

# Frequently Asked Questions (FAQ)

## Allstate Life+LTC

### 1. What is Life+LTC Insurance and how does it differ from standalone life insurance?

This plan is designed to help you and your family plan for the high cost of Long-Term care and combines the benefit of life insurance. You could need Long-Term Care (LTC) because of an accident, illness, cognitive impairment or simply due to aging.

The Life+LTC benefit does not have an impact on any current life insurance benefit you may have. The Life+LTC benefit should be viewed as your solutions for a LTC event. If you don't have an LTC event you will still receive the life insurance benefit. You WILL receive a benefit, either for LTC, Life Insurance, or both.

### 2. How does the plan benefit work?

Choose a life insurance benefit and you will receive a monthly LTC Benefit of 6% of the life insurance benefit in the event you are approved for an LTC claim.

### 3. Does the plan's benefit decrease?

No – the plan's benefit does not decrease.

### 4. Are there limitations and exclusions?

#### **Pre-Existing Condition Limitation**

Allstate will not pay benefits under the LTC rider for a period of care that begins in the 6 months after the rider date if a pre-existing condition causes the insured to be chronically ill. A period of care that begins more than 6 months after the rider date is caused by a pre-existing condition will be covered.

#### **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: war, 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 otherwise 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.

**Suicide Exclusion** – if the insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.

### 5. What happens if I use all the benefits for LTC, do I receive a death benefit?

Yes, once you use the death benefit for LTC the restoration benefit restores the death benefit and cash value to the pre-acceleration amounts.

### 6. What happens if I never need LTC and don't use the LTC benefit?

Your beneficiary will receive the death benefit upon your death.

### 7. Does my premium increase as I get older?

Premiums are based on the age at which you apply for coverage. They do not increase each year as you get older.

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**8. What if I stop paying the premiums?**

If you have some cash build up in your policy, then you can use that to continue to pay your premiums. Once that is exhausted your policy lapses and you have no plan benefit. If you don't have cash build up and stop paying premiums, then your plan benefit lapses, and you have no plan benefit.

**9. How do I trigger the plan LTC benefit?**

When you need assistance and are certified by a physician as needing assistance with 2 out of 6 Activities of Daily Living (ADL's) or you are diagnosed with cognitive impairment after the first 90 days. The ADL's are bathing, eating, transferring, toileting, continence, and dressing.

**10. Is there an advantage to apply during the initial enrollment period?**

Employees are eligible to apply for coverage during their initial enrollment period with Guaranteed Issue, meaning the coverage is guaranteed without regard to health status or evidence of insurability on the employee's application. \*Requires applicants to answer Actively as Work questions on their application.

**11. What happens if I do not enroll when I first get the chance, but decide I want to enroll at a later date?**

If you do not enroll during your initial eligibility period, you would be considered a late entrant. Late entrants can apply for coverage during subsequent enrollment period but will require evidence of insurability.

**12. Can my spouse/domestic partner apply for coverage?**

Yes – eligible spouses/domestic partners can apply for coverage. Employee coverage is not required.

**13. Does my spouse/domestic partner have to submit their own application?**

Yes, first the employee must list the spouse/domestic partner as a dependent on their application on the enrollment website. Once the spouse/domestic partner is added as a dependent, coverage can be selected, and an application completed.

**14. Can my children apply for coverage?**

No, child coverage is not included.

**15. How do I know my application was submitted?**

You must download and print the 'Enrollment Verification' after signing.

**16. Can I maintain this policy if I am no longer employed by my current employer?**

Yes, the Allstate policy is portable by paying your premiums directly to Allstate. As long as you continue to pay your premiums, your coverage will remain in force. The rate does not change when you leave employment.

**17. How long has Allstate been in business?**

Allstate has been in business since 1956

Learn more about Allstate by visiting [Home | Allstate \(Allstatebenefits.com\)](#)

**18. Can I use Health Savings Account (HSA) money to pay my premium?**

No

**19. Can I use my Flexible Spending Account (FSA) to pay my premium?**

No

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**20. Are the LTC premiums pre-tax or post-tax?**

Post-tax

**21. How do I receive my policy?**

You will receive a Welcome Letter with instructions on how to create a MyBenefits account

You can access your policy through the MyBenefits Portal

**22. When will I receive my policy?**

You will receive the Welcome Letter within 10-15 business days from the end of enrollment

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### Allstate Underwriting Questions

#### Simplified Issue Underwriting

1. Is the employee and the employee's spouse if applying for life and/or accident with sickness disability rider actively at work now, for wage or profit, and has he/she worked at least 20 hours each week performing all duties of his/her regular occupation at his/her regular place of employment for at least the 3 months except for minor illness or injury of 1 week or less, or normal pregnancy.
2. Has any person to be insured, in the last 5 years, been diagnosed with or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), or AIDS Related Complex (ARC), or tested positive for antigens or antibodies to an AIDS virus?
3. Has any person to be insured, in the last 6 months, been disabled or hospitalized for anything other than normal pregnancy, lacerations or broken bones due to an accident?
4. Provide health history for any "Yes" answers to the underwriting questions. Include physician's (or other members of the medical profession) name, address, and telephone number.
5. Has any person to be insured, in the last 2 years, been diagnosed or treated by a member of the medical profession for any of the following?

Anemia (other than iron deficiency)  
Anxiety, depression or other mental or nervous illness (that would include hospitalizations, disability from work, and suicide attempts)  
Asthma (other than taking non-steroidal medication as needed with not hospitalizations), or any other lung disorder  
Cancer, except basal cell carcinoma  
Diabetes  
Epilepsy with a seizure  
Heart attack, cardiomyopathy, congestive heart failure, heart murmur (and taking medication (s)), angioplasty, coronary artery bypass surgery, coronary artery disease, stent, pacemaker, heart valve replacement, or any other heart disorder  
Transplant of any organ  
Counseling for, or excessive use of, alcohol or any type of drugs

Hemophilia  
Hepatitis  
Kidney Disease involving dialysis or chronic renal failure  
Liver Disease  
Lou Gehrig's Disease (ALS)  
Lupus  
Multiple Sclerosis

Muscular Dystrophy  
Parkinson's Disease, scleroderma, polymyositis, or fibromyalgia

Stroke including aneurysm, transient ischemic attack (TIA), or arteriovenous malformation

6. In the last year, has the person to be insured had a systolic blood pressure reading higher than 150 more than once or a diastolic blood pressure reading higher than 100 more than one that was confirmed by a member of the medical profession?
7. In the last 3 years, has the person to be insured had his/her driver's license suspended or revoked due to driving violations, been convicted of reckless driving or driving under the influence, been involved in 3 or more motor vehicle accidents, or received 3 or more moving violations? If yes, provide details including license number and state of issue.?
8. In the last 5 years, has a member of the medical profession advised or recommended that the person(s) to be insured have any medical or surgical procedures (including organ transplant), which have not yet been performed?
9. Provide Height and Weight
10. If applying for coverage over \$150,000, provide the names and addresses of all physicians (or other members of the medical profession) for each person to be insured; the required health history section may be used if additional space is needed.

**Disclaimer:** The underwriting questions within this proposal are for illustrative purposes only. The number of underwriting questions and the questions themselves can vary depending upon the state-specific application.