



# Critical Illness Insurance - IUPAT DC 21



## Providing Increased Financial Security and Peace of Mind

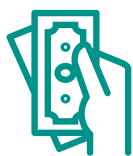
According to data from the U.S. Census, Centers for Disease Control, the federal court system and the Commonwealth Fund, unpaid medical bills are the number one cause of bankruptcy filings in the United States. Most of these cases stem from critical illnesses such as heart attacks, strokes, and certain 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 \$10,000 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.
- **Recurrence Benefit**—If you or a family member has a recurrence of the same critical illness separated by 12 months, the lump sum benefit is payable again. Restrictions apply.
- **Additional Occurrence Benefit**—If you or a family member is diagnosed with a different covered critical illness separated by 6 months, the lump sum benefit is payable again.
- **Maximum Benefit Amount**—3x the face amount.
- **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 and Insured Spouse)	BENEFIT AMOUNT
Benign Brain Tumor	100% of Face Amount
Cancer:	
Invasive Cancer	100% of Face Amount
Carcinoma in situ	25% of Face Amount
Skin Cancer	\$250
Coronary Artery Disease:	
Bypass Surgery	25% of Face Amount
Angioplasty	10% 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
Traumatic Brain Injury	100% of Face Amount
Health Screening Benefit	
Insured	\$50 Once Per Calendar Year
Spouse	\$50 Once Per Calendar Year
Children	N/A
Face Amount for Spouse	50% of Face Amount for Named Insured

CRITICAL ILLNESS BENEFIT (Applicable to Insured Children)	BENEFIT AMOUNT
Cancer:	
Invasive Cancer	100% of Face Amount
Carcinoma in situ	25% of Face Amount
Skin Cancer	\$250
Cerebral Palsy	100% of Face Amount
Cystic Fibrosis	100% of Face Amount
Muscular Dystrophy	100% of Face Amount
Sickle Cell Anemia	100% of Face Amount
Traumatic Brain Injury	100% of Face Amount
Type 1 Diabetes	100% of Face Amount
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 12 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 12 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, terrorism, insurrection, rebellion, or voluntary participation in a riot or civil commotion;
  - b) intentionally self-inflicted injury;
  - c) injury sustained while engaged in an illegal occupation or committing or attempting to commit a felony;
  - d) suicide or attempted suicide, while sane or insane;
  - e) intoxication or voluntarily taking any poison or inhaling any kind of gas, intentional taking of narcotics or any combination of these when not part of a professional medical treatment. Intoxication means the blood alcohol content meets or exceeds the legal presumption of intoxicated as defined by the laws of the state where the event occurred;
  - 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;
  - g) alcohol abuse or alcoholism, drug addiction or dependence upon any controlled substance.
3. The Face Amount(s) and Maximum Benefit Amount(s) will reduce by 50% on the first policy anniversary after the name insured attains age 70.

## 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 866-463-8808, option 4.**

## For General Questions and Claim Information



### Toll Free Telephone Number

866-463-8808, option 4

### Fax (for sending a claim)

914-367-4114

### Email

support@premierworksite.com

### Claims Mailing Address

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

### Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604  
 866.975.4089

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

Policy Form AMICIP-13\*  
 IUPAT\_DC21\_CL\_Non-NY\_012023

\*Features & form numbers may vary by state.  
 Benefits Reduce by 50% at age 70 except in MA and NJ.