



BE WELL. BE SMART. BE PROTECTED.

Allstate at Work®

group voluntary term life insurance

Because you work hard for your family, it makes sense to be sure they're financially protected – in life and death. This is where group voluntary term life insurance helps out. It gives you:

- Peace of mind that your family will be taken care of
- The ability to purchase insurance at affordable group rates
- Coverage in addition to any coverage that may already be provided by your employer
- A choice of continuation of coverage (Portability) or Conversion

Group Voluntary Term Life Insurance coverage offers financial protection.

Everyone has the need for financial security, but the needs of each person can vary. That's where term insurance can help. It provides cost effective coverage at economical group rates.

Research shows that basic life insurance coverage should be equal to five times an employee's annual income.

Once coverage is purchased, it continues as long as premiums are paid. Here are just a few examples of when Term Life can help bridge the gap in your family's finances:

- Lost income
- Credit card debt
- Car payments
- Funeral expenses
- Mortgage payments
- College education

The Protection You Need at Affordable Group Term Rates

To help meet your needs, Allstate Workplace Division offers Group Voluntary Term Life Insurance to you and your dependents through the convenience of payroll deduction.

L & K Insurance Center

800-622-0057
www.hveb.com
email: info@hveb.com



Purchasing Life Insurance is Important

What if your family lost income due to a premature death of a wage earner? Many people don't have adequate savings. In 2001, only 59 percent of Americans said they have any savings. And, 32 percent of those who said they were saving, said they were saving for retirement and not for the loss of a family wage earner.¹

People who die prematurely with inadequate life insurance coverage create a financial burden on the surviving family. Some 45 percent of widows and 37 percent of widowers say their spouse was inadequately insured. One to two years after the death, half the widows and one third of the widowers are just getting by financially. On average, widows (who receive life insurance proceeds) receive about three times the household income from all life insurance proceeds, while widowers receive one year of household income.²

Plan Highlights

This program provides Group Voluntary Term Life Insurance for you, your spouse and your dependent children. The coverage is in addition to any coverage that may already be provided by your employer. It allows you to select the amount of coverage that meets your needs.

The rates for you and your spouse are the same. You may choose coverage amounts in \$10,000 increments up to 5 times your annual salary to the Guaranteed Issue limits shown on the enclosed sheet without submitting evidence of insurability. Your spouse can be insured for up to 50% of your coverage to the Guaranteed Issue limits shown on the enclosed sheet without submitting evidence of insurability, provided you have elected coverage for yourself. Coverage for one or more dependent children is available in \$2,500 increments, up to \$10,000, provided you have elected coverage for yourself. All amounts of coverage in excess of the Guaranteed Issue limits shown on the enclosed sheet are subject to evidence of insurability.

Continuation of Coverage (Portability)

You have the option, if you change employers or retire, to continue coverage at group rates up to age 70, so long as the group policy remains in force.

Conversion

You have the option, if you change employers or retire, to convert to an individual permanent life insurance policy without evidence of insurability. Your insured spouse and dependent children have the option to convert at the same time you do. They also may convert if they are no longer eligible for insurance under the group policy. An example of this would be when a dependent child reaches the age limit.

Accelerated Death Benefit

If you or your insured spouse are diagnosed with a terminal illness (defined as less than 12 months to live), this benefit pays a portion of the total face amount (up to 50% to a maximum of \$100,000). The remaining life insurance benefit is paid upon the death of the insured.

Benefit Reduction Schedule

Reductions in group insurance amounts will apply at older ages, according to the following schedule:

Insured's Age	70	75	80
Reduction to x% of Original Coverage	65%	50%	35%

Waiver of Premium

If you become disabled prior to age 60 and the disability lasts for 6 months or longer, you will not be required to pay premiums for as long as the disability lasts or until you reach age 65, whichever occurs first, provided the group policy remains in force.

IF YOU DO NOT ENROLL WITHIN 31 DAYS OF THE START OF YOUR INITIAL ENROLLMENT PERIOD, YOU MAY ENROLL LATER ONLY DURING THE ANNUAL RE-ENROLLMENT PERIOD, AND YOU MUST SUBMIT EVIDENCE OF INSURABILITY WITH YOUR ENROLLMENT FORM.

1. *Recent Changes in U.S. Family Finances: Evidence from the 1998 and 2001 Survey of Consumer Finances*, Federal Reserve Bulletin, January, 2003.
2. *The Need and Value of Life Insurance Facts*, LIMRA 2004.

