

## frequently asked questions

## AECOM

### group voluntary critical illness

#### COVERAGE AND BENEFITS

**Q. How does Group Voluntary Critical Illness Insurance work?**

**A.** Your coverage pays you or a covered family member a lump-sum benefit if you are diagnosed with a covered critical illness. Benefits are payable for Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Coronary Artery Bypass Surgery, Transient Ischemic Attack, Invasive Cancer, Carcinoma in Situ, Second Event Critical Illness and more. A Wellness Benefit is also included and pays you and your covered family members \$50 per year for undergoing a covered wellness screening.

**Q. Who is eligible for coverage?**

**A.** You, your spouse or domestic partner, and your dependent children are eligible. Children are covered until age 26. You must be enrolled to elect dependent coverage.

**Q. When does coverage for me and my dependents begin?**

**A.** Coverage typically begins on the first day of the month in which deductions begin, unless you are not actively working. The coverage effective date will be listed on your coverage certificate.

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

**A.** Coverage is Guaranteed Issue\* at initial enrollment, subject to any applicable pre-existing condition limitations.

\*All exclusions and limitations still apply to any coverage issued.

**Q. What happens if a covered person is diagnosed with a covered condition and they do not seek further treatment?**

**A.** Benefits are paid at the time of diagnosis regardless of whether you or your dependents seek further treatment.

#### PORTABILITY

**Q. If I leave the company, can I keep my critical illness coverage? How do I keep my coverage?**

**A.** You can continue your coverage for yourself and your dependents as long as you make premium payments directly to Allstate Benefits. Your first premium payment must be received by Allstate Benefits within 30 days of your certificate termination date.

## CLAIMS

### **Q. When can I submit a claim for benefit payment? Who receives the payment – me or my doctor?**

**A.** You can submit claims any time after the coverage effective date. Approved payments are sent directly to you unless you assign your benefits to your medical provider. To assign your benefits, complete the Assignment of Benefits Form at [www.allstatebenefits.com/individuals/Resources](http://www.allstatebenefits.com/individuals/Resources) and return it to us using the contact information provided or by registering with MyBenefits and submitting your form at [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits). For assistance, call the Allstate Benefits Customer Care Center at 866-828-8067.

### **Q. When can I submit a claim for benefit payment under my critical illness coverage?**

**A.** You can submit claims for covered benefits any time after the coverage effective date.

### **Q. How do I submit a claim?**

**A.** After enrollment, register at [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits) to view your coverage information and file claims. Claim forms are also available at [www.allstatebenefits.com/individuals/Resources](http://www.allstatebenefits.com/individuals/Resources). For assistance, call the Allstate Benefits Customer Care Center at 866-828-8067.

### **Q. What happens if a covered person dies while coverage is in force?**

**A.** Allstate Benefits may make benefit payments for any unpaid and approved claims directly to the named beneficiary or estate.

## EXCLUSIONS AND LIMITATIONS

### **Q. What happens if I and/or my dependents have had a cancer diagnosis before coverage begins?**

**A.** A critical illness diagnosis must be on or after the effective date of coverage. For a diagnosis of cancer only, the insured must be free of any symptoms and treatment of cancer for 12 consecutive months immediately before the effective date of coverage.

### **Q. What happens if I have a heart attack a month into coverage under the Critical Illness plan and get diagnosed with cancer two months later?**

**A.** Each event must be separated by at least 90 days for both benefits to be payable. In this case, the benefit for the heart attack would be covered but the cancer benefit would not be paid.

### **Q. Are there exclusions or limitations to my coverage?**

**A.** Yes. Once enrolled, you will receive a certificate of coverage with your coverage and benefit information, including exclusions and limitations. Please read this important information. If you have questions about your coverage or benefits, call the Allstate Benefits Customer Care Center at 866-828-8067.



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

Rev. 9/21. This material is valid as long as information remains current, but in no event later than September 1, 2024. The coverage provided is limited benefit supplemental insurance, policy form GVCIP2 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). 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. ©2021 Allstate Insurance Company.