



Allstate BENEFITS

Provides a monthly benefit if you are disabled from an off-the-job injury and cannot work

Disability Insurance

Like most, unless you know someone who has been disabled, you may not see the value of Disability insurance. You may think it won't happen to you, but if it does, you are vulnerable to lost income.

An injury or sickness may slow you down, but it won't slow down your monthly bills. Expenses such as house and car payments, or even daily living expenses such as groceries and gas, will still need to be paid. Disability insurance can help replace your lost income and help ensure your finances are not depleted.

Here's How It Works

You choose the maximum monthly benefit level that meets your needs. Then, if you are faced with a period of unexpected sickness or off-the-job injury, you will receive cash benefits to use as you see fit. This could include medical treatments, daily living expenses and more.

Meeting Your Needs

- You choose the monthly maximum benefit level that meets your needs
- Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work
- Premiums are affordable and conveniently payroll deducted

With Allstate Benefits, you gain the power to make treatment decisions without putting your finances at risk. **Are you in Good Hands? You can be.**

DID YOU KNOW?



46% of Americans cannot cover a \$400 emergency.¹



Just over 1 in 4 of today's 20-year-olds will become disabled before they retire.²

**Offered to the employees of:
Town of Webster**

¹Disability Insurance: A Benefit for All, Council for Disability Awareness, 2017

²Chances of Disability, Council for Disability Awareness, disabilitycanhappen.org/chances_disability, 2017

Meet Joan

Joan is a hard worker and is very active outside of her workplace. She considers herself healthy and is still relatively young. Recently, one of her coworkers suffered a disability while at home and was unable to work, so her paycheck stopped. Joan thinks about her own situation and wonders what would happen to her finances if she suffered a disability.

Here is what weighs heavily on her mind:

- Her major medical will only pay a portion of the expenses associated with diagnosis, injury treatments and rehabilitation (if required)
- If she misses work because of an injury, she may not get paid or will receive a reduced paycheck
- She has bills, rent/mortgage, groceries and everyday living expenses she must continue to pay
- She might need to purchase special medical equipment, make needed renovations to her home or need assistance from a visiting nurse



Joan's story of injury and treatment turned into a happy ending, because she had Short Term Disability Insurance to help replace her paycheck while she was out of work.



CHOOSE

Joan purchased Short Term Disability Insurance to help protect the family's finances if she had to miss work due to a disability.



USE

Joan is painting her home when she falls from a ladder. She immediately feels sharp pain in her lower back. She visits her local emergency room to help relieve her pain.

Here's Joan's treatment path:

- Joan visits the emergency room and the doctors recommend she meet with a neurosurgeon
- The neurosurgeon diagnoses Joan with a torn disc
- Joan's doctor schedules surgery and informs her the recovery period will last six to eight weeks
- Joan files her Short Term Disability claim online
- Joan undergoes surgery and is released from the hospital to recover for six to eight weeks
- She visits her doctor during her recovery

Joan received a monthly cash benefit while she was unable to work, which helped her continue to meet all her financial obligations.



CLAIM

In addition to her medical coverage, Joan's Short Term Disability Insurance provided the following benefit:

Monthly Disability Benefit

Using your cash benefits

Our cash benefits provide greater coverage options because you get to determine how to use them.



Finances

Can help protect your savings, retirement plans and 401ks from being depleted.



Travel

You can use your cash benefits to help pay for expenses while receiving treatment in another city.



Home

You can use your cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs for your after care.



Expenses

The monthly cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas.



MyBenefits: 24/7 Access allstatebenefits.com/mybenefits

An easy-to-use website that offers 24/7 access to important information about your benefits. Plus, you can submit and check your claims (including claim history), request your cash benefit to be direct deposited, make changes to personal information, and more.

BENEFITS

BASE POLICY BENEFITS

Total Disability - the monthly benefit starts after the elimination period has been met. Benefits will not continue beyond the maximum benefit period

Partial Disability - 50% of the monthly benefit is paid after at least one month that the Total Disability Benefit is payable. Payments continue while partially disabled for up to 3 months, but not beyond the maximum benefit period

Pregnancy - a benefit for pregnancy is paid if total disability first begins after the certificate has been in force for at least 9 months

Organ Donor - a benefit is paid when disabled from donating an organ

Waiver of Premium - premiums are waived after monthly disability benefits are payable for 30 days in a row, for as long as monthly benefits are payable

