are available under Medicare (except for deductibles or coinsurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no fault law; received outside the United States or its territories.



This material is valid as long as information remains current, but in no event later than March 1, 2027. Group Whole Life Insurance benefits are provided under policy form GWLP, or state variations thereof. Rider benefits are provided under the following rider forms, or state variations thereof: Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits (GWPLTCRE, GWPLTCRE1) and Accelerated Death Benefit for Terminal Illness or Condition (GWPTI).

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations and may vary by state. Contact your Allstate Benefits Representative for costs and complete details. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation. ©2024 Allstate Insurance Company.