

It's your future

turn uncertainty into security

Allstate Workplace Division's Group Term Life Insurance and Group Voluntary Critical Illness Insurance offer you and your family valuable insurance benefits, affordable premiums, and protection for life or health events that can occur at a moment's notice.

Coverage made easy...guaranteed*

We have made it easy for you and your family to get the coverage you need at a price that fits your budget. We have customized and packaged our life and supplemental health products so you can get help with unexpected life or health events such as: death, cancer, wellness screening tests, heart attack, Alzheimer's Disease, plus many more. Best of all, our plans are available at your workplace through convenient payroll deduction, so there are no bills to pay or checks to write. Don't hesitate. Sign up today!

Our coverage is easy to apply for, easy on your budget, and there when you need it most.

Ask us how.

i meeting your needs

We are confident our customized packaged plans can offer you and your family peace of mind for a secure future.

- \$25,000[†] in valuable Term Life coverage
- \$5,000 or \$10,000 in Critical Illness coverage, plus a \$100 Wellness Screening benefit
- Affordable premiums
- Convertible Group Term Life Certificate
- Family coverage is available**

*See program details for restrictions

[†]decreases by age, beginning at age 70

**Varies by product





determining your need

Our discovery form can help you determine the insurance needs for you and your family, and will show you how indirect expenses can impact your financial protection.



Complete the SBS enrollment form and you'll be on your way to protecting your financial future.

SBS TC discovery form

Group Voluntary Term Life

Have you or your family ever suffered the sudden loss of income due to the death of a wage earner?

- Employee Yes No
- Family Yes No
- How much coverage would you like? \$25,000 \$5,000
- Who is covered? You only Family

Group Voluntary Critical Illness

Has anyone in your immediate family suffered a critical illness such as, a heart attack, stroke, kidney failure, Alzheimer's, or cancer diagnosis?

- Mother or Father Yes No
- Your Spouse Yes No
- Child(ren) Yes No

Total Household Members Diagnosed # _____

How much coverage amount would you like?

- Basic benefit \$10,000 \$5,000 \$2,500
- Who is covered? You only Family

Expenses - Do you have enough to cover expenses if there is a loss of a wage earner or is diagnosed with a critical illness?

- Mortgage (home, equity loan/credit, rental property) \$ _____
- Medical Costs (doctor visits, medicines, supplies) \$ _____
- Insurance (life, health, home, auto) \$ _____
- Education (tuition, books, computer, printer, supplies) \$ _____
- Utilities (water, electric, gas, cable, internet) \$ _____
- Food & Clothes (groceries, restaurant, uniform) \$ _____
- Transportation (gas, service, repair, car payment) \$ _____
- Total Estimated Expenses \$ _____

SBS TC ENROLLMENT FORM

Here are a few guidelines to help you complete the form.

Section A - Complete your personal information in full.

Section B - If you would like coverage, place a checkmark in the box where it states: "Yes...I want the coverage for myself." Also, select either the High Option or Low Option box.

Section C - If you would like family coverage, place a checkmark in the box where it states: "Yes...I want the coverage for my family too." Also, complete the Dependent Coverage Section on the back of the enrollment form.

Section D - If you do not wish to participate in the coverage, place a checkmark in the box.

Section E - Choose either electronic or paper delivery of your certificate of insurance coverage.

Section F - Read and make sure you date and sign the back of the enrollment form.



For specific benefit descriptions, exclusions and limitations go to:

www.allstateatwork.com/sbstc