BASE POLICY BENEFIT CONDITIONS

Concurrent Disability - one monthly benefit is paid, even if you are disabled due to more than one cause. Being disabled from more than one cause does not extend the payment of benefits under the maximum benefit period

Recurrent Disability - a benefit is paid if disabled from the same or related cause within 6 months without a new waiting period or maximum benefit period

DETAILS OF COVERAGE

Maximum Monthly Benefit - \$5000

Maximum Benefit Period - 6 months

Elimination Period for Accident - 30 Days

Elimination Period for Sickness - 30 Days

Monthly Benefit - Your monthly disability benefit may be reduced if you receive disability payments from other deductible sources of income which include individual disability income policies or other group insurance coverage.

DEFINITIONS

Total Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation; under the regular care of a doctor; and not working in any job for wage or profit

Partial Disability - due to a sickness or injury, you are: unable to perform the material and substantial duties of your own occupation on a full-time basis, but are able to work part-time; and under the regular care of a doctor

Elimination (Waiting) Period - a period of continuous total disability which must be satisfied before you are eligible to receive benefits

Own Occupation - the occupation you are performing when a period of disability begins



Group Voluntary Disability Income (Massachusetts)

Product Illustration

Benefit Period: 6 Months
 Portability: No
 Mental and Nervous Disorders Covered: No

Accident Elimination Period: 30 days
 Sick Elimination Period: 30 days
 Premium Mode: Monthly
 Rate Class: Preferred Plus

Additional Riders:
 None

Monthly Benefit	Issue Ages				
	18-49	50-59	60-64	65-69	70+
\$400.00	\$7.44	\$10.92	\$12.68	\$13.44	\$15.76
\$500.00	\$9.30	\$13.65	\$15.85	\$16.80	\$19.70
\$600.00	\$11.16	\$16.38	\$19.02	\$20.16	\$23.64
\$700.00	\$13.02	\$19.11	\$22.19	\$23.52	\$27.58
\$800.00	\$14.88	\$21.84	\$25.36	\$26.88	\$31.52
\$900.00	\$16.74	\$24.57	\$28.53	\$30.24	\$35.46
\$1,000.00	\$18.60	\$27.30	\$31.70	\$33.60	\$39.40
\$1,100.00	\$20.46	\$30.03	\$34.87	\$36.96	\$43.34
\$1,200.00	\$22.32	\$32.76	\$38.04	\$40.32	\$47.28
\$1,300.00	\$24.18	\$35.49	\$41.21	\$43.68	\$51.22
\$1,400.00	\$26.04	\$38.22	\$44.38	\$47.04	\$55.16
\$1,500.00	\$27.90	\$40.95	\$47.55	\$50.40	\$59.10
\$1,600.00	\$29.76	\$43.68	\$50.72	\$53.76	\$63.04
\$1,700.00	\$31.62	\$46.41	\$53.89	\$57.12	\$66.98
\$1,800.00	\$33.48	\$49.14	\$57.06	\$60.48	\$70.92
\$1,900.00	\$35.34	\$51.87	\$60.23	\$63.84	\$74.86
\$2,000.00	\$37.20	\$54.60	\$63.40	\$67.20	\$78.80
\$2,100.00	\$39.06	\$57.33	\$66.57	\$70.56	\$82.74
\$2,200.00	\$40.92	\$60.06	\$69.74	\$73.92	\$86.68
\$2,300.00	\$42.78	\$62.79	\$72.91	\$77.28	\$90.62
\$2,400.00	\$44.64	\$65.52	\$76.08	\$80.64	\$94.56
\$2,500.00	\$46.50	\$68.25	\$79.25	\$84.00	\$98.50
\$2,600.00	\$48.36	\$70.98	\$82.42	\$87.36	\$102.44
\$2,700.00	\$50.22	\$73.71	\$85.59	\$90.72	\$106.38
\$2,800.00	\$52.08	\$76.44	\$88.76	\$94.08	\$110.32
\$2,900.00	\$53.94	\$79.17	\$91.93	\$97.44	\$114.26
\$3,000.00	\$55.80	\$81.90	\$95.10	\$100.80	\$118.20
\$3,100.00	\$57.66	\$84.63	\$98.27	\$104.16	\$122.14
\$3,200.00	\$59.52	\$87.36	\$101.44	\$107.52	\$126.08
\$3,300.00	\$61.38	\$90.09	\$104.61	\$110.88	\$130.02
\$3,400.00	\$63.24	\$92.82	\$107.78	\$114.24	\$133.96
\$3,500.00	\$65.10	\$95.55	\$110.95	\$117.60	\$137.90
\$3,600.00	\$66.96	\$98.28	\$114.12	\$120.96	\$141.84
\$3,700.00	\$68.82	\$101.01	\$117.29	\$124.32	\$145.78
\$3,800.00	\$70.68	\$103.74	\$120.46	\$127.68	\$149.72
\$3,900.00	\$72.54	\$106.47	\$123.63	\$131.04	\$153.66
\$4,000.00	\$74.40	\$109.20	\$126.80	\$134.40	\$157.60
\$4,100.00	\$76.26	\$111.93	\$129.97	\$137.76	\$161.54
\$4,200.00	\$78.12	\$114.66	\$133.14	\$141.12	\$165.48
\$4,300.00	\$79.98	\$117.39	\$136.31	\$144.48	\$169.42
\$4,400.00	\$81.84	\$120.12	\$139.48	\$147.84	\$173.36
\$4,500.00	\$83.70	\$122.85	\$142.65	\$151.20	\$177.30
\$4,600.00	\$85.56	\$125.58	\$145.82	\$154.56	\$181.24
\$4,700.00	\$87.42	\$128.31	\$148.99	\$157.92	\$185.18
\$4,800.00	\$89.28	\$131.04	\$152.16	\$161.28	\$189.12
\$4,900.00	\$91.14	\$133.77	\$155.33	\$164.64	\$193.06
\$5,000.00	\$93.00	\$136.50	\$158.50	\$168.00	\$197.00

