



## Accident Insurance

Protection for accidental injuries on- and off-the-job, 24 hours a day

### THINK ABOUT THIS



More than 85% of the medically consulted injuries suffered by workers occurred off the job<sup>†</sup>



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional<sup>†</sup>

Coverage offered to the employees of:



When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance from Allstate Benefits can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

#### Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you have an accident and get medical attention, file a claim and receive cash benefits

#### Protecting Your Finances

You've worked hard for your savings – don't let an accident wipe it out.

- Protect your checking and savings
- Don't dip into your HSA or 401(k)



Practical benefits for everyday living.<sup>®</sup>

#### The Allstate Benefits Advantage

- Guaranteed Issue coverage, meaning no medical questions to answer\*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

<sup>†</sup>National Safety Council, Injury Facts<sup>®</sup>, 2022 Edition. \*Subject to exclusions and limitations, please refer to the Exclusions and Limitations section of this brochure.



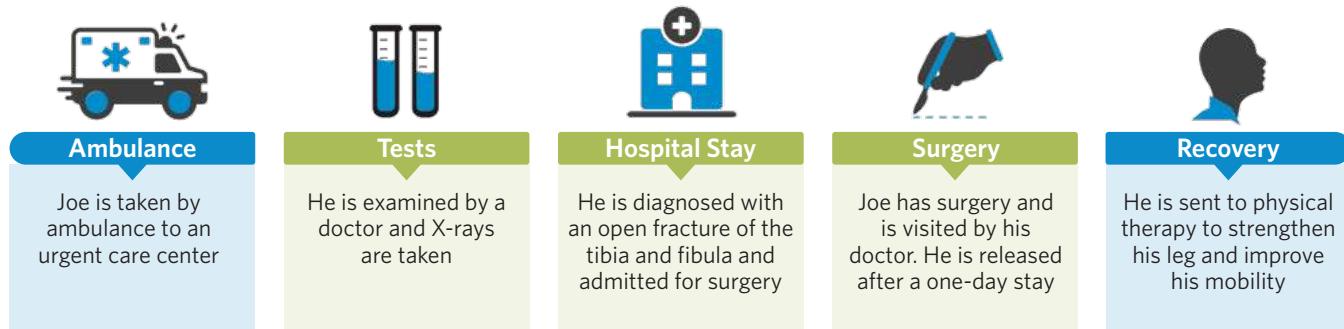
# Meet Joe

## CHOOSE

Joe signs up for Allstate Benefits Accident Insurance during his employer's Open Enrollment.

## USE

A few months later, Joe is playing soccer when he breaks his leg after colliding with another player. Here's his story:



## CLAIM

Joe files a claim on his Allstate Benefits Accident coverage through the convenient web portal, **MyBenefits\***.

He receives cash benefits for:

▪ Ground Ambulance	▪ Accident Physician's Treatment	▪ Medical Equipment	▪ Dislocation or Fracture (open reduction)
▪ Initial Hospital Admission	▪ Accident Follow-Up Treatment	▪ Medical Supplies	
▪ Daily Hospital Confinement	▪ X-rays	▪ Medication	
▪ Urgent Care Center	▪ General Anesthesia	▪ Therapy (6 days)	

### \*MyBenefits Claim Filing Portal

Access the site at:  
[allstatebenefits.com/mybenefits](http://allstatebenefits.com/mybenefits)

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

## Here are some of the ways Joe can use his cash benefits



### Finances

Can help protect HSAs, savings, retirement plans and 401(k)s from being depleted



### Travel

Can help pay for expenses while receiving treatment in another city



### Home

Can help pay the mortgage, continue rental payments, or home repairs for after care



### Expenses

Can help pay your family's living expenses such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary.

For a listing of benefits and benefit amounts, see pages 3 through 6.