Premium Illustration

Unismoker Life (Hy-Vee Full and Regular-time Employees)

Amounts above these **GUARANTEE ISSUE** limits are subject to Evidence of Insurability:

Employees to age 60: \$150,000	Spouse to age 60: \$25,000
Employees age 60 - 69: \$20,000	Spouse age 60 - 69: \$10,000
Employees age 70+: \$5,000	Spouse age 70+: \$2,500

Employee coverage is limited to 5 x Annual Salary subject to GI limits above
Spouse coverage is limited to 50% of the Employee's coverage subject to GI above

WEEKLY PREMIUMS (Applicable for Male/Female Eligible Employees and, separately, for their Dependent Spouses)													
Annual Salary to	Maximum Employee Life Amount	Uni-Smoker											
		Ages											
		Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80+
\$1,000	\$5,000	\$0.12	\$0.13	\$0.17	\$0.26	\$0.40	\$0.59	\$1.00	\$1.44	\$2.39	\$3.76	\$6.35	\$10.82
\$2,000	\$10,000	\$0.23	\$0.26	\$0.35	\$0.52	\$0.81	\$1.18	\$1.99	\$2.88	\$4.79	\$7.53	\$12.69	\$21.63
\$4,000	\$20,000	\$0.46	\$0.52	\$0.69	\$1.04	\$1.62	\$2.37	\$3.98	\$5.77	\$9.58	\$15.06	\$25.38	\$43.27
\$5,000	\$25,000	\$0.58	\$0.65	\$0.87	\$1.30	\$2.02	\$2.96	\$4.98	\$7.21	\$11.97	\$18.82	\$31.73	\$54.09
\$6,000	\$30,000	\$0.69	\$0.78	\$1.04	\$1.56	\$2.42	\$3.55	\$5.97	\$8.65	\$14.37	\$22.59	\$38.08	\$64.90
\$8,000	\$40,000	\$0.92	\$1.04	\$1.38	\$2.08	\$3.23	\$4.73	\$7.96	\$11.54	\$19.15	\$30.12	\$50.77	\$86.54
\$10,000	\$50,000	\$1.15	\$1.30	\$1.73	\$2.60	\$4.04	\$5.91	\$9.95	\$14.42	\$23.94	\$37.64	\$63.46	\$108.17
\$12,000	\$60,000	\$1.38	\$1.56	\$2.08	\$3.12	\$4.85	\$7.10	\$11.94	\$17.31	\$28.73	\$45.17	\$76.15	\$129.81
\$14,000	\$70,000	\$1.62	\$1.82	\$2.42	\$3.63	\$5.65	\$8.28	\$13.93	\$20.19	\$33.52	\$52.70	\$88.85	\$151.44
\$16,000	\$80,000	\$1.85	\$2.08	\$2.77	\$4.15	\$6.46	\$9.46	\$15.92	\$23.08	\$38.31	\$60.23	\$101.54	\$173.08
\$18,000	\$90,000	\$2.08	\$2.34	\$3.12	\$4.67	\$7.27	\$10.64	\$17.91	\$25.96	\$43.10	\$67.76	\$114.23	\$194.71
\$20,000	\$100,000	\$2.31	\$2.60	\$3.46	\$5.19	\$8.08	\$11.83	\$19.90	\$28.85	\$47.88	\$75.29	\$126.92	\$216.35
\$22,000	\$110,000	\$2.54	\$2.86	\$3.81	\$5.71	\$8.88	\$13.01	\$21.89	\$31.73	\$52.67	\$82.82	\$139.62	\$237.98
\$24,000	\$120,000	\$2.77	\$3.12	\$4.15	\$6.23	\$9.69	\$14.19	\$23.88	\$34.62	\$57.46	\$90.35	\$152.31	\$259.62
\$26,000	\$130,000	\$3.00	\$3.38	\$4.50	\$6.75	\$10.50	\$15.38	\$25.88	\$37.50	\$62.25	\$97.88	\$165.00	\$281.25
\$28,000	\$140,000	\$3.23	\$3.63	\$4.85	\$7.27	\$11.31	\$16.56	\$27.87	\$40.38	\$67.04	\$105.40	\$177.69	\$302.88
\$30,000	\$150,000	\$3.46	\$3.89	\$5.19	\$7.79	\$12.12	\$17.74	\$29.86	\$43.27	\$71.83	\$112.93	\$190.38	\$324.52