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Group Voluntary Disability Income (Massachusetts)

Product Illustration

Benefit Period: 6 Months
 Portability: No
 Mental and Nervous Disorders Covered: No

Accident Elimination Period: 30 days
 Sick Elimination Period: 30 days
 Premium Mode: Weekly
 Rate Class: Preferred Plus

Additional Riders:
 None

Monthly Benefit	Issue Ages				
	18-49	50-59	60-64	65-69	70+
\$400.00	\$1.72	\$2.52	\$2.93	\$3.11	\$3.64
\$500.00	\$2.15	\$3.15	\$3.66	\$3.88	\$4.55
\$600.00	\$2.58	\$3.78	\$4.39	\$4.66	\$5.46
\$700.00	\$3.01	\$4.41	\$5.12	\$5.43	\$6.37
\$800.00	\$3.44	\$5.04	\$5.86	\$6.21	\$7.28
\$900.00	\$3.87	\$5.67	\$6.59	\$6.98	\$8.19
\$1,000.00	\$4.30	\$6.30	\$7.32	\$7.76	\$9.10
\$1,100.00	\$4.73	\$6.93	\$8.05	\$8.53	\$10.01
\$1,200.00	\$5.15	\$7.56	\$8.78	\$9.31	\$10.91
\$1,300.00	\$5.58	\$8.19	\$9.51	\$10.08	\$11.82
\$1,400.00	\$6.01	\$8.82	\$10.25	\$10.86	\$12.73
\$1,500.00	\$6.44	\$9.45	\$10.98	\$11.63	\$13.64
\$1,600.00	\$6.87	\$10.08	\$11.71	\$12.41	\$14.55
\$1,700.00	\$7.30	\$10.71	\$12.44	\$13.19	\$15.46
\$1,800.00	\$7.73	\$11.34	\$13.17	\$13.96	\$16.37
\$1,900.00	\$8.16	\$11.97	\$13.90	\$14.74	\$17.28
\$2,000.00	\$8.59	\$12.60	\$14.63	\$15.51	\$18.19
\$2,100.00	\$9.02	\$13.23	\$15.37	\$16.29	\$19.10
\$2,200.00	\$9.45	\$13.86	\$16.10	\$17.06	\$20.01
\$2,300.00	\$9.88	\$14.49	\$16.83	\$17.84	\$20.92
\$2,400.00	\$10.31	\$15.12	\$17.56	\$18.61	\$21.83
\$2,500.00	\$10.73	\$15.75	\$18.29	\$19.39	\$22.73
\$2,600.00	\$11.16	\$16.38	\$19.02	\$20.16	\$23.64
\$2,700.00	\$11.59	\$17.01	\$19.76	\$20.94	\$24.55
\$2,800.00	\$12.02	\$17.64	\$20.49	\$21.71	\$25.46
\$2,900.00	\$12.45	\$18.27	\$21.22	\$22.49	\$26.37
\$3,000.00	\$12.88	\$18.90	\$21.95	\$23.27	\$27.28
\$3,100.00	\$13.31	\$19.53	\$22.68	\$24.04	\$28.19
\$3,200.00	\$13.74	\$20.16	\$23.41	\$24.82	\$29.10
\$3,300.00	\$14.17	\$20.79	\$24.14	\$25.59	\$30.01
\$3,400.00	\$14.60	\$21.42	\$24.88	\$26.37	\$30.92
\$3,500.00	\$15.03	\$22.05	\$25.61	\$27.14	\$31.83
\$3,600.00	\$15.46	\$22.68	\$26.34	\$27.92	\$32.74
\$3,700.00	\$15.89	\$23.31	\$27.07	\$28.69	\$33.65
\$3,800.00	\$16.31	\$23.94	\$27.80	\$29.47	\$34.55
\$3,900.00	\$16.74	\$24.57	\$28.53	\$30.24	\$35.46
\$4,000.00	\$17.17	\$25.20	\$29.27	\$31.02	\$36.37
\$4,100.00	\$17.60	\$25.83	\$30.00	\$31.79	\$37.28
\$4,200.00	\$18.03	\$26.46	\$30.73	\$32.57	\$38.19
\$4,300.00	\$18.46	\$27.09	\$31.46	\$33.35	\$39.10
\$4,400.00	\$18.89	\$27.72	\$32.19	\$34.12	\$40.01
\$4,500.00	\$19.32	\$28.35	\$32.92	\$34.90	\$40.92
\$4,600.00	\$19.75	\$28.98	\$33.65	\$35.67	\$41.83
\$4,700.00	\$20.18	\$29.61	\$34.39	\$36.45	\$42.74
\$4,800.00	\$20.61	\$30.24	\$35.12	\$37.22	\$43.65
\$4,900.00	\$21.04	\$30.87	\$35.85	\$38.00	\$44.56
\$5,000.00	\$21.47	\$31.50	\$36.58	\$38.77	\$45.47