# ACCIDENT INSURANCE (GAI7)

## Group Accident Insurance Benefits from Allstate Benefits

### ACCIDENT FACILITY CARE

		PLAN 1	PLAN 2
Initial Hospital Admission		\$2,000	\$3,000
Daily Hospital Confinement (pays daily)		\$400	\$500
Intensive Care Unit Confinement (pays daily)		\$400	\$600
ACCIDENT INJURIES		PLAN 1	PLAN 2
Brain Injury Diagnosis		\$420	\$600
Broken Tooth		\$200	\$400
Burns (% of body surface)	2nd Degree	Less than 10% 10% to 24% 25% or more	\$157.50 \$315 \$1,575 \$187.50 \$375 \$1,875
	3rd Degree	Less than 10% 10% to 24% 25% or more	\$630 \$3,150 \$12,600 \$750 \$3,750 \$15,000
Skin Graft (% of Burns Benefit)			50% 50%
Coma		\$15,000	\$20,000
Lacerations	With Repair (total length)	Less than 2" 2" to 6" More than 6"	\$120 \$300 \$600 \$160 \$400 \$800
	Without Repair		\$120 \$160
Paralysis	1 or 2 Limbs 3 or 4 Limbs		\$10,500 \$21,000 \$21,000 \$42,000

### ACCIDENT TREATMENT AND URGENT CARE

		PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)		\$100	\$100
Accident Physician Treatment		\$200	\$300
Ambulance	Air Ground	\$1,500 \$300	\$2,500 \$500
Urgent Care		\$200	\$300
X-ray		\$200	\$300
Emergency Room Services		\$200	\$300
Blood, Plasma or Platelets		\$600	\$900
Eye Injury		\$200	\$300
General Anesthesia		\$200	\$300
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery	With Repair Without Repair	\$1,000 \$300	\$1,500 \$450
Miscellaneous Outpatient Surgery		\$200	\$300
Open Abdominal or Thoracic Surgery		\$2,000	\$3,000
Ruptured or Herniated Disc Surgery		\$1,000	\$1,500
Major Diagnostic Exam	up to	\$200	\$300
Pain Management (Epidural or Nerve Ablation)		\$100	\$150

### TREATMENT, SUPPORT AND RECOVERY

		PLAN 1	PLAN 2
Companion Non-Local Lodging (pays daily)		\$100	\$200
Medical Equipment		\$125	\$250
Medical Supplies		\$5	\$10
Medication		\$5	\$10
Non-Local Transportation (per trip; 3 times per accident)		\$250	\$500
Post-Accident Common Carrier Transportation		\$200	\$400
Prosthetic Device	1 device 2 or more devices	\$500 \$1,000	\$1,000 \$2,000
Residence/Automobile Modification		\$500	\$1,000
Therapy (pays daily; up to 6 days per accident)		\$30	\$60

### ACCIDENTAL DEATH AND DISMEMBERMENT

		PLAN 1	PLAN 2
Accidental Death		\$50,000	\$100,000
Common Carrier Accidental Death (fare-paying passenger)		\$125,000	\$250,000
Accidental Dismemberment <sup>†</sup>		\$50,000	\$100,000
Functional Loss <sup>†</sup>		\$50,000	\$100,000
Automobile Accidental Death		\$5,000	\$10,000

### OPTIONAL/ADDITIONAL RIDER

		PLAN 1	PLAN 2
Dislocation and Fracture <sup>^</sup>			
Closed Reduction Maximum		\$3,000	\$4,000
Open Reduction Maximum		\$9,000	\$12,000
Avulsion Fracture or Chip Fracture (25% of Closed Reduction)	up to	\$750	\$1,000
Partial Dislocation (25% of Closed Reduction)	up to	\$750	\$1,000
Stress Fracture (10% of Closed Reduction)	up to	\$300	\$400
Organized Sports Activity <sup>●</sup>		25%	25%
Fixed Health Screening Services (once per person/year)		\$50	\$50

<sup>^</sup>Up to amount shown; see Injury Benefit Schedule in this document. Multiple losses from the same injury pay up to the maximums shown above for each type of repair (Open or Closed Reduction).

Offered to the Employees of:  
United Rentals Inc

Benefits are paid once per covered person per covered accident, unless otherwise noted

### PLAN 1 WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$1.83	\$3.66	\$4.35	\$5.18

### PLAN 1 BI-WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$3.66	\$7.32	\$8.70	\$10.36

### PLAN 2 WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$2.87	\$5.73	\$6.66	\$8.02

### PLAN 2 BI-WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
\$5.73	\$11.47	\$13.32	\$16.04

EE = Employee; EE + SP = Employee + Spouse;

EE + CH = Employee + Child(ren); F = Family

Issue ages: 18 and Over if Actively at Work

<sup>†</sup>Up to amount shown; see Injury Benefit

Schedule - Dismemberment and Functional Loss section in this document. Multiple losses from same injury pay up to amount shown.

### •Organized Sports Activity

Pays an additional percentage of the benefit amount paid for: Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Treatment, Support and Recovery; Dislocation and Fracture

## INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION <b>DISLOCATION*</b>	PLAN 1		PLAN 2	
	OPEN	CLOSED	OPEN	CLOSED
Hip Joint	\$ 9,000	\$ 3,000	\$ 12,000	\$ 4,000
Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$ 3,600	\$ 1,200	\$ 4,800	\$ 1,600
Wrist Joint	\$ 3,150	\$ 1,050	\$ 4,200	\$ 1,400
Elbow Joint	\$ 2,700	\$ 900	\$ 3,600	\$ 1,200
Shoulder Joint	\$ 1,800	\$ 600	\$ 2,400	\$ 800
Bone or Bones of the Hand (except Fingers); Collarbone	\$ 1,350	\$ 450	\$ 1,800	\$ 600
Lower Jaw	\$ 900	\$ 300	\$ 1,200	\$ 400
Two or more Fingers or Two or more Toes	\$ 630	\$ 210	\$ 840	\$ 280
Kneecap (Patella)	\$ 450	\$ 150	\$ 600	\$ 200
One Finger or One Toe or Any other dislocation not listed above	\$ 270	\$ 90	\$ 360	\$ 120
<b>FRACTURE*</b>	OPEN	CLOSED	OPEN	CLOSED
	\$ 9,000	\$ 3,000	\$ 12,000	\$ 4,000
Hip, Thigh (Femur); Pelvis (except Coccyx); Skull Fracture-Depressed (except Bones of the Face or Nose)	\$ 8,550	\$ 2,850	\$ 11,400	\$ 3,800
Skull Fracture-Non-Depressed (except Bones of the Face or Nose)	\$ 6,750	\$ 2,250	\$ 9,000	\$ 3,000
Vertebral Body or Vertebral Processes	\$ 4,950	\$ 1,650	\$ 6,600	\$ 2,200
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$ 3,600	\$ 1,200	\$ 4,800	\$ 1,600
Ankle; Kneecap (Patella); Collarbone (Clavical); Forearm (Radius or Ulna)	\$ 3,150	\$ 1,050	\$ 4,200	\$ 1,400
Foot (except Toes); Hand or Wrist (except Fingers)	\$ 1,800	\$ 600	\$ 2,400	\$ 800
Lower Jaw (Mandible) (except Alveolar Process)	\$ 1,350	\$ 450	\$ 1,800	\$ 600
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$ 630	\$ 210	\$ 840	\$ 280
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above				

\*Employee, Spouse and Children receive 100% of the benefit amounts listed.

DISMEMBERMENT AND FUNCTIONAL LOSS	PLAN 1		PLAN 2	
Arm, Leg, Hand, Foot		\$ 25,000		\$ 50,000
One or more entire Toes or Fingers		\$ 5,000		\$ 10,000
Hearing or Sight (per Ear or Eye)		\$ 25,000		\$ 50,000
Speech		\$ 50,000		\$ 100,000

For Home Office Use Only Proposal P1707570791, Quote ACCMP1708375177, CL1

For use in enrollments situated in: TX. This rate insert is part of the approved brochure for United Rentals Inc 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 August 13, 2027, 3 years from the date the rate insert was produced.



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## Benefits - Benefit paid for the following conditions (subject to maximums as listed on pages 3 and 4)

### ACCIDENT FACILITY CARE BENEFITS

**Initial Hospital Admission** - first admission to a hospital in a calendar year

**Daily Hospital Confinement** - maximum of 365 days over a two year period following the covered accident

**Intensive Care Unit Confinement** - maximum of 180 days

### ACCIDENT INJURIES BENEFITS

**Brain Injury Diagnosis** - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

**Broken Tooth** - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

**Burns** - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

**Coma** - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded

**Laceration** - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

**Paralysis** - complete/permanent loss of use of one or more limbs for 90 consecutive days

**Skin Graft** - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

### ACCIDENT TREATMENT AND URGENT CARE BENEFITS

**Accident Follow-Up Treatment** - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

**Accident Physician Treatment** - treatment by a doctor

**Ambulance** - transportation by a licensed ground or air ambulance service. Both services pay once per accident per year

**Urgent Care** - services received at an urgent care facility

**X-ray** - must be ordered by a doctor

**Emergency Room Services** - treatment in an emergency room

**Blood, Plasma or Platelets** - transfusion of blood products to treat an injury

**Eye Injury** - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

**General Anesthesia** - administered for surgery, provided one of the certificate surgery benefits is paid

**Ligament, Rotator Cuff, Tendon, or Knee**

**Cartilage Surgery** - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

**Miscellaneous Outpatient Surgery** - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

**Open Abdominal or Thoracic Surgery** - performed by a doctor for diagnosis or repair. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

**Ruptured or Herniated Disc Surgery** - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

**Major Diagnostic Exam** - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

**Pain Management** - epidural injection or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

### TREATMENT, SUPPORT AND RECOVERY BENEFITS

**Companion Non-Local Lodging** - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

**Medical Equipment** - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, or scooter that aids in mobility

**Medical Supplies** - purchase of medical supplies

**Medication** - purchase of prescription or over-the-counter medication

**Non-Local Transportation** - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

**Post-Accident Common Carrier Transportation** - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

**Prosthetic Device** - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

**Residence or Automobile Modification** - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

**Therapy** - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

### ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

**Accidental Death** - death caused by a covered accident

**Common Carrier Accidental Death** - death while traveling as a fare-paying passenger on a common carrier

**Accidental Dismemberment** - dismemberment(s) caused by a covered accident. If this benefit was

previously paid for the loss of a finger, hand, foot or toe and a second dismemberment occurs under the same covered accident in the same area of the body within 180 days, the benefit will be reduced by the previously paid amount

**Functional Loss** - total and irreversible loss of hearing, sight or speech lasting at least 90 days and caused by a covered accident

**Automobile Accidental Death** - death caused by a covered accident while driving or traveling as a passenger in an automobile. A police report must show that a seatbelt was worn and properly used at the time of the accident

## OPTIONAL/ADDITIONAL RIDER BENEFITS

**Dislocation and Fracture** - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

**Closed Reduction** - non-surgical repair of a dislocation or fracture, including immobilization

**Open Reduction** - surgical repair of a dislocation or fracture

**Avulsion Fracture** - tendon or ligament pulls off a piece of bone

**Chip Fracture** - small fragment of bone is broken off

**Stress Fracture** - tiny cracks in bone often caused by repetitive force

**Partial Dislocation** - joint is not completely separated

**Organized Sports Activity** - pays for treatment of covered injuries received while participating as a

player in a regularly scheduled athletic event or team practice. An athletic event: includes formal registration; has a set of written rules; is officiated by a certified official; has a governing body overseeing it; is an amateur event; and is not for wage or profit. Treatment must be received within 180 days of a covered accident. Pays an additional percentage of the benefit amounts paid for: certificate and rider benefits for Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Treatment, Support and Recovery; Dislocation and Fracture

**Fixed Health Screening Services** - coverage for one eligible service performed each year for each covered person. 39 covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular

disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemoccult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (including breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms; Ultrasound for cancer detection; Any exam or screening for cancer detection other than those listed



**Practical benefits for everyday living.®**



When you choose  
**ALLSTATE BENEFITS**,  
we can help give you and your family financial peace of mind.  
Are you in good hands?®



We're the name you know and trust, protecting America's families for over 50 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily - and get benefits deposited directly into your bank account (authorization required).

## CERTIFICATE SPECIFICATIONS

### Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, Allstate Benefits will pay benefits as stated. Treatment must be received in the United States or its territories.

### Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

### Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Spouse or domestic partner and children coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse or domestic partner coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

### When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed.

## EXCLUSIONS AND LIMITATIONS

**Exclusions and Limitations for the Policy and the following riders: Dislocation and Fracture Rider; Organized Sports Activity Rider; Fixed Health Screening Services Rider**  
Benefits are not paid for: act of war or participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infections (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, plastic surgery, or drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States or its territories, or Canada, unless in case of an emergency.

This brochure is for use in enrollments situated in TX. This advertisement is a solicitation of insurance; contact may be made by an Allstate Benefits Agent, Agency, or Representative.

**This material is valid as long as information remains current, but in no event later than August 14, 2027.**

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Dislocation and Fracture Rider GAIC7DF; Organized Sports Activity Rider GAIC7OS; Fixed Health Screening Services Rider GAIC7FHSR.

**The coverage provided is limited benefit supplemental accident insurance.** The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from Allstate Benefits.

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.

**The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.**



Allstate Benefits is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Allstate Corporation.  
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