DEPENDENT CHILD(REN) COVERAGE

Coverage for Dependent Children age 1 to 19 years (to age 25 if a full-time student)	\$10,000
For Dependent Children age 14 days to 1 year (benefit is 10% of age 1-19 child)	\$1,000
Life Weekly Premium:	\$0.60

Premium Illustration

Unismoker Life (Hy-Vee Part-time Employees Working 20+ Hours Per Week)

Amounts above these **GUARANTEE ISSUE** limits are subject to Evidence of Insurability:

Employees to age 60: \$40,000	Spouse to age 60: \$10,000
Employees age 60 - 69: \$20,000	Spouse age 60 - 69: \$5,000
Employees age 70+: \$5,000	Spouse age 70+: \$2,500

Employee coverage is limited to 5 x Annual Salary subject to GI limits above
Spouse coverage is limited to 50% of the Employee's coverage subject to GI above

WEEKLY PREMIUMS (Applicable for Male/Female Eligible Employees and, separately, for their Dependent Spouses)													
Annual Salary to	Maximum Employee Life Amount	Uni-Smoker											
		Ages											
		Under 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80+
\$1,000	\$5,000	\$0.12	\$0.13	\$0.17	\$0.26	\$0.40	\$0.59	\$1.00	\$1.44	\$2.39	\$3.76	\$6.35	\$10.82
\$2,000	\$10,000	\$0.23	\$0.26	\$0.35	\$0.52	\$0.81	\$1.18	\$1.99	\$2.88	\$4.79	\$7.53	\$12.69	\$21.63
\$4,000	\$20,000	\$0.46	\$0.52	\$0.69	\$1.04	\$1.62	\$2.37	\$3.98	\$5.77	\$9.58	\$15.06	\$25.38	\$43.27
\$6,000	\$30,000	\$0.69	\$0.78	\$1.04	\$1.56	\$2.42	\$3.55	\$5.97	\$8.65	\$14.37	\$22.59	\$38.08	\$64.90
\$8,000	\$40,000	\$0.92	\$1.04	\$1.38	\$2.08	\$3.23	\$4.73	\$7.96	\$11.54	\$19.15	\$30.12	\$50.77	\$86.54
\$10,000	\$50,000	\$1.15	\$1.30	\$1.73	\$2.60	\$4.04	\$5.91	\$9.95	\$14.42	\$23.94	\$37.64	\$63.46	\$108.17
\$12,000	\$60,000	\$1.38	\$1.56	\$2.08	\$3.12	\$4.85	\$7.10	\$11.94	\$17.31	\$28.73	\$45.17	\$76.15	\$129.81
\$14,000	\$70,000	\$1.62	\$1.82	\$2.42	\$3.63	\$5.65	\$8.28	\$13.93	\$20.19	\$33.52	\$52.70	\$88.85	\$151.44
\$16,000	\$80,000	\$1.85	\$2.08	\$2.77	\$4.15	\$6.46	\$9.46	\$15.92	\$23.08	\$38.31	\$60.23	\$101.54	\$173.08
\$18,000	\$90,000	\$2.08	\$2.34	\$3.12	\$4.67	\$7.27	\$10.64	\$17.91	\$25.96	\$43.10	\$67.76	\$114.23	\$194.71
\$20,000	\$100,000	\$2.31	\$2.60	\$3.46	\$5.19	\$8.08	\$11.83	\$19.90	\$28.85	\$47.88	\$75.29	\$126.92	\$216.35

DEPENDENT CHILD(REN) COVERAGE

Coverage for Dependent Children age 1 to 19 years (to age 25 if a full-time student)	\$10,000
For Dependent Children age 14 days to 1 year (benefit is 10% of age 1-19 child)	\$1,000
Life Weekly Premium:	\$0.60



Workplace Division

This brochure is for use in the Hy-Vee, Inc., enrollment.

This brochure is for use in the Hy-Vee, Inc., enrollment. Group Voluntary Term Life insurance is provided by policy GVL-4000, or state variations thereof. This is a brief overview of the benefits available under a Group Policy issued by Allstate Workplace Division. Details of the insurance, including restrictions and other provisions, are included in the Certificate of Coverage that will be issued to insured employees. However, the insurance will be governed solely by the terms and conditions of the Group Policy, which alone will make up the agreement by which the insurance will be provided.

