

# Critical Illness Insurance



## Providing Increased Financial Security and Peace of Mind

According to data from the U.S. Census, Centers for Disease Control, the federal court system and the Commonwealth Fund, unpaid medical bills are the number one cause of bankruptcy filings in the United States. Most of these cases stem from critical illnesses such as heart attacks, strokes, and certain types of cancer. Many of these bankruptcies could have been avoided with Critical Illness Insurance. Amalgamated Life's Critical Illness Insurance Policy is designed to alleviate financial hardships resulting from a critical illness.

### Critical Illness Insurance Features

- **Face Amount**—Up to \$50,000 for you (50% of face amount for your spouse); 25% of face amount for your dependent child/ren).
- **Cash Benefits**—Paid directly to you or your family to use as you choose.
- **Guaranteed Renewable**—Coverage remains in force for life as long as premiums are paid.
- **Portability**—You can keep your benefits even with a change of jobs or retirement.
- **Level Premium**—Rates do not increase with age.
- **Service**—Timely and responsive claims service.

## YOU Decide How to Use the Cash Benefits

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



### Finances

Can help protect your HSAs, 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, rental payments, or perform needed home repairs for your after care

### Expenses

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

## Critical Illness Features and Benefits

CRITICAL ILLNESS BENEFIT (Applicable to Insured, Insured Spouse, and Insured Children)	BENEFIT AMOUNT
Cancer:	
Invasive Cancer	100% of Face Amount
Carcinoma in situ	25% of Face Amount
Skin Cancer	\$250
Coronary Artery Disease:	25% of Face Amount
End Stage Renal Failure	100% of Face Amount
Heart Attack (Myocardial Infarction)	100% of Face Amount
Major Organ Failure	100% of Face Amount
Stroke	100% of Face Amount
Health Screening Benefit	
Insured	Up to \$50 Per Calendar Year
Spouse	Up to \$50 Per Calendar Year
(n/a for Children)	
Face Amount for Spouse	50% of Face Amount for Named Insured
Face Amount for Dependent Child	25% of Face Amount for Named Insured

### CRITICAL ILLNESS CLAIMS CHECKLIST

#### Have this information handy to identify your policy:

- Policy number
- Policyholder's name
- Policyholder's date of birth
- Policyholder's address

**HEALTH SCREENING BENEFIT** (Calendar Year Limit) We will pay this benefit for each day a Covered Person undergoes any of the following Health Screening Tests performed after the Waiting Period and while this Policy is in force.

1. Stress test on a bicycle or treadmill;
2. Fasting blood glucose test;
3. Blood test for triglycerides;
4. Serum cholesterol test to determine level of HDL and LDL;
5. Bone marrow testing;
6. Breast ultrasound;
7. CA 15-3 (blood test for breast cancer);
8. CA 125 (blood test for ovarian cancer);
9. CEA (blood test for colon cancer);
10. Chest X-ray;
11. Colonoscopy;
12. Flexible sigmoidoscopy;
13. Hemocult stool analysis;
14. Mammography;
15. Pap smear;
16. PSA (blood test for prostate cancer);
17. Serum Protein Electrophoresis (blood test for myeloma);
18. Thermography.

The amount payable is shown in the Policy Schedule. This benefit is payable for no more than one day per calendar year per Covered Person as long as the Policy remains in force. Payment of this benefit will not reduce the Face Amount of the Policy. This benefit is not payable for Dependent Children. We will pay this benefit regardless of the test results

**PRE-EXISTING CONDITION** We do not pay benefits for any Pre-existing Condition during the initial 6 month period beginning on the Effective Date of coverage on a Covered Person. An Illness resulting from a Pre-existing Condition commencing thereafter will be covered unless otherwise excluded by name or specific description in this Policy.

A Pre-existing Condition means a condition or illness for which medical advice or treatment was recommended by or received from a physician within the 6 months immediately preceding the Effective Date of coverage on a Covered Person.

### OTHER LIMITATIONS AND EXCLUSIONS

1. We do not pay benefits for any Illness diagnosed and/or treated outside the United States, the U.S. territories or the countries of Canada and Mexico.
2. We do not pay benefits for any Illness due to or resulting directly or indirectly, from: a. war or any act of war, whether declared or undeclared, or participation in a riot or insurrection; b. intentionally self-inflicted injury; c. injury sustained while engaged in illegal occupation or committing or attempting to commit a felony; d. suicide or attempted suicide; e. intoxication or being under the influence of narcotics unless taken as prescribed by a physician; or f. injury sustained while engaged in or taking part in aeronautics and/or aviation, other than as a fare-paying passenger in any aircraft then licensed to carry passengers.

## Amalgamated Life Insurance Company

Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability.

- The information in this product brochure is in an abbreviated form only. The actual coverage and amounts are subject to all the terms, limitations and exclusions in the individual policy. If the information in this product brochure differs from the individual Critical Illness Policy, the terms of your policy govern.
- For specific information regarding features and benefits on Amalgamated Life's Worksite Critical Illness Policy, call 866-975-4089. Consider attending the next Open Enrollment Session in your organization.

## For General Questions and Claim Questions

### Toll Free Telephone Number

866-975-4089

### Fax (for sending a claim)

914-367-4114

### Email

MemberWebInquiry@amalgamatedbenefits.com

### Claims Mailing Address

Amalgamated Life Insurance Company  
Voluntary Benefits Department  
P.O. Box 5453  
White Plains, NY 10602-5453  
submitclaimforms@amalgamatedbenefits.com

### Call center hours:

Monday thru Thursday 8am-8pm EST  
Friday 8am-6pm EST  
Saturday 9am-2pm EST

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333 Westchester Avenue, White Plains, NY 10604  
866.975.4089

[www.amalgamatedbenefits.com](http://www.amalgamatedbenefits.com)