

Critical Illness Insurance



Providing Increased Financial Security and Peace of Mind

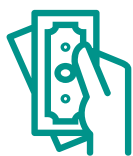
According to data from the U.S. Census, Centers for Disease Control, the federal court system and the Commonwealth Fund, unpaid medical bills are the number one cause of bankruptcy filings in the United States. Most of these cases stem from critical illnesses such as heart attacks, strokes, and certain types of cancer. Many of these bankruptcies could have been avoided with Critical Illness Insurance. Amalgamated Life's Group 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.
- **Portability**—You can keep your benefits even with a change of jobs or retirement.
- **Service**—Timely and responsive claims service.
- **Recurrence Benefit**—If you or a family member has a recurrence of the same critical illness separated by 6 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**—5x the face amount.

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 Child(ren)	BENEFIT AMOUNT
Benefit Amount for Employee/Member	Face Amount Selected
Benefit Amount for Spouse	50% of Face Amount for Insured EE/Member
Benefit Amount for Child	25% of Face Amount for Insured EE/Member
Recurring Diagnosis of Same Illness	100% of your Covered Amount (Must have 6 months separation between each diagnosis)
Additional Diagnosis of New Illness	100% of Your Covered Amount
Total Benefit	Up to 5 Times Your Initial Covered Amount
Benign Brain Tumor	100% of Your Covered Amount
Cancer:	
Invasive Cancer	100% of Your Covered Amount
Non-Invasive Cancer (In Situ)	25% of Your Covered Amount
Skin Cancer	\$250
Heart Disease:	
Heart Attack	100% of Your Covered Amount
Stroke	100% of Your Covered Amount
Coronary Artery Disease—Bypass	25% of Your Covered Amount
Coronary Artery Disease—Angioplasty	10% of Your Covered Amount
End Stage Renal Failure	100% of Your Covered Amount
Major Organ Failure	100% of Your Covered Amount
Alzheimer's Disease	90% of Your Covered Amount
Other Dementia	90% of Your Covered Amount
Parkinson's Disease	90% of Your Covered Amount
Amyotrophic Lateral Sclerosis (ALS)	90% of Your Covered Amount
Severe Mental Illness	90% of Your Covered Amount
Multiple Sclerosis	90% of Your Covered Amount
Health Screening Benefit:	
Insured	\$50 Once Per Calendar Year
Spouse	\$50 Once Per Calendar Year

CHILDHOOD CONDITIONS Applicable Only to Insured Child(ren)	BENEFIT AMOUNT
Autism Spectrum Disorder:	
Severity Level 1	50% of Child Benefit Amount
Severity Level 2	75% of Child Benefit Amount
Severity Level 3	100% of Child Benefit Amount
Cerebral Palsy	100% of Child Benefit Amount
Cleft Lip/Palate	100% of Child Benefit Amount
Cystic Fibrosis	100% of Child Benefit Amount
Down Syndrome	100% of Child Benefit Amount
Muscular Dystrophy	100% of Child Benefit Amount
Sickle Cell	100% of Child Benefit Amount
Spina Bifida	100% of Child Benefit Amount
Type 1 Diabetes	100% of Child Benefit Amount

HEALTH SCREENING BENEFIT (Calendar Year Limit) We will pay the amount shown in the Certificate Schedule if the Insured Person undergoes any of the following Health Screening Tests:

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 Certificate Schedule. This benefit is payable for no more than one day per calendar year per Insured Person as long as the coverage remains in force. This benefit is not payable for Dependent Children. We will pay this benefit regardless of the test results.

LIMITATIONS AND EXCLUSIONS

1. Benefits will not be paid for diagnosis, services or treatment provided by a member of the Immediate Family of the Insured Person.
2. Benefits will not be paid for a Critical Illness diagnosed or treated outside the United States or its territories.
3. We will not pay benefits for an illness or disease or condition caused or contributed to by:
 - a. another Critical Illness, a complication of another Critical Illness, or treatment of another Critical Illness for which the Insured Person has been paid a benefit under this Certificate;
 - b. being intoxicated or under the influence of any narcotic, unless administered on the advice of a Physician and taken according to the Physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the intoxication occurred);
 - c. alcoholism or substance abuse;
 - d. participation in an illegal activity that is defined as a felony ("felony" is defined by the law of the jurisdiction in which the activity takes place);
 - e. intentionally self-inflicting a bodily injury or attempting suicide;
 - f. being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto.

CRITICAL ILLNESS CLAIMS CHECKLIST

Have this information handy to identify your policy:

- | | |
|--|--|
| <input type="checkbox"/> Policy number | <input type="checkbox"/> Certificateholder's name |
| <input type="checkbox"/> Certificateholder's date of birth | <input type="checkbox"/> Certificateholder's address |

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 group policy/certificate. If the information in this product brochure differs from the group policy/certificate, the terms of your policy govern.
- For specific information regarding features and benefits on Amalgamated Life's Group Critical Illness Policy, call 866-975-4089.

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

Amalgamated Life Insurance Company

333 Westchester Avenue, White Plains, NY 10604
866.975.4089

www.amalgamatedbenefits.com

Policy Form AMGCIP-22*
G_Cl_Non-NY_P2_0524

*Features & form numbers may vary by state.
Age related reductions may apply in certain states. See your certificate for details.