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www.allstate.com or ahlcorp.com



Allstate

Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY (AHL)

JACKSONVILLE, FLORIDA

**ENROLLMENT FORM
Group Voluntary Term Life**

This Box For AHL Home Office use only		
Group No.	Account	Location
90257		
Dep Code	Smoker	Issue State
E S	EE Y or N	
C F	SP Y or N	IA
EFFECTIVE DATE		

GENERAL INFORMATION SECTION
(Please complete entire section for all coverages)

Please print with black ink

EMPLOYEE'S NAME Last (Sr, Jr, etc.)		First	M.I.	<input type="checkbox"/> M <input type="checkbox"/> F	SOCIAL SECURITY NUMBER		<input type="checkbox"/> Married <input type="checkbox"/> Single
HOME ADDRESS (Street or P.O. Box)			CITY	STATE	ZIP	STATUS	
BIRTHDATE (MM/DD/YEAR)	HOME PHONE NUMBER	EMPLOYER Hy-Vee, Inc.	EMPLOYEE ID #	DATE HIRED (MM/DD/YEAR)			
OCCUPATION	PLANT OR DIVISION		CURRENT EARNINGS \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly				
BENEFICIARY'S NAME (Last, First, M.I.)		RELATIONSHIP		Average Weekly Hours _____			

Are you changing any of your existing coverage due to a qualifying event such as marriage, birth or adoption? Yes No
 If "yes", please complete the following: Qualifying Event _____
 Date of Qualifying Event _____ Current Certificate Number _____

DEPENDENT COVERAGE SECTION

(Please complete if dependent coverage elected. Use additional paper if needed.)

Dependent's Name (Last, First, M.I.)	Sex	Date of Birth (MM/DD/YEAR)	Social Security Number
	Spouse		
	Child		
	Child		
	Child		

Group Voluntary Term Life <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount	Weekly Premium
	Existing Group Life With AHL \$ _____	
	Applying for Additional Group Life With AHL in the Amount of \$ _____	
Total (Existing + Additional Applied For) \$ _____		

Dependent Coverage (If Applicable)

Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount (Cannot exceed 50% of Employee Amount)	Weekly Premium
Child(ren) <input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Amount \$10,000	Weekly Premium \$0.60

Were you previously employed by Hy-Vee and terminated that employment after 08/01/05, and were you 19 years of age or older at time of termination? (Only mark yes if you meet all 3 criteria) Yes No

(Please see reverse side)

Please mail to: **Hy-Vee Elective Benefits**
P.O. Box 737
Chariton, IA 50049



ENROLLMENT FORM

ELECTRONIC ACCEPTANCE

By checking the "Yes" box below, I agree to electronic delivery of my certificate of insurance, describing my coverage under the group policy, and its accompanying notices ("my Certificate"). If electronically delivered, I will be provided instructions on how to receive my Certificate via the following address: www.allstateatwork.com/mybenefits.

To electronically receive my Certificate, I must use a computer that meets the following minimum requirements: (1) Operating system with a minimum of: (a) Pentium or higher processor, (b) 16 MB random access memory (RAM), (c) 20 MB of free hard drive space; (2) Operating system Windows® XP or higher or Windows® 2000 or higher; (3) Microsoft® Internet Explorer 6.x or greater; (4) Adobe® Reader 6.x or greater; (5) Internet connection.

My consent is valid while I am covered under the group policy. At any time, I may withdraw my consent for any reason and receive a paper copy of my Certificate, free of charge, by calling, toll-free: 1-888-244-1884; or by writing to: Customer Care Center, American Heritage Life Insurance Company, 1776 American Heritage Life Drive, Jacksonville, Florida, 32224.

YES, I agree to receive my Certificate electronically via the internet.

NO, I prefer to receive paper copies of my Certificate.

ACCEPTANCE: I hereby request all coverage checked "yes" above for which I am or may become eligible under the group coverages issued by AHL. I authorize my employer to deduct from my earnings any contributions required of me for the payment of premiums for such coverage. · **I UNDERSTAND** that the "effective date" of my elected coverages will be the effective date recorded on my Certificate, not the date this Enrollment form is signed. · **WAIVER/DECLINATION:** I understand that if I refuse any coverage for which I am eligible (by checking "no" for each coverage not wanted), satisfactory proof of insurability may be required, at my own expense, should I desire to apply for it at a later date. Any such application may be declined on the basis of such proof.

Date
Signed _____

Employee's
Signature _____