This rate insert is part of the approved brochure for Town of Webster and is not to be used on its own.

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CERTIFICATE SPECIFICATIONS

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.

Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence Provision

We will continue your coverage in accordance with your employer's human resource policy on temporary layoff or leave of absence if premium payments continue and your employer approved your leave in writing. If you are on temporary layoff or leave of absence, coverage will be continued for 3 months after you ceased active employment. If you are on Family and Medical Leave of Absence, coverage will continue as though you are in active employment.

If your employer's human resource policy does not provide for continuation of your coverage during a family and medical leave of absence, your coverage will be reinstated when you return to active employment.

We will not apply a new waiting period, apply a new pre-existing conditions exclusion, or require evidence of insurability.

When Coverage Ends

Coverage under the policy ends on the earliest of: the date the group policy is canceled; the last day of the period for which premium payments were made; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date you or your class is no longer eligible; or fraud or material misrepresentation is discovered.

EXCLUSIONS AND LIMITATIONS

Pre-Existing Condition Limitation

Benefits are not paid for a disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if the disability began during the 12 months after the effective date; and you received medical treatment, consultation, care or services, diagnostic measures, or took medications or followed treatment recommendations in the 12 months prior to the effective date of coverage, or the date an increase in benefits was effective; or symptoms existed in the 12 months prior to the effective date or the date an increase in benefits was effective.

Exclusions

We do not pay benefits for disabilities resulting from: bipolar, delusional, psychotic, somatoform, eating or anxiety disorders, schizophrenia, depression or mental illness (Alzheimer's or similar forms of senile dementia are covered if they first manifest after your coverage is in effect); war or participation in a riot, insurrection or rebellion; illegal activities or participation in an illegal occupation; intentionally self-inflicted injury or action; substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance; participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; voluntarily inhaling fumes or gases; cosmetic surgery (complications are covered); pre-existing conditions during the first 12 months of coverage; occupational sickness or injury, unless covered by an on-the-job disability rider. We do not pay for disability during incarceration.

Workers' Compensation or State Disability Insurance

The certificate does not replace or affect the requirements for coverage by any Workers' Compensation or state disability insurance.



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This material is valid as long as information remains current, but in no event later than April 21, 2023.

Group Short Term Disability benefits are provided under policy form GVDIP, or state variations thereof.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Allstate Benefits